MiHIN

Active Care Relationship Service - PO Delivery file format

Version: 18   **Last updated:** April 18th, 2017

File	<QO name>_<customer/PO name>_acrsdelivery_<YYYYMMDD>_<Version>.csv
File Format	It is important to remember that all columns in an ACRS file must include headers that exactly match the Data Elements below. All data is double quoted and comma separated. If the value has a double quote in it, then another double quote is used to escape it - a simple example of this is:"Name","Age" = "a""b,c","12" Here we have the person's name is a"b,c - and their age is 12.
Directions	The delivery preference file is to be submitted as a separate csv file.
Purpose	MiHIN will utilize the file to manage delivery preferences at the managing organization, practice, and provider level.

Field #	DATA ELEMENT	TYPE	MAX LENGTH	DESCRIPTION	REQUIRED**
1	Provider NPI	Char	10	internal) and must be listed if Physician First and Last Names are provided)	Required
2	Provider First Name	Char	100	recorded in the organization database (must be listed if NPI is provided)	Required
3	Provider Last Name	Char	100	recorded in the organization database (must be listed if NPI is provided)	Required
4	Provider Middle Initial	Char	1	Provider-specific Middle Initial	Required if available
5	Provider Type	Char	30	Abbreviated provider type (e.g. MD, DO, etc)	Required
6	Provider Specialty	Char	60	NUCC Code (Include all that apply, semicolon seperated)	Required
7	Provider Direct Address	Char	125	Provider Direct Secure Messaging Address (DSM)	Required if available
8	Practice OID	Char	125	Practice registered object identifier code; one unique OID per legal entity	Required
9	Practice Type	Char	125	Practice type (e.g. Clinic, Practice, CMH, etc)	Required
10	Practice Name	Char	125	The Practice Name with the designated relationship with the Physician; one unique name per legal entity	Required
11	Practice Address	Char	125	Street Address	Required
12	Practice City	Char	125	City	Required
13	Practice Zip	Char	5 or 7	Format '12345' or 'A1A 1A1' (alternate)	Required
14	Practice State	Char	2	State in 2 character format (e.g. MI)	Required
15	Practice Phone	Char	12	Format '123-456-7890'	Required

16	Practice Direct Address	Char	125	Practice Direct Secure Messaging Address (DSM)	Required if available
17	Managing Organization OID	Char	125	Object identifier for organization that is the custodian of the patient record; one unique OID per legal entity	Required
18	Managing Organization Type	Char	125	Organization type (e.g. PO, ACO, PIHP, Payer, etc)	Required
19	Managing Organization Name	Char	125	Name for organization that is the custodian of the patient record; one unique name per legal entity	Required
20	Managing Organization Address	Char	125	Street Address	Required
21	Managing Organization City	Char	125	City	Required
22	Managing Organization Zip	Char	5 or 7	Format '12345' or 'A1A 1A1' (alternate)	Required
23	Managing Organization State	Char	2	State in 2 character format (e.g. MI)	Required
24	Managing Organization Phone	Char	12	Format '123-456-7890'	Required
25	Managing Organization Direct Address	Char	125	Managing Organization Direct Secure Messaging Address (DSM)	Required if available
26	ADT Delivery	Char	6	Use 'DIRECT' or 'LLP'	Optional
27	Med Rec Delivery	Char	6	Use 'DIRECT' or 'API'	Optional
28	Death Delivery	Char	6	Use 'DIRECT' or 'LLP'	Optional
29	State Labs Delivery	Char	6	Use 'DIRECT' or 'LLP'	Optional
30	Cancer Delivery	Char	6	Use 'DIRECT' or 'LLP'	Optional

*Organization Type values currently in the Statewide Health Provider Directory (HPD): ACO, Association, Clinic, Department, HIE, Hospital, Lab, Long Term Care Facility, Medical School, Payer, Pharmacy, PO, Practice, University