This document provides the specific sections/ data fields included for the exports provided with a Data Archive. Depending on what was requested, not all export types may be included in the data you received.

Frequently Asked Questions

Q: Are Billing Summaries or Patient Statements included in the Data Archive package?
A: No, you will need to calculate payment histories and patient balances using the comprehensive Transaction report provided. It is recommended that you extract any Billing Summaries or Patient Statements you may need prior to your official termination date.

Q: How do you use the transaction report to determine patient credit/ balances?
A: The transaction report is essentially a Transaction Activity Report run without any filters. Therefore, you can filter the Excel file by a specific patient and calculate any remaining credit/ balance by reviewing the transactions for that patient. Your CSM should be equipped to answer questions about this report with the help of the CSC if needed.

Q: If we import the Transaction data into another system will we be able to work our old A/R from the new system?
A: You'll need to ask your new vendor. However, athenahealth is unable to assist with this. It is highly recommended that you use the offered spin down period to work your A/R as it is unlikely that a new vendor will take on the risk of uploading transaction data from another system.

Q: Are all remittances & unpostables provided?
A: All paper remittances are provided. Unpostables that are not paper or any electronic remittance are not included. You can download this information from athenaNet via the ERA functionality (if enabled) or by downloading directly from the payer's website.

Q: How can paper remittance be reconciled with the transaction report?
A: The naming convention of the EOB (paper remittance) files shows the paymentbatchid and the contextid separated by the letter A. This can be reconciled with the paymentbatchid column on the transaction report to locate any applicable remittance associated with a transaction. Please note that this will only work if the remittance and the transaction were posted in the same batch. Additionally, any claims that received electronic remittance will not be included.

Q: Is any ANSI data included with the archive (Claims)?
A: We do not include the ANSI data as part of the archive. We do include all transactions posted to claims in the Transactions report.

Q: Why am I not seeing everything that I'm expecting to in the CCDA file?
A: Not everything is visible in the html view. You need to open the file in an editor (i.e. notepad) to see all the data points.

Q: Are open encounters included in the Chart or CCDA extracts?
A: Encounters must be in a CLOSED status at the time the export takes place to be included. The providers in the practice are responsible for ensuring all encounters are closed prior to requesting a Data Archive.

Q: The pages of the PDF chart files are in a weird order and are hard to navigate on larger charts. Can anything be done about this?
A: The Data Archive team does not have any control over the indexing, formatting, or page numbering of the PDF Chart exports. Our bulk export uses the core athenaClinicals Chart Export functionality and it is not customizable.

Q: Why do PDF charts appear shrunken/ too small to read?
A: This occurs when there is a wide element on the chart that skews the aspect ratio on the export. This can include text without a break that was pasted into an encounter field, a provider signature that exceeds our recommended size, or any other wide image that causes it to stretch outside of its boundary. When this happens,

the chart export is forced to shrink down all other documents to fit everything on one page. When scrolling through the file, the root of the issue will be easily apparent because you will see data/ images where there is usually white space. This can usually be fixed on an individual chart basis by amending the encounters and correcting the source of the issue. Then the data can be re-exported without the distortion.

Q: A preliminary Data Archive was provided. Now we need an export of any data added to athenaNet since the previous export. Is this possible?
A: We do not currently have the capability to provide a pure diff file. Though we have the technical capability to generate data for all patients seen after a specific appointment date, we strongly discourage this as there could be activity on a patient chart that did not have an appointment (which would result in it being excluded). The recommendation is to perform another full extract to ensure no data is missed.

Q: My new EMR/ data processing vendor is requesting assistance with migrating my athenaNet data into my new system. Can the Data Archive team help?
A: The Data Archive team does not assist with this process as we do not have any information outside the scope of this document. It is not athenahealth's responsibility to assist with data migrations to new systems.

Q: What should I do after I receive my data?
A: You should access your data as soon as you receive it and check that it is both accessible and complete. In the event that you are terminating or are spinning off from your current practice, you have 30 days to inform us of any questions or issues in regards to the data received by reaching out to your CSM or by emailing datadeviceconfirm@athenahealth.com.

We strongly recommend that you back up your data as soon as you receive it. You are the custodian of the records and athenahealth is not responsible for any lost, damaged, or inaccessible data devices.

Introduction

This document lists the data segments which are present in both the hospital and ambulatory data portability CCDAs. Currently, data portability sections are exported by the Mu3 certified athena data export service. These data elements are subject to change per our service description.

Data Portability Sections

The following sections will be available based on the availability in the specific patient chart:

1. Demographics
2. Care Team Members
3. Assessment
4. Plan of Treatment
5. Reason for Referral
6. Results
7. Problems
8. Procedures
9. Medical Equipment
10. Allergies
11. Medications
12. Vitals
13. Social History
14. Functional Status
15. Mental Status
16. Family History
17. Medical History
18. Immunizations
19. Past Encounters
20. Goals Section
21. Health Concerns Section

Introduction

These are the data segments that are available for the Ambulatory Clinical Chart Data Export. These data elements are subject to change per our service description.

Clinical Data Types

This data can be provided in PDF or HTML formats. athenahealth extracts the following data types and exports them into charts. The following sections will be available based on the availability in the specific patient chart.

1. Medication List
2. Imaging Results
3. Lab Results
4. OB Episodes
5. Admin Documents
6. Mental Health Consults
7. Vaccination History
8. Medical Record Documents
9. Encounters and Procedures
10. Surgical Orders
11. Patient Cases
12. Vaccination Records
13. Prescription Documents
14. Encounter Documents
15. Facesheet
16. Flowsheet
17. Physicians Authorizations
18. Clinical Documents

Introduction

This document outlines the athenaCollector elements that will be extracted as part of the Data Archive package as they are recorded in athenaNet. These data elements are subject to change per our service description.

Collector Data Types

This data is provided in .CSV format. athenahealth extracts the following data types:

Transactions

The transaction report will show every item posted to all claims in athenaNet.

Fields	Details
PARENTCHARGEID	ID number assigned to the individual charge
PAYMENTBATCHID	The payment batch in which the transaction was posted.
NUMBERCHARGES	The number of charges on the line
AMOUNT	The amount of the transaction
POSTDATE	The date the transaction was posted to the claim
TYPE	Identifies if the transaction is a charge, adjustment transfer etc…
TRANSACTIONREASONID	Further classifies the transaction (Copay, contractual, coinsurance etc…)
OUTSTANDING	Any outstanding balance on the claim
PROCEDURECODE	The procedure code on which the transaction is applied.
OTHERMODIFIER	Non fee-affecting modifier associated with the procedure code
PROCEDURECODEDESCRIPTION	A brief explanation of what the procedure code is
FROMDATE	The date of service of the claim
LASTBILLEDDATE	The most recent date the claim was sent to the payer
FIRSTBILLEDDATE	The first date the claim was sent to the payer
CLAIMID	The athena ID assigned to the claim
CHARGEAMOUNT	The dollar amount of the charge
CHARGEPOSTDATE	The date the charge was created
TRANSFERTYPE	Primary, Secondary or Patient
PATIENTID	The patients athena ID
PATIENTDEPARTMENTID	The departments ID where the patient is registered
PATIENTDEPARTMENT	The department where the patient is registered

SERVICEDEPARTMENTID	The ID of the department where the services were performed
SERVICEDEPARTMENT	The department where the services were performed
RENDERINGPROVIDERID	The athena assigned ID of the rendering provider
RENDERINGPROVIDER	The name of the rendering provider
SUPERVISINGPROVIDERID	The athena assigned ID of the supervising provider
SUPERVISINGPROVIDER	The name of the supervising provider
DIAGNOSIS1	The first diagnosis code tied to the charge
DIAGNOSIS2	The second diagnosis code tied to the charge
DIAGNOSIS3	The third diagnosis code tied to the charge
DIAGNOSIS4	The fourth diagnosis code tied to the charge
ICD10DIAGNOSIS1	The first ICD10 code tied to the charge
ICD10DIAGNOSIS2	The second ICD10 code tied to the charge
ICD10DIAGNOSIS3	The third ICD10 code tied to the charge
ICD10DIAGNOSIS4	The fourth ICD10 code tied to the charge
TRANSACTIONSTATUS	Identifies the current status of the charge line, Closed, Billed, Hold etc…
CREATED	The date the charge was created
CREATEDBY	The user who posted/created the transaction
METHOD	The payment method associated with the transactions
VOIDED	The date which the transaction was voided
INSURANCEPACKAGEID	The athena ID of the billed insurance package
INSURANCE	Name of the Insurance
IDNUMBER	The patient's insurance ID
POLICYNUMBER	The group number associated with the insurance policy
INSURANCEREPORTINGCATEGORY	The insurance reporting category the to which the insurance package is assigned
PATIENTFIRSTNAME	The patients first name
PATIENTLASTNAME	The patients last name
PATIENTDOB	The patients date of birth
PATIENTSSN	The patient's social security number
PATIENTSEX	The patient's gender
PATIENTADDRESS	The patients address
PATIENTCITY	The city in which the patient lives
PATIENTSTATE	The state in which the patient lives
PATIENTZIP	The patients zip code
PATIENTMARITALSTATUS	The patient's marital status

GUARANTORFIRSTNAME	The first name of the patient's guarantor
GUARANTORLASTNAME	The last name of the patient's guarantor
REFERRINGPHYSICIANID	The ID assigned to the referring provider in athenanet
REFERRINGPHYSICIAN	The name of the referring provider
INSURANCEADDRESS	Line one of the insurance billing address
INSURANCEADDRESS2	Line two of the insurance billing address
INSURANCECITY	The City of the insurance billing address
INSURANCESTATE	The State of the insurance billing address
INSURANCEZIP	The Zip Code of the insurance billing address
INSURANCEPHONE	The phone number of the insurance company

Patient Demographics

The Patient Demographics report pulls information from the quickview/registration pages in athenaNet.

Fields	Details
PATIENTID	The ID assigned to the patient in athenanet
ENTERPRISEID	The Enterprise ID assigned to the patient in athenanet
FIRSTNAME	The patients first name
LASTNAME	The patient's last name
MIDDLEINITIAL	The patient's middle name/initial
NAMESUFFIX	The patient's name suffix
DOB	The date the patient was born
SSN	The patients Social Security Number
SEX	The patient's gender
ADDRESS	The first line of the patient's address
ADDRESS2	The second line of the patient's address
ZIP	The patient's zip code
CITY	The city from the patient's address
STATE	The state from the patient's address
HOMEPHONE	The patients home phone number
WORKPHONE	The patients work phone number
MOBILEPHONE	The patients cell phone number
EMAIL	The patient's email address
LASTAPPOINTMENTDATE	The date of the patients last appointment
REGISTRATIONDEPARTMENTID	The athena assigned ID of the department where the patient is registered
REGISTRATIONDEPARTMENT	The department where the patient is registered
CURRENTDEPARTMENTID	The athena assigned ID for the patients current department
CURRENTDEPARTMENT	The department where the patient is currently registered
USUALPROVIDERID	The athean assigned ID to the provider in the usual provider field on the quickview

USUALPROVIDER	The provider listed in the usual provider field on the quickview
GUARANTORFIRSTNAME	The first name of the patient's guarantor
GUARANTORLASTNAME	The last name of the patient's guarantor
GUARANTORMIDDLEINITIAL	The middle initial of the patient's guarantor
PRIMARYINSURANCEPACKAGEID	The athena assigned ID for the patient's primary insurance package
PRIMARYINSURANCE	The name of the patient's primary insurance
PRIMARYIDNUMBER	The patient's primary insurance policy number
PRIMARYPOLICYNUMBER	The patients group policy number for their primary insurance
SECONDARYINSURANCEPACKAGEI D	The athena assigned ID for the patient's secondary insurance package
SECONDARYINSURANCE	The name of the patient's secondary insurance
SECONDARYIDNUMBER	The patient's secondary insurance policy number
SECONDARYPOLICYNUMBER	The patients group policy number for their secondary insurance
CASEPOLICYINSURANCEPACKAGEID	The athena assigned ID for the patient's case policy (1 row per policy)
CASEPOLICYINSURANCE	The name of the patient's case policy
CASEPOLICYIDNUMBER	The patient's case policy number
CASEPOLICYPOLICYNUMBER	Additional number for their case policy
NEXTKINNAME	The name of the patient's next of kin
NEXTKINPHONE	The telephone number of the patient's next of kin
NEXTKINRELATIONSHIP	The relationship of the next of kin to the patient

Appointments

The Appointment report is sorted by date and provider, and will include all appointment slots in athenaNet, past, present and future, filled and empty, and deleted slots.

Fields	Details
ID	The number assigned to the appointment by athenanet
APPOINTMENTDATE	The date of the appointment
STARTTIME	The time the appointment starts
APPOINTMENTSTATUS	The status of the appointment slot, (Open, Cancelled, Claim Entered)
DEPARTMENTID	The number assigned to the department by athenanet
DEPARTMENTNAME	The name of the department where the appointment is scheduled
PROVIDER	The name of the provider that the appointment is scheduled for
PATIENTID	The number assigned to the patient by athenanet
APPOINTMENTTYPEID	The number assigned to the appointment type by athenanet
APPOINTMENTTYPENAME	What type of appointment is this (Follow Up, Net Patient)
APPOINTMENTTYPEDURATION	How long is this appointment
APPOINTMENTNOTE	Any information entered into the Notes/Reason Section of the appointment
PATIENTFIRSTNAME	The first name of the patient
PATIENTLASTNAME	The last name of the patient
PATIENTDOB	The date the patient was born
PATIENTSSN	The patients Social Security Number
PATIENTHOMEPHONE	The patients home phone number
PATIENTWORKPHONE	The patients work phone number
CLAIMID	If the Appointment Status is Claim Entered, this will show the number of the claim that was entered for this visit.
REFERRINGPROVIDERID	The number assigned to the referring provider by athenanet.

Explanation Of Benefits (EOB)

This is a document that accompanies a remittance check from an insurance company. It details each charge on a set of claims, and shows claim numbers, financial information, and/or denial information about the set of claims. The EOBs are in a .PDF format and the files are delivered in zip files. Any electronic remittance that was received by athena is available through the individual payer's website.

Visit

Visits are used for Emergency, Inpatient, and Hospital Outpatient encounters.

Fields	Details
VISITID	The ID of the visit
STATUS	The state of the visit (open, checked in, discharged, claim created)
CHECKINDATE	The check-in or admission date of the visit
DISCHARGEDATE	The discharge date of the visit
ADMISSIONSOURCECODE	The code of the admission source for the visit
ADMISSIONSOURCE	The name of the admission source for the visit
ADMISSIONTYPECODE	The code of the admission type for the visit
ADMISSIONTYPE	The name of the admission type for the visit
LEVELOFCARE	The level of care associated with each part of the visit
DEPARTMENTID	The ID of the department associated with each part of the visit
DEPARTMENTNAME	The name of the department associated with each part of the visit
ADMITTINGPROVIDERID	The ID of the admitting provider
ADMITTINGPROVIDER	The name of the admitting provider
ATTENDINGPROVIDERID	The ID of the attending provider
ATTENDINGPROVIDER	The name of the attending provider
DISCHARGEDISPOSITIONCODE	The discharge disposition code
DISCHARGEDISPOSITION	The name of the discharge disposition
DISCHARGEPROVIDERID	The ID of the discharge provider

DISCHARGEPROVIDER	The name of the discharge provider
OPERATINGPROVIDERID	The ID of the operating provider
OPERATINGPROVIDER	The name of the operating provider
OTHEROPERATINGPROVIDERID	The ID of the other operating provider
OTHEROPERATINGPROVIDER	The name of the other operating provider
PATIENTID	The ID of the patient
CREATED	The date the visit was created
CREATEDBY	The user who created the visit
DELETED	The date the visit was deleted
DELETEDBY	The user who deleted the visit
DELETEDNOTE	Reason why visit was deleted
REGISTEREDDATE	The date registration was completed for the visit
REGISTEREDBY	The user who completed registration

Visitcharge

Charges are stored on visits in addition to claims as a way to track revenue prior to claim creation. There are two "Types" of visit charges: CHARGE DETAIL and TRANSFEROUT. A TRANSFEROUT is created for accounting purposes when the visit is billed and a "charge detail" is created on the claim.

Fields	Details
VISITCHARGEID	The ID of the charge
CHARGEDATE	The date of service of the charge
POSTDATE	The date the charge was posted to the visit
CHARGEDEPARTMENTID	The department ID associated with the charge code
CHARGEDEPARTMENT	The department associated with the charge code
CHARGECODE	The charge code of the charge
DESCRIPTION	The description of the charge code
CHARGECODEUNITS	The quantity of charge units
LEVELOFCARE	The level of care associated with the charge
PROCEDURECODE	The procedure code of the charge
MODIFIERS	The modifier(s) associated with the charge
REVENUECODE	The revenue code of the charge
AMOUNT	The amount of the charge
PROVIDERID	The ID of the provider tied to the charge
PROVIDER	The name of the provider
VISITBILLID	The ID of the visit billing view associated with the charge
VISITID	The ID of the visit associated with the charge

VISITSEGMENTID	The ID of the part of the visit associated with the charge
CLAIMCREATEDYN	Indicator of whether charge has been created on a claim
NDC	The NDC tied to the charge (for medications)
DRUGDOSAGE	The NDC dosage tied to the charge (for medications)
DRUGUNITQUALIFIER	The NDC unit qualifier tied to the charge (for medications)
TYPE	Identifies if the charge is a charge or transfer
PARENTVISITCHARGEID	The ID of the charge that the transfer is tied to
CREATED	The date the charge was created
CREATEDBY	The user who posted/created the charge
VOIDED	The date the charge was voided
VOIDEDBY	The user who voided the charge
INSURANCEPACKAGEID	The ID of the insurance package associated with this visit
INSURANCE	Name of the insurance package
IDNUMBER	The insurance ID number of the patient
POLICYNUMBER	Policy Number of the insurance package
INSURANCEREPORTINGCATEGORY	The claim tracking/denial management will be disabled for these IDs
INSURANCEADDRESS	Address of the payer to which the insurance claim should be directed to.
INSURANCEADDRESS2	Address of the payer to which the insurance claim should be directed to.
INSURANCECITY	City part of the payer address
INSURANCESTATE	State part of the payer address
INSURANCEZIP	Zip code of the payer address
INSURANCEPHONE	Payer phone number

Chargedetail

This is what is created when the visit is billed, representing each visit charge.

Fields	Details
CHARGEID	The ID of the charge the item is rolled under on the claim
VISITCHARGEID	The ID of the visit charge the item comes from
CHARGEDETAILID	The ID of the detailed charge item
FROMDATE	The date of service of the charge
AMOUNT	The amount of the detailed charge item
QUANTITY	The quantity of the detailed charge item
PROCEDURECODE	The procedure code of the detailed charge item
DESCRIPTION	The description of the detailed charge item
CREATED	The date the detailed charge item was created
CREATEDBY	The user who created the detailed charge item
DELETED	The date the detailed charge item was deleted
DELETEDBY	The user who deleted the detailed charge item

Introduction

These are the data segments that are available for the hospital clinical data export. This encompasses the entire medical record. These data elements are subject to change per our service description.

Clinical Data Types

This data can be provided in PDF or HTML formats. athenahealth extracts the following data types and exports them into charts. The following sections will be available based on the availability in the specific patient chart.

1. Admin Documents
2. Admission Order
3. Admission H&P
4. Consult Notes
5. Clinical Documents
6. Discharge Summary
7. Discharge Planning Notes
8. Discharge Planning Audit
9. Patient Discharge Instructions
10. Patient Discharge Instructions Audit
11. Discharge Summary Audit
12. Patient Education
13. Patient Education Audit
14. Stay Allergies Audit
15. Stay Vaccinations Audit
16. Stay Diagnoses, Problems, and Precautions Audit
17. Stay History Audit
18. Post-Discharge Notes
19. Flowsheet Vitals
20. Flowsheet Measurements
21. Flowsheet Screening
22. Flowsheet ADL
23. Flowsheet Airways
24. Flowsheet Assessments
25. Flowsheet Drains
26. Flowsheet Head & toe
27. Flowsheet Intake & Output
28. Flowsheet Lines
29. Flowsheet Restraints
30. Flowsheet Tubes
31. Flowsheet Wounds
32. Hospital Notes
33. Imaging Results
34. Lab Results
35. Medication Administration Record
36. Nursing Tasks
37. Respiratory Tasks
38. Therapy Tasks
39. Nursing Admission Notes
40. Nursing Care Plan
41. Nursing Notes
42. Orders
43. Paper forms
44. Progress Notes
45. Procedure Notes
46. Shift Notes
47. Transfer Orders
48. Therapy Notes
49. ED Provider Assessment
50. ED Triage Notes
51. ED Course
52. ED Nursing Initial Assessment Notes
53. ED Provider Notes
54. Surgical Pre-Op Notes
55. Surgical Intra-Op Notes
56. Surgical Post-Op Notes
57. Operative Notes
58. Presurgical Evaluation Notes
59. Surgical H&P