Building a Patient Panel: Detailed User Guide

Introduction to Patient Panels

A patient panel is simply a list of your patients that establishes a treatment relationship between your organization and KHIE. This helps the HIE understand which patients you are most likely to search for and ensures appropriate, secure access to patients' protected health data. While you can still search for patients who are not on your panel (for example, new patients), those searches must be for care coordination purposes and will require an attestation acknowledging that the patient is not part of your established panel.

Understanding the Requirement to Submit Patient Panels

Historically, healthcare organizations participating in KHIE have submitted patient panels to establish the relationship with their patients in order to receive event notifications when their patients transition from various healthcare settings (visit the ER, are admitted to or discharged from hospitals).

In April 2026, KHIE launched a new, fully modernized Portal. With this new Portal came a more formal requirement to submit an initial panel to gain direct access to a Participant's patients' information without having to "break the glass" – attest to a valid reason for viewing an individual's health data. This requirement ensures the privacy and security of patient data in the health information exchange.

KHIE requires every organization to identify at least one person who is responsible for managing an organization's patient panels.

Creating a Patient Panel

1. Initial Actions

Prior to submitting your organization's first panel, you must ensure you are correctly set up with what you will need to submit your panel in the Panel Processor tool. To get started you will need:

- A "**Subscriber Code**"

- You should contact your KHIE Outreach Coordinator to get your organization's unique subscriber code. This code will accurately identify your organization in the KHIE Portal, ensuring your patients are correctly assigned to you.
  - Find your Outreach Coordinator here
- The subscriber code is a 12-character code.
- The subscriber code is required in the file name given to the patient panel when it is uploaded into Panel Processor.

2. Panel Access

a. When using Panel Processor to submit a panel, you will be asked to select a panel name and panel source code. Prior to submitting your first panel, you will need to have a panel in the system to select.
b. Your organization's KHIE Admin, or your Outreach Coordinator will typically submit access requests during the onboarding process, ensuring a panel is available to select.
c. If no panels are available to select, the "Upload File" tab in Panel Processor will display an error message informing you of this. If you receive this message, contact your KHIE Admin or your Outreach Coordinator for assistance.

3. Download a Panel Template

To start creating your panel, you should download a panel template from Panel Processor to ensure your panel is compatible with system requirements.

- To download a template, access the Panel Processor and click on the "Upload File" tab. When selecting a template, you will have the option to download it. To submit your initial panel, you will select the "CEND Patient Panel."
- The template will download as a .xlsx spreadsheet and each column will represent a data field to be populated from your EHR.

- Nine (9) data fields (columns) are required to be filled:
  - Your internal Patient ID
  - Patient first name
  - Patient last name
  - Street Address
  - City
  - State
  - Zip code
  - Date of birth
  - Gender
    - If any of these required fields are missing, your panel will fail to process when submitted in Panel Processor. The system will return feedback telling you what needs to be fixed.
    - The remaining data fields (columns) are optional. However, the more information you provide on your panel, the more accurately patients can be matched to your organization.

- A sample template is shown below, with defined required and optional fields.

Group	Member_Status	Patient_ID	First_Name	Middle_Name	Last_Name	Name_Suffix	Address_1	Address_2	City	State	Zip	Birthdate	Gender	SSN	Home_Phone	Work_Phone	Cell_Phone	Practice	Location	PCP
	ADD	999999	John	K	Doe		33 main st	apt 45	baltimore	MD	21230	12/31/1900	M	999-99-9999	3025551212	3025551212	3025551212		555 Healthy Way	Dr. Smi
	UPDATE	1000000	Jane	K	Doe		34 main st	apt 46	baltimore	MD	21230	12/31/1900	F	999-99-9999	3025551212	3025551212	3025551212		222 Crab St.	Dr. Smi
	DELETE	1000001	Jim	K	Doe	Jr	35 main st	apt 47	baltimore	MD	21230	12/31/1900	M	999-99-9999	3025551212	3025551212	3025551212		555 Healthy Way	Dr. Smi

All panels are required to have these columns headers, be named the same, and be in this order. All files must be saved as CSV (Comma delimited)

Values always required
Values optional - these fields will appear on your CEND alerts if you include them in the panel
Values required for delta panels only
Provide these values if available
Values required for care alert panels

4. Generate a Report in Your EMR/EHR

You will then generate a report from your EMR/EHR; ensure this report includes ALL required fields per the template, plus any optional ones you want to include. Your report should include patients seen within the past 18 months, which the KHIE considers your “active” population.

- Once the report is generated, make sure the column headers exactly match those shown on the template and save as a .csv file.
- The name you give this file must be in a specific format, beginning with your Subscriber Code (detailed above). File naming format should follow: subscribercode-1-z-MM-DD-YYYY (Ex: ENS_VAL-1-z-02-14-2026).
- If you need help pulling your panel or accessing the upload tool, your Outreach Coordinator and/or Training Specialist or your EMR support team can assist you.
- Completing the Patient Panel Template properly for self-service processing via the Panel Processor application is key to reducing panel rejections, misidentification of patients, and loss of valuable time.

5. Submit the Panel in Panel Processor

Reference the **Panel Processor User Guide** for full details of submitting your panel using the Panel Processor tool.

6. Notes on Required and Optional Data Fields

Required Fields	Notes
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, ' 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, KY, FL, 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

Please Note: If you do not have valid values for Street1 and Zip, do not submit the address.

Optional Fields	Notes
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	Organizations 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 affiliated 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@abcde.com
Risk Score1	
Risk Methodology1	
Risk Score2	
Risk Methodology2	
Region	CSS Region is associated with your organization. MD, DC, CT, WV, or AK etc
DirectEmail	Patient's email address. Ex: abc@abcde.direct.com
DocHaloID	
Follow_Up_Date	
Appointment_Missed_Date	

Provide if Available	Notes
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	Notes
Member_Status	Action necessary for patient's account on your roster. Acceptable values: ADD, UPDATE, DELETE

CARE Alert Panels Only	Notes
Care_Alert	
Assigning_Authority_Code	

7. Best Practice

Here are some Best Practices, and Practices to Avoid, to help you complete your patient panel template more effectively:

Best Practices:

- Ensure ALL column headers are included, named, and listed IDENTICALLY to the order on the patient panel template. We recommend copying & pasting your patient data into the template, so that the headers are already correct.
- Ensure your patient panel is named correctly. The file should be named in this format: subscribercode-1-z-MM-DD-YYYY. (Ex: ENS_VAL-1-z-02-14-2026).

- Ensure your patient panel is saved as a .csv file. (.csv, comma delimited). Other formats such as .xslx will not be accepted.
- Ensure your patient panel reflects accurate data in ALL required fields. (Patient ID, First Name, Last Name, Address, City, State, Zip, DOB, & Gender).
- Ensure that there is no unnecessary or additional spacing within the cells.
- Ensure there are no duplicate patients.

Practices to Avoid:

- Do not leave blank cells in the required blue highlighted fields.
- Do not add additional details (e.g., lives with wife, shelter, or likes to watch basketball) in Address 1 or Address 2 fields.
- Do not add additional characters in the fields. This includes *, /, (), etc. in required fields.

For additional information please reach out to your KHIE Outreach Coordinator or Training Specialist.