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# Membership/Patient File Requirements

For Patient Event Notifications

The purpose of this document is to outline the requirements for delivering a membership/patient file to CORHIO for Patient Event Notifications.

**Format of Membership/Patient File**

CORHIO can accept the **Pipe or Tab delimited TXT** or **CSV tab-delimited** file formats for your organization’s file. The file should only contain patients or members within your organization’s panel in which you wish to receive notifications from CORHIO.

All Data Element columns and column headers below are required. If the Data Element’s Requirement Level is ‘**R’**, then you must include data for every member. If the Data Element’s Requirement Level is only ‘R’and you do not have data, you may leave it blank.

Columns **MUST** be sent in the order listed on this document and the headers **MUST** match the description as listed on this document, inclusive of present underscores. **DO NOT** include spaces in the column headers.

**Standard Naming Convention**

Please name the file according to the following standards: Practice\_YYYYMMDD

* For example: PracticeA\_20150801.txt

**On-going Member File Submission**

Member file submission is required **monthly** at a minimum and can be more frequent based on how often members/patients come in and out of your care.

Updates can be made in your membership/patient file, to include new columns, however you **MUST** coordinate any changes with your CORHIO contact to avoid an interruption of service.

**Data Elements**

**Required (R), Required if Available (R)and Optional (O) Data Elements:**

*Note: The* ***Required if Available*** *data elements help to enhance patient matching. Must include one of the three data points: Full Address* ***OR*** *Phone Number* ***OR*** *Social Security Number*

| **#** | **Data Element** | **Requirement Level** | **Expected Value** |
| --- | --- | --- | --- |
| 1 | Sending\_organization\_name | O | Participant/organization name |
| 2 | Payer\_Member\_ID\_Number | O | Insurance ID as assigned by the insurance source. If this data is not available, the Medical Record Number assigned by the organization can be used in this field. |
| 3 | Member\_Last\_Name | **R** | Patient’s last name |
| 4 | Member\_First\_Name | **R** | Patient’s first name |
| 5 | Member\_Gender | **R** | Must be the Code **ONLY** indicating the gender of the patient  **F** (Female)/**M** (Male)/**U** (Unknown) |
| 6 | Member\_Date\_of\_Birth | **R** | Preferred Patient date of birth format  YYYYMMDD, MM/DD/YYYY or MM/DD/YYYY HH:MM:SS  Can include dashes(-) or slashes(/) |
| 7 | Member\_ID | **R** | Medical Record Number as assigned by the organization. Must be unique per member. |
| 8 | Member\_ Address\_1 | R | Patient’s primary address |
| 9 | Member\_ Address\_2 | R | Patient’s secondary address (e.g., apt., PO Box) if applicable |
| 10 | Member\_City | R | Patient’s city of residence |
| 11 | Member\_State | R | Patient’s state of residence |
| 12 | Member\_Zip\_Code | R | Patient’s zip code of residence |
| 13 | Member\_Phone\_Number | R | Ten-digit phone number |
| 14 | Member\_Social\_Security\_Number | R | Patient’s social security number  123456789, 123-45-6789  Can include dashes(-) |

**Optional Data Fields**

***Note:*** *Optional data fields allow CORHIO to enhance the reports by enriching outbound data with provided fields for your organization’s data processing needs. For example, if your organization includes fields like Payer\_Name, Provider ID, or Risk Score field on your membership/patient file, then CORHIO will populate this information on your report.*

***Requirement for Enrichment:*** *Any additional data fields used to enrich the report need to be added at the end of the file, after Member\_Social\_Security\_Number.*