



## STANDARD HL7 ADT MESSAGE OUTBOUND STOCK

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Version: **2.00**  
Date: **6/14/2021**

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## INTERFACE OVERVIEW

This interface specification details HCHB's standard implementation of the Health Level Seven (HL7) Version 2.5 Standard for ADT (Patient Demographics) messages. The purpose of this document is to create an open HL7 specification for the interchange of patient information between all company entities, service providers, and customers (and/or their vendors) with functionality that provides the best solution for clinicians to receive the right data at the right time. This specification is not intended to be used as a stand-alone document. It is assumed the reader of this document has a working knowledge of the HL7 version 2.5 standards.

Chapter 2 of the HL7 Version 2.5 Messaging Standard provides details of the data types and data items that are specific to the HL7 standard referred to in this specification. Additional details on these items will not be included within this document.

The **customer and the collaborative interface partner** will need to conduct a **gap analysis** to determine if any GAPs exist between this document (the standard HCHB Outbound ADT stock interface), and the functionality needed by the customer and the collaborative interface partner.

Any GAPs that are identified will be considered **out of scope** of this standard, stock interface. Any item not explicitly described and documented in this document that is requested by the customer and / or interface partner will be considered a custom request, and will move the project from a standard stock implementation to a custom new build implement, which will require a separate process of requirements gathering, scoping, cost estimation, Statement of Work approval, timeline definition, and project management involvement.

## DEFINITIONS

The following terms have these defined meanings within this document:

Term	Meaning
<b>HCHB</b>	Homecare Homebase – the software that houses the electronic medical records for home health and hospice agencies.
<b>Interface Partner</b>	The vendor, customer, or other entity that is sending or receiving messages from HCHB.
<b>Client</b>	This term refers to the patient.

## COMMUNICATION ARCHITECTURE FOR HCHB HL7 INTEGRATION

### INTERFACE DESCRIPTION

This interface provides a mechanism for HCHB Customers and their Interface Partner's to share patient demographics in real time. The standard ADT interface supports:

- Outbound – HCHB will send ADT messages to the Interface Partner as predefined triggering events occur within the system.

The segment definitions and data provided by the stock outbound ADT HL7 integration is fixed, and cannot be customized or modified.

### PROCESS FLOW & COMMUNICATION

The standard for outbound messages will be TCP/IP, over secured VPN, and all responses will be HL7 compliant and synchronous.

## MESSAGE COMPOSITION RULES

## DELIMITERS

The ADT interface supports the only HL7 default separators: A delimiter must separate each field. If a field contains no data, it must be delimited. The delimiter for any given HL7 message is always defined in the MSH (header) segment of the message as the first character following the segment identifier (MSH.00). See the message segment descriptions for more detail. Standard HL7 delimiters are used.

Character	Description
<CR>	Segment Terminator
	Field Separator
^	Component Separator
&	Sub-component Separator
~	Repetition Separator
\	Escape Character

Please note that these delimiters **can not** be present in any of the data fields of the message, as they are reserved characters. Please use alternate representations of these delimiters instead. Any message received with these delimiters as part of the data will not process.

## LEGEND

The following legend is used throughout the document:

Symbol	Remarks
[]	Optional
( )	Required
{ }	Repetitive

## OUTBOUND MESSAGES

Outbound messages are sent from HCHB when a trigger event occurs. Only the triggering events below will send a message, and the message sent will be of the corresponding type.

### MESSAGES & EVENTS

These triggering events will result in a message of the given event type to be sent over the interface.

Event Type	Event Description	HCHB Triggering Event(s)
<b>A01</b>	Admit	Episode status is updated from PENDING to CURRENT.
<b>A03</b>	Discharge	Patient is discharged (discharge date is populated).
<b>A04</b>	Referral	
<b>A08</b>	Patient Update	Update Primary Physician Update Demographics Update Service Location Update Primary Diagnosis
<b>A11</b>	Cancel Admit	Episode status is updated to NON-ADMIT.

### MESSAGE STRUCTURE

ADT outbound messages will contain the following segments.

Segment	Description
<b>(MSH)</b>	Message Header
<b>(EVN)</b>	Event Type
<b>(PID)</b>	Patient Identification
<b>{[NK1]}</b>	Next of Kin
<b>(PV1)</b>	Patient Visit
<b>{[AL1]}</b>	Allergy
<b>{[DG1]}</b>	Diagnosis
<b>{[IN1]}</b>	Insurance
<b>{[ZRD]}</b>	Provider Data

### SEGMENT DEFINITIONS

#### MSH – MESSAGE HEADER

**Status:** Mandatory

**Description:** The MSH segment defines the intent, source, destination, and some specifics of the message.

Seq	Field Name	Comment
<b>0</b>	Segment ID = "MSH"	MSH
<b>1</b>	Field Separator	Always " " (HL7 standard)
<b>2</b>	Encoding Characters	Always "^~\&" (HL7 standard)

<b>3</b>	Sending Application	HCHB database identifier
		Each HCHB database will have a unique identifier. The receiving application will need to utilize this identifier to route messages to the appropriate customer environment on the receiving side. This identifier must be used in conjunction with the HCHB database security key (see MSH 4).
		Note that some HCHB customers may include multiple databases. This will still result in a unique identifier per database. The receiving application will need to be able to consolidate these to meet business requirements.
<b>4</b>	Sending Facility	HCHB database security key
		Each HCHB database will have a unique security key which will be a GUID. The receiving application will need to correlate the security key with the HCHB database identifier, and only when these two values match should the message be accepted into the specified customer environment.
		It is the receiving application's responsibility to reject messages whose MSH 3 and MSH 4 values do not correlate to one another, based on a pre-determined exchange of information with HCHB. These values serve as a "username/password" credential authentication for the message.
<b>5</b>	Receiving Application	Vendor Name
<b>6</b>	Receiving Facility	Blank
<b>7</b>	Date/Time Of Message	Date/Time of Transmission, formatted in <b>yyyymmddhhmm</b>
<b>8</b>	Security	
<b>9</b>	Message Type	HL7 message type – must be in the supported list of events for outbound messages.
		Example: ADT^A01
<b>10</b>	Message Control ID	Current Date/Time formatted in <b>yyyymmddhhmm</b> + Medical Record Number
<b>11</b>	Processing ID	P
<b>12</b>	Version ID	2.5
<b>13</b>	Sequence Number	Blank
<b>14</b>	Continuation Pointer	Blank
<b>15</b>	Accept Acknowledgment Type	Blank
<b>16</b>	Application Acknowledgment Type	Blank
<b>17</b>	Country Code	Blank
<b>18</b>	Character Set	ASCII
<b>19</b>	Principal Language Of Message	Blank
<b>20</b>	Alternate Character Set Handling Scheme	Blank
<b>21</b>	Message Profile Identifier	Blank

**EVN – EVENT TYPE****Status:** Mandatory**Description:** The EVN segment defines event type information. It features event type, update of patient record.

Seq	Field Name	Comment
<b>0</b>	Segment ID = "EVN"	EVN

<b>1</b>	Event Type Code	Event Type (A01, A02...) – see supported list of events
<b>2</b>	Date/Time of Message	Date/time of event in <b>yyyymmddhhmm</b>
<b>3</b>	Date Time Planned Event	Date/time of event in <b>yyyymmddhhmm</b>
<b>4</b>	Event Reason Code	01
<b>6</b>	Event Occurred	Date/time of event in <b>yyyymmddhhmm</b>

## PID – PATIENT IDENTIFICATION

**Status:** Mandatory

**Description:** The PID segment is used as the primary means of communicating patient demographic information.

Seq	Field Name	Comments
<b>0</b>	Segment ID = "PID"	PID
<b>1</b>	Set ID	HL7 numeric identifying field
<b>2</b>	Patient ID	External ID
<b>3</b>	Patient ID (Internal ID)	HCHB Patient ID ^^^ HCHB ^ PN ~ HCHB Admission ID ^^^ HCHB ^ PI
		<b>1<sup>st</sup> Occurrence:</b>
		3.1 HCHB Patient ID
		3.4 "HCHB"
		3.5 PN
		<b>2<sup>nd</sup> Occurrence:</b>
		3.1 HCHB Admission ID
		3.4 "HCHB"
		3.5 PI
<b>4</b>	Alternate Patient ID – PID	HCHB Episode ID ^^^ HCHB ^ PI
		4.1 HCHB Episode ID
		4.4 "HCHB"
		4.5 PI
<b>5</b>	Patient Name	Last Name ^ First Name ^ Middle Initial
		Family Name (Surname) – Last Name
		Given Name – First Name
		Second and Further Given Names or Initials Thereof – Middle Initial
<b>6</b>	Mother's Maiden Name	Blank
<b>7</b>	Date/Time of Birth	Date of birth, formatted as <b>yyyymmdd</b>
<b>8</b>	Sex	Female ( <b>F</b> ) Male ( <b>M</b> ) otherwise Unknown ( <b>U</b> )
<b>9</b>	Patient Alias	Blank
<b>10</b>	Race	Text description of race (Un-coded)
<b>11</b>	Patient Address	Address ^ ^ City ^ State ^ Zip ^ ^ Facility Type ^ Facility Name ^ Facility ID
		Street Address (Street or Mailing Address) – Address
		City – City
		State or Province – State
		Zip or Postal Code – Zip
		Address Type – Facility Type
		Other Geographic Designation – Facility Name
		County Parish Code – Facility ID
<b>12</b>	County Code	Blank
<b>13</b>	Phone Number – Home	Patient home telephone number, formatted as <b>(nnn) nnn-nnnn</b>
<b>14</b>	Phone Number – Business	Patient business telephone number, formatted as <b>(nnn) nnn-nnnn</b>

15	Primary Language	Patient Primary Language
16	Marital Status	Patient Marital Status
17	Religion	Blank
18	Patient Account Number	HCHB Medical Record Number
19	SSN Number – Patient	Patient SSN Number
20	Driver's License Number – Patient	Blank
21	Mother's Identifier	Blank
22	Ethnic Group	Blank
23	Birth Place	Blank
24	Multiple Birth Indicator	Blank
25	Birth Order	Blank
26	Citizenship	Blank
27	Veterans Military Status	Blank
28	Nationality	Blank
29	Patient Death Date and Time	If PID 30 = Y, formatted as <b>yyyymmddhhmmss</b>
30	Patient Death Indicator	Y/N

**NK1 – NEXT OF KIN/ASSOCIATED PARTIES SEGMENT**

**Status:** Optional

**Description:** The NK1 segment contains information about the patient's other related parties. Any associated parties may be identified. If a person or organization fulfills multiple contact roles, for example, a person is an emergency contact and a next of kin, it is recommended to send a NK1 segment for each contact role.

Seq	Field Name	Comment
0	Segment ID = "NK1"	NK1
1	Set ID	HL7 numeric identifying field
2	Name	Name of the associated party Last Name ^ First Name  Family Name (Surname) – Last Name Given Name – First Name
3	Relationship	Relationship Type ^ Description of Relationship (Un-coded)
4	Address	This field contains the address of the associated party Address ^ ^ City ^ State ^ Zip  Street Address (Street or Mailing Address) – Address City – City State or Province – State Zip or Postal Code – Zip
5	Phone number	Associated party's home number, formatted as <b>(nnn) nnn-nnnn</b>
6	Business Phone Number	Associated party's business number, formatted as <b>(nnn) nnn-nnnn</b>
7	Contact Role	Blank
8	Start date	Blank
9	End Date	Blank
10	Nest of Kin/ Associated Parties Job Code/Class	Blank
11	Next of Kin / Associated Parties Job Code/Class	Blank
12	Next of Kin / Associated	Blank

Parties Employee Number		
<b>13</b>	Organization Name – NK1	Blank
<b>14</b>	Marital Status	Blank
<b>15</b>	Administrative Sex	Blank
<b>16</b>	Date/Time Birth	Blank
<b>17</b>	Living Dependency	Blank
<b>18</b>	Ambulatory Status	Blank
<b>19</b>	Citizenship	Blank
<b>20</b>	Primary Language	Blank
<b>21</b>	Living Arrangement	Blank
<b>30</b>	Contact Person Name	Name of the associated party Last Name ^ First Name  Family Name (Surname) –Last Name Given Name – First Name Given Name – First Name
<b>31</b>	Contact Person Telephone Number	Associated party's home number, formatted as <b>(nnn) nnn-nnnn</b>

PV1 – PATIENT VISIT SEGMENT

**Status:** Required

**Description:** The PV1 segment is used to convey additional information about the patient's admission/registration that is unique to this visit.

Seq	Element Name	Comments
<b>0</b>	Segment ID = "PV1"	PV1
<b>1</b>	Set ID	HL7 numeric identifying field
<b>2</b>	Patient Class	Always "O" – Outpatient

<b>3</b>	Assigned Patient Location	This field identifies the current location of the patient.
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Agency Name ^ Room Number ^ ^ Branch Code & Branch Name ^ ^ ^ Service Line ID ^ Service Location Type ^ ^ ^ Team Name

Field	Field Name	HCHB Field	Optionality	
			Mandatory	Optional
3.1	PointOfCare	Agency Name	M	
3.2	Room	Room	O	
3.4.1	Facility-->Namespace	Branch Code	M	
3.4.2	Facility-->Universal ID	Branch Name	M	
3.5	Location Status	Service Line	M	
3.6	PersonLocationType	Service Location	O	
3.9	Location Description	Team Name	M	

**PV1 3.6 allowed values are:**

ASSISTED LIVING FACILITY  
 HOME CARE IN A HOSPICE FACILITY  
 INPATIENT HOSPICE FACILITY  
 INPATIENT HOSPITAL  
 LONG TERM CARE HOSPITAL  
 NURSING LONG TERM CARE OR NON SKILLED NURSING FACILITY  
 PATIENT'S HOME/RESIDENCE  
 PLACE NOT OTHERWISE SPECIFIED  
 PSYCHIATRIC FACILITY  
 SKILLED NURSING FACILITY

<b>4</b>	Admission Type	Admit Type to HCHB
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**Possible values:**

NEW ADMISSION  
 READMISSION  
 RECERTIFICATION  
 BEREAVEMENT  
 TRANSITION (*a client transitioned from another software/EMR system to HCHB*)

<b>5</b>	Pre-admit Number	Blank
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<b>6</b>	Prior Patient Location	Blank
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<b>7</b>	Attending Doctor	This field contains the primary physician from HCHB NPI ^ Last Name ^ First Name ^ ^ ^ Degree
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ID Number – NPI  
 FamilyName (Surname) – Last Name  
 Given Name – First Name  
 Degree – Degree

<b>8</b>	Referring Doctor	This field will contain the medical director from HCHB NPI ^ Last Name ^ First Name ^ ^ ^ Degree  ID Number – NPI FamilyName (Surname) – Last Name Given Name – First Name Degree – Degree
<b>9</b>	Consulting Doctor	This field will contain the secondary physician from HCHB NPI ^ Last Name ^ First Name ^ ^ ^ Degree  ID Number – NPI FamilyName (Surname) – Last Name Given Name – First Name Degree – Degree
<b>10</b>	Hospital Service	Blank
<b>11</b>	Temporary Location	Blank
<b>12</b>	Pre-admit test Indicator	Blank
<b>13</b>	Readmission Indicator	Blank
<b>14</b>	Admit Source	Blank
<b>15</b>	Ambulatory Status	Blank
<b>16</b>	VIP Indicator	Blank
<b>17</b>	Admitting Doctor	Blank
<b>18</b>	Patient Type	Service Line Description  <b>Possible Values:</b> HOME HEALTH HOSPICE PRIVATE DUTY (Agency can have custom Service Lines as well)
<b>19</b>	Visit Number	HCHB Internal Episode ID
<b>20</b>	Financial Class	Blank
<b>21</b>	Charge Price Indicator	Blank
<b>22</b>	Courtesy Code	Blank
<b>23</b>	Credit Rating	Blank
<b>24</b>	Contract Code	Blank
<b>25</b>	Contract Effective Date	Blank
<b>26</b>	Contract Amount	Blank
<b>27</b>	Contract Period	Blank
<b>28</b>	Interest Code	Blank
<b>29</b>	Transfer to Bad Debt Code	Blank
<b>30</b>	Transfer to Bad Debt Date	Blank
<b>31</b>	Bad Debt Agency Code	Blank
<b>32</b>	Bad Debt Transfer Amt.	Blank
<b>33</b>	Bad Debt Recovery Amt.	Blank
<b>34</b>	Delete Account Indicator	Blank
<b>35</b>	Delete Account Date	Blank
<b>36</b>	Discharge Disposition	Discharge Code (for A03 events only)  Example: 01, 20, 40, 41...
<b>37</b>	Discharged to Location	Blank
<b>38</b>	Diet Type	Blank

39	Servicing Facility	Blank
40	Bed Status	Blank
41	Account Status	Episode Status (CURRENT, PENDING, DISCHARGED, NON-ADMIT, RECERTIFIED, DELETED)
42	Pending Location	Blank
43	Prior Temporary Location	Blank
44	Admit Date/Time	Patient Start Of Care (SOC) Date, formatted as <b>yyyymmddhhmmss</b>
45	Discharge Date/Time	Date of discharge, formatted as <b>yyyymmddhhmmss</b> (for A03 events only)
46	Current Patient Balance	Blank
47	Total Charges	Blank
48	Total Adjustments	Blank
49	Total Payments	Blank
50	Alternate Visit ID	Blank
51	Visit Indicator	Blank
52	Other Healthcare Provider	Blank

#### AL1 – PATIENT ALLERGY INFORMATION SEGMENT

**Status:** Optional

**Description:** The AL1 segment is used to transmit patient allergy information. One AL1 segment is sent for each separate patient allergy. Therefore a series of (none, 1 or more) AL1 segment(s) may be included in ADT messages, or in pharmacy order (RDE) messages.

Seq	Element Name	Comments
0	Segment ID = "AL1"	AL1
1	Set ID	HL7 numeric identifying field
2	Allergy type	Blank
3	Allergy description	Blank ^ Allergy text description (Un-coded)
4	Allergy severity	Blank
5	Allergy reaction	Blank
6	Identification Date	Date allergy entered into HCHB, formatted as <b>yyyymmddhhmmss</b>

#### DG1 – DIAGNOSIS SEGMENT

**Status:** Required – For incoming messages HCHB requires that at minimum the primary diagnosis be sent in a DG1 segment. DG1 is optional for outgoing ADT Messages.

**Description:** The DG1 segment contains patient diagnosis information of various types, for example: Primary, etc. The DG1 segment is used to send multiple diagnose. HCHB requires that the primary diagnosis must be sent for all referrals.

Seq	Field Name	Comment
0	Segment ID = "DG1"	DG1
1	Set ID	HL7 numeric identifying field
2	Diagnosis Coding Method	Always "ICD10"
3	Diagnosis Code	ICD10 Code ^ Code Description
4	Diagnosis Description	Description of diagnosis
5	Diagnosis Date/Time	Date/time that the diagnosis was determined, formatted as <b>yyyymmddhhmmss</b>

<b>6</b>	Diagnosis Type	This field contains the code that identifies the type of diagnosis being sent:  O = ONSET E = EXACERNATION
<b>7</b>	Major Diagnostic Category	Blank
<b>8</b>	Diagnostic Related Group	Blank
<b>9</b>	DRG Approval Indicator	Blank
<b>10</b>	DRG Grouper Review Code	Blank
<b>11</b>	Outlier Type	Blank
<b>12</b>	Outlier Days	Blank
<b>13</b>	Outlier Cost	Blank
<b>14</b>	Grouper Version And Type	Blank
<b>15</b>	Diagnosis Priority	This field contains the number that identifies the significance or priority of the Diagnosis code.  1 = Primary Diagnosis Otherwise – Not Primary Diagnosis
<b>16</b>	Diagnosing Clinician	Blank
<b>17</b>	Diagnosis Classification	Blank
<b>18</b>	Confidential Indicator	Blank
<b>19</b>	Attestation Date/Time	Blank
<b>20</b>	Diagnosis Identifier	Blank
<b>21</b>	Diagnosis Action Code	Blank

#### IN1 – INSURANCE SEGMENT

**Status:** Optional

**Description:** The IN1 segment contains insurance policy coverage information necessary to produce properly pro-rated and patient and insurance bills. Multiple insurances can be specified with priority based on the value in IN1.01 – Set ID.

Seq	Field Name	Comment
<b>0</b>	Segment ID	IN1
<b>1</b>	Set ID	HL7 numeric identifying field
<b>2</b>	Insurance Plan ID	Medicare or Medicaid Policy (Plan) Number
<b>3</b>	Insurance Company ID	Payer name
<b>4</b>	Insurance Company Name	Payer name ^ ^ Payer type
<b>5</b>	Insurance Company Address	Insurance company address information: Address ^ ^ City ^ State ^ Zip
<b>6</b>	Insurance Company Contact Person	This field contains the name of the person who should be contacted at the insurance company.  ^ ^ Contact Name  Second and Further Given Names or Initials Thereof – Contact Name
<b>7</b>	Insurance Company Phone Number	Insurance Company Primary Number, formatted as nnnnnnnnnn
<b>8</b>	Group Number	Blank
<b>9</b>	Group Name	Blank
<b>10</b>	Insured's Group Emp ID	Blank
<b>11</b>	Insured's Group Emp Name	Blank
<b>12</b>	Plan Effective Date	Blank

13	Plan Expiration Date	Blank
14	Authorization Information	Blank
15	Plan Type	Blank
16	Name of Insured	<p>This field contains the name of the insured person.</p> <p>Last Name ^ First Name</p> <p>FamilyName (Surname) – Last Name Given Name – First Name</p>
17	Insured's Relationship To Patient	Description of insured's relationship to the patient.
18	Insured's Date Of Birth	Date of birth for the insured: <b>yyyymmdd</b>
19	Insured's Address	Street Address ^ ^ City ^ State ^ Zip
20	Assignment Of Benefits	Blank
21	Coordination Of Benefits	Blank
22	Coord. Of Ben. Priority	Blank
23	Notice Of Admission Flag	Blank
24	Notice Of Admission Date	Blank
25	Report Of Eligibility Flag	Blank
26	Report Of Eligibility Date	Blank
27	Release Information Code	Blank
28	Pre-Admit Cert (PAC)	Blank
29	Verification Date/Time	Blank
30	Verification By	Blank
31	Type Of Agreement Code	Blank
32	Billing Status	Blank
33	Lifetime Reserve Days	Blank
34	Delay Before L.R. Day	Blank
35	Company Plan Code	Blank
36	Policy Number	Insurance Policy Number
37	Policy Deductible	Blank
38	Policy Limit - Amount	Blank
39	Policy Limit - Days	Blank
40	Room Rate - Semi-Private	Blank
41	Room Rate - Private	Blank
42	Insured's Employment Status	Blank
43	Insured's Administrative Sex	Blank
44	Insured's Employer's Address	Blank
45	Verification Status	Blank
46	Prior Insurance Plan ID	Blank
47	Coverage Type	Blank
48	Handicap	Blank
49	Insured's ID Number	Blank
50	Signature Code	Blank
51	Signature Code Date	Blank
52	Insured's Birth Place	Blank
53	VIP Indicator	Blank

**Status:** Optional

**Description:** This segment will be employed as part of a patient referral message and its related transactions. The ZRD segment contains data specifically focused on a referral, and it is inter-enterprise in nature. The justification for this new segment comes from the fact that we are dealing with referrals that are external to the facilities that received them. Multiple ZRD segments can be specified with priority based on the value in ZRD.01 – Set ID.

Seq	Field Name	Comment	
<b>0</b>	Segment ID	ZRD	
<b>1</b>	Provider Role	This field contains the contact role that defines the relationship of the person described in this segment to the patient being referred.	
		1.1	Provider Identifier Attending ID Consulting ID Referring Provider ID
		1.2	Provider Role Text Attending Consulting Referring
		1.3	Name of Coding System Blank
		1.4	Alternate Identifier Blank
		1.5	Alternate Text Blank
		1.6	Name of Alternate Coding System Blank
<b>2</b>	Provider Name	This field contains the name of the provider identified in this segment.	
		2.1	Family Name
		2.2	Given Name
		2.3	Blank
		2.4	Blank
		2.5	Blank
		2.6	Blank
		2.7	Blank
		2.8	Blank
		2.9	Name Context 2.9.1 - Internal ID 2.9.2 - Text (If Applicable) 2.9.3 - HCHB Internal Coding - Can be Blank 2.9.4 - Blank 2.9.5 - Blank 2.9.6 - Blank
		2.10	Blank
		2.11	Blank
		2.12	Blank
		2.13	Blank
		2.14	Blank

<b>3</b>	Provider Address	This field contains the mailing address of the Provider identified in this segment.
	3.1	Street Address
	3.2	Blank
	3.3	City
	3.4	State
	3.5	Zip
	3.6	Country
	3.7	Blank
	3.8	Blank
	3.9	Blank
	3.10	Blank
	3.11	Blank
	3.12	Blank
	3.13	Blank
	3.14	Blank
<b>4</b>	Provider Location	Blank
<b>5</b>	Provider Communication Information	This field contains information, such as the phone number or electronic mail address, used to communicate with the provider or organization.
	5.1	Phone Number
	5.2	Blank
	5.3	Blank
	5.4	Blank
	5.5	Blank
	5.6	Blank
	5.7	Blank
	5.8	Blank
	5.9	Blank
	5.10	Blank
	5.11	Blank
	5.12	Blank
<b>6</b>	Preferred Method of Contact	Blank
<b>7</b>	Provider Identifiers	This repeating field contains the providers unique identifiers such as UPIN, Medicare and Medicaid numbers.
	7.1	NPI Number
	7.2	Provier ID Type (NPI)
	7.3	Blank
	7.4	Blank
<b>8</b>	Effective Start Date of Provider Role	Blank
<b>9</b>	Effective End Date of Provider Role	Blank

**Please Note:** The visibility of Custom Segments (Z) in the Outbound HCHB Standard HL7 ADT message is controlled in HCHB by a System Setting as shown in the image below. This System Setting to “Exclude HCHB Custom Segments (Z)” is “unchecked” by default,

meaning all Custom Segments (Z) will be included in the message. If it is desired by the customer/vendor to exclude the Custom Segments (Z) from the message, the System Setting should be “checked”.

System Settings

Search By: **System Setting** Search For:  

Fax Financial Home Health Workflow Hospice Workflow **Interface Info** Licensing Info Miscellaneous Orders Payroll

Send All Physicians Enabled  
 Send All Physicians Suppress Workflow  
 Interface Communication Method Suppress Workflow

Continuity of Care Document

Enable CCD Import/Export Functionality  
Utilize the following Organization Name for CCD Export:

Enable Web Service Interface Functionality

Outbound HCHB Standard HL7 ADT

Exclude HCHB Custom Segments (Z)