



Important Message

Patient Encounter List (PEL) – Template and requirements for both Program Years 2015 and 2016.

Purpose of Communication: To assist providers on reporting their patient encounters.
 Target Audience: Eligible Professionals and Eligible Hospitals

The following requirements for the Patient Encounter List are for both Program Year 2015 and Program Year 2016. The patient encounter list (PEL) is used to support the total number of Medicaid Encounters and the total number of encounters entered into the MAPIR attestation.

Please download and use the PEL template to format your patient encounters with these listed standards.

[Download a PEL template here](#)

	A	B	C	D	E	F	G
	Date of Service [MM/DD/YYYY]	Patient Last Name	Patient First Name	Date of Birth [MM/DD/YYYY]	Medicaid ID [Format as text]	Payer	Service Provider NPI
2	9/7/2015	Simpson	Homer	2/15/1977	001122334	Medicaid	123456789
3	9/10/2015	Flanders	Ned	6/11/1985		Anthem	123456789
4	9/11/2015	Krabappel	Edna	12/5/1996	002233456	Medicaid	123456789
5	10/24/2015	Wiggum	Ralph	2/4/1955	007898775	Medicaid	123456789
5	10/25/2015	Bouvier	Patty	11/5/1991	006689745	Medicaid	123456789
7	10/28/2015	McClure	Troy	10/23/1968		Blue Cross	123456789
3							
3							
0							
1							

The PEL should include the following fields, and please use these exact heading names;

- Date of Service
- Patient Last Name
- Patient First Name
- Date of Birth
- Medicaid ID (when applicable)*
- Payer
- Service Provider NPI

*Medicaid ID when applicable. This includes cases where Medicaid is the primary, secondary, or tertiary payer.

Additionally, the document must be an Excel file and should not be locked or restricted.

Please Note:

Please use the exact headings as pictured in the sample.

If the PEL is not in this format or is missing fields, the attestation will be set back to “Incomplete” status in order for corrections to be made.

For more information:

- [CMS EHR website](#)
- [CHATTER EHR website](#)
- [HPE MAPIR login](#)

Contact Information:

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