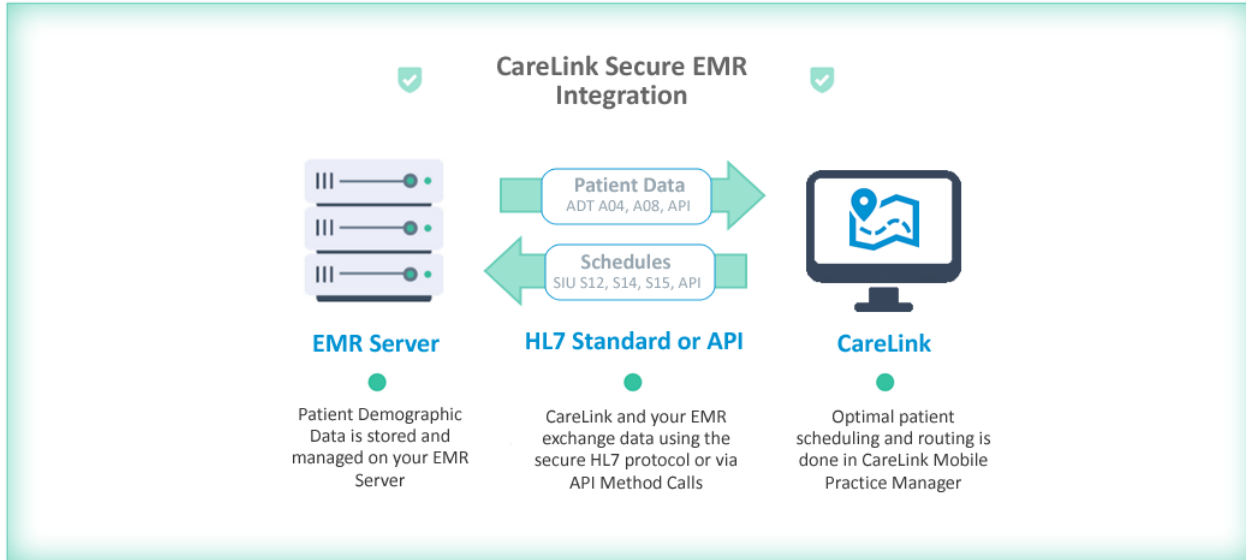


EMR Integration Reference*



ADT, SIU Segments: Our HL7 fields and segments for SIU and ADT message segments are completely customizable. The below reference is an example of a widely used integration specification.

Transport and storage protocol: Partner hosted sftp

Incoming ADT Reference (A04, A08)

ADT Segment

Segment	Required	Instance / Set ID	Description
MSH	R	1	Message Header
PID	R	1	Patient Demographic
PD1	Not Used	1	Patient Additional Demographic
NK1	Not Used	1	Next of Kin
PV1	Not Used	1	Patient Visit Segment
GT1	Not Used	1	Guarantor Segment
IN1	O	1	Insurance Segment - Primary
IN1	Not Used	2	Insurance Segment - Secondary
IN1	Not Used	3	Insurance Segment - Tertiary

MSH

Pos.	Segment Name	Required	CareLink
MSH-1	Field Separator	Yes	
MSH-2	Encoding Characters	Yes	
MSH-3.1	Sending Application - Namespace	No	
MSH-3.2	Sending Application - ID	No	
MSH-4.1	Sending Facility - Namespace	No	

MSH-4.2	Sending Facility - ID	No	
MSH-5	Receiving Application	No	
MSH-6.1	Receiving Facility - Namespace	No	
MSH-6.2	Receiving Facility - ID	No	
MSH-7	Date/Time of Message	Yes	
MSH-8	Security	No	
MSH-9.1	Message Type - Type	Yes	Accepted: A04, A08
MSH-9.2	Message Type - Trigger Event	Yes	
MSH-10	Message Control ID	Yes	
MSH-11	Processing ID	Yes	
MSH-12	Version ID	Yes	

PID

Pos.	Segment Name	Required	CareLink
PID-1	Set ID - PID	No	Not Used
PID-2	Patient ID	No	Patient EMR ID
PID-3	Patient Identifier List	Yes	Not Used
PID-4	Alternate Patient ID	No	Not Used
PID-5.1	Patient Name - Last	Yes	Patient Last Name
PID-5.2	Patient Name - First	Yes	Patient First Name
PID-5.3	Patient Name - Middle Initial	No	Patient Middle Name
PID-6	Mother's Maiden Name	No	Not Used
PID-7	Date of Birth	Yes	Date of Birth
PID-8	Sex	Yes	Male or Female
PID-9	Patient Alias	No	Not Used
PID-10	Race	No	Not Used
PID-11.1	Patient Address - Street Address	Yes	Address Line 1
PID-11.2	Patient Address - Other Designation	Yes	Address Line 2
PID-11.3	Patient Address - City	Yes	Patient City
PID-11.4	Patient Address - State	Yes	Patient State
PID-11.5	Patient Address - Zip or Postal Code	Yes	Patient Zip (First 5)
PID-13.1	Phone Number - Home	Yes	Patient Home Phone
PID-13.2	Phone Number - Telecommunication Use Code	No	Not Used
PID-13.3	Phone Number - Telecommunication Equipment Type	No	Not Used
PID-13.4	Email Address	No	Patient Email Address
PID-13.1 r*	Cell Phone number	No	Patient Cell Phone
PID-14.1	Phone Number - Business	No	Patient Work Phone
PID-14.2	Phone Number - Telecommunication Use Code	No	Not Used
PID-14.3	Phone Number - Telecommunication Equipment Type	No	Not Used
PID-14.4	Email Address	No	Not Used
PID-14.5	Phone Number - Country Code	No	Not Used
PID-14.6	Area/City Code	No	Not Used

PID-14.7	Phone Number	No	Not Used
PID-15	Primary Language	No	Not Used
PID-16	Marital Status	No	Not Used
PID-17	Religion	No	Not Used
PID-18	Patient Account Number	No	Not Used
PID-19	SSN Number - Patient	No	Not Used
PID-20	Driver's License Number - Patient	No	Not Used
PID-21	Mother's Identifier	No	Not Used
PID-22.1	Ethnic Group - Identifier	No	Not Used
PID-22.2	Ethnic Group - Text	No	Not Used

IN1

Pos.	Segment Name	Required	
IN1-1	Set ID - IN1	No	Not Used
IN1-2	Insurance Plan ID	No	Not Used
IN1-3	Insurance Company ID	No	Not Used
IN1-4	Insurance Company Name	No	Patient Insurance
IN1-5.1	Insurance Company Address - Street Address	No	Not Used
IN1-5.2	Insurance Company Address - Other Designation	No	Not Used
IN1-5.3	Insurance Company Address - City	No	Not Used
IN1-5.4	Insurance Company Address - State	No	Not Used
IN1-5.5	Insurance Company Address - Zip or Postal Code	No	Not Used
IN1-6	Insurance Company Contact Person	No	Not Used
IN1-7	Insurance Company Phone Number	No	Not Used
IN1-8	Group Number	No	Not Used
IN1-9	Plan Name	No	Not Used
IN1-10	Insured's Group Employee ID	No	Not Used
IN1-11	Insured's Group Employment Name	No	Not Used
IN1-12	Plan Effective Date	No	Not Used
IN1-13	Plan Expiration Date	No	Not Used
IN1-14	Authorization Information	No	Not Used
IN1-15	Plan Type	No	Not Used
IN1-16.1	Name of Insured - Last Name	No	Not Used
IN1-16.2	Name of Insured - First Name	No	Not Used
IN1-16.3	Name of Insured - Middle Initial or Name	No	Not Used
IN1-17	Patient's Relationship to Insured	No	Not Used
IN1-18	Insured's Date of Birth	No	Not Used
IN1-19.1	Insured's Address Street Address	No	Not Used
IN1-19.2	Insured's Address Other Designation	No	Not Used
IN1-19.3	Insured's Address City	No	Not Used
IN1-19.4	Insured's Address State	No	Not Used
IN1-19.5	Insured's Address Zip or Postal Code	No	Not Used
IN1-20	Assignment of Benefits	No	Not Used

IN1-21	Coordination of Benefits	No	Not Used
IN1-22	Coordination of Benefits Priority	No	Not Used
IN1-23	Notice of Admission Flag	No	Not Used
IN1-24	Notice of Admission Date	No	Not Used
IN1-25	Report of Eligibility Flag	No	Not Used
IN1-26	Report of Eligibility Date	No	Not Used
IN1-27	Release Information Code	No	Not Used
IN1-28	Pre-Admit Certification	No	Not Used
IN1-29	Verification Date/Time	No	Not Used
IN1-30	Verification By	No	Not Used
IN1-31	Type of Agreement Code	No	Not Used
IN1-32	Billing Status	No	Not Used
IN1-33	Lifetime Reserve Days	No	Not Used
IN1-34	Delay before Lifetime Reserve Day	No	Not Used
IN1-35	Company Plan Code	No	Not Used
IN1-36	Policy Number	No	Patient Insurance Subscriberid
IN1-37	Policy Co-pay	No	Not Used
IN1-38	Policy Limit - Amount	No	Not Used
IN1-39	Policy Limit - Days	No	Not Used
IN1-40	Room Rate - Semi-Private	No	Not Used

Sample Incoming Message

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MSH|^~\&|HEALTHFUSION^1292738|HEALTHFUSION^1292738|CARELINK|CARELINK^1292738|20
190830160119||ADT^A04|98349097|P|2.3
PID|1|258181732|258181732|HF258181732|SALES^PHYLLIS||19321105|F||PATIENT
DECLINED|15436 N 64TH ST APT 121^^SCOTTSDALE^AZ^85254||(480)359-
5390^^^^480^3595390~(602)799-1595^^^^602^7991595||EN|||527369607||PATIENT
DECLINED
PV1|1|O|||||||||||||||||||||||||||||||||||||N

```

Outgoing SIU Reference (S12, S15)

SIU Segment

Segment	Instance / Set ID	Description
MSH	1	Message Header
SCH	1	Schedule Activity Information
PID	1	Patient Demographic
AIL	1	Location Resource
AIP	1	Provider Calendar Resource

MSH Segment

Pos.	Segment Name	CareLink
MSH-1	Field Separator	^~\&
MSH-2	Encoding Characters	Not Sent
MSH-3.1	Sending Application - Namespace	"CARELINK"
MSH-3.2	Sending Application - ID	Not Sent
MSH-4.1	Sending Facility - Namespace	Not Sent
MSH-4.2	Sending Facility - ID	Not Sent
MSH-5	Receiving Application	Not Sent
MSH-6.1	Receiving Facility - Namespace	Not Sent
MSH-6.2	Receiving Facility - ID	Not Sent
MSH-7	Date/Time of Message	Ymdhis
MSH-8	Security	Not Sent
MSH-9.1	Message Type - Type	"S12" or "S15"
MSH-9.2	Message Type - Trigger Event	Not Sent
MSH-10	Message Control ID	unique identifier
MSH-11	Processing ID	P
MSH-12	Version ID	2.3

SCH

Pos.	Segment Name	CareLink
SCH-1	Placer Appointment ID - SCH	Carelink Schedule ID
SCH-2	Filler Appointment ID	Not Sent
SCH-3	Occurrence Number	Not Sent
SCH-4	Placer Group Number	Not Sent
SCH-5	Schedule ID	Not Sent
SCH-6	Event Reason	Schedule Note
SCH-7	Appointment Reason	Schedule Note
SCH-8	Appointment Type	"CARELINK"
SCH-9	Appointment Duration	Schedule Duration
SCH-10	Appointment Duration Units	"MIN"
SCH-11.1	Quantity	1
SCH-11.2	Interval	Not Sent
SCH-11.3	Duration	Not Sent
SCH-11.4	Start Date/Time	Schedule data and time
SCH-11.5	End Date/Time	Not Sent

SCH-12	Placer Contact Person	Not Sent
SCH-13	Placer Contact Phone Number	Not Sent
SCH-14	Placer Contact Address	Not Sent
SCH-15	Placer Contact Location	Not Sent
SCH-16.1	Filler Contact Person - ID	Not Sent
SCH-16.2	Filler Contact Person - Last Name	Not Sent
SCH-16.3	Filler Contact Person - First Name	Not Sent
SCH-17	Filler Contact Phone Number	Not Sent
SCH-18	Filler Contact Address	Not Sent
SCH-19	Filler Contact Location	Not Sent
SCH-20	Entered By Person	Not Sent
SCH-21	Entered By Phone Number	Not Sent
SCH-22	Entered By Location	Not Sent
SCH-23	Parent Placer Appointment ID	Not Sent
SCH-24	Parent Filler Appointment ID	Not Sent
SCH-25	Filler Status Code	S12 - "NEW" S15 - "CANCELLED"

PID

Pos.	Segment Name	CareLink
PID-1	Set ID - PID	1
PID-2	Patient ID	CareLink Patient ID
PID-3	Patient Identifier List	CareLink Patient EMRID
PID-4	Alternate Patient ID	CareLink Patient EMRID
PID-5.1	Patient Name - Last	Patient First Name
PID-5.2	Patient Name - First	Patient Last Name
PID-5.3	Patient Name - Middle Initial	Patient Middle Name
PID-6	Mother's Maiden Name	Not Sent
PID-7	Date of Birth	MMDDYYYY
PID-8	Sex	Male or Female
PID-9	Patient Alias	Not Sent
PID-10	Race	Not Sent
PID-11.1	Patient Address - Street Address	Patient Address Line 1
PID-11.2		Patient Address Line 2
PID-11.3	Patient Address - City	Patient City
PID-11.4	Patient Address - State	Patient State
PID-11.5	Patient Address - Zip or Postal Code	Patient Zip
PID-13.1	Phone Number - Home	Patient Home Phone
PID-13.2	Phone Number - Telecommunication Use Code	Not Sent
PID-13.3	Phone Number - Telecommunication Equipment Type	Not Sent
PID-13.4	Email Address	Not Sent
PID-13.1 r*	Cell Phone number	Not Sent
PID-14.1	Phone Number - Business	Patient Work Phone
PID-14.2	Phone Number - Telecommunication Use Code	Not Sent

PID-14.3	Phone Number - Telecommunication Equipment Type	Not Sent
PID-14.4	Email Address	Not Sent
PID-14.5	Phone Number - Country Code	Not Sent
PID-14.6	Area/City Code	Not Sent
PID-14.7	Phone Number	Not Sent
PID-15	Primary Language	Not Sent
PID-16	Marital Status	Not Sent
PID-17	Religion	Not Sent
PID-18	Patient Account Number	Not Sent
PID-19	SSN Number - Patient	Not Sent
PID-20	Driver's License Number Patient	Not Sent
PID-21	Mother's Identifier	Not Sent
PID-22.1	Ethnic Group - Identifier	Not Sent
PID-22.2	Ethnic Group - Text	Not Sent

AIL

Pos.	Segment Name	Carelink
AIL-1	Set ID - AIL	Not Sent
AIL-2	Segment Action Code	Not Sent
AIL-3.1	Location Resource ID - Point Of Care	CUSTOM AS REQUIRED
AIL-3.2	Location Resource ID - Room	CUSTOM AS REQUIRED
AIL-3.3	Location Resource ID - Bed	CUSTOM AS REQUIRED
AIL-3.4	Location Resource ID - Facility	CUSTOM AS REQUIRED

AIP

Pos.	Segment Name	Carelink
AIP-1	Set ID - AIP	Not Sent
AIP-2	Segment Action Code	Not Sent
AIP-3.1	Personnel Resource ID - ID Number	Practitioner NPI ID
AIP-3.2	Personnel Resource ID - Last Name	Practitioner Last Name
AIP-3.3	Personnel Resource ID - First Name	Practitioner First Name
AIP-3.4	Personnel Resource ID - Middle Initial Or Name	Not Sent
AIP-3.5	Personnel Resource ID - Suffix	"PROVIDER"
AIP-3.6	Personnel Resource ID - Prefix	Not Sent
AIP-3.7	Personnel Resource ID - Degree	Not Sent

Sample Outgoing Message

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MSH|^~\&|CARELINK|||20190902104956||SIU^S15|1567446596756|P|2.3|||
SCH|8275|||Primary Care|Primary
Care|CARELINK|60|MIN|^201909021500|||CARELINK|||CARELINK|||Cancelled
PID|1|1022|2421127146|2421127146|Smith^John||19430907|M||102 W. 5th
Place^^Mesa^AZ^85201||4804679043|||
AIL|||^MOBILE PRACTICE
AIP|||123337170^Crowler^Sheryl|PROVIDER|||
```

EMR Specific Sample Messages

EPIC

ADT 04

MSH|^~\&|EPIC-TST|A|Checkin|1|20220216114331|139758|ADT^A04|32395|D|2.2
EVN||1501701^AC CHW HOME VISIT
PID|1|098111867|098111867^MR||CARELINK^BETTY||19671114|F||B|8577 FONDREN^APT
17^HOUSTON^TX^77025^US^^HARRIS|HARRIS|(713)634-
1810^7^713^6341810~^NET^Internet^bettyboop@gmail.com||ENG|M|NOD||040-65-9877||N||01||AM|N
PV1|1|O|4651^A|3||139758^NAJERA^CARMEN|||||1||121071664|SELF|||||||20220216114330

SIU 12

MSH|^~\&|CARELINK|CARELINK|EPIC||20220216125834||SIU^S12|16450451146770000130|P|2.3|||||
SCH|130||||Home Visit|957|30|MIN|^202202181000||||CARELINK||||CARELINK||||Scheduled
NTE|1||SCHNote||
PID||098111859|098111859||Carelink^Adam^||19681228|M||4760 WESTOVER
RD^HOUSTON^TX^77020|(713)777-9311|||||||
RGS|1||1102311^LBJ HOUSE CALL UT
AIS|1||957^Home Visit
AIP|1||041248^Lee^Jessica|||||

EMDS Aprima

ADT 04

MSH|^~\&|Aprima|Aprima|Carelink|Carelink|20220331113334||ADT^A04|1436451|P|2.3
EVN|A04|20220331113334|||
PID|1|72532|True||Zztest^Kaleb^^|19990909|M|^np|123 Warrior Way^^New Albany^IN^47150^|(812)999-
8877^cell^kzztest@gmail.com|^English||111-22-2333||2186-5|||
PV1|O||1255363941^Spader, PFM APRN^Amy^J.^^^
GT1||147224|Zztest^Kaleb^^|123 Warrior Way^^New Albany^IN^47150^|19990909|M|Self|111-22-
2333|||^^^|^^^

SIU 12

MSH|^~\&|CARELINK|CARELINK|APRIMA||20220322075201||SIU^S12|1647960721363000010606559|P|2.3|||||
SCH|10606559||1306122759^Mueller^Cassandra||Follow Up: test|Follow Up: test|Follow
Up|30|MIN|^202203231215||||CARELINK||||CARELINK||||Scheduled
PID|1|14641|70943|70943|Zztest^Trina||19590720|F||1375 Perryville Road^^DANVILLE^KY^40422|(859)965-
2258|||||||
AIL||^
AIP||1306129^Sueller^Xassandra|PROVIDER|||||