Dear Blue Shield of California and/or Blue Shield Promise Health Plan Network Medical Group:

Senate Bill 137 requires that health plans perform an annual validation of their network provider groups to ensure an accurate provider directory for members. **To comply with this requirement, we are sending you a Large Group Validation Spreadsheet.**

Please complete and return the validation spreadsheet within 30 days of receiving our request. **This is important because SB137 regulations require health plans to remove providers from their directory if they do not respond**.

Note, the spreadsheet is a validation tool ONLY. To add a new practitioner or location, you must submit a completed application form or a provider profile to the Provider Information and Enrollment intake email address: BSCProviderInfo@blueshieldca.com. You can obtain an application form from the Provider Connection website at: https://www.blueshieldca.com/bsca/bsc/wcm/connect/provider/provider_content_en/guidelines_resources/forms_networks_procedures. A login and password are not required.

If you have questions regarding how to update the validation spreadsheet, review the attached instructions and frequently asked questions (FAQ) document. If, after doing so, you still have questions, please send an email to DataAccuracySpecialist@blueshieldca.com.

If you have status questions regarding a practitioner, contact the Provider Information and Enrollment communication team at **(800) 258-3091, option 3**.

Sincerely,

Data Accuracy Specialist
Provider Information and Enrollment

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Large Group Validation Spreadsheet Instructions

Spreadsheet overview

The validation spreadsheet is a Microsoft Excel file with six (6) tabs in the workbook. It has a specific naming convention beginning with PPO_PROV_LG and is in the .xlsx format.

Each tab contains a small grouping of data and displays provider or practitioner information to allow you to connect the practitioner to the associated information we have on file at the time the validation spreadsheet was created for your medical group.

Each tab contains a series of fields that correspond to the tab name. **Gray fields** may not be edited. They are prepopulated by us. You may make necessary updates or complete missing data values in the editable **white** fields **only**.

When reviewing and revising the validation spreadsheet, do not take any of the actions below:

- Change the PPO_PROV_LG portion of the file name
- Include any information not specifically requested/required
- Alter the spreadsheet format such as:
  - Overwrite prepopulated data (gray fields)
  - Move columns
  - Add or delete columns or rows
  - Change field color

Email the revised validation spreadsheet to DataAccuracySpecialist@blueshieldca.com within 30 business days of initial receipt. You must attach the validation spreadsheet to the email even if you have not made changes. When this is the case, please type "No changes needed" in the body of the email.

Large Group Validation Spreadsheet Instructions

Tab 1: PROV GENERAL

PROV GENERAL (Provider General) = Update or add provider group data, including National Provider Identifier (NPI), specialty, preferred payment location, and website. When changing one payment address field, complete all payment address fields in the row that corresponds to the address change.	
New_Prov_NPI	Update or add the provider's primary Type 2 NPI.
New_Prov_Loc_NPI	Update or add the provider's specific location Type 2 NPI.
New_Prov_Specialties	Click in the cell to activate the drop-down menu and select the most appropriate specialty.
New_Preferred_Payment_Address	Update the street address or P.O. Box of the billing location for the corresponding service location.
New_Preferred_Payment_Suite#	Update the suite number of the corresponding billing address.
New_Preferred_Payment_City	Update the city of the corresponding billing address.
New_Preferred_Payment_State	Update the state of the corresponding billing address.
New_Preferred_Payment_Zip	Update the five-digit ZIP code of the corresponding billing address.
New_Provider_Website	Update the provider group website.

Tab 2: PROV CONTACT INFO

PROV CONTACT INFO (Provider Contact Information) = Update or add wheelchair accessibility, phone number, fax number, email, directory email, and language interpreter services for the group.	
New_Wheelchair	Click in the cell to activate the drop-down menu and select either: Yes = Service location is wheelchair accessible. No = Service location is NOT wheelchair accessible.
New_Office_Phone	Update the phone number for the service location where members can make appointments. Acceptable formats are XXX-XXX-XXXX or XXXXXXXXXX.
New_Fax	Update or add the non-member facing fax number for this service location used for health plan correspondence. Acceptable formats are XXX-XXX-XXXX or XXXXXXXXXX.
New_Email	Update or add the non-member facing email address for this service location used for health plan correspondence.

Large Group Validation Spreadsheet Instructions

PROV CONTACT INFO (Provider Contact Information) = Update or add wheelchair accessibility, phone number, fax number, email, directory email, and language interpreter services for the group.	
New_Display_Email_in_Directory	Required if email is present in "Email" or "New Email" fields. Is email to be published in the directory? Y = Yes **OR** N = No Default = N - No
New_Language_Interpreter_Services	Are language interpreter services provided at this location? Y = Yes **OR** N = No Default = N - No

Tab 3: PROV QMI

PROV QMI (Provider Qualified Medical Interpreter) = Update or add a qualified medical interpreter language offered at each service location. **This only applies to employees who have a Qualified Medical Interpreter (QMI) certificate.**	
New_Spanish	Update or add if this language is offered by a Qualified Medical Interpreter. **Must have a QMI certification**: N = Not offered **OR** Y = Offered
New_Russian	Update or add if this language is offered by a Qualified Medical Interpreter. **Must have a QMI certification**: N = Not offered **OR** Y = Offered
New_Mandarin	Update or add if this language is offered by a Qualified Medical Interpreter. **Must have a QMI certification**: N = Not offered **OR** Y = Offered
New_Korean	Update or add if this language is offered by a Qualified Medical Interpreter. **Must have a QMI certification**: N = Not offered **OR** Y = Offered
New_Cantonese	Update or add if this language is offered by a Qualified Medical Interpreter. **Must have a QMI certification**: N = Not offered **OR** Y = Offered
New_Vietnamese	Update or add if this language is offered by a Qualified Medical Interpreter. **Must have a QMI certification**: N = Not offered **OR** Y = Offered

Large Group Validation Spreadsheet Instructions

PRAC GENERAL (Practitioner General) = Update existing physician name, gender, email, medical license, NPI, non-English languages spoken and special expertise.	
New_LastName	Update the practitioner's last name based on their Medical Board of California license.
New_FirstName	Update the practitioner's first name based on their Medical Board of California license.
New_Gender	Update or add the practitioner's gender: M or F.
New_Email	Update or add the practitioner's non-member facing email address used for health plan correspondence.
New_License	Update the practitioner's medical license based on their Medical Board of California license.
New_NPI	Update or add the practitioner's NPI Type 1.
New_Practitioner_Language (Columns P-R)	Update up to three (3) languages other than English.
New_Special_Expertise _Physical_Disability	Does practitioner have special expertise with physical disabilities? Y = Yes **OR** N = No Default = N - No
New_Special_Expertise_ Chronic_Illness	Does practitioner have special expertise with chronic illnesses? Y = Yes **OR** N = No Default = N - No
New_Special_Expertise_HIV _Aids	Does practitioner have special expertise with HIV/AIDS? Y = Yes **OR** N = No Default = N - No
New_Special_Expertise_Serious _Mental_Illness	Does practitioner have special expertise with serious mental illness? Y = Yes **OR** N = No Default = N - No
New_Special_Expertise_ Homelessness	Does practitioner have special expertise with homelessness? Y = Yes **OR** N = No Default = N - No
New_Special_Expertise_ Deafness_Hard_Hearing	Does practitioner have special expertise with deafness or hard of hearing? Y = Yes **OR** N = No Default = N - No

Large Group Validation Spreadsheet Instructions

<table>
<tr>
<td colspan="2">PRAC GENERAL (Practitioner General) = Update existing physician name, gender, email, medical license, NPI, non-English languages spoken and special expertise.</td>
</tr>
<tr>
<td>New_Special_Expertise_
Blindness_Visual_Impair</td>
<td>Does practitioner have special expertise with blindness or visual impairment?
Y = Yes OR N = No
Default = N - No</td>
</tr>
<tr>
<td>New_Special_Expertise_
Cooccuring_Disorders</td>
<td>Does practitioner have special expertise with co-occurring disorders?
Y = Yes OR N = No
Default = N - No</td>
</tr>
</table>

Tab 5: PRAC PROV LOC

<table>
<tr>
<td colspan="2">PRAC PROV LOC (Practitioner Provider Location) = <u>Terminate</u> existing service location(s) for practitioners, directory suppression, practitioner specialty, panel status and patient limitations. When a panel start date, panel status, lowest age, highest age and/or gender are changed or added, all fields in that corresponding row must be updated, even if the fields have not changed.</td>
</tr>
<tr>
<td>Practitioner_Location_Term_Date</td>
<td>Enter an effective date for each active service location in which the practitioner no longer practices. Format: mm/dd/yyyy</td>
</tr>
<tr>
<td>New_DirectorySuppress</td>
<td>Update or add a practitioner's suppression, click in the cell to activate the drop-down menu and select either:
Y = Practitioner is suppressed from the member-facing directory.
N = Practitioner is displayed on the member-facing directory.</td>
</tr>
<tr>
<td>New_Specialty1</td>
<td>Click in the cell to activate the drop-down menu and select the most appropriate primary specialty.</td>
</tr>
<tr>
<td>New_Specialty2</td>
<td>Click in the cell to activate the drop-down menu and select the most appropriate secondary specialty.</td>
</tr>
<tr>
<td>New_Panel_Start_Date</td>
<td>Enter a new panel start date when the new panel status will be in effect for this practitioner. Format: mm/dd/yyyy</td>
</tr>
<tr>
<td>New_Panel_Status</td>
<td>Click in the cell to activate the drop-down menu and select a new panel status. Only these values are allowed:
 ONE = Accepting New and Existing Patients
 OEP = Open Existing Patients Only</td>
</tr>
</table>

Large Group Validation Spreadsheet Instructions

PRAC PROV LOC (Practitioner Provider Location) = <u>Terminate</u> existing service location(s) for practitioners, directory suppression, practitioner specialty, panel status and patient limitations. **When a panel start date, panel status, lowest age, highest age and/or gender are changed or added, all fields in that corresponding row must be updated, even if the fields have not changed.**	
New_Lowest_Age	Enter a new **youngest** patient age value based on specialty. **For:** **Enter value:** Internal Medicine or Minimum of 18 Obstetrics/Gynecology Pediatrics Maximum of 18 All other Specialties Whole # between 0-999
New_Highest_Age	Enter a new **oldest** patient age value based on specialty. **For:** **Enter value:** Internal Medicine or Minimum of 18 Obstetrics/Gynecology Pediatrics Maximum of 18 All other Specialties Whole # between 0-999
New_Gender_Limit	Click in the cell to activate the drop-down menu and select a new gender limit: BO = Practitioner accepts <u>both</u> male and female patients. MO = Practitioner accepts male patients only. FO = Practitioner accepts female patients only.

Tab 6: PRAC HOSPITAL

PRAC HOSPITAL (Practitioner Hospital) = Add or delete an existing hospital affiliation. **If you select or manually add a new hospital affiliation, you must also update the primary and start date sections.**	
Hospital Selection List	Click in the cell to activate the drop-down menu and select a hospital affiliation from the list provided.
Hospital_Name	If you do not see a specific hospital name listed in the drop-down menu, enter the hospital name in this section. **Note: If you selected from the drop-down menu, DO NOT enter anything in this column.**
Hospital_NPI	If you have manually entered the hospital name, enter the Hospital Type 2 NPI in this section. **Note: If you selected from the drop-down menu, DO NOT enter anything in this column.**

Large Group Validation Spreadsheet Instructions

PRAC HOSPITAL (Practitioner Hospital) = Add or delete an existing hospital affiliation. **If you select or manually add a new hospital affiliation, you must also update the primary and start date sections.**	
New_Primary	Click in the cell to activate the drop-down menu and add or update if the corresponding hospital is the primary affiliation. Note: Only ONE hospital can be a primary: N = Not the primary affiliation Y = Primary affiliation
Start_Date	Add the new hospital affiliations start date. Format: mm/dd/yyyy.
End_Date	To terminate the hospital affiliation, add the end date. You do not need to fill out any other field. Format: mm/dd/yyyy.

Large Group Validation Spreadsheet Instructions

Q Why are Medical Groups obligated to submit validation spreadsheets?

A Providers are contractually obligated to notify us of changes when they occur. Senate Bill 137 requires providers to validate the health plan demographics on file once per year. Accurate, thorough and current information helps our members make informed decisions about their health coverage, including the selection of a primary care physician (PCP).

Q Why are some practitioners no longer on the validation spreadsheet when they were included previously?

A The validation spreadsheet only includes practitioners who display on our directory. There are some practitioner specialties that do not display, and therefore, are not included on the validation spreadsheet. These include but are not limited to Pathologists, Emergency Medicine, Anesthesiologists, Radiologists, and Certified Registered Nurse Anesthetists.

Q How do I term a practitioner from the validation spreadsheet?

A Go to the PRAC PROV LOC tab and in the Practitioner_Location_Term_Date column, add the term date. If the practitioner is active at more than one service location, add the term date to each active location.

Q Can I return the validation spreadsheet by fax or mail?

A No. The validation spreadsheet must be submitted by email in the specified format to support completion of the update. When returning the validation spreadsheet, click *Reply* from the original request email, attach your completed spreadsheet and click *Send*.

Q What if I do not have changes to the validation spreadsheet?

A If you do not have changes to the validation spreadsheet, you must still send it back to us within the 30-day period, as we must account for all spreadsheets. When returning the validation spreadsheet, click *Reply* from the email that contains the original spreadsheet sent to you. Type "No changes needed" in the body of the email and click *Send*.

Q What happens if the validation spreadsheet is not returned?

A You will receive two automated reminders during the 30-day period. If you do not submit the spreadsheet by the end of the 30-day period, your contract manager will follow up with you to secure it. Continued failure to comply with validation efforts could result in your group being suppressed from the member-facing directory, and potential administrative termination.

Q Can we submit our own spreadsheet for updates?

A No. SB-137 requires that providers review and update the health plan's validation spreadsheet. All changes, corrections, and edits must be made on the validation spreadsheet we provide for this purpose.

Large Group Validation Spreadsheet Instructions

Q **How do we notify the health plan of a change regarding the validation spreadsheet contact person?**

    A Please email DataAccuracySpecialist@blueshieldca.com and include the group's NPI and the new contact information.

Q **How does a provider close his/her member panel?**

    A The medical group must indicate this change in the validation spreadsheet on the PRAC PROV LOC tab, by selecting the "2" values from New_DirectorySuppress and from New_Panel_Status. When in these cells, select the following values:
- New_DirectorySuppress = Y
- OEP = Open to existing patients only

Q **Can we sort information in the validation spreadsheet?**

    A Yes, there is a "filter" drop-down feature added to every column header on the spreadsheet. To sort, click the filter drop-down arrow in the column header, uncheck *Select All* and check the desired sort criteria. To remove the filter, click the filter icon and recheck *Select All*.

Q **Urgent care and hospitalist are not listed as options in the specialty columns. How do I update the validation spreadsheet when a practitioner's specialty is either urgent care or hospitalist?**

    A Urgent care and hospitalist specialties are not listed in the new specialty columns located on the Prac Prov Loc tab.

    For "urgent care," select "emergency medicine" from the drop-down menu.

    When a practitioner is a hospitalist, he/she should be suppressed from the directory. To do so, select "Y" from the drop-down menu on the Directory Suppress column. On the Specialties column, indicate the practitioner's specialty (e.g., internal medicine, cardiology).

Q **How do I check on the enrollment status and/or credentialing status for a practitioner?**

    A Contact the Provider Information and Enrollment communication team at **(800) 258-3091, option 3**.

Q **Will this process replace individual requests to verify provider data?**

    A There are some practitioners who historically have both a solo (individual) contract and a medical group contract with us. Both require validation, and the processes are different. However, if the practitioner no longer wants to have a solo contract, they must submit a letter of resignation.