



PROGRAM DATA REQUIREMENTS

Exhibit C – Equiscript Program Data Requirements

Covered Entity agrees to provide Equiscript access to the following data from its Electronic Medical Records, Practice Management, and/or Pharmacy systems. Covered Entity agrees that Equiscript may modify this list of required fields from time to time as may be necessary for Equiscript to perform its duties described in the Agreement.

Both Parties recognize that the data described below constitutes Protected Health Information and agree to execute a Business Associate Agreement, such as that attached to the Agreement as Exhibit D, prior to the transfer of any PHI.

If any assistance is needed with the data extract, please contact your Equiscript Implementation Project Manager.

Preferred File Name & Data Format

- Files should include all columns as outlined below.
- Files should include column headers on the first row.
- File Names should be the following:
 - Eligibility_[OPA ID]_YYYYMMDDHHMMSS.TXT
 - Provider_Information_YYYYMMDDHHMMSS.TXT
- ASCII Pipe “|” delimited (DO NOT use commas or tabs as delimiters)
- Files should be saved as text files with a .TXT extension

Data File Time Range

- Sample Files: 1 month of historical data (Last full month)
- Initial Files: 24 months of historical data (Prior 24 months from today’s date)
- Recurring Files: Weekly beginning one week after 24 month lookback data files

Data Transport

The preferred method for data transmission is via secure FTP. Equiscript will create an account for the Covered Entity to facilitate the data transfer.

Equiscript EMR Data Requirements

Eligibility_[OPA ID]

Medical visit (encounter) data is used to corroborate the 340B eligibility of the claim to establish a clear patient provider relationship within the timeframe specified by the client.

	Column Name	Data Type	Description	Required / Optional
1	EMR Patient ID	Integer	Unique Member ID (Ex. MRN)	Required
2	First Name	String	Patient First Name	Required
3	Middle Name	String	Patient Middle Name or initial	Optional
4	Last Name	String	Patient Last Name	Required
5	Date of Birth	Date	MM/DD/YYYY	Required
6	Gender	String	(M, F, U)	Required
7	Home Phone	String	No Dashes, No parentheses	At least 1 required
8	Work Phone	String	No Dashes, No parentheses	
9	Cell Phone	String	No Dashes, No parentheses	
10	Street Address 1	String		Required
11	Street Address 2	String		Optional
12	City	String		Required
13	State	String	2 letter state abbreviation	Required
14	ZIP Code	String	5 Digit Zip Code	Required
15	Opt Out Data Sharing	Boolean	Explicit election to inhibit data sharing (Impacts Referrals Capture)	Situational (EQ Connect Referral)
16	Federal Poverty Level (FPL)	Integer	e.g. 75 for 75%	Situational (Cash Program) <i>*One of these is required for Cash Program</i>
17	Copay Assistance Level or Slide	String	Slide A, B, C, or 1, 2, 3 etc.	
18	Cash Program Effective Date	Date	Date on which patient became Cash Program Eligible MM/DD/YYYY	Situational (Cash Program)
19	Cash Program Term Date	Date	Term date of cash program eligibility MM/DD/YYYY	Situational (Cash Program)
20	Date of Service / Admit	Date	Date of 340B eligible visit MM/DD/YYYY	Required
21	Service Area ID	String	Service area to determine 340B Eligibility	Required
22	Service Area Name	String	Name associated with	Optional

			Service Area ID	
23	Provider NPI	String	NPI of Prescribing Provider	Required
24	Surescripts Identifier	String	Surescripts Provider ID Code	Optional
25	Visit Type	String	Wellness visit, lab, new patient, etc.	Required
26	Diagnosis Code (s)	String	ICD 10 Codex only, comma separated (ex. E10.9, M25.551)	Required

Provider Information

List of all providers in EMR.

	Column Name	Type	Description	Required/Optional
1	EMR Provider ID	Integer	Provider ID (not NPI) in EMR	Optional
2	First Name	String		Required
3	Last Name	String		Required
4	Credentials	String	e.g. (MD, DO, NP)	Optional
5	Primary Site ID	Integer	Primary identifier for office location record	Required
6	Secondary Site ID	Integer	Primary identifier for secondary office location record	Optional
7	Primary Phone Number	String	No dashes or Parentheses	Optional
8	Fax Number	String	No dashes or Parentheses	Optional
9	Surescripts Identifier	String	Surescripts Provider ID Code	Optional
10	NPI	Integer	National Provider Identifier	Required
11	DEA	Integer	DEA Number	Optional
12	Specialty	String	e.g. Endocrinology	Optional
13	Start Date	Date	Date the provider started with the client	Required
14	Termination Date	Date	Date the provider left the client	Required
15	Exclusive	String	<p>“Yes”= Only working at the health center</p> <p>“No”= working at other locations including non-eligible sites’</p> <p>“Null” = value if not known</p>	Required