

Active Care Relationship Service - Non-PO Attribution file format

Version: 30

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File	<QO name> <customer/PO name> acrs <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. Field entries cannot have any white space characters (no tabs, carriage returns or new lines).
Directions	The attribution file is to be submitted as a separate csv file.
Purpose	This Active Care Relationship file will be submitted to MiHIN. MiHIN will use the file to create new recipients in the statewide ADT service environment. ADT notifications received at MiHIN for patients listed in the ACRS file would be transmitted to the participating provider listed for the patient. The statewide ADT service receives the ADT notification, looks-up the patient record from this list, and identifies the provider to whom the ADT notification should be sent. The NPI of the identified provider is used to determine routing preference
Inclusion Criteria	The Patient List may be provided by multiple <enter organization name>-participating organizations. Each organization may attribute Provider, Practice, and PO for each patient. The list will include only <enter organization name>-participating patients. The list will not be de-duplicated, meaning if a patient appears on the list from more than one organization, each patient record will be included on this list; the result is there will be the potential for more than one record for a given patient to be included in this file. Patients should be listed in an organization's ACRS file (a patient attributed to a provider) if the provider has seen the patient within the past two years and expects to see them again or a patient is attributed to a practice/provider by a payer.
Submission Frequency	Monthly - must be submitted at least two business days before the end of the month
Submission Mechanism	Upload file to a secured Citrix shared file provided by MiHIN or send via Direct
File Lifespan	Each monthly file will be a full refresh of the previous month's file. If a patient appears on the list one month and does not appear on the list the following month, the patient is no longer considered to be a participating patient.

Field #	DATA ELEMENT	TYPE	MAX LENGTH	DESCRIPTION	REQUIRED**
1	Unique Patient ID	Char	40	Unique ID for patient within your organization	Required
2	Secondary Client ID	Char	40	Other unique identifier used for patient matching (i.e. payer contract number)	Required if available
3	Patient First Name	Char	50	Patient-specific First Name	Required
4	Patient Middle Initial	Char	1	Patient-specific Middle Initial	Required if available
5	Patient Last Name	Char	50	Patient-specific Last Name	Required
6	Patient Name Suffix	Char	5	Patient-specific Suffix (e.g. Jr, Sr, III)	Required if available
7	Patient Date of Birth	Char	10	Date of Birth (format: MM/DD/YYYY)	Required
8	Gender	Char	1	Patient gender (valid values: "M" or "F" or "U" or "O")	Required
9	SSN - Last 4	Num	4	Must include last four digits of patient's Social Security Number	Required if available
10	Patient Address 1	Char	100	Street Address	Required
11	Patient Address 2	Char	100	Additional Street Address	Required if available
12	Patient City	Char	30	City	Required
13	Patient State	Char	2	State in 2 character format (e.g. MI)	Required
14	Patient Zip	Char	5 or 7	Format '12345' or 'A1A 1A1' (alternate); Canadian zip code requires mandatory space as the fourth character	Required
15	Patient Phone - Mobile	Char	12	Format '123-456-7890'	Required if available
16	Patient Phone - Home	Char	12	Format '123-456-7890'	Required if available
17	Attributed Physician NPI	Char	10	Physician 10 digit NPI number (must start with 1, 2, or 9 (MiHIN internal) or 15 digit MiHIN assigned Unique ID (unique ID must start with "CC") and must be listed if physician First and Last Names are provided)	Required if available
18	Attributed Physician First Name	Char	100	The Physician First Name; the name used will be the same name as recorded in the organization database (must be listed if NPI is provided)	Required if available; one unique name will be used for each Physician
19	Attributed Physician Last Name	Char	100	The Physician Last Name; the name used will be the same name as recorded in the organization database (must be listed if NPI is provided)	Required if available; one unique name will be used for each Physician
20	Attributed Practice Unit OID	Char	125	Practice registered object identifier code; one unique OID per legal entity	Required if available
21	Attributed Practice Unit Name	Char	125	The Practice Name with the designated relationship with the Physician; one unique name per legal entity	Required if available; one unique name will be used for each Practice
22	Managing Organization OID	Char	125	Object identifier for organization that is the custodian of the patient record; one unique OID per legal entity	Required
23	Managing Organization Name	Char	125	Name for organization that is the custodian of the patient record; one unique name per legal entity	Required; one unique name will be used for each Managing Organization