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Covered California Provider Data Submission: Guidelines and Functional Specifications

Version 1.6   Q4 2015

Contents

1.Revision History

Date	Version	Description	Author
08/28/2015	1.0	• Initial Draft	Ahmed Al-Dulaimi
09/09/2015	1.1	• Added Snapshot_Date Field • Modified Year/Month_of_data to Last_Update	Ahmed Al-Dulaimi
09/15/2015	1.2	• Added Record_Type Field to Header Record Layout • Added Record_Type Field to Detail Record Layout • Added Issuer_Provider_ID Field to Detail Record Layout • Added Issuer_PCP_ID Field to Detail Record Layout • Added Data_Start_Date Field to Trailer Record Layout • Added Data_End_Date Field to Trailer Record Layout • Added Record_Count Field to Trailer Record Layout • Added Record_Type Field to Trailer Record Layout	Ahmed Al-Dulaimi
09/17/2015	1.3	• Modified Record_Type Field in Header & Trailer Record Layout	Ahmed Al-Dulaimi
11/09/2015	1.4	• Modified file format to CSV • Removed start and end positions for data elements • Condensed Provider_Type and Facility_Type into 1 field and modified acceptable values for new field • Added notes on Blanks, FTINs, Last_Update , names and special characters • Altered instructions on PCP_Flag to include any products with PCP assignments.	Ahmed Al-Dulaimi
11/18/2015	1.5	• Removed field length specification in header record • Modified wording for submission schedule	Ahmed Al-Dulaimi
11/23/2015	1.6	• Corrected value for Provider_Type field from "P" for professional only to "B" for both professionals and facilities on page 15 • Removed duplicate values from New Data Elements table on page 61 • Corrected Appendix B on page 65: Changed "O" for other to "OF" for other facility as an acceptable value for Provider_Type in the case of facilities. • Corrected Appendix C on page 67: Changed "O" for other to "OI" for other individual as an acceptable value for Provider_Type in the case of individuals.	Ahmed Al-Dulaimi

2. Introduction

The purpose of this document is to provide guidance to health plan issuers participating in California Health Benefit Exchange (Covered California) qualified health plans (QHPs) and qualified dental plans (QDPs) on submitting complete network data, inclusive of every in-network provider, facility or agency, to The Exchange's Plan Management Division (PMD) as part of the contractual requirement set out in the model QHP and QDP contract.

The provision of complete, accurate and up to date provider information supports the Exchange in performing its role of an active purchaser on behalf of the people of California. Specifically, this information supports (among others):

- PMD's Network analyses including assessment of Essential Community Provider networks and access to quality care in our most vulnerable communities.
- Assessment of issuer networks for recertification and rate negotiation purposes.
- Covered California's Online Integrated Provider Directory.
- Covered California's Enhanced Enterprise Analytics Solution.

This document also provides guidance to issuers already submitting data to Covered California using the Department of Managed Health Care's Timely Access Report format during the transition to the new layout.

Covered California's Plan Management Division will continue to partner with participating issuers in ensuring the most up to date and accurate data is submitted and utilized to the benefit of its enrollees.

Questions on the information contained in this document should be directed to:
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3. Notes

A. General Considerations:

- All fields are required if they apply. "Other" values will not be accepted. In general, if a data element does not apply to a particular provider, "**X**" is a suitable value to denote "**Not Applicable**". If issuer does not have a certain data element, "**U**" is the acceptable value to denote that this element is "**Unknown**". If this information exists on issuer's online directory, the expectation is that it will be provided to Covered California. Blanks are only permitted if a data element does not apply to provider type e.g. it is acceptable that the "First_Name" field be blank if the Provider_Type is H (hospital), C (clinic) or OF (other facility). Otherwise, X or U should be used in lieu of leaving blanks or missing values. In summary:
  - Blanks are only permissible if data does not apply to provider type.
  - "X" will denote "Not Applicable"
  - "U" will denote "Unknown" or "Not provided". This means the issuer does not currently capture information in database.
  - Other is never an acceptable value.

- Covered California provides a hospital reference list based on the latest published facility listing from OSHPD. This listing is augmented with additional data elements and should serve as the basis for identification of hospitals.

- Covered California publishes an annual Essential Community Provider Reference List. Please utilize this list to identify and indicate ECP hospitals and clinics in the submission. These periodical submissions will be used to assess ECP networks for each product/issuer and assess penalties or credits dependent on the issuer's performance. This list can be found at:
  - http://hbex.coveredca.com/stakeholders/plan-management/ecp-list/

- Address **must** be split into 2 fields with office, floor, room, suite level address details in the Address2 field.
- Specialty descriptions will not be accepted. Taxonomy codes must be used for every provider entry.
  - http://www.nucc.org/index.php?option=com_content&view=article&id=107&Itemid=132

- Provider/Facility type must correspond with the correct License Type/Type of Service respectively. Both should also correspond with the correct taxonomy code in the specialty field. Crosswalks for the above have been provided in appendix B and appendix C and in the NUCC Taxonomy crosswalk document.
- Use of the appropriate Network ID is imperative. Please adhere to the network IDs in appendix A.
- Data element names must be submitted exactly as specified. Alternate or abbreviated names will not be accepted

- All fields are required, however, they are situational i.e., certain elements apply only to certain provider types. Please refer to the "Detailed Definitions and Specifications of Data Elements" section for details.
- This is a work in progress. The layout, data elements and requirements will be re-assessed on a rolling basis. As such, fields may be added, removed or modified according to the needs of the specific projects outlined in the introduction. Covered California will continue to ensure that issuers are informed of such changes well in advance and have the necessary time and support to accommodate these changes should they occur.
- Fields should not be left blank except when element is not applicable to provider type.
- The Last_Update element should represent the last time the provider's record was last modified in the database. This element is crucial to the data consolidation process.
- First, Middle and Last names should be full names and not initials.
- The FTIN field should not be populated with Social Security Numbers. This field is protected from public disclosure.
- Special characters are only permitted in phone number and date fields and in any case should never be commas. Commas may compromise the data as the submission is in comma separated value format (CSV).

B. Submission Schedule:

2015 Schedule (for QDPs and 2016 New Entrants). All existing QHPs can submit using the DMHC format on the same schedule for the remainder of 2015.

Cycle	Data Capture Date	Submission Due Date	Notes
Qtr 3	August 30, 2015	September 30, 2015	May be extended
Qtr 4	November 30, 2015	December 31, 2015	

2016 schedule to be determined

C. File Format & Naming Convention

The data will be provided in CSV – (Comma Separate Values format). Therefore use of special characters is limited and use of commas in the data is not allowed. The layout contains a Header record (identified by an H), a Data layout (identified by a D in the Record Type field) and a Trailer record layout (identified by a T in the Record Type field).

The following file naming standard will be followed by Issuers on the input files submitted to Covered California.:

File	Naming Convention
Medical Provider Roster Files	MM_CCYY_ISSUERID_QHP_CC.CSV
Dental Provider Roster Files	MM_CCYY_ISSUERID_QDP_CC.CSV

ISSUERID = Issuer HIOS number. Refer to appendix A for details
MM_CCYY=Month and year of submission due date as specified by Covered California

Any variation to this naming standard will not be accepted.

D. File Transmission Guidelines

Until further notice, Covered California will continue to receive files from QHP and QDP issuers via the Plan Management Division Extranet portal.

https://Planmanagement.coveredca.com

Each issuer should have access to the Plan Management Extranet landing page in addition to a QHP issuer specific folder which contains a provider data sub folder where provider files can be deposited. Issuers must specify the individuals who will need permission to access to this site and work with PMD to acquire that access.

Files must be in the CSV format and not exceed 2 GBs in size. File compression is acceptable and encouraged.

This process will likely change in the near future to include a front end validation step. The proposed validation rules for this automated process can be found in the Validation Rules section on page 52.

4. Submission File Layout

The file should consist of three portions: A header row, detail rows and a trailer row that contains information used to verify the completeness of the submission. Each portion is detailed in the sections below.

A. Header Record Layout

Field No.	Data Element Header Names	Type	Note
1	Last_Name	Char	1st record only
2	First_Name	Char	1st record only
3	Middle_Name	Char	1st record only
4	Provider_Type	Char	1st record only
5	NPI	Char	1st record only
6	CA_License	Char	1st record only
7	Non_CA_License	Char	1st record only
8	Non_CA_License_State	Char	1st record only
9	Provider_Gender	Char	1st record only
10	Provider_Language_1	Char	1st record only
11	Provider_Language_2	Char	1st record only
12	Provider_Language_3	Char	1st record only
13	Facility_Language_1	Char	1st record only
14	Facility_Language_2	Char	1st record only
15	Facility_Language_3	Char	1st record only
16	Type_of_Licensure	Char	1st record only
17	Practice_Address	Char	1st record only
18	Practice_Address_2	Char	1st record only
19	Practice_Zip_Code	Char	1st record only
20	Practice_City	Char	1st record only
21	Practice_County	Char	1st record only
22	Practice_Region	Char	1st record only
23	Practice_State	Char	1st record only

Field No.	Data Element Header Names	Type	Note
24	Practice_Phone	Char	1st record only
25	Provider_Clinic_Name	Char	1st record only
26	Provider_Clinic_ID	Char	1st record only
27	Primary_Specialty	Char	1st record only
28	Secondary_Specialty	Char	1st record only
29	Board_Certified	Char	1st record only
30	Medical_Group/IPA_1	Char	1st record only
31	Medical_Group/IPA_2	Char	1st record only
32	Medical_Group/IPA_3	Char	1st record only
33	Medical_Group/IPA_4	Char	1st record only
34	Contract_Type	Char	1st record only
35	Hospital_1	Char	1st record only
36	Hospital_2	Char	1st record only
37	Hospital_3	Char	1st record only
38	Hospital_4	Char	1st record only
39	Hospital_1_OSHPD_ID	Char	1st record only
40	Hospital_2_OSHPD_ID	Char	1st record only
41	Hospital_3_OSHPD_ID	Char	1st record only
42	Hospital_4_OSHPD_ID	Char	1st record only
43	Hospitalist_(Hosp_1)	Char	1st record only
44	Hospitalist_(Hosp_2)	Char	1st record only
45	Hospitalist_(Hosp_3)	Char	1st record only
46	Hospitalist_(Hosp_4)	Char	1st record only
47	NPI_Sup_PCP	Char	1st record only
48	Sup_PCP_Specialty	Char	1st record only
49	DEA	Char	1st record only
50	Facility_Name	Char	1st record only
51	Facility_System	Char	1st record only

Field No.	Data Element Header Names	Type	Note
52	OSHPD_ID	Char	1st record only
53	Type_of_Service	Char	1st record only
54	Tertiary_Care	Char	1st record only
55	FTIN	Char	1st record only
56	Last_Update	Char	1st record only
57	Reserved	Char	1st record only
58	Current_Assigned_Enrollees	Char	1st record only
59	PCP_Flag	Char	1st record only
60	Network_ID	Char	1st record only
61	Network_Tier_ID	Char	1st record only
62	Availability	Char	1st record only
63	Visibility	Char	1st record only
64	Covered_California_ID	Char	1st record only
65	ECP_Flag	Char	1st record only
66	Accepting_New_Patients	Char	1st record only
67	Snapshot_Date	Char	1st record only
68	Issuer_Provider_ID	Char	1st record only
69	Issuer_PCP_ID	Char	1st record only
70	Filler	Char	1st record only
71	Record_Type	Char	1st record only. Hard coded to H

B. Detail Record Layout

The following specification pertain to the detail record portion of the submitted set and represent all records between the header and the trailer

Field No.	Field Name	Lgth	Type	Data Element Description	Facility Proff. Both	Data Supplier Instructions/Notes
1	Last_Name	50	Char	Last name of provider.	P	
2	First_Name	50	Char	First name of provider.	P	
3	Middle_Name	50	Char	Middle initial of provider.	P	
4	Provider_Type	2	Char	Indicates type of individual provider: Physician=P, Dental Provider=D, Physician Extender=PE, Other Individual Provider=OI, Hospital = H, Clinic = C, Other Contracted Provider Facility = OF	B	See Appendices B & C: Provider Lookup Table for acceptable values
5	NPI	10	Num	National Provider Identification (NPI) number of the individual.	B	Checksum will be validated
6	CA_License	15	Char	California License number. Applies to all providers and facilities	B	For M.D.s: "A","G" or "C" followed by sequence of digits with no spaces or leading zeros. For D.O.s : "20" followed by "A","G" or "C" followed by sequence of digits with no spaces or leading zeros
7	Non_CA_License	15	Char	License number for non-CA licensed/Out of state providers	B	CA license is a required field for all in state providers. This field to be populated for out of state providers only
8	Non_CA_License_State	2	Char	License state for non-CA licensed/Out of state providers	B	
9	Provider_Gender	1	Char	Gender of the Provider	P	M (Male) or F (Female).
10	Provider_Language_1	20	Char	1st Language spoken by the provider other than English	P	
11	Provider_Language_2	20	Char	2nd Language spoken by the provider other than English	P	
12	Provider_Language_3	20	Char	3rd Language spoken by the provider other than English	P	
13	Facility_Language_1	20	Char	Language spoken by an individual employed at the provider's office or facility but not spoken by the provider other than English.	P	
14	Facility_Language_2	20	Char	Language spoken by an individual employed at the provider's office or facility but not spoken by the provider other than English.	P	

Field No.	Field Name	Lgth	Type	Data Element Description	Facility Proff. Both	Data Supplier Instructions/Notes
15	Facility_Language_3	20	Char	Language spoken by an individual employed at the provider's office or facility but not spoken by the provider other than English.	P	
16	Type_of_Licensure	5	Char	e.g. MD, DO for physicians. Refer to lookup table for remainder of licensed medical professions in CA	P	Cannot contain special characters (e.g. "." ,"-" etc). See Appendix B: Provider Lookup Table for acceptable values
17	Location_Address	35	Char	1st line street address for practice or facility location	B	Should be street address only with no secondary suite, office, room etc. no.
18	Location_Address_2	10	Char	2nd line street address for practice or facility location	B	Suite, office, room, building no. etc. These must be separated from 1st line address
19	Location_Zip_Code	5	Char	5 digit zip code of practice or facility location	B	
20	Location_City	25	Char	City of practice or facility location	B	
21	Location_County	25	Char	County of practice or facility location	B	
22	Location_Region	2	Num	Rating region of practice or facility location	B	
23	Location_State	2	Char	State of practice or facility location	B	
24	Location_Phone	12	Char	Phone number of practice or facility location	B	
25	Provider_Clinic_Name	50	Char	If individual provider works at a clinic, enter the clinic name.	P	
26	Provider_Clinic_ID	16	Char	If individual provider works at a clinic, enter the clinic ID	P	Use CCID in case of ECP qualifying clinic, otherwise use NPI
27	Primary_Specialty	10	Char	Primary specialty of the provider. In case of physicians, this must be highest/latest certification received by the provider. E.g. Neonatologist with a specialty in Pediatrics should be listed as Neonatologist unless it is explicitly known that provider practices primarily as a Pediatrician.	B	Use the National Uniform Claim Committee (NUCC) listing of taxonomy codes http://www.nucc.org/index.php?option=com_content&view =article&id=107&Itemid=132 and return the taxonomy code, not the description as the input value for "Specialty". Primary specialty for physicians refers to the highest level specialty that the provider is licensed for (not self reported)
28	Secondary_Specialty	10	Char	Secondary specialty of the provider. Should be populated when provider has secondary/base specialty	B	Use the National Uniform Claim Committee (NUCC) listing of taxonomy codes http://www.nucc.org/index.php?option=com_content&view =article&id=107&Itemid=132 and return the taxonomy code, not the description as the input value for "Specialty".

Field No.	Field Name	Lgth	Type	Data Element Description	Facility Proff. Both	Data Supplier Instructions/Notes
29	Board_Certified	1	Char	Board certified, eligible or non-certified indicator	P	Enter Y if provider is board-certified, E if provider is board-eligible, otherwise enter N.
30	Medical_Group/IPA_1	50	Char	Name of first medical group and/or IPA affiliated with contracted provider (if applicable).	P	
31	Medical_Group/IPA_2	50	Char	Name of second medical group and/or IPA affiliated with contracted provider (if applicable).	P	
32	Medical_Group/IPA_3	50	Char	Name of third medical group and/or IPA affiliated with contracted provider (if applicable).	P	
33	Medical_Group/IPA_4	50	Char	Name of fourth medical group and/or IPA affiliated with contracted provider (if applicable).	P	
34	Contract_Type	2	Char	Delegated vs. Direct Contract	B	Identifies the type of contract between provider and plan.
35	Hospital_1	50	Char	Name of the first hospital with which the provider holds admitting privileges	P	Enter the name of each hospital with which the provider holds admitting privileges. If the provider uses a hospitalist to admit to one or more hospitals, please list those hospitals as well and complete the next field, "Hospitalist." List the hospital name exactly as listed on the reference list.
36	Hospital_2	50	Char	Name of the second hospital with which the provider holds admitting privileges	P	Enter the name of each hospital with which the provider holds admitting privileges. If the provider uses a hospitalist to admit to one or more hospitals, please list those hospitals as well and complete the next field, "Hospitalist." List the hospital name exactly as listed on the reference list.
37	Hospital_3	50	Char	Name of the third hospital with which the provider holds admitting privileges	P	Enter the name of each hospital with which the provider holds admitting privileges. If the provider uses a hospitalist to admit to one or more hospitals, please list those hospitals as well and complete the next field, "Hospitalist." List the hospital name exactly as listed on the reference list.
38	Hospital_4	50	Char	Name of the fourth hospital with which the provider holds admitting privileges	P	Enter the name of each hospital with which the provider holds admitting privileges. If the provider uses a hospitalist to admit to one or more hospitals, please list those hospitals as well and complete the next field, "Hospitalist." List the hospital name exactly as listed on the reference list.

Field No.	Field Name	Lgth	Type	Data Element Description	Facility Proff. Both	Data Supplier Instructions/Notes
39	Hospital_1_OSHPD_ID	10	Char	OSHPD ID Number for the first hospital with which the provider holds admitting privileges	P	Use OSHPD ID from Covered California Hospital Reference List
40	Hospital_2_OSHPD_ID	10	Char	OSHPD ID Number for the second hospital with which the provider holds admitting privileges	P	Use OSHPD ID from Covered California Hospital Reference List
41	Hospital_3_OSHPD_ID	10	Char	OSHPD ID Number for the third hospital with which the provider holds admitting privileges	P	Use OSHPD ID from Covered California Hospital Reference List
42	Hospital_4_OSHPD_ID	10	Char	OSHPD ID Number for the fourth hospital with which the provider holds admitting privileges		Use OSHPD ID from Covered California Hospital Reference List
43	Hospitalist_(Hosp_1)	1	Char	Hospitalist Indicator for the first hospital with which the provider holds admitting privileges	P	If the provider is able to admit to the 1st hospital using a hospitalist, enter "Y," if the provider holds the admitting privileges directly with the hospital, enter "N."
44	Hospitalist_(Hosp_2)	1	Char	Hospitalist Indicator for the second hospital with which the provider holds admitting privileges	P	If the provider is able to admit to the 2nd hospital using a hospitalist, enter "Y," if the provider holds the admitting privileges directly with the hospital, enter "N."
45	Hospitalist_(Hosp_3)	1	Char	Hospitalist Indicator for the third hospital with which the provider holds admitting privileges	P	If the provider is able to admit to the 3rd hospital using a hospitalist, enter "Y," if the provider holds the admitting privileges directly with the hospital, enter "N."
46	Hospitalist_(Hosp_4)	1	Char	Hospitalist Indicator for the fourth hospital with which the provider holds admitting privileges	P	If the provider is able to admit to the 4th hospital using a hospitalist, enter "Y," if the provider holds the admitting privileges directly with the hospital, enter "N."
47	NPI_Sup_PCP	10	Char	National Provider Identification (NPI) number of the Supervising provider in case of PCP extenders	P	
48	Sup_PCP_Specialty	10	Char	Supervising Providers primary specialty.	P	Use the National Uniform Claim Committee (NUCC) listing of taxonomy codes http://www.nucc.org/index.php?option=com_content&view=article&id=107&Itemid=132 and return the taxonomy code, not the description as the input value for "Specialty"
49	DEA	12	Char	Provider DEA Number	P	
50	Facility_Name	50	Char	Legal name of facility utilized by the Plan. In case of hospitals name exactly as listed Covered California reference list.	F	
51	Facility_System	50	Char	Health system of facility		
52	OSHPD_ID	10	Char	OSHPD ID in case of hospitals as per Covered California reference list	F	Use OSHPD ID from Covered California Hospital Reference List

Field No.	Field Name	Lgth	Type	Data Element Description	Facility Proff. Both	Data Supplier Instructions/Notes
53	Type_of_Service	5	Char	Type of Service as defined by the Facility Type	F	See Appendix C: Facility Lookup Table for acceptable values If Facility is identified as a Hospital, the appropriate values are derived from Hospitals Lookup table If Facility is identified as a Clinic, the appropriate values are derived from Clinics Lookup table If Facility is identified as an Other Contracted Provider, the appropriate values are derived from Other Contracted Provider Lookup table
54	Tertiary_Care	1	Char	Tertiary Care Indicator	F	Enter "Y" if the facility provides tertiary care, enter "N" if the facility does not provide tertiary care (e.g. burn unit, organ transplantation, etc.)
55	FTIN	9	Char	The federal tax ID of the provider.	B	
56	Last_Update	10	Char	Last time provider data updated	B	MM/DD/CCYYY
57	Reserved	50	Char	Reserved for future use	B	Fill with blanks
58	Current_Assigned_Enrollees	6	Num	(Primary Care Clinics & Primary Care Physicians)The total number of patients assigned to the provider. If individual provider or clinic has patient assignments	B	For primary care physicians, dentists and clinics that accept primary care assignment, enter the total number of patients assigned to the provider. This number is the sum of all patients assigned at each provider address. For specialist physicians enter the total number of patients in the providers panel for that location
59	PCP_Flag	1	Char	Provider or Clinic is deignated as PCP by issuer	B	Applies to all products that have PCP assignment
60	Network_ID	11	Char	Network ID assigned by Covered California	B	See Appendix A: Network IDs for acceptable values
61	Network_Tier_ID	1	Num	Network Tier ID	B	If the network is a tiered network, enter "1" for the providers participating in the tier with the lowest cost share for enrollees; enter "2" for the providers participating in the tier with the next-lowest cost share for enrollees. Continue to number tiers accordingly, with the higher tier number correlating to higher cost-share for the enrollee.
62	Availability	1	Char	Available directly or with special authorization/referral	B	
63	Visibility	1	Char	Indicates whether provider is to be displayed on online directory	B	Certain providers considered part of the network that are not displayed publicly as being in-network
64	Covered_California_ID	16	Char	Used to flag ECP providers	F	If facility is identified as ECP provider as per Covered California's ECP reference list, use the CCID. List can be found at the following link: http://hbex.coveredca.com/stakeholders/plan-management/ecp-list/
65	ECP_Flag	1	Char		B	Indicated if provider is an ECP

Field No.	Field Name	Lgth	Type	Data Element Description	Facility Proff. Both	Data Supplier Instructions/Notes
66	Accepting_New_Patients	1	Char	Accepting New Patients Indicator	B	Enter "Y" to indicate the provider is accepting new patients at this location, enter "N" to indicate provider is not accepting new patients at this location. If the provider is only accepting existing patients or past patients, please enter "N" in this category.
67	Snapshot_Date	10	Char	Date of data extraction for file	B	This is the "No earlier than" date for data extraction
68	Issuer_Provider_ID	35	Char	Issuer assigned provider ID	B	
69	Issuer_PCP_ID	35		Issuer assigned primary care provider ID	P	
70	Record_Type	1	Char	Type of Record: H for Header, D for Detail (non-Header and non-Trailer records) and T for Trailer Record	B	Header record should be hard coded to "H". Trailer record should be hard coded to "T". All records in between should be hard coded to "D"

C. Trailer Record Layout

This is the final record in the submitted set and comprises one row with the following elements

No.	Field Name	Lgth	Type	Data Element Description	Facility Proff. Both	Data Supplier Instructions/Notes
1	Data_Start_Date	10	Char	This is the first day of the month for which the data is provided	NA	Final record only
2	Data_End_Date	10	Char	This is the last day of the month for which the data is provided	NA	Final record only
3	Record_Count	10	Num	Count of all records in file including header and trailer records	NA	Final record only. Count of all H,D and T Record Types
4	Filler	1276	Char	Blank to complete record length	NA	Final record only.
5	Record_Type	1	Char	Type of Record: = T for Trailer Record	NA	Final record only. Hard coded to T

5. Detailed Descriptions and Specifications of Data Elements

A. Header record data elements

The header record contains the names of the fields that make up the detail records.
They also contain a Record_Type field and Filler field to complete the record length to the length of the detail record.
In addition to each of the data element names, it contains the following:

Data Element Name				
	Applicable to		Length	Format
Filler	Both Individual and Facility Providers			Char
Definition				
Filler field to complete total detail record length				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2.Left blank				
Example(s)				

Data Element Name				
	Applicable to		Length	Format
Record_Type	Both Individual and Facility Providers			Char
Definition				
Detail record identifier				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2.Must be Record_Type=H for header record portion of file				
Example(s)				

B. Detail Layout Data Elements

Data Element Name	Applicable to	Length	Format
Last_Name	Individual Providers	50	Char
Definition			
The last name of an individual provider contracted with the health plan to provide services to enrollees			
Notes			
1. Last name is a critical data element. An entry for last name must be on the record in order for the record to be accepted 2. Must be full name and not initial			
Example(s)			

Data Element Name	Applicable to	Length	Format
First_Name	Individual Providers	50	Char
Definition			
The first name of an individual provider contracted with the health plan to provide services to enrollees			
Notes			
1. First name is a critical data element. An entry for last name must be on the record in order for the record to be accepted 2. Must be full name and not initial			
Example(s)			

Data Element Name	Applicable to	Length	Format
Middle_Name	Individual Providers	50	Char
Definition			
The middle name of an individual provider contracted with the health plan to provide services to enrollees			
Notes			
1. Should be included when available. Full names preferred over initials			
Example(s)			

Data Element Name	Applicable to		Length	Format
Provider_Type	Both individual and facility providers		2	Char

Definition
The provider type field indicates the type of individual provider to distinguish between physicians, dental providers and all others

Notes
1. Provider type is a critical data element for individual providers. It must be on the record in order for the record to be accepted
2.This data element classifies individual providers into one of four categories:
Physicians=P, Dental Providers=D, PCP extenders=PE, all other individual provider categories =OI, Hospitals = H, Clinics=C and all other facility provider categories = OF
3. Physicians should only be licensed MDs and DOs. Dental providers include licensed dentists and all other supporting staff.
4. This should be populated for individual & facility providers.
5.This should correspond with License_Type , Primary_Specialty and Type_of_Service

Example(s)
MD's and DO's should be P provider types with an appropriate taxonomy, DDS should be D provider types with an appropriate taxonomy

Data Element Name	Applicable to		Length	Format
NPI	Both individual and facility providers		10	Num

Definition
The National Provider Identifier (NPI) is a unique identification number for covered health care providers. The Federal Government mandated the use of only NPI for electronic healthcare transactions. The NPI number is issued under the direction of the Centers for Medicare & Medicaid Services (CMS). All health plans must report the NPI of all their participating providers during the quarterly or annual Provider Network Data submission. For additional information on NPI, visit www.cms.hhs.gov/NationalProvIdentStand/

Notes
1. NPI is a critical data element for individual providers. It must be on the record in order for the record to be accepted
2.Must be a valid National Provider Identifier (NPI) number. The NPI has a 10-position numeric identifier (checksum). The NPI is validated for each record on the entire submission.
3.NPI for individual providers should be individual NPIs and not group or facility NPIs
4. There should not be multiple NPIs to one CA License or multiple CA Licenses for one NPI. Also, individual NPIs should be associated with one name only.

Example(s)

Data Element Name	Applicable to		Length	Format
CA_License	Both Individual and Facility Providers		15	Char

Definition
The professional license number is issued by various boards at the CA Department of Consumer Affairs. It is used to assure that the health care providers are licensed to practice. Non-CA State licensed providers are accounted for in separate fields.

Notes
1. This is a critical data element. An entry must be made for every licensed provider in order for the record to be accepted for records that require a license to practice and provide services in CA.   2. Please place special emphasis on physician licenses and ensure that MD licenses follow the following format: "A","G" or "C" followed by sequence of digits with no spaces or leading zeros   3. DO licenses follow the following format: "20" followed by "A","G" or "C" followed by sequence of digits with no spaces or leading zeros   4. Most other individual provider license are numeric.   5. Many facility provider licenses have been provided in the Covered California Hospital Reference List (distributed via email) and the Covered California ECP List (published at the following link: http://hbex.coveredca.com/stakeholders/plan-management/ecp-list/)   6. Many CA license for facility providers can be found on the CA Department of Public Health or the Office of Statewide Health Planning and Development websites   7. Additiional details available in appendices B and C of this document

Example(s)
Dr. Smith is a Licensed MD. His CA License is G12345   Dr. Brown is a Licensed DO. His CA License is 20A54321

Data Element Name	Applicable to		Length	Format
Non_CA_License	Both Individual and Facility Providers		15	Char

Definition
Non CA state issued license state for individual and facility providers who are not licensed in CA.

Notes
1. An entry must be made for every non CA licensed provider in order for the record to be accepted.   2. This is mainly to identify in-network providers that provide services to CA enrollees outside of the state e.g providers at the state border with Nevada who provide services to residents living near that border.   3. To be left blank if CA license available and practicing inside state. X is an acceptable input for null values

Example(s)

Data Element Name	Applicable to		Length	Format
Non_CA_License_State	Both Individual and Facility Providers		2	Char
Definition				
Non CA state issued license state for individual and facility providers who are not licensed in CA.				
Notes				
1. This is a critical data element. An entry must be made for every non CA licensed provider in order for the record to be accepted. This should be entered if the Non_CA_License field is populated` 2.This is mainly to identify in-network providers that provide services to CA enrollees outside of the state e.g providers at the state border with Nevada who provide services to resident living near that border. X is an acceptable input for null values				
Example(s)				

Data Element Name	Applicable to		Length	Format
Provider_Gender	Individual Providers		1	Char
Definition				
Gender of the individual provider				
Notes				
1. An entry must be made for every individual provider if known by issuer. 2. Should be 1 of 2 values: M=Male F=Female 3."U" (for Unknown) is acceptable if the information is not available to issuer. The expectation is that if this data is provided on issuers online directory, it should be provided to Exchange				
Example(s)				

Data Element Name	Applicable to		Length	Format
Provider_Language_1	Individual Providers		20	Char
Definition				
The 1st non-English language spoken by the provider				
Notes				
1. This is data element can be left blank if providers only language is English. The expectation is that if this data is provided on issuers online directory, it should be provided to Exchange 2. Future iterations of this document will specify ISO 639 as the source for language reference. X is an acceptable input for null values				
Example(s)				

Data Element Name	Applicable to		Length	Format
Provider_Language_2	Individual Providers		20	Char
Definition				
The 2nd non English language spoken by the provider				
Notes				
1. This is data element can be left blank if providers only language is English. The expectation is that if this data is provided on issuers online directory, it should be provided to Exchange 2. Future iterations of this document will specify ISO 639 as the source for language reference. X is an acceptable input for null values				
Example(s)				

Data Element Name	Applicable to		Length	Format
Provider_Language_3	Individual Providers		20	Char
Definition				
The 3rd non English language spoken by the provider				
Notes				
1. This is data element can be left blank if providers only language is English. The expectation is that if this data is provided on issuers online directory, it should be provided to Exchange 2. Future iterations of this document will specify ISO 639 as the source for language reference. X is an acceptable input for null values				
Example(s)				

Data Element Name	Applicable to		Length	Format
Facility_Language_1	Individual Providers		20	Char
Definition				
The 1st non English language spoken by office staff employed at the office or practice location.				
Notes				
1. This is data element can be left blank if the spoken language in the office is English. The expectation is that if this data is provided on issuers online directory, it should be provided to Exchange 2.Issuer should not record languages available through 3rd party vendors and language services. X is an acceptable input for null values				
Example(s)				

Data Element Name	Applicable to		Length	Format
Facility_Language_2	Individual Providers		20	Char
Definition				
The 2nd non English language spoken by office staff employed at the office or practice location.				
Notes				
1. This is data element can be left blank if the spoken language in the office is English. The expectation is that if this data is provided on issuers online directory, it should be provided to Exchange 2.Issuer should not record languages available through 3rd party vendors and language services. X is an acceptable input for null values				
Example(s)				

Data Element Name	Applicable to		Length	Format
Facility_Language_3	Individual Providers		20	Char
Definition				
The 3nd non English language spoken by office staff employed at the office or practice location.				
Notes				
1. This is data element can be left blank if the spoken language in the office is English. The expectation is that if this data is provided on issuers online directory, it should be provided to Exchange 2.Issuer should not record languages available through 3rd party vendors and language services. X is an acceptable input for null values				
Example(s)				

Data Element Name	Applicable to		Length	Format
Type_of_Licensure	Individual Providers	316-320	5	Char

Definition
The type of license acquired by individual provider from the appropriate licensing body in order to practice in the state of CA (or other licensing state if out of state provider)

Notes
1. An entry must be made for every individual provider practicing in a licensed service category. Not all provider types will have licensure types. 2. Cannot contain special characters 3. Lookup tables can be found in appendix B 4. Providers practicing non licensed professions can be designated with "X"

Example(s)
Dr. Smith is a physician and he is licensed as an MD Jane Doe is a licensed vocational nurse and is licensed as an LVN

Data Element Name	Applicable to		Length	Format
Location_Address	Both Individual and Facility Providers		35	Char

Definition
The physical address of individual providers practice location where services are rendered

Notes
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2. Should not contain secondary address identifiers such as room, suite, office, building etc. 3. Should reflect an actual location where service is rendered and not a billing or mailing address 4. Preferred abbreviations are Street to St, Road to Rd, Boulevard to Blvd, Circle to Cir, Place to Pl West to W, North to N etc. **with no punctuation marks or commas**

Example(s)
123 Main St 321 W MLK Blvd

Data Element Name	Applicable to		Length	Format
Location_Address_2	Both Individual and Facility Providers		10	Char
Definition				
The 2nd line address of individual providers practice location where services are rendered				
Notes				
1.Should be provided if known to issuer 2.Should contain secondary address identifiers such as room, suite, office, building etc. 3.Should be distinct from 1st line street address 4.Should reflect an actual location where service is rendered and not a billing or mailing address				
Example(s)				

Data Element Name	Applicable to		Length	Format
Location_Zip_Code	Both Individual and Facility Providers		5	Char
Definition				
The 5 digit zip code of the individual providers practice location where services are rendered				
Notes				
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2.Should reflect an actual location where service is rendered and not a billing or mailing address				
Example(s)				

Data Element Name	Applicable to		Length	Format
Location_City	Both Individual and Facility Providers		25	Char
Definition				
The City of the individual providers practice location where services are rendered				
Notes				
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2.Should reflect an actual location where service is rendered and not a billing or mailing address				
Example(s)				

Data Element Name	Applicable to		Length	Format
Location_County	Both Individual and Facility Providers		25	Char
Definition				
The County of the individual providers practice location where services are rendered				
Notes				
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2.Should reflect an actual location where service is rendered and not a billing or mailing address				
Example(s)				

Data Element Name	Applicable to		Length	Format
Location_Region	Both Individual and Facility Providers		2	Num
Definition				
The Covered California rating region of the individual providers practice location where services are rendered				
Notes				
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2.Should reflect an actual location where service is rendered and not a billing or mailing address				
Example(s)				

Data Element Name	Applicable to		Length	Format
Location_State	Both Individual and Facility Providers		2	Char
Definition				
The state of the individual providers practice location where services are rendered				
Notes				
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2.Should reflect an actual location where service is rendered and not a billing or mailing address 3.Should be 2 letter standard state code.				
Example(s)				
CA is the 2 letter standard code for California				

Data Element Name	Applicable to		Length	Format
Location_Phone	Both Individual and Facility Providers		12	Char
Definition				
The phone number of the individual providers practice location where services are rendered				
Notes				
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2. Should reflect an actual location where service is rendered and not a billing or mailing address 3.Should be specific to location where applicable 4.Should be 10 digit number with 3 digit area code and separated area code and first 3 digits with a "-" (e.g. 123-456-7890) **NO COMMAS** 5.Should be a valid number. Entries such as "000000000" or "111-111-1111" etc. will be rejected				
Example(s)				
123-123-1234				

Data Element Name	Applicable to		Length	Format
Provider_Clinic_Name	Individual Providers		50	Char
Definition				
The name of the clinic where the individual provider renders service				
Notes				
1. An entry must be made for every individual provider working in a clinic setting 2.Should reflect an actual location where service is rendered and not a billing or mailing address 3.Should refer to actual independent location and not general name of clinic operator				
Example(s)				
Ampla Health Arbuckle Medical & Dental Ampla Health Chico Dental				

Data Element Name	Applicable to		Length	Format
Provider_Clinic_ID	Individual Providers		16	Char
Definition				
The NPI or Covered California ID of the clinic where the individual provider renders service				
Notes				
1. This is a critical data element. An entry must be made for every individual provider working in a clinic setting in order for the record to be accepted. 2.Should reflect an actual location where service is rendered and not a billing or mailing address 3.Should refer to actual independent location and not general name of clinic operator 4. Covered California ID should be used if clinic is an ECP, Otherwise NPI is acceptable				
Example(s)				

Data Element Name	Applicable to		Length	Format
Primary_Specialty	Both Individual and Facility Providers		10	Char
Definition				
The primary specialty for which the individual provider or facility is certified or contracted to provide services with. For individual providers, this should reflect their highest level/most recent certification unless it is explicitly know that the provider practices primarily in the base or other specialty				
Notes				
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2. Should be a 10 character Taxonomy Code as per the NUCC Taxonomy Code Set. The latest version of this code set can be found at http://www.nucc.org/index.php?option=com_content&view=article&id=107&Itemid=132 3.Anything other than a taxonomy code will not be accepted. Any other descriptions or specialty codes will be rejected				
Example(s)				
Dr. Jones is a Neonatologist. He is also a Pediatrician. He should be listed as a Neonatologist for his primary specialty unless it is known that he practices as a pediatrician for the most part.				

Data Element Name	Applicable to		Length	Format
Secondary_Specialty	Individual Providers		10	Char

Definition
The secondary specialty for which the individual provider or facility is certified or contracted to provide services with. For individual providers, this should reflect their base/secondary specialty

Notes
1. An entry must be made for every individual provider that has a secondary specialty. 2. Should be a 10 character Taxonomy Code as per the NUCC Taxonomy Code Set. The latest version of this code set can be found at http://www.nucc.org/index.php?option=com_content&view=article&id=107&Itemid=132 3.Anything other than a taxonomy code will not be accepted. Any other descriptions or specialty codes will be rejected.

Example(s)
Dr. Jones is a Neonatologist. He is also a Pediatrician. He should be listed as a Neonatologist for his primary specialty unless it is known that he practices as a pediatrician for the most part.

Data Element Name	Applicable to		Length	Format
Board_Certified	Individual Providers		1	Char

Definition
The board status indicates the level of education/training completed towards a recognized medical specialty certificate

Notes
1. This is a critical data element. An entry must be made for every physician in order for the record to be accepted. 2. Should detail board and residency status as follows: A. Board certified physicians: Code = Y Physicians who have passed all the requirements for the certificate. This includes grandfathered individuals B. Board eligible physicians: Code = E Physicians who have met all the educational requirements for a certificate program, completed their accredited residency program but have yet to take the Boards, Physicians who have not received the results of their board exams or physicians who do not plan on taking the boards after completing their accredited residency program. C. Non-board certified physicians: Code = N Physicians who did not complete a residency program or who did not take the boards within a certain time frame and are no longer board eligible 3.X is the acceptable value for non-physicians

Example(s)

Data Element Name	Applicable to		Length	Format
Medical_Group/IPA_1	Individual Providers	524-573	50	Char

Definition
The 1st medical group or IPA that the individual provider is affiliated with/a member of

Notes
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2. Should be the full name of the group. Future iterations of this document will be more prescriptive for Medical Group / IPA references 3.X is acceptable for individual providers who are not affiliated with a group or who are contracted directly and independently of a group

Example(s)

Data Element Name	Applicable to		Length	Format
Medical_Group/IPA_2	Individual Providers		50	Char

Definition
The 2nd medical group or IPA that the individual provider is affiliated with/a member of

Notes
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2. Should be the full name of the group. Future iterations of this document will be more prescriptive for Medical Group / IPA references 3.X is acceptable for individual providers who are not affiliated with a group or who are contracted directly and independently of a group

Example(s)

Data Element Name	Applicable to		Length	Format
Medical_Group/IPA_3	Individual Providers		50	Char

Definition
The 3rd medical group or IPA that the individual provider is affiliated with/a member of

Notes
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2. Should be the full name of the group. Future iterations of this document will be more prescriptive for Medical Group / IPA references 3.X is acceptable for individual providers who are not affiliated with a group or who are contracted directly and independently of a group

Example(s)

Data Element Name	Applicable to		Length	Format
Medical_Group/IPA_4	Individual Providers		50	Char
Definition				
The 4th medical group or IPA that the individual provider is affiliated with/a member of				
Notes				
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2. Should be the full name of the group. Future iterations of this document will be more prescriptive for Medical Group / IPA references 3.X is acceptable for individual providers who are not affiliated with a group or who are contracted directly and independently of a group				
Example(s)				

Data Element Name	Applicable to		Length	Format
Contract_Type	Individual Providers		2	Char
Definition				
The type of contract between the individual provider and the issuer. Direct vs delegated through a group				
Notes				
1. This is a critical data element. An entry must be made for every individual provider in order for the record to be accepted. 2. Direct contract denotes that the provider is contracted directly with the issuer to provide services to the issuers members. Delegated denotes that the provider is available to the issuers members through the issuers contracting with a group. 3.Acceptable values are DC= Direct Contract and GC=Group Contract				
Example(s)				
Dr. Smith is a direct contract with health plan A's PPO network while Dr. Brown is contracted via a groups contract between Health Plan A and Medical Group A for their HMO network				

Data Element Name	Applicable to		Length	Format
Hospital_1	Individual Providers		50	Char
Definition				
Name of the 1st hospital with which the provider holds admitting privileges				
Notes				
1. This is a critical data element. An entry must be made for every physician in order for the record to be accepted. 2. List the hospital name exactly as listed on the Covered California Hospital Reference List.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Hospital_2	Individual Providers		50	Char
Definition				
Name of the 2nd hospital with which the provider holds admitting privileges				
Notes				
1. This is a critical data element. An entry must be made for every physician in order for the record to be accepted. 2. List the hospital name exactly as listed on the Covered California Hospital Reference List.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Hospital_3	Individual Providers		50	Char
Definition				
Name of the 3rd hospital with which the provider holds admitting privileges				
Notes				
1. This is a critical data element. An entry must be made for every physician in order for the record to be accepted. 2. List the hospital name exactly as listed on the Covered California Hospital Reference List.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Hospital_4	Individual Providers		50	Char
Definition				
Name of the 4th hospital with which the provider holds admitting privileges				
Notes				
1. This is a critical data element. An entry must be made for every physician in order for the record to be accepted. 2. List the hospital name exactly as listed on the Covered California Hospital Reference List.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Hospital_1_OSHPD_ID	Individual Providers		10	Char

Definition
OSHPD ID of the 1st hospital with which the provider holds admitting privileges

Notes
1. This is a critical data element. An entry must be made for every physician in order for the record to be accepted. 2. List the OSHPD ID as listed on the Covered California Hospital Reference List. 3. This ID should correspond to hospital listed in the Hospital_1 field.

Example(s)

Data Element Name	Applicable to		Length	Format
Hospital_2_OSHPD_ID	Individual Providers		10	Char

Definition
OSHPD ID of the 2nd hospital with which the provider holds admitting privileges

Notes
1. This is a critical data element. An entry must be made for every physician in order for the record to be accepted. 2. List the OSHPD ID as listed on the Covered California Hospital Reference List. 3. This ID should correspond to hospital listed in the Hospital_2 field.

Example(s)

Data Element Name	Applicable to		Length	Format
Hospital_3_OSHPD_ID	Individual Providers		10	Char

Definition
OSHPD ID of the 3rd hospital with which the provider holds admitting privileges

Notes
1. This is a critical data element. An entry must be made for every physician in order for the record to be accepted. 2. List the OSHPD ID as listed on the Covered California Hospital Reference List. 3. This ID should correspond to hospital listed in the Hospital_3 field.

Example(s)

Data Element Name	Applicable to		Length	Format
Hospital_4_OSHPD_ID	Individual Providers		10	Char
Definition				
OSHPD ID of the 4th hospital with which the provider holds admitting privileges				
Notes				
1. This is a critical data element. An entry must be made for every physician in order for the record to be accepted. 2. List the OSHPD ID as listed on the Covered California Hospital Reference List. 3. This ID should correspond to hospital listed in the Hospital_4 field.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Hospitalist_(Hosp_1)	Individual Providers		1	Char
Definition				
OSHPD ID of the 4th hospital with which the provider holds admitting privileges				
Notes				
1. An entry must be made for every physician with a corresponding hospital affiliation. 2. Should be Y if physician admits to hospital via a hospitalist, N if not and X if corresponding Hospital field is X 3.This ID should correspond to hospital listed in the Hospital_1 field.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Hospitalist_(Hosp_2)	Individual Providers		1	Char
Definition				
Indicator that physician requires a hospitalist to admit to the his/her 2nd affiliated hopital				
Notes				
1. An entry must be made for every physician with a corresponding hospital affiliation. 2. Should be Y if physician admits to hospital via a hospitalist, N if not and X if corresponding Hospital field is X 3.This ID should correspond to hospital listed in the Hospital_2 field.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Hospitalist_(Hosp_3)	Individual Providers		1	Char
Definition				
Indicator that physician requires a hospitalist to admit to the his/her 3rd affiliated hopital				
Notes				
1. An entry must be made for every physician with a corresponding hospital affiliation. 2. Should be Y if physician admits to hospital via a hospitalist, N if not and X if corresponding Hospital field is X 3.This ID should correspond to hospital listed in the Hospital_3 field.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Hospitalist_(Hosp_4)	Individual Providers		1	Char
Definition				
Indicator that physician requires a hospitalist to admit to the his/her 4rd affiliated hopital				
Notes				
1. An entry must be made for every physician with a corresponding hospital affiliation. 2. Should be Y if physician admits to hospital via a hospitalist, N if not and X if corresponding Hospital field is X 3.This ID should correspond to hospital listed in the Hospital_4 field.				
Example(s)				

Data Element Name				
	Applicable to		**Length**	**Format**
NPI_Sup_PCP	Individual Providers		1	Char
Definition				
National Provider Identifier of a PCP Extender's supervising primary care physician				
Notes				
1.This is a critical data element. An entry must be made for every physician extender in order for the record to be accepted. 2.Should only be populated if Provider_Type is PE 3.Should be 10 digit NPI of individual physician, not clinic or group. For all other provider types, this should be left blank				
Example(s)				

Data Element Name	Applicable to		Length	Format
Sup_PCP_Specialty	Individual Providers		1	Char
Definition				
Primary specialty of a PCP Extender's supervising primary care physician				
Notes				
1.This is a critical data element. An entry must be made for every physician extender in order for the record to be accepted. 2.Should only be populated if Provider _Type is PE. For all other provider types, this should be left blank				
Example(s)				

Data Element Name	Applicable to		Length	Format
DEA	Both Individual and Facility Providers		1	Char
Definition				
A number assigned to a health care provider by the U.S. Drug Enforcement Administration allowing them to write prescriptions for controlled substances. Legally, the DEA number is solely to be used for tracking controlled substances. It is often used by the industry, however, as a general "prescriber number" that is a unique identifier for anyone who can prescribe medication				
Notes				
1. This is a critical data element. An entry must be made for every provider able to prescribe medication in order for the record to be accepted. 2. A valid DEA number consists of 2 letters, 6 numbers, & 1 check digit. The first letter is a code identifying the type of registrant. The second letter is the first letter of the registrant's last name 3.Registrant type (first letter of DEA Number): A/B/F/G - Hospital/Clinic/Practitioner/Teaching Institution/Pharmacy M - Mid-Level Practitioner (APN/CNP/PA/OD/ET,etc.) P/R - Manufacturer/Distributor/Researcher/Analytical Lab/Importer/Exporter/Reverse Distributor/Narcotic Treatment Program 4.DEA contains a checksum digit that will be verified on submission				
Example(s)				

Data Element Name	Applicable to		Length	Format
Facility_Name	Facility Providers		50	Char
Definition				
Name of facility contracted by issuer				
Notes				
1. This is a critical data element. An entry must be made for every facility in order for the record to be accepted. 2. Should be name of actual location in case of satellite sites and not the name of the system or operator. 3.Hospital names should be taken from Covered California Hospital Reference List				
Example(s)				

Data Element Name				
	Applicable to		Length	Format
Facility_System	Facility Providers		50	Char
Definition				
The name of the health or hospital system that the facility belongs to.				
Notes				
1. Required if applicable and known 2. This is especially important for hospital and clinics. Hospitals and Clinics that are not part of known systems can be left blank.				
Example(s)				
UC Davis Medical Center is part of the UC Health System				

Data Element Name	Applicable to		Length	Format
OSHPD_ID	Facility Providers		10	Num
Definition				
The Office of Statewide Health Planning and Development's unique identifier assigned to facility locations				
Notes				
1. This is a critical data element. An entry must be made for every facility that has one in order for the record to be accepted. 2. This is a 10 digit ID 3.Covered California's Hospital Reference List and ECP Reference List both contain OSHPD ID's for many facilities. 4.Further information can be found at OSHPD's website http://www.oshpd.ca.gov/				
Example(s)				

Data Element Name	Applicable to		Length	Format
Type_of_Service	Facility Providers		5	Char
Definition				
Code that indicates the general service category for facility provider				
Notes				
1. Required when applicable. 2. Use the lookup in table in appendix C to enter appropriate code for service category of facility. 3. If a facility has more than one service category, use the highest level category or the category that the majority of services provided at facility fall under. 4. Please submit any facilities that do not fall under any of these categories in a separate report to Covered California.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Tertiary_Care_	Facility Providers		1	Char
Definition				
Indicator for tertiary care services provided at the facility e.g. organ transplants, advanced cancer Rx etc.				
Notes				
1. Required. An entry must be made for every facility. 2.Acceptable values are Tertiary care provided = Y, Tertiary care not provided= N				
Example(s)				

Data Element Name				
	Applicable to		**Length**	**Format**
FTIN	Both Individual and Facility Providers		9	Num
Definition				
Federal Tax Identification Number of provider, facility or agency				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2.Composed of a 9 digit number. Must not be a provider SSN. 3.Will be encrypted in database and protected from disclosure				
Example(s)				

Data Element Name				
	Applicable to		**Length**	**Format**
Year/Month_of_data	Both Individual and Facility Providers		10	Alpha-numeric
Definition				
Year, month and day data was last updated for record				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2.Must be in MM/DD/YYYY format				
Example(s)				

Data Element Name	Applicable to		Length	Format
Filler	Both Individual and Facility Providers		10	Alpha-numeric
Definition				
Filler field for future use				
Notes				
1.This field to be left blank until designated				
Example(s)				

Data Element Name	Applicable to		Length	Format
Current_Assigned_Enrollees	Both Individual and Facility Providers		10	Num
Definition				
Number of enrollees assigned to individual physicians and clinics by issuer				
Notes				
1. This is a critical data element. An entry must be made for every provider that has patient assignment. 2. Must be actual number of enrollees assigned at the location level i.e. number of enrollees seen per location for same provider. 3. Must be a valid number. Sequences of 000000 or 99999 etc. will not be accepted 4.Applies to physicians and clinics that receive patient assignments				
Example(s)				
Dr. Smith has 50 patients at his Main St location and 23 patients at his MLK Blvd location.				

Data Element Name	Applicable to		Length	Format
PCP_Flag	Both Individual and Facility Providers		1	Char
Definition				
Indicator that provider is designated as a primary care provider (physician or clinic) by issuer and is assigned enrollees. Applies to products that have PCP assignment.				
Notes				
1. An entry must be made for every provider in order for the record to be accepted. 2. Applies to providers in products that have PCP assignment. 3. Acceptable values are Primary care provider = Y, Not primary care provider=N. 4. Dependent on issuer's internal designation, not on provider taxonomy.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Network_ID	Both Individual and Facility Providers		11	Char
Definition				
The particular network product the provider is part of. Providers may participate in more than one product with same issuer				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2. Use crosswalk in appendix A for issuer network IDs 3.Entries other than those specified in appendix A will not be accepted.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Network_Tier_ID	Both Individual and Facility Providers		1	Num
Definition				
Certain providers are offered via special referral with a higher cost share than regular in network providers				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2. Acceptable values are Tier2 (offered at a higher cost share than regular in-network providers)=2, Tier1=1 3.Entries cannot be blank.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Availability	Both Individual and Facility Providers		1	Char
Definition				
Certain providers are offered via special referral or prior authorization with same cost share as in-network providers				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2. Acceptable values are Available to Covered California enrollees without any special referral, prior authorization or any other restriction=Y, Special authorization or referral of any kind required=N 3.Entries cannot be blank.				
Example(s)				

Data Element Name			Length	Format
	Applicable to			
Visibility	Both Individual and Facility Providers		1	Char
Definition				
Certain providers are available in one form or another to enrollees but not advertised on a directory e.g. tier 2 facilities				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2. Acceptable values are Visible on Covered California's online directory=Y, Not visible on Covered California's online directory=N 3.Entries cannot be blank.				
Example(s)				

Data Element Name			Length	Format
	Applicable to			
Covered_California_ID	Facility Providers		16	Char
Definition				
Unique identifier assigned by Covered California to Essential Community Provider hospitals and clinic				
Notes				
1. This is a critical data element. An entry must be made for every eligible provider in order for the record to be accepted. 2. Covered California publishes an annual ECP reference list with Covered California IDs for each eligible facility. This list can be downloaded at: http://hbex.coveredca.com/stakeholders/plan-management/ecp-list/ 3.This is crucial for identifying ECP facilities in addition to ECP_Flag and Type_of_Service. All three must be adequately populated for ECPs to be documented as being in-network for an issuer. Please refer to appendix C for type of service values. 4.This ID has up to 16 characters. X is the acceptable value for non-ECP entities.				
Example(s)				

Data Element Name	Applicable to		Length	Format
ECP_Flag	Facility Providers		16	Char
Definition				
Flag to indicate that issuer has identified facility on Covered California's ECP reference list				
Notes				
1. This is a critical data element. An entry must be made for every eligible provider in order for the record to be accepted. 2. Covered California publishes an annual ECP reference list with Covered California IDs for each eligible facility. This list can be downloaded at: http://hbex.coveredca.com/stakeholders/plan-management/ecp-list/ 3.This is crucial for identifying ECP facilities in addition to Covered_California_ID and Type_of_Service. All three must be adequately populated for ECPs to be documented as being in-network for an issuer. Please refer to appendix C for type of service values. 4.Acceptable values are ECP=Y, Non-ECP=N				
Example(s)				

Data Element Name	Applicable to		Length	Format
Accepting_New_Patients	Both Individual and Facility Providers		1	Char
Definition				
Indicates if provider is able to receive additional patients				
Notes				
1. This is a critical data element. An entry must be made for every eligible provider in order for the record to be accepted. 2.Applies to individual providers and clinics 3.Acceptable values are Accepting new patients at this location=Y, Not accepting new patients at this location=N, Not Applicable to Provider=X				
Example(s)				

Data Element Name	Applicable to		Length	Format
Snapshot_Date	Both Individual and Facility Providers		10	Char
Definition				
Year, month and day data was last extracted or captured for submission.				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2.Must be in MM/DD/CCYY format 3. This date is the date that the data is captured for this file. It is designated by Covered California				
Example(s)				

Data Element Name	Applicable to		Length	Format
Issuer_Provider_ID	Both Individual and Facility Providers		35	Char
Definition				
Identifier assigned internally by issuer to contracted providers				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2. Internal ID assigned by issuer to provider if applicable.				
Example(s)				

Data Element Name	Applicable to		Length	Format
Issuer_PCP_ID	Individual Providers	1272-1306	35	Char
Definition				
Identifier assigned internally by issuer to contracted providers				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2. Internal ID assigned by issuer to primary care provider if applicable (mostly applies to HMO and DHMO products)				
Example(s)				

Data Element Name	Applicable to		Length	Format
Record_Type	Both Individual and Facility Providers		1	Char
Definition				
Detail record identifier				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2. Must be Record_Type=D for detail record portion of file				
Example(s)				

C. Trailer Record Data Elements

Data Element Name			Length	Format
	Applicable to			
Data_Start_Date	Both Individual and Facility Providers		10	Char
Definition				
1st day of the month the data represents or is due for.				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2. Must be in MM/DD/CCYY format 3. This date is the first day of the month for which the data is submitted				
Example(s)				
E.g. If the file represents the June 2016 Submission, date should be 06/01/2016				

Data Element Name			Length	Format
	Applicable to			
Data_End_Date	Both Individual and Facility Providers		10	Char
Definition				
Last day of the month the data represents or is due for.				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2. Must be in MM/DD/CCYY format 3. This date is the last day of the month for which the data is submitted				
Example(s)				
E.g. If the file represents the June 2016 Submission, date should be 06/30/2016				

Data Element Name			Length	Format
	Applicable to			
Record_Count	Both Individual and Facility Providers		10	Num
Definition				
Count of all records in submission including Header, Detail and Trailer Records.				
Notes				
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2.Simple number format count of all records with Record_Type=D, H and T				
Example(s)				

Data Element Name		Applicable to		Length	Format
Record_Type		Both Individual and Facility Providers		1276	Char
Definition					
Trailer record identifier					
Notes					
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2.Must be Record_Type=T for trailer record portion of file					
Example(s)					

Data Element Name		Applicable to		Length	Format
Filler		Both Individual and Facility Providers		1	Char
Definition					
Filler field to complete total detail record length					
Notes					
1. This is a critical data element. An entry must be made for every provider in order for the record to be accepted. 2.Left blank					
Example(s)					

6. Validation Rules

Upon submission, the provider data files will be evaluated and certain fields will be validated according to the business rules below. Depending on the outcome of this assessment and the severity of the issue, a report may be generated and sent to the issuer with details of the exceptions found in the file or the file may be rejected outright. In the case of rejection, the issuer must correct the reported defects and resubmit the corrected file.

The following business rules serve to ensure that the data submitted is of high quality and can be consolidated with other issuer data to form an integrated cross plan directory. This list of rules is not comprehensive: Additional rules may be added as the need arises

	Field(s) Assessed	Issue	Details	Severity	Action
1	Location_Address	PO Box Addresses	The provider's address was listed as a PO Box. Covered California requires a full street address of the location where service is rendered.		File is rejected
2	Location_Address	PCP Extender Address does not match a PCP address	PCP extenders typically operate under the supervision of a licensed PCP. The service address should be the same as the supervising PCP.		1st instance:Report generated and sent to Issuer for consideration and action 2nd Instance: File is rejected
3	Location_Address	Anesthesiologist Address does not match a hospital address			1st instance:Report generated and sent to Issuer for consideration and action 2nd Instance: File is rejected
4	PCP_Flag / Primary_specialty	PCP specialty is not typically associated with PCPs			Report is generated and provided to issuer for verification

	Field(s) Assessed	Issue	Details	Severity	Action
5	Sup_PCP_Specialty	PCP specialty is not typically associated with PCPs			Report is generated and provided to issuer for verification
6	First_Name	First name missing for individual provider			File is rejected
7	First_Name	First name is initial	Covered California requires an individual provider's full name		File is rejected
8	Last_Name	Last name missing for individual provider	Covered California requires an individual provider's full name		File is rejected
9	Last_Name	Last name is initial	Covered California requires an individual provider's full name		File is rejected
10	CA_License	CA license is not in prescribed format. Initially only scrutinized for physicians	CA license must be in specified format to enable cross referencing with state databases.		File is rejected
11	CA_License	Same CA license associated with multiple providers	Each individual provider has a unique CA license number. On the occasion that 1 license is used for multiple providers, file must be reviewed for accuracy.		File is rejected
12	CA_License	Multiple CA licenses associated with same NPI	Each individual provider has a unique CA license number. On the occasion that 1 license is used for multiple providers, file must be reviewed for accuracy.		File is rejected

	Field(s) Assessed	Issue	Details	Severity	Action
13	NPI	Multiple NPIs associated with same CA License	Each individual provider has a unique CA license number and NPI. On the occasion that 1 license is used for multiple NPIs, file must be reviewed for accuracy.		File is rejected
14	NPI	Invalid NPI (ckecksum) comprise more than 5% of roster	NPI has built in check digit. If >5% of NPI's are invalid, file is rejected.		File is rejected
15	NPI	Valid NPI not recorded in NPI Registry			File is rejected
16	NPI	NPI Registry name mismatch			File is rejected
17	Sup_PCP_NPI	Multiple NPIs associated with same CA License	Each individual provider has a unique CA license number and NPI. On the occasion that 1 license is used for multiple NPIs, file must be reviewed for accuracy.		File is rejected
18	Sup_PCP_NPI	Invalid NPI (ckecksum) comprise more than 5% of roster	NPI has built in check digit. If >5% of NPI's are invalid, file is rejected.		File is rejected
19	Sup_PCP_NPI	Valid NPI not recorded in NPI Registry			File is rejected
20	Sup_PCP_NPI	NPI Registry name mismatch			File is rejected
21	Currently_Assigned_Enrollees	No number reported or invalid sequence e.g. 00000 or 999999			File is rejected

	Field(s) Assessed	Issue	Details	Severity	Action
22	Provider_Type / PCP_Flag / Hospital_1 - Hospital_4	Physician does not have admitting rights to an in-network hospital			File is rejected
23	Facility_Type / OSHPD ID	Hospital does not have physicians able to admit to it in the network			Report is generated and provided to issuer for verification
24	Location_Zip_Code	Zip codes are not valid USPS or Census Bureau ZCTA zip codes			File is rejected
25	Location_Region / Location_County / Location_Zip_Code	Counties and zip codes do not correspond to rating regions			File is rejected
26	Provider_Type / NPI / Location_County	Physician has a location in a non-adjacent county	Individual provider has multiple active locations located in non-adjacent counties.		Report is generated and provided to issuer for verification
27	DEA	Invalid DEA number(checksum) and comprise more than 5% of roster	DEA has built in check digit. If >5% of DEA's are invalid, file is rejected.		File is rejected
28	OSHPD_ID / Facility_Name	OSHPD ID is not valid or does not appear on reference list. OSHPD ID does not match facility name			File is rejected

	Field(s) Assessed	Issue	Details	Severity	Action
29	OSHPD_ID / Type_of_Service	OSHPD ID does not match type of service field			File is rejected
30	Provider_Type / Facility_Type / Primary_Specialty	Taxonomy code is not appropriate for provider type or facility type	Taxonomies will be compared to NUCC database for service type.		File is rejected
31	Location_Address / Location_Address_2	Primary address field contains seconday location identifiers such as office no., suite no. etc.	Primary address must not contain secondary location identifiers. These must be separated and input into the address 2 field.		File is rejected
32	Network_ID	Network ID is not provided or is not as specified in appendix A			File is rejected
	Covered_California_ID / Type_of_Service	ECP providers will be evaluated for correct type of service and Covered California ID			File is rejected
33	Primary_Speciality / Secondary_Specialty	Is not a valid taxonomy code from NUCC code set	split addresses		File is rejected
34	CA_License	Provider is checked against MBC and OMBC database and is found to be deceased, sanctioned, delinquent etc.			Report generated and sent to Issuer for consideration and action

7. Mapping DMHC TAR Fields to New Covered California Layout

A. Cross-walking fields from the DMHC TAR template

The following table compares the fields required in DMHC's Timely Access Report templates currently used by Covered California to their corresponding fields in the new layout. Most fields have equivalents in the new layout except for the fields highlighted in red which are:

- All instances of Health Plan ID for Plan-to-Plan Contract
- All instances of Participating Network
- All instances of DBA
- All instances of Type of Service (Other)
- Contracted Provider Category (Other)

DMHC TAR Template	DMHC TAR Field	CC Global Layout
PCP & Specialist	Last Name	Last_Name
PCP & Specialist	First Name	First_Name
PCP & Specialist	NPI	NPI
PCP & Specialist	CA License	CA_License
PCP & Specialist	Health Plan ID for Plan-to-Plan Contract	
PCP & Specialist	Provider Gender	Provider_Gender
PCP & Specialist	Provider Language	Provider_Language_1
PCP & Specialist	Type of Licensure	Type_of_Licensure
PCP & Specialist	Participating Network	
PCP & Specialist	Name of Network	Network_ID
PCP & Specialist	Network Tier ID	Network_Tier_ID
PCP & Specialist	Address	Location_Address
PCP & Specialist	Address 2	Location_Address_2
PCP & Specialist	City	Location_City
PCP & Specialist	County	Location_County
PCP & Specialist	State	Location_State
PCP & Specialist	Zip Code	Location_Zip_Code
PCP & Specialist	Phone Number	Location_Phone
PCP & Specialist	Facility Language	Facility_Language_1

DMHC TAR Template	DMHC TAR Field	CC Global Layout
PCP & Specialist	Accepting New Patients (Y/N)	Accepting_New_Patients
PCP & Specialist	Specialty	Primary_Speciality/Subspecialty
PCP & Specialist	Specialty (Other)	Secondary_Speciality/Subspecialty
PCP & Specialist	Board Certified (Y/N)	Board_Certified
PCP & Specialist	Medical Group / IPA	Medical_Group/IPA
PCP & Specialist	Hospital	Hospital_1
PCP & Specialist	Hospital NPI	Hospital_1_OSHPD_ID
PCP & Specialist	Hospitalist (Y/N)	Hospitalist_(Hospital_1)
PCP	Current Number of Enrollees	Current_Assigned_Enrollees
PCP	Clinic Name	Provider_Clinic_Name
Hospital Only	Hospital Name	Facility_Name
Hospital & Clinic	DBA	
Hospital & Clinic	Health Plan ID for Plan-to-Plan Contract	
Hospital & Clinic	Address	Location_Address
Hospital & Clinic	Address 2	Location_Address_2
Hospital & Clinic	City	Location_City
Hospital & Clinic	County	Location_County
Hospital & Clinic	State	Location_State
Hospital & Clinic	Zip Code	Location_Zip_Code
Hospital & Clinic	Phone Number	Location_Phone
Hospital & Clinic	NPI	NPI
Hospital & Clinic	CA License	CA_License
Hospital & Clinic	Hospital System	Facility_System
Hospital & Clinic	Participating Network	
Hospital & Clinic	Name of Network	Network_ID
Hospital & Clinic	Network Tier ID	Network_Tier_ID
Hospital & Clinic	Type of Service	Type_of_Service
Hospital & Clinic	Type of Service (Other)	
Hospital & Clinic	Tertiary Care (Y/N)	Tertiary_Care
Clinic Only	Clinic Name	Facility_Name
Clinic Only	Accepting New Patients	Accepting_New_Patients

DMHC TAR Template	DMHC TAR Field	CC Global Layout
Clinic Only	Current Number of Enrollees	Current_Assigned_Enrollees
Other Contracted Provider	Other Contracted Provider Name	Last_Name/First_Name/Facility_Name
Other Contracted Provider	DBA	
Other Contracted Provider	NPI	NPI
Other Contracted Provider	CA License	CA_License
Other Contracted Provider	Health Plan ID for Plan-to-Plan Contract	
Other Contracted Provider	Provider Gender	Provider_Gender
Other Contracted Provider	Provider Language	Provider_Language_1
Other Contracted Provider	Address	Location_Address
Other Contracted Provider	Address 2	Location_Address_2
Other Contracted Provider	City	Location_City
Other Contracted Provider	County	Location_County
Other Contracted Provider	State	Location_State
Other Contracted Provider	Zip Code	Location_Zip_Code
Other Contracted Provider	Phone Number	Location_Phone
Other Contracted Provider	Facility Language	Facility_Language_1
Other Contracted Provider	Accepting New Referrals (Y/N)	Accepting_New_Patients
Other Contracted Provider	Participating Network	
Other Contracted Provider	Name of Network	Network_ID
Other Contracted Provider	Network Tier ID	Network_Tier_ID
Other Contracted Provider	Contracted Provider Category	Type_of_Service
Other Contracted Provider	Contracted Provider Category (Other)	
Other Contracted Provider	Board Certified (Y/N)	Board_Certified

B. Overview of Data Fields in the New Detail Layout

The following tables provide an overview of the fields required in the new global layout.

Fields highlighted in green represent data elements that were required in the DMHC TAR layout and that will continue to be required in the new layout.

Existing Data Elements	
Last_Name	Secondary_Specialty
First_Name	Board_Certified
NPI	Medical_Group/IPA_1
CA_License	Hospital_1
Provider_Gender	Hospital_1_OSHPD_ID
Provider_Language_1	Hospitalist_(Hosp_1)
Facility_Language_1	NPI_Sup_PCP
Practice_Address	Sup_PCP_Specialty
Practice_Address_2	OSHPD_ID
Practice_Zip_Code	Type_of_Service
Practice_City	Tertiary_Care_
Practice_County	Current_Assigned_Enrollees
Practice_State	Network_ID
Practice_Phone	Network_Tier_ID
Provider_Clinic_Name	Accepting_New_Patients
Primary_Specialty	

Fields highlighted in yellow represent data elements that were required in the DMHC TAR layout that are now being requested in a new configuration. Whereas multiple languages or hospital affiliations in the DMHC template would have required separate rows for each variation, the new layout attempts to "flatten" the data by having multiple options for the same record.

Reconfigured Data Elements	
Provider_Language_2	Hospitalist_(Hosp_2)
Provider_Language_3	Hospitalist_(Hosp_3)
Facility_Language_2	Hospitalist_(Hosp_4)
Facility_Language_3	Facility_Name
Type_of_Licensure	Facility_System

Practice_Region	Facility_Address
Provider_Clinic_ID	Facility_Address_2
Medical_Group/IPA_2	Facility_Zip_Code
Medical_Group/IPA_3	Facility_City
Medical_Group/IPA_4	Facility_County
Contract_Type	Facility_Region
Hospital_2	Facility_State
Hospital_3	Facility_Phone_Number
Hospital_4	PCP_Flag
Hospital_2_OSHPD_ID	Covered_California_ID
Hospital_3_OSHPD_ID	ECP_Flag
Hospital_4_OSHPD_ID	

Fields highlighted in red represent new data elements that will be newly required after transition to the new layout.

New Data Elements	
Middle_Name	FTIN
Provider_Type	Year/Month_of_data
Non_CA_License	Reserved
Non_CA_License_State	Availability
DEA	Visibility
Issuer_Provider_ID	Last_Updated
Issuer_PCP_ID	Record_Type
PCP_Flag	
Snapshot_Date	

I. Appendix A:

A. QHP Network IDs

Network ID is a combination of 5 digit HIOS number for issuer + CAN00# sequence. A different sequence number is generated for each product offered on the exchange. This ID specifies the product that each provider participates in for a given QHP issuer.

QHP Issuer	Product	Market	Network ID
Anthem Blue Cross	EPO	Individual	27603CAN001
Anthem Blue Cross	PPO	Individual	27603CAN002
Anthem Blue Cross	HMO	Individual	27603CAN003
Blue Shield of California	PPO (Exclusive)	Individual	70285CAN001
Blue Shield of California	EPO (Exclusive)	Individual	70285CAN002
Blue Shield of California	PPO (Exclusive)	SHOP	70285CAN003
Blue Shield of California	HMO (Full)	SHOP	70285CAN004
Blue Shield of California	HMO (Exclusive)	SHOP	70285CAN005
Chinese Community Health Plan	HMO	Individual	47579CAN001
Chinese Community Health Plan	HMO	SHOP	47579CAN001
Health Net (HMO)	HMO	Individual	67138CAN001
Health Net (EPO)	EPO	Individual	67138CAN002
Health Net (HSP)	HSP	Individual	67138CAN003
Health Net (EPO)	EPO	SHOP	67138CAN004
Health Net (PPO)	PPO	SHOP	99110CAN002
Kaiser Permanente	HMO	Individual	40513CAN001
Kaiser Permanente	HMO	SHOP	40513CAN001
L.A. Care Health Plan	HMO	Individual	92815CAN001
Molina Health Care	HMO	Individual	18126CAN001
Sharp Health Plan	HMO (Premier)	Individual	92499CAN001
Sharp Health Plan	HMO (Performance)	Individual	92499CAN002
Sharp Health Plan	HMO (Premier)	SHOP	92499CAN003
Sharp Health Plan	HMO (Performance)	SHOP	92499CAN004
Valley Health Plan	HMO	Individual	84014CAN001
Western Health Advantage	HMO	Individual	93689CAN001
Western Health Advantage	HMO	SHOP	93689CAN001
Oscar Health	EPO	Individual	10544CAN001
UnitedHealthcare	PPO	Individual	37873CAN001

B. QDP Network IDs

Network ID is a combination of 5 digit HIOS number for issuer + CAN00# sequence. A different sequence number is generated for each product offered on the exchange. This ID specifies the product that each provider participates in for a given QDP issuer.

QDP Issuer	Product	Market	Network ID
Access Dental	DHMO	Individual (F)	40269CAN001
Access Dental	DHMO	CCSB (C+F)	40269CAN002
Anthem Blue Cross Dental	DPPO	Individual (F)	27603CAN004
Liberty Dental	DHMO	CCSB (C+F)	67819CAN001
MetLife Dental	DPPO	CCSB (C)	91425CAN001
Safeguard Dental	DHMO	CCSB (C+F)	26387CAN001
Delta Dental	DPPO	Individual (F)	62683CAN001
Delta Dental	DHMO	Individual (F)	62683CAN002
Delta Dental	DPPO	CCSB (C+F)	62683CAN003
Delta Dental	DHMO	CCSB (C+F)	62683CAN004
Dental Health Services	DHMO	CCSB (C+F)	84138CAN001
Dental Health Services	DHMO	Individual (F)	84138CAN002
Premier Access	DPPO	Individual (F)	91122CAN001
Premier Access	DPPO	CCSB (C+F)	91122CAN002

II. Appendix B:
A. Provider Lookup Table

Individual Type of Licensure	Code
Allopathic Physician	MD
Osteopathic Physician	DO
Chiropractors	DC
Dental Hygienist	RDH
Dental Assistant	RDA
Dental Assistant Extended Functions	RDAEF
Orthodontic Assistant	OA
Dental Sedation Assistant Permit	DSA
Dentist	DDS
Occupational Therapist	OT
Occupational Therapy Assistant	OTA
Optometrist	OPT
Licensed Marriage and Family Therapist	LMFT
Licensed Clinical Social Worker	LCSW
Licensed Professional Clinical Counselor	LPCC
Licensed Educational Psychologist	LEP
Associate Clinical Social Worker	ASW
Physician Assistant	PA
Registered Pharmacist	RPH
Pharmacy Technician	TCH
Physical Therapist	PT
Physical Therapist Assistant	PTA
Doctor of Podiatric Medicine	DPM
Psychologist	PSYD
Registered Psychological Assistant	PSB
Registered Psychologist	RPS
Registered Nurse	RN

Individual Type of Licensure	Code
Clinical Nurse Specialist	CNS
Nurse Anesthetist	NA
Nurse-Midwife	NM
Nurse Practitioner	NP
Psychiatric/Mental Health Nurse	PMH
Public Health Nurse	PHN
Psychiatric Technician	PT
Licensed Vocational Nurse	LVN

Individual Provider Type	Code
Physician	P
PCP Extender	PE
Dental Care Provider	D
Non- Physician/Non Dental	O

B. Crosswalk

Individual Provider	Provider Type	Type of Licensure
Allopathic Physician	P	MD
Osteopathic Physician	P	DO
Speech Pathologist	OI	SP
Audiologist	OI	AU
Acupuncturist	OI	AC
Chiropracter	OI	DC
Dental Hygenist	D	RDH
Dental Assistant	D	RDA
Dental Assistant Extended Functions	D	RDAEF
Orthodontic Assitant	D	OA
Dental Sedation Assistant Permit	D	DSA
Dentist	D	DDS
Occupational Therapist	OI	OT
Occupational Therapy Assistant	OI	OTA
Optometrist	OI	OPT
Licensed Marriage and Family Therapist	OI	LMFT
Licensed Clinical Social Worker	OI	LCSW
Licensed Professional Clinical Counselor	OI	LPCC
Licensed Educational Psychologist	OI	LEP
Associate Clinical Social Worker	OI	ASW
Physician Assistant	PE	PA
Registered Pharmacist	OI	RPH
Pharmacy Technician	OI	TCH
Physical Therapist	OI	PT

Individual Provider continued	Provider Type	Type of Licensure
Physical Therapist Assistant	OI	PTA
Doctor of Podiatric Medicine	OI	DPM
Psychologist	OI	PSYD
Registered Psycological Assistant	OI	PSB
Registered Psycologist	OI	RPS
Registered Nurse	O/PE	RN
Clinical Nurse Specialist	OI	CNS
Nurse Anesthetist	OI	NA
Nurse-Midwife	PE	NM
Nurse Practitioner	PE	NP
Psychiatric/Mental Health Nurse	OI	PMH
Public Health Nurse	OI	PHN
Psychiatric Technician	OI	PT
Licensed Vocational Nurse	O/PE	LVN
No Licensing		

III. Appendix C:

A. Facility Lookup Table

Facility Category	Type of Service
Essential Community Provider Clinic	ECPC
Radiology Clinic	RADC
Rehabilitation Clinic	REHC
Rural Health Clinic	RHC
Oral and Maxillofacial Surgery Clinic	OMFC
Ophthalmologic Surgery Clinic	OPTHC
Sleep Disorder Diagnostic Clinic	SDDC
Urgent Care Clinic	UCC
Ambulatory Family Planning Facility Clinic	FPC
Ambulatory Surgical Clinic	ASC
Community Health Clinic	CHC
Dental Clinic	DENC
Federally Qualified Health Center Clinic	FQHC
Hearing and Speech Clinic	HSC
Infusion Therapy Clinic	ITC
Lithotripsy Clinic	LITHC
Mental Health Clinic	MHC
Physical Therapy Clinic	PTC
Primary Care Clinic	PCC
Pain Clinic	PNC
Oncology Clinic	CAC

Facility Category	Type of Service
Chronic Disease Hospital	CDC
Long Term Care Hospital	LTCC
General Acute Care Hospital	GACH
Psychiatric Hospital	PSYH
Rehabilitation Hospital	REHH
Essential Community Provider Hospital	ECPH

B. Crosswalk

Facility Category	Facility Type	Type of Service
Essential Community Provider Clinic	C	ECPC
Home Health Agency	OF	HHA
Home Infusion Agency	OF	HIA
Hospice Care, Community Based Agency	OF	HCA
Nursing Care Agency	OF	NCA
Radiology Clinic	C	RADC
Rehabilitation Clinic	C	REHC
Rural Health Clinic	C	RHC
Oral and Maxillofacial Surgery Clinic	C	OMFC
Ophthalmologic Surgery Clinic	C	OPTHC
Sleep Disorder Diagnostic Clinic	C	SDDC
Urgent Care Clinic	C	UCC
Ambulatory Family Planning Facility Clinic	C	FPC
Ambulatory Surgical Clinic	C	ASC
Community Health Clinic	C	CHC
Dental Clinic	C	DENC
Federally Qualified Health Center Clinic	C	FQHC
Hearing and Speech Clinic	C	HSC
Infusion Therapy Clinic	C	ITC
Lithotripsy Clinic	C	LITHC
Mental Health Clinic	C	MHC
Physical Therapy Clinic	C	PTC
Primary Care Clinic	C	PCC
Pain Clinic	C	PNC

Facility Category continued	Facility Type	Type of Service
Oncology Clinic	C	CAC
Chronic Disease Hospital	H	CDC
Long Term Care Hospital	H	LTCC
General Acute Care Hospital	H	GACH
Psychiatric Hospital	H	PSYH
Rehabilitation Hospital	H	REHH
Clinical Medical Laboratory	OF	LAB
Dental Laboratory	OF	DLAB
Essential Community Provider Hospital	H	ECPH
Dialysis/Dialysis Center/Facility	OF	DIAL
Medical Group Capitated	OF	MGC
Medical Group Non Capitated	OF	MGNC
Medical Group ACO Contract	OF	MGACO
IPA Capitated	OF	IPAC
IPA Non Capitated	OF	IPANC
Pharmacy	OF	PHAR