healthEconnect ALASKA

Patient Panel Upload Tip Sheet

A quick guide for individuals responsible for uploading and maintaining their organization's patient panels.

What is the Panel Processor?

A patient panel is necessary for facilities accessing the HIE through the browser-based portal to view their patients' records and use care management and notification tools, such as Population Explorer, which provides alerts regarding patient encounters.

The panel establishes your treatment relationship to the patient and provides a legitimate reason to view a patient's chart. Providing a patient panel is required for HIE access.

The Panel Processor is the tool used to upload a list of patients (your "panel") so you can:

- Receive alerts when your patients have encounters
- Monitor activity across your patient population
- Support care coordination workflows

Panel Management Responsibilities

Each organization is responsible for maintaining its patient panel in the HIE Portal. This is handled by a designated individual or team.

- Panels must be updated at least annually.
- We recommend updating more frequently, especially if your patient panel / case load changes often.
- Keeping your panel up to date ensures accurate alerts and access to your patients' records.

Accessing your Patient Records

If a patient is not on your panel, you may still be able to access their record by attesting and "breaking the glass."

- This is intended for permitted, exceptional use cases only.
- It should not replace uploading and maintaining a patient panel.
- All "break the glass" access is logged and auditable.

Frequently Asked Questions

What file format should I use?
CSV (comma delimited). Excel (.xlsx) and Numbers (.numbers) files will not upload correctly.

Why was my panel rejected?
Most commonly due to formatting issues, missing required fields, modified column headers, or failure to follow the naming convention.

How often should I upload a panel?
As often as needed, especially if your patient population changes frequently.

What if I don't have complete patient information?
Only required fields must be completed. Optional fields can be left blank. However, do not delete column headers, just leave the column blank.

Preparing your Panel for Upload

Before uploading your panel, ensure your file is complete, correctly formatted, and ready for processing.

File Setup

- **Template:** Use the correct patient panel template. Field requirements and definitions are provided on the back.
- **Headers:** Do not rename, move, or delete column headers. Copy your data into the template to avoid accidental changes.
- **File type:** Save your file as a .csv (comma delimited) file (not .xlsx). File must be converted from Excel (not from the Numbers application).
- **File name:** Follow the required file naming format: AK_ORG-1-z-MM-DD-YYYY. (Ex: AK_ORG-1-z-02-14-2023).
- **Formatting:** Remove colors, formatting, and instructional text before uploading.

Data Quality

- **Required fields:** All required fields (blue highlighted fields) must be complete and properly formatted. See field reference on the back for full details.
- **Patient identifier:** Use your organization's Medical Record Number (MRN) when available. If an MRN is not available, you may use the patient's Medicaid ID.
- **Accuracy:** Ensure data is current and accurate.
- **Blank spaces:** Avoid extra spaces within cells.
- **Special characters:** Do not include special characters in required fields (e.g.: *, /, (), etc.)
- **Additional content:** Do not add additional notes or descriptions in address 1 or address 2 fields (e.g.: lives with wife, lives in shelter)
- **Duplicate entries:** Ensure there are no duplicate patients before uploading.

Important Notes

- Panels are valid for one year, but you can update more frequently.
- By default, any NEW panel upload will overwrite your previous panel file.
- Most upload issues are caused by formatting errors, incorrect file types, or failure to follow the naming convention.

Troubleshooting: Panel Processor Not Loading

If the Panel Processor does not load properly or appears blank, the issue is typically related to your browser's cookie or privacy settings:

- Check your browser cookie settings
- Allow third-party cookies
- Add the HIE Portal as an allowed site or exception

Template Field Details

The following section provides an overview of the patient panel template fields, including which fields are required and important formatting notes for each. Use this reference to ensure your panel file is completed correctly before upload. Fields Q and beyond are not shown in the screenshots and are all considered optional.

A	B	C	D	E	F	G
Group	Member_Status	Patient_ID	First_Name	Middle_Name	Last_Name	Name_Suffix
	ADD	999999	John	K	Doe	
	UPDATE	1000000	Jane	K	Doe	

H	I	J	K	L	M	N	O	P
Address_1	Address_2	City	State	Zip	Birthdate	Gender	SSN	Home_Phone
33 Main St	apt 45	Baltimore	MD	21230	12/31/00	M	999-99-9999	3025551212
34 Yes Way	apt 46	Baltimore	MD	21230	12/31/00	F	999-99-9999	3025551212

Values always required

Values required for delta panels only

Values required for care alert panels

Values optional - these fields will appear on your CEND alerts if you include them in the panel

Provide these values if available

Required Fields

- **Patient_ID:** Patient IDs cannot contain spaces or additional characters such as (‘ single quote, “ double quote, / slash, \ backslash, % percent, < less than sign, > greater than sign, + plus sign,? question mark, ‘apostrophe, ` back-quote.) Add numbers and/or letters as: 12345, 12345ABC.
- **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, it’s okay to use the following terms: “No fixed address” or “Homeless” in this field.
- **City:** Ensure the spelling of the city’s name is consistent and spelled correctly.
- **State:** Use the abbreviated two letters (MD, DC, VA, etc.).
- **Zip:** A 5-digit zip code is sufficient.
- **Birthdate:** The birthdate can be entered in M/D/YYYY or MM/DD/YYYY format.
- **Gender:** Male, Female, Unknown, Other or M/F/U/O

Provide if Available

- **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 not permitted.

Delta Panels Only

- **Member_Status**: Action necessary for patient’s account on your roster. Acceptable values: ADD, UPDATE, DELETE

CARE Alert Panels Only

- **Care_Alert**
- **Assigning_Authority_Code**

Optional Fields

- **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
- **TaxID:** Organization's associated 9-digit Taxpayer Identification Number.
- **Insurance:** Patient's insurance provider. Ex: CareFirst BCBS
- **ACO**: Patient's Accountable Care Organization
- **Account_Number**
- **CEND_Startdate:** M/D/YYYY or MM/DD/YYYY is acceptable.
- **Care_Program:** Name of care program within your organization the consumer is affliated 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 is associated with your organization (AK).
- **DirectEmail:** Patient's email address. Ex: abc@ainq.direct.org
- **DocHaloID**
- **Follow_Up_Date**
- **Appointment_Missed_Date**

Next Steps

Guides and Resources:

Visit our Patient Panel Uploader resource page to access materials such as:

- Patient Panel templates
- A step-by-step Patient Panel Guide
- A walkthrough video

View Resource Page
healthEconnectAK.org/patient-panel

Getting Help:

Not sure who to contact? Reach out to the healthEconnect team:

- 907-770-2626
- info@healthEconnectAK.org
- www.healthEconnectAK.org