

**Patient Panel Template User Guide:
Tips for completing the Patient Panel Template**

Group	Member_Status	Patient_ID	First_Name	Middle_Name	Last_Name	Name_Suffix	Address_1	Address_2	City	State	Zip	Birthdate	Gender	SSN	Home_Phone	Work_Phone
	ADD	999999	John	K	Doe		33 main st	apt 45	baltimore	MD	21230	12/31/1900	M	999-99-9999	3025551212	3025551212
	UPDATE	1000000	Jane	K	Doe		34 main st	apt 46	baltimore	MD	21230	12/31/1900	F	999-99-9999	3025551212	3025551212
	DELETE	1000001	Jim	K	Doe	Jr	35 main st	apt 47	baltimore	MD	21230	12/31/1900	M	999-99-9999	3025551212	3025551212

All panels are required to have these columns headers, be named the same, and be in this order. All files must be saved as CSV (Comma delimited)

Values always required
Values optional - these fields will appear on your ENS alerts if you include them in the panel
Values required for delta panels only
Provide these values if available
Values required for care alert panels

Completing the Patient Panel Template properly for self-service processing via the Panel Processor application is key to reducing panel rejections, misidentification of patients, and loss of valuable time.

Required Fields	Notes
Patient_ID	Patient IDs should not contain spaces or additional characters such as quotation marks, slashes or backslashes, percentage signs, question marks, apostrophes., etc. Please ensure that on every panel you submit, the patient IDs remain the SAME. If Jane Doe has patient ID 12345ABC, it should remain 12345ABC on any subsequent panel. This will ensure there are no patient overlays or duplicates cause by a single organization.
First_Name	It is best to use a space between multiple first names, but do not replace apostrophes or other characters in the name with spaces to maintain the best chances at a phonetic match. If the patient uses a single letter as a name, spell it out (ex. "J" = "Jay"). Otherwise, the name will be considered anonymous.
Last_Name	It is best to use a space between multiple last names. If the name is hyphenated, please include the hyphen.
Address_1	For individuals with no fixed address, you can put 'No fixed address' or 'Homeless' in this field.

City	Ensure the spelling of the city's name is accurate and consistent throughout the file.
State	Use two letter state or territory abbreviations. (MD, DC, VA, etc.).
Zip	A 5-digit zip code is sufficient.
Birthdate	M/D/YYYY or MM/DD/YYYY are acceptable.
Gender	Any value is acceptable in this field. Male, Female, Unknown, Other, Nonbinary, Transgender Male, Transgender Female, etc.

Please Note: If a client is listed as 'No fixed address' or 'Homeless' in the Address_1 field, you will still need to include a City, State, and Zip for the client. Use the City, State, and Zip of your organization if necessary.

Optional Fields	Notes
Group	Group or population within your organization that the patient is assigned to, if any
Middle Name	It is best to use a space between multiple middle names.
Name Suffix	The following values are acceptable: Sr., Jr., III
Home_Phone	Acceptable formats: 9999999999 or 999-999-9999
Work_Phone	Acceptable formats: 9999999999 or 999-999-9999
Cell_Phone	Acceptable formats: 9999999999 or 999-999-9999
Practice	The name of the practice associated with this patient panel.
Location	Practice location. Ex: 123 Main St Washington DC 20672
PCP	Patient's Primary Care Provider
NPI	PCP's 10-digit National Provider Identifier. Acceptable format: 1111111111
Tax ID	Organization's associated 9-digit Taxpayer Identification Number.
Insurance	Patient's insurance provider. Ex: CareFirst BCBS
ACO	Patient's Accountable Care Organization
Acccout_Number	

ENS_Startdate	M/D/YYYY or MM/DD/YYYY is acceptable.
Care_Program	Name of care program within your organization the consumer is affiliated with (if any)
Care_Program_StartDt	M/D/YYYY or MM/DD/YYYY is acceptable.
Care_Program_EndDt	M/D/YYYY or MM/DD/YYYY is acceptable.
Care_Manager	Patient's Care Manager within your organization.
Care_Manager_Phone	Patient's care manager's phone number contact.
Care_Manager_Email	Patient's care manager's email contact. Ex: abc@ainq.direct.org
RiskScore1	
RiskMethodology1	
RiskScore2	
RiskMethodology2	
Region	CRISP Region associated with your organization. MD, DC, CT, WV, or AK
Direct Email	List emails for providers receiving Epic Inbasket alerts only.
DocHaloid	

Provide if Available	Notes
Address_2	The following values are acceptable: Unit / APT / #202
Social Security Number (SSN)	Acceptable formats: 999-99-9999; 999999999. If the full social security number is not available, please leave the cell blank. Last 4 digits not permitted.

DELTA Panels Only	Notes
Member_Status	Action necessary for patient's account on your roster. Acceptable values: ADD, UPDATE, DELETE

CARE Alert Panels Only	Notes
Care_Alert	Free-text notes to communicate 'need-to-know' information for patients, including important events or condition changes.
Assigning_Authority_Code	If submitting care alerts, inform your account manager first, so they can ensure proper configuration is completed.

Here are some Best Practices, and Practices to Avoid, to help you complete your patient panel template more effectively:

Best Practices

- **Ensure ALL column headers are included, named, and listed IDENTICALLY to the order on the patient panel template.** We recommend copying & pasting your patient data into the template, so that the headers are already correct.
- **Ensure your patient panel is named correctly.** The file should be named in this format: subscribercode-1-z-MM-DD-YYYY. (Ex: ENS_ABC-1-z-02-14-2023).
- **Ensure your patient panel is saved as a .csv file.** (.csv, comma delimited).
- **Ensure your patient panel reflects accurate data in ALL required fields.** (Patient ID, First Name, Last Name, Address, City, State, Zip, DOB, & Gender).
- **Ensure that there is no unnecessary or additional spacing within the cells.**
- **Ensure there are no duplicate patients listed on the panel.**
- **Ensure that on every panel you submit, the patients' IDs remain the same.** This will prevent patient overlays coming from your organization.
- **Ensure consistency and uniqueness of patient data in every panel you submit!** It is the responsibility of every organization sharing panels with CRISP DC to ensure patient data is consistent, accurate, and exclusive to the patient across each new panel you submit.

Practices to Avoid

- **Do not leave blank cells in the required blue highlighted fields.**
- **Do not add additional details** (e.g., lives with wife, shelter, or likes to watch basketball) in Address 1 or Address 2 fields.
- **Do not add additional special characters in any fields.** This includes *, /, (), etc. in required fields.

For any additional requests or concerns regarding the Patient Panel Template, please reach out to our CRISP DC Outreach team at dcoutreach@crispdc.org.