



ACRS® Attribution & Delivery File Tips and Tricks

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1. Introduction

1.1 Purpose of this Document

This document is intended as a resource for organizations working with ACRS® attribution and delivery files. It aims to accelerate the onboarding process, reduce common errors, and shorten the time between initial file submission and successful file acceptance. Additionally, it serves as a reference guide to clarify terminology and concepts frequently used by medical care sites and their teams, which may be less familiar to non-medical organizations.

1.2 Who is this Document for?

This document is intended for any audience that will be responsible for the creation of ACRS® Attribution and Delivery files, but specifically the individuals who will be submitting files in the hope that it will help to explain more about the creation, submission, and feedback process, leading to an increase in valid submissions, over fewer attempts.

This document may also be useful for organizations and staff that fall outside of traditional medical care environments where terminology may not translate well.

1.3 A Note on Terminology

Throughout many of the specifications and details described and illustrated in this document, much of the terminology and language is fairly medical provider oriented. Because the active care relationship service has been a foundational piece of infrastructure in the exchange of healthcare information, much of it was built with such organizations in mind. However, as the exchange of patient health information has become more widespread, the scope of ACRS has expanded to include many organizations that, while not medical provider environments, are just as important to the health and well-being of patients. To that end, it should be noted that while much of the terminology used in these examples has its roots in medical environments, they should be seen as inclusive to all organizations that would use the active care relationship service to connect with and share vital patient information. Examples of such terms are **Practice Location**, **Provider information**, and **Attributed Physician NPI**.

1.4 Consistency

While every piece of information within this document will help ACRS® submitters to successfully create and submit valid ACRS® files, the most important practice that leads to higher submission successes and fewer error reports is consistency. The ACRS® file, regardless of specific file or type of specification, at its core, is a collection of data designed to work within an automated, machine system. Because of this, the information that is put into that system will often equate to the information and performance out of that system. Consistency with names of patients, organizations, and identifying numbers will not only improve the ease at which files can be created and submitted but will also positively impact patient matches and the corresponding receipt of desired messages.

Nowhere is this more apparent than when it comes to the same information needing to be entered into multiple places within a file or files. In several situations, the same data must be entered into multiple places or files, and even small errors in those entries can lead to the machine that processes the file identifying the inconsistency as an error and ultimately the file submission being rejected. As an example:

- **Practice ABC LLC** and **Practice ABC, LLC**
- These two entries are not recognized as the same thing by a machine.
- The added comma inserted into the second version makes it fundamentally different when being interpreted by a machine.

To assist, this guide has been created to call out instances where information must be duplicated, but the success of that information will depend largely on the accuracy and consistency with which that information is entered.

2. General ACRS® Specification Orientation

2.1 ACRS® Specification Types – PO vs. Non-Po

There are two types of ACRS® file specifications. Each specification includes both an Attribution file and a Delivery file as detailed in [Section 2.2](#), however, the two different specifications were developed to accommodate the different types of information organizations can supply. Both specifications serve the same purpose of connecting care teams to the people / patients that they serve.

It is very important for organizations to utilize the correct specifications when formatting their ACRS® attribution and delivery files. Using the wrong specification can lead to inaccurate patient matching and errors in routing messages to proper care teams. Your onboarding specialist can help you determine which file specification you require if questions remain.

2.1.1 ACRS® PO Specifications

- Provider Organizations (PO) are entities, often a network of healthcare providers, that have contracted with a health insurance plan to offer medical services to its members. These can include, but are not limited to, doctors' offices and hospitals, but may also include Preferred Provider Organizations (PPOs) and Health Maintenance Organizations (HMOs)
- Medical care environments have certain data readily available to them that assists MIHIN in the attribution process, and therefore this specification has a higher number of required fields.

2.1.2 ACRS® Non-PO Specifications

- As HIE became known to and desired by those who engage in health care related activities but may not be part of traditional medical care environments, there was recognition that the data needed to attribute care teams to the people they serve might need to be slightly different.
- This file specification generally has fewer required fields, reflecting the data available to these care teams. This file accommodates a wider range of organizations looking to engage in HIE.

2.2 Attribution and Delivery Files

There are two separate files that an organization should submit as part of an ACRS file submission process.

- Attribution Files (ATT) – A list of patients that an organization or individual has attributed an active care relationship with. These are the patients, including their demographic information, that a care provider will receive messages for when they are sent out from another organization.
- Delivery Files (DEL) – Lists all the relevant information about the provider and any applicable managing organizations needed for the successful delivery of desired messages. This file provides delivery preferences for an organization so that they not only receive the messages of an attributed patient they want, but also the right kind of messages, delivered into the right locations, with the desired transport mechanism. Even if your organization is only submitting ACRS to access the view only data available in MIGateway, a delivery file is required.

In [Sections 2.1.2](#) and [2.1.3](#), the ACRS® Attribution and Delivery files are examined, including their specifications sheets. The specification sheet format for both the Attribution and Delivery files are laid out in a way to best define the parameters for each data element. As shown in **Figure 1**, the way in which the file specification is laid out is not how a typical ACRS® file is formatted. Rather, each row in the specification file describes a single data element within a row in an ACRS® file. In fact, all the rows in the file specification sheet describe the elements in just one row of a properly formatted ACRS® file.

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

	B	C	D	E
Unique Patient ID	Secondary Client ID	Patient First Name	Patient Middle Initial	Patient Last Name
1119 ah7xct5hf14bdznumnupokdyn67ruuxusrdj4qgc		Tricia	L	Franklin

Figure 1. ACRS® Specification Layout and How it Translates to a Row in an ACRS® File

2.2.1 Cross Validation

When an organization submits both their Attribution and Delivery file, the two files will be cross validated against each other for consistency of information between the two. This occurs in addition to the validation process that is run for each of the individual files against the applicable specification. Where similar information exists between both files, such as the Provider NPI, Managing Organization OID, etc., cross validation will check to make sure this information is consistent, and provide feedback where it is not.

As stated in [Section 1.4](#), the success or failure of files can often depend on the consistency of data entry between these two files, and many files fail because of small inconsistencies found during cross validation. To that end, it is crucial that, where noted, information be entered exactly the same between Attribution and Delivery files. Where this duplication of information occurs will be covered in [Section 3](#).

2.2.2 Attribution Files

An ACRS® Attribution File mainly includes fields that provide information about the listed patient and their demographics, as well as information about their **Attributed Physician, Practice, and Managing Organization**. It should be noted that information dealing noted that many of these fields are required only if the information is available. In the case of attributed physician information, certain organizations, especially in public health or other non-traditional medical environments, may oftentimes not have this information.

This information is further broken down in **Figures 2 and 3**.

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) 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
24	Service Delivery Preferences	Char	100	List of services (Submit/Receive Statewide ADT Notifications;Exchange Medication Reconciliation;Common Key Service)	Required
25	Common Key	Char	40	Patient's MiHIN Common Key	Required if available (Required for Common Key Use Cases)

Figure 2. Attribution File Specification

Field #'s	Data Element Information
1 – 16 and 25	These fields list patient information, as well as other demographic data that can be used to help with accurate patient matching, including the patient's common key
17 – 19	Fields that detail information about the physician attributed to the listed patient. Includes their First Name, Last Name and their National Provider Identifier (NPI)
20 – 21	Fields that list information about the Practice that the attributed physician belongs to including its Unit OID and Name
22 – 23	Field that list information about the Managing Organization that oversees the listed practice including their Organization OID and Name.
24	Field provides information about the list of services the submitting organization is using Including: <ul style="list-style-type: none"> ■ Submit/Receive Statewide ADT Notifications ■ Exchange Medication Reconciliation ■ Common Key Service

Figure 3. Attribution File Field and Data Element Information

2.2.3 Delivery Files

An ACRS® Delivery File includes fields that provide information about the **Provider Organization**, its member **Practices**, and any **Manage Organizations**, along with.

Delivery Preferences for the services that have been selected. This information is further broken down in **Figures 4 and 5**.

Field #	DATA ELEMENT	TYPE	MAX LENGTH	DESCRIPTION	REQUIRED**
1	Provider NPI	Char	10	Provider 10 digit NPI number (must start with 1,2, or 9 (MiHIN internal) and must be listed if Physician First and Last Names are provided)	Required
2	Provider First Name	Char	100	The Provider First Name; the name used will be the same name as recorded in the organization database (must be listed if NPI is provided)	Required
3	Provider Last Name	Char	100	The Provider Last Name; the name used will be the same name as 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 separated)	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

Figure 4. Delivery File Specification

Field #s	Data Element Description
1 – 7	Fields that provide information about the submitting provider including the First Name, Las Name, Provider Type and any applicable Direct Email Address
8 – 16	Fields that provide information about the practice the care provider belongs to, including the Practice OID, Name, Type, Address information, and any applicable Direct Email address
17 – 25	Fields that provide information about the Managing Organization that the practice belongs to including the OID, Type, Name, Address Information and any applicable Direct Email address
26 – 30	Fields that list the delivery preference for each listed service from the following options: <ul style="list-style-type: none"> ■ Direct (Direct Secure Messaging) ■ LLP (Lower Layer Protocol over IPsec VPN) ■ API (Application Programming Interface) Only the fields that contain services the organization receives data for will have one of the above options noted in the row.

Figure 5. Delivery File Field and Data Element Information

2.3 General Information

An ACRS® file is a set of Comma Separate Value (.csv) files that contain information necessary for messages in the health information ecosystem to be routed to members of a patient's care team. Regardless of file type or specification, which will be covered in later sections in more detail, the following guidelines, formatting, and specifications will always apply.

2.3.1 General Format Guidelines

- The files must be encoded in **UTF-8** (NOT UTF-8 BOM).
- Files must be saved in **Comma Separate Value (.csv)** format, which uses commas to separate values within a row representing columns in a table. A .csv file has the following structure:
 - Rows: Each line in a .csv file represents a row in a table
 - Columns: Values within each row are separated by commas, representing the columns
- All data must be enclosed in double quotes and separated by commas
 - **Example:** Consider the following patient address:
123 Main Street, Apt 4b, Springfield, IL

In this example, there are 3 fields: **Address, City, State**. In most situations, these fields would be listed in an ACRS entry separated only by commas. However, because the Address field has multiple parts separated by commas itself, double quotes must be used to make sure that the address isn't seen as separate fields. To accomplish this, we would represent this in the following way.

“123 Main Street, Apt 4B”, Springfield, IL

The quotes allow the address field to be interpreted as just one field despite it having a comma present in it. This is what is known as escaping via double quotes.

- **Please Note:** This is a recommendation and only required if a field contains a comma.

- Files must use American Standard Code for Information Interchange (ASCII) characters. For more information on ASCII vs. Non-ASCII characters see [Appendix A](#).

2.3.2 General File Guidelines

2.3.2.1 Unique Patient ID

- For any field that requires a Unique Patient ID, use the relevant identifier from your own system rather than the MiHIN Common Key.
- Traditional medical practice environments would likely use an MRN, but this becomes more difficult in public health and non-traditional medical environments. Below are examples of identifiers that would fit this field, including, but not limited to:
 - Disease Surveillance Number
 - Michigan Disease Surveillance System (MDSS) Case Number
 - Medical Record Number (MRN)
 - Michigan Care Improvement Registry (MCIR) ID
 - Medicaid Beneficiary ID

2.3.2.2 Patient State

- Fields that require the **Patient State** must be in a 2-character format (e.g., **MI** for Michigan)

2.3.2.3 Phone Numbers

- Fields requiring a phone number should adhere to the following format: **123-222-3333**

2.3.2.4 Zip or Postal Codes

- Fields that require a zip or postal code should ensure that any leading zeroes are preserved. A leading zero is any zero that precedes a non-zero character. When entering a zip code that starts with one or more zeroes, a .csv file will normally remove the zeroes due to formatting. To prevent this and preserve the leading zeroes several methods are available and can be reviewed in [Appendix B](#).

2.3.2.5 Managing Organization Type

- For fields that require a managing organization type to be listed, the closest type associated with the organization should be chosen. Custom labels that best fit the organization may be input (e.g., **Clinic, School, Public Health Agency, Intermediate School District, Administrative Organization, etc.**)
 - For clarity, a managing organization is defined as any organization that maintains ultimate responsibility (custodian) for the use and maintenance of patient data and oftentimes will provide support resources of varying capacities for the facilities that are a part of it.

2.3.2.6 Headers

- When submitting files, all headers specified in the applicable ACRS® Attribution and Delivery files must be included, even if some are not utilized.

3. Specific ACRS® File Row Tips and Tricks

The following tips and tricks are meant to help with entries for data elements. Some of these data elements show up in both the attribution file and in the delivery file while other elements are associated with one file only. Where data elements are associated with both data files you will see the respective rows. Where data elements are used in both attribution and delivery files, the data is cross referenced and should be listed **consistently** in each.

3.1 Provider Information

3.1.1 Provider Information in the Attribution File (Rows 17,18,19)

- These data elements are only applicable to medical care providers within the organization. NPI numbers are provided by the National Plan and Provider Enumeration System (NPPES) through CMS and accurately identify providers in the billing and claims process.
- If you are providing the Attributed Physician NPI, you must also include the **Physician First Name** and **Physician Last Name**. All three data elements are required in the ACRS® PO specification.
- If you are using the NON-PO ACRS® specification and need to submit provider Information, please provide all three data elements. If your

organization is not going to submit provider information, then leave all three data elements blank.

3.1.2 Provider Information in the Delivery File (Rows 1,2,3)

- If you are including the Attributed Physician NPI, Physician First Name, and Physician Last Name in the Attribution file, ensure that the corresponding Provider NPI, Provider First Name, and Provider Last Name are also in the Delivery file and vice versa.
- When an organization submits both their Attribution and Delivery file, this information will be cross validated against each other. For more information about cross validation please refer to [section 2.2.1](#).

3.1.3 Provider Direct Address, Practice Direct Address, and Managing Organization Direct Address in the Delivery File (Rows 7,16,25)

- These data elements are only required for those organizations or providers who are signing up to receive data via **DSM**
- Leave rows 7, 16, and 25 blank (if you are not going to receive data via a Direct Secure Messaging (DSM) account.

3.2 Service Delivery Preferences

3.2.1 Service Delivery Preferences in the Attribution File (Row 24)

- You must enter one or more services you're participating in, such as receiving statewide ADT notifications or MIGateway®. All services do **not** need to be entered. This is a free text data entry. What you enter in this data element does not affect the functionality of receiving data.

3.2.2 Delivery Preferences in the Delivery File (Rows 26-30)

- This data element is used to tell MIHIN how organizations would like to receive data that is delivered directly to their organization through data exchange solutions like ADT, CCDA, Statewide Labs or others. This data element tells MIHIN what interface your organization would like to receive this data through.
- If you would like the organization to receive data directly, indicate your delivery preference by selecting one of the options below in Rows 26 through 30:
 - **LLP** – For VPN-based connections
 - **Direct** – For Direct Secure Messaging (DSM) accounts

- Used only in cases where data should be routed to individual Direct Addresses
- **API** – For API-based data delivery

MIGateway® only Users: If your only implementation is MIGateway® (view only) please leave Rows 26 through 30 blank.

3.3 Practice Information in the Delivery File (Rows 8 – 15)

- If you provide **practice information** in the Attribution file (Rows 20 and 21), you must also provide the matching information in the Delivery file (Rows 8 through 15) as this information will be cross validated.
- Practice information is **required** when using the **ACRS® PO specification**.
- If you are using the **NON-PO ACRS® specification** and choose to include practice information in either file, you must provide it **in both** (Rows 20–21 and 8–15). Alternatively, you may leave the practice fields blank in **both** files.

4. Production Support

	Severity Levels			
	1	2	3	4
Description	A critical production system is down or does not function at all, and there is no circumvention or workaround for the problem; a significant number of users are affected, and a production business system is inoperable.	More than 90% of messages received and delivered successfully, but some messages are not delivered/received with required accuracy. Service component severely restricted in one of the following ways: <ul style="list-style-type: none"> • High impact risk or actual occurrence of patient care affected or operational impairment • Business critical service has a partial failure for multiple TDSOs • A critical service is online however, is operating in a degraded state and having a significant impact on multiple TDSOs 	Service component restricted in one of the following ways: <ul style="list-style-type: none"> • A component is not performing as documented or there are unexpected results • Business critical service has failed for two or more TDSOs • A critical service is usable however, a workaround is available, or less significant features are unavailable 	No operational impact to MiHIN. A non-critical service component is malfunctioning, causing minimal impact, or a test system is down.
Initiation Method	<i>Call (844) 454-2443 and submit a ticket online at www.mihin.org/requesthelp</i>	<i>Call (844) 454-2443 and submit a ticket online at www.mihin.org/requesthelp</i>	Submit a ticket online at www.mihin.org/requesthelp	Submit a ticket online at www.mihin.org/requesthelp
Initial Response	Within 30 minutes	Within 30 minutes	Within 3 business hours	Within 6 business hours
Resolution Goal	<2 hours Restore Time from 7 am - 6 pm EST Monday-Friday and <4 hours nights, weekends and holidays	<4 hours Restore Time from 7 am- 6 pm EST Monday-Friday and <8 hours nights, weekends and holidays	<12 hours Restore Time from 7 am -6 pm EST Monday -Friday and <24 hours nights, weekends and holidays.	Within 5 business days

If you have questions, please contact the MiHIN Help Desk:

- www.mihin.org/requesthelp
- Phone: (884) 454-2443
- Monday – Friday 8:00 AM – 5:00 PM (Eastern)

6. Appendices

6.1 Appendix A – ASCII Characters

ASCII (American Standard Code for Information Interchange) characters are a set of 128 symbols used in computers and digital devices for text representation. These characters include letters (A-Z, a-z), digits (0-9), punctuation marks, and special control characters (e.g., newline, tab). ASCII values range from 0 to 127, with each character assigned a unique number. Extended ASCII includes additional characters beyond this range (128-255), commonly used for special symbols and characters in various languages.

Organizations may use ASCII characters in their ACRS® files, and some ASCII characters can prevent the ACRS® file from successfully processing on our end. This page provides important information about which ASCII characters are accepted, and which are not.

- ASCII Control Code characters (0-31) - NOT accepted
- ASCII Printable characters 32-122 - ACCEPTED
- ASCII Printable character 123-127 - NOT accepted
- Extended ASCII codes (128-255) - NOT accepted

<https://www.ascii-code.com/>

6.2 Appendix B – Leading Zero Preservation Methods for Zip and Postal Codes

6.2.1 Format Cells as Text Before Entering Data

This is the simplest and most common method to preserve leading zeros.

Steps:

1. Select the cells or column where you will enter the postal codes.
2. Right-click the selected area and choose **Format Cells**.
3. In the **Format Cells** dialog box, navigate to the **Text** option.
4. Select **Text** and click **OK**.

By formatting the cells as **Text**, Excel will treat the data as plain text, preserving all characters, including leading zeros.

6.2.2 Use a Custom Number Format (includes Canadian Postal Codes)

If you prefer the cell to be recognized as a number, but you still need to preserve leading zeros, use a **Custom Number Format**.

Steps:

1. Select the cells where you want to enter the ZIP codes.
2. Right-click and choose **Format Cells**.
3. Go to the **Number** tab and select **Custom**.
4. In the **Type** box, enter the format corresponding to the required number of digits. For example:
 - For 5-digit ZIP codes (e.g., **01234**), enter: 00000
 - For 6-character Canadian postal codes (e.g., **K0A 1A0**), enter: @
5. Click **OK**.

This ensures that even if you enter something like **00123**, Excel will display it as **00123**, retaining the leading zeros.

6.2.3 Using Excel Formula to Add Leading Zeros

If ZIP codes have already been entered without leading zeros, you can use a formula to add them back.

Example Formula: If a ZIP code is in cell **A1** and it's missing a leading zero, use the following formula in another cell:

excel

Copy

=TEXT(A1, "00000")

This will display the ZIP code as a 5-digit number, adding the leading zeros if necessary