

Dear Blue Shield Network IPA/Medical Group/Practitioner:

Blue Shield of California and Blue Shield of California Promise Health Plan has established a new process for updating and attesting to the accuracy of your provider directory information on Provider Connection:

- 1. Attestation to the accuracy of your provider directory information on Provider Connection every 90 days.
- 2. Updates to your provider directory information via the:
 - o Provider & Practitioner Profiles section on Provider Connection.
 - o Provider Data Validation Spreadsheet downloaded from Provider Connection.

We have created the companion guide below to assist you with completing the Provider Data Validation spreadsheet. If after reviewing the companion guide you still have questions, please contact Provider Customer Service at:

- o Provider Customer Service: (800) 541-6652
- o Blue Shield Promise: (800) 468-9935
- o Provider Customer Service Email: ProviderCC@blueshieldca.com

Following the submission of a bulk file, a manual review will be conducted, and notifications will be sent accordingly. Please be advised that there will be no prior communication when a file is placed into manual review. An email notification will be sent upon the completion of the manual review process.

Once training has been completed, the portal will be the designated method for submitting demographic additions, modifications, and terms.

Sincerely, Provider Information and Enrollment Blue Shield of California



How this companion guide is organized:

This companion guide begins with important general overview information about the Provider Data Validation spreadsheet and will then go into detail for each tab. **Tab details within the companion guide are organized in the following way:**

- A table describing Blue Shield pre-populated datain order of appearance on each tab
- A table providing definitions and instructions formaking changes to editable fields on each tab.

Provider Data Validation Spreadsheet Overview:

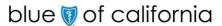
- 1. **Provider General =** Medical group, IPA, IPA roster member, or individual practitioner information. The provider type column can be used to differentiate data for the medical group, IPA, and IPA roster members. Please note, data on this tab may vary depending on contract type(s).
 - Capitated IPA
 - Promise Capitated IPA
 - Physician Group Practice
 - Practitioner
 - Allied Specialty (i.e. Psychologist, Optometrist, etc.)
 - Clinic Outpatient (note, FQHC's will reflect this Provider Type)
- 2. **Practitioner General =** Practitioners that have an active relationship with the IPA or Medical Group.
- 3. **Validation Contacts =** Contact information of the person responsible for completing the Provider Data Validation spreadsheet.
- 4. **Support =** Link to the Learning Resources page where the Provider Data Validation Companion Guide can be downloaded.

Each tab contains a series of fields that correspond to the tab name and the demographic information we have on file for your organization at the time the Provider Data Validation spreadsheet was downloaded from Provider Connection. If a primary care provider (PCP) wishes to terminate a provider and assign a new PCP for a member, please email the PRC with the details of the new assigned PCP. Additionally, ensure that the new PCP is current and listed in your roster before proceeding.

Pre-populated fields that cannot be overwritten or edited are found under blue header columns (A,B,C,D, and E). Other fields within the file may be edited to make necessary updates or add missing demographic data. Certain fields must be completed with Blue Shield predefined values. The instructions will indicate the fields where these are necessary, and you will be supplied with the values. Drop-down menus can be found in certain areas of the spreadsheet and should be used where available.

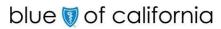
Follow the instructions below to update provider directory information contained within the Provider Data Validation spreadsheet. When reviewing and revising the spreadsheet, the below actions are **not** allowed:

- Adding or deleting columns
- Adding or deleting tabs
- Deleting existing columns or rows
- Changing or deleting column headers

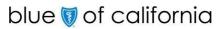


Provider_General Tab

Field Name	or Provider NPI cannot be made via t	Provider Name, Provider Type, Line of Busin the bulk file process. If data populated is request to Provider Information & Enrollmen
Provider Tax	Tax ID of contracted provider organize	ation
dentification Number	Bulk File is for	Tax ID is
	IPA	IPAs Tax ID
Note: DO NOT edit or	Medical Group	Groups Tax ID
update details in the blue columns.	Practitioner	Practitioners Tax ID or SSN
Provider	Name of contracted provider organize	ation
Organization Name	If Provider Type is	Then Provider Name is
	Capitated IPA	IPA name
	Promise Capitated IPA	IPA name
Note: DO NOT edit or update details in the blue columns.	Practitioner	Practitioner or IPA roster member name
	Physician Group Practice	Medical group name
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group name
	Clinic Outpatient	Medical group name
Provider Type	Provider type corresponding to taxono	my
	Provider Type	Description
	Capitated IPA	IPA
	Promise Capitated IPA	IPA
	Physician Group Practice	Medical group (PPO)
	Practitioner	Practitioner or IPA roster member
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group (PPO)
	Clinic Outpatient	Medical group (PPO)



	Note: line of business is only populated below outlines the different lines of bu contracted under. The file will be pre-porresponding to your Tax ID.	
	If Line of Business is	Then contracted entity is
	HMO Commercial	Commercial Only
	HMO Medicare Commercial	Commercial and Medicare
	HMO Medicare	Medicare Only
	HMO Promise	Medi-Cal Only
	HMO CalPERS	CalPERS
	HMO TRIO	Trio Only
lote: DO NOT edit or	HMO TRIO CalPERS	Trio and CalPERS
update details in the blue columns.	HMO CCSF TRIO	City College of San Francisco
rovider NPI	National Provider Identifier	
	If Provider Type is	Then NPI is
	Capitated IPA	IPA NPI - Type 2
Note: DO NOT edit or update details in the	Promise Capitated IPA	IPA NPI - Type 2
	Practitioner	Practitioner or IPA roster member individual NPI - Type 1
	Physician Group Practice	Medical group NPI - Type 2
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group NPI - Type 2
olue columns.	Clinic Outpatient	Medical group NPI - Type 2
	Note, the below fields are editable	
Organization	Provider organization website for member-facing interactions	
Website	If Provider Type is	Then website is
	Capitated IPA	IPA website
	Promise Capitated IPA	IPA website
	Practitioner	Practitioner or IPA roster member website
	Physician Group Practice	Medical group website
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group website
	Clinic Outpatient	Medical group website



	If Provider Type is	Then email is
	Capitated IPA	IPA email address
	Promise Capitated IPA	IPA email address
	Practitioner	Practitioner or IPA roster member email address
	Physician Group Practice	Medical group email address
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group email address
	Clinic Outpatient	Medical group email address
rovider Directory imail	 Yes = Display email on directory No = Do NOT display email on directory 	ectory
Service Location Add/Term/Update	Click in the cell to activate the drop-o Add Term Update	down menu and select either:
	Add	
	If Provider Type is	Then
	Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
	Promise Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
	Practitioner	To add a new location for a practitioner or IPA roster member, on the Provider General tab in a blank row:
		 In column A, mirror the Provider Tax Identification Number found on the spreadsheet.
		 In column B, enter the practitioners first and last name. In column C, type: Practitioner
		Leave column D blank
		 In column E, type the practitioners individual (type 1) NPI.
		(continued on next page)



vice Location I/Term/Update	Add (continued)	
, remi, opadie	If Provider Type is	Then
	Practitioner	 Select Add under the Service Location Add/Term/Update column. Complete all required service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.
		Note: the location will also need to be added for the practitioner on the <u>Practitioner General</u> tab.
	Physician Group Practice	To add a new location for the group, in a blank row:
		 In column A, mirror the Provider Tax Identification Number found on the spreadsheet.
		 In column B, mirror the Provider Organization Name found on the spreadsheet.
		 In column C, type: Physician Group Practice
		 Select Add under the Service Location Add/Term/Update column.
		 Complete all required service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.
		Note: if adding a new service location for the group, add all roster members practicing at the location on the <u>Practitioner General</u> tab. A minimum of one roster member must be submitted along with the location addition.
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	To add a new location for the group, in a blank row:
		 In column A, mirror the Provider Tax Identification Number found on the spreadsheet.
		(continued on next page)



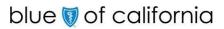
ce Location Term/Update	Add (continued)	
	If Provider Type is	Then
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	 In column B, mirror the Provider Organization Name found on the spreadsheet. In column C, mirror the appropriate Provider Type (i.e. Psychologist, Optometrist, etc.) Select Add under the Service Location Add/Term/Update column. Complete all required service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.
		Note: if adding a new service location for the group, add all roster members practicing at the location on the Practitioner General tab. At least one roster member is required to complete the location add.
	Clinic Outpatient	To add a new location for the clinic, in a blank row:
		 In column A, mirror the Provider Tax Identification Number found on the spreadsheet.
		 In column B, mirror the Provider Organization Name found on the spreadsheet.
		 In column C, type: Clinic Outpatient
		 Select Add under the Service Location Add/Term/Update column.
		Complete all required service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.
		(continued on next page)



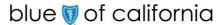
Service Location Add/Term/Update

Add (continued)	
If Provider Type is	Then
Clinic Outpatient	Note: if adding a new service location for the clinic, add all roster members practicing at the location on the Practitioner General tab. At least one roster member is required to complete the location add. You may receive an email notification requesting additional documentation to support the location add for the clinic.

Term	
If Provider Type is	Then
Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
Promise Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
Practitioner	Select Term when a service location needs to be removed or when changing a service location address.
	 To terminate a location for a practitioner or IPA roster member, apply the termination on the <u>Practitioner General</u> tab.
	To change a location for a practitioner or IPA roster member, select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for details on adding new locations.
	Note: location change actions will also need to be completed on the Practitioner General tab (select Term for the location to be removed and add the new location in a blank row).



Service Location Add/Term/Update	Term (continued)	
as, ioiii, opaaio	If Provider Type is	Then
	Physician Group Practice	Select Term when a service location needs to be removed or when changing a service location address.
	Note: Please ensure that any location changes are processed as an addition prior to completing the termination. Failing to do so may result in the providers assigned to the location being terminated before the addition is made.	 Terminating a group location will remove all roster members from the location. To change a group location, select Term on the row for the location to be removed and add the new location in a blank
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Select Term when a service location needs to be removed or when changing a service location address.
		Terminating a group location will remove all roster members from the location.
	Note: Please ensure that any location changes are processed as an addition prior to completing the termination. Failing to do so may result in the providers assigned to the location being terminated before the addition is made.	select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for
	Clinic Outpatient	Select Term when a service location needs to be removed or when changing a service location address.
		Terminating a clinic location will remove all roster members from the location.
	Note: Please ensure that any location changes are processed as an addition prior to completing the termination. Failing to do so may result in the providers assigned to the location being terminated before the addition is made.	select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for



Service Location
Add/Term/Update

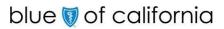
Update	
If Provider Type is	Then
Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office data.
Promise Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office data.
Practitioner	Select Update when editing non- address related information, such as phone, fax, office hours, etc.
Physician Group Practice	Select Update when editing non- address related information, such as phone, fax, office hours, etc.
Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Select Update when editing non- address related information, such as phone, fax, office hours, etc.
Clinic Outpatient	Select Update when editing non- address related information, such as phone, fax, office hours, etc.

Note: Be sure to add a new location and ensure it appears on your roster prior to terming a location.

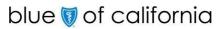
Service Location Term Date

Service Location Term Date the service location became inactive

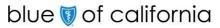
- Termination date is required when Term is selected in the Service Location Add/Term/Update column.
- Future termination dates cannot be applied.
- Format date as: MM/DD/YYYY (example 01/01/2024).



	* Indicates a required field for new loc	ation add	
Service Location Address*	Location where services are rendered. Address must be a physical location recognized by USPS.		
	If Provider Type is	Then the location listed is	
	Capitated IPA	IPA administrative office address	
	Promise Capitated IPA	IPA administrative office address	
	Practitioner	Practitioner or IPA roster member service location	
	Physician Group Practice	Group service location	
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Group service location	
	Clinic Outpatient	Clinic service location	
	Note: Only 1 valid address is allowed per row (i.e. no multiple suite numbers). Please add a new row for an additional address or suite.		
Service Location City*	City where services are rendered.		
Service Location State*	State where services are rendered.		
Service Location ZIP*	ZIP where services are rendered. 5 dig	gits only (no +4).	
Service Location Wheelchair Accessible	 Click in the cell to activate the drop-of-open service location is wheeled to the composition of the cell of the cell to activate the drop-open service location is NOT with the cell to activate the drop-open service location is NOT with the cell to activate the drop-open service location is NOT with the cell to activate the drop-open service location is NOT with the cell to activate the drop-open service location is whether the cell to activate the drop-open service location is whether the cell to activate the drop-open service location is whether the cell to activate the drop-open service location is whether the cell to activate the drop-open service location is whether the cell to activate the drop-open service location is whether the cell to activate the cell	Ichair accessible	
Service Location Office Phone*	Phone number for the service locationAcceptable formats are XXX-X	n where members can make appointments. XX-XXXX or XXXXXXXXXXX.	
	 No spaces or other special ch 	aracters may be added to the number.	
Service Location Office Fax	Non-member facing fax number for the service location used for health plan correspondence. • Acceptable formats are XXX-XXXX or XXXXXXXXXXX.		
	·	aracters may be added to the number.	
Service Location Office Hours	Office hours of service location. • Enter days as: MON; TUES; WED • Enter office hours in standard ((12 hour) or world (24 hour) time. For example:	



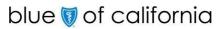
the provider offer Gender Affirming Care services?	Click in the cell to activate the drop-down menu and select either: • Yes • No Note: Gender affirming care indicated in this field will apply to the group at the service location listed. If applicable to a practitioner only, enter your response on the PRACTITIONER_GENERAL tab.
the provider performed Gender Affirming Care services in the past?	Click in the cell to activate the drop-down menu and select either: • Yes • No Note: Gender affirming care indicated in this field will apply to the group at the service location listed. If applicable to a practitioner only, enter your response on the PRACTITIONER_GENERAL tab.
Service Location - Types of Gender Affirming Care Provided	If applicable, enter or copy/paste the respective "ZG" codes for gender affirming care services offered by the group using the options below. Separate each entry with a comma. Body Modification (ZG17) Breast Augmentation (ZG03) Electrolysis / Laser Hair Removal (ZG18) Facial feminization surgery (ZG05) Gender-affirming gynecological care (ZG14) General Routine Care (ZG21) Hair Transplant (ZG16) Hand Therapy following phalloplasty (ZG19) Hormone therapy related to gender dysphoria (ZG13) Hysterectomy / Oophorectomy (ZG06) Male chest reconstruction (ZG04) Mental Health Therapy/Counseling (ZG22) Metoidioplasty (ZG09) Orchiectomy (ZG07) Pelvic Floor Therapy following vaginoplasty (ZG20) Phalloplasty (ZG11) Vaginoplasty (ZG08) Voice feminization surgery (ZG12)
Service Location Language Interpreter Services	Click in the cell to activate the drop-down menu and select either: • Yes = There are language interpreter services provided at this location • No = There are NOT language interpreter services provided at this location
	Language(s), other than English, spoken by staff at the site where member receives care. If more than one language is entered, separate each language with a comma.



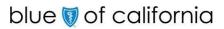
Service Location Telehealth	Click in the cell to activate the drop-down menu and select either: Only telehealth services provided at this location. Telehealth & in-person services provided at this location. In-person services only provided at this location
SpanishService Location QMIRussianService Location QMIMandarin	No - specified language is NOT offered by a Qualified Medical Interpreter (QMI). Note: The interpreter must have a QMI certification if Yes is selected.

Practitioner_General Tab

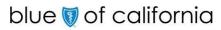
ield Name	Description Changes to Provider Tax ID Number, Provider Name, Provider Type, or Line of Business cannot be made via the bulk file process. If data populated is incorrect, please submit a separate request to Provider Information & Enrollment at BSCProviderInfo@blueshieldca.com.	
Provider Tax	Tax ID of contracted provider organize	ition entity
dentification Number	Bulk File is for	Tax ID is
	IPA	IPAs Tax ID
Note: DO NOT edit or update details in the blue columns.	Medical Group	Groups Tax ID
	Practitioner	Practitioners Tax ID or SSN
Provider Name	Name of contracted provider organize	ation entity
	If Provider Type is	Then Provider Name is
	Practitioner	Practitioner or IPA name
	Physician Group Practice	Medical group name
Note: DO NOT edit or update details in the blue columns.	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group name
	Clinic Outpatient	Medical group name



Provider Type	Provider type of contracted entity corresponding to taxonomy		
	Provider Type	Description	
	Practitioner	Practitioner or IPA roster member	
	Physician Group Practice	Medical group roster member (PPO)	
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group roster member (PPO)	
	Clinic Outpatient	Medical group roster member (PPO)	
Note: DO NOT edit or update details in the blue columns.	Note: for blended groups, filtering by p will separate roster members by IPA/F	provider type on the Practitioner General ta PPO medical group.	ıb
Line of Business (LOB)	with. Line of business on the Practition		ter
	If Line of Business is	Then contracted entity is	
	HMO Commercial	Commercial Only	
	HMO Medicare Commercial	Commercial and Medicare	
	HMO Medicare	Medicare Only	
	HMO Promise	Medi-Cal Only	
	HMO CalPERS	Calpers	
	HMO TRIO	Trio Only	
Note: DO NOT edit or update details in the	HMO TRIO CalPERS	Trio and CalPERS	
blue columns.	HMO CCSF TRIO	City College of San Francisco	
	Note, the below fields are editable		
	*Indicates a required field for new pr	actitioner or new location add.	
Last Name*	Practitioner's last name as listed on their license or certification. Entry in this field mus match license/certification exactly.		nust
First Name*	Practitioner's first name as listed on their license or certification. Entry in this field mus match license/certification exactly.		nust
NPI*	Practitioner's NPI (type 1). Entry must match NPI assigned by CMS' National Plan and Provider Enumeration System (NPPES).		nd
Gender*	Click in the cell to activate the drop-down menu and select the practitioner's gender • M = Male • F = Female		der:
License Number*	Practitioner's medical license or certif	ication number.	



License State*	State in which the practitioner is licensed or certified.	
License Issuer	Board the license or certification is issued through.	
	Example: Medical Board of California, Osteopathic Medical Board of California, California Board of Behavioral Sciences, etc.	
License Type	License type.	
	Field is not required to be populated.	
Education*	Practitioner's education.	
	Example: MD, DO, NP, RN, PA, PT, OT, DPM, OD, PSYD, MFT, LCSW, LPCC, CRNA, LAC	
Ethnicity	Practitioner's ethnicity. If more than one ethnicity is entered, separate each entry with a comma.	
	Ethnicity options are: Amerasian, American Indian/Alaska Native American, Asian Indian, Asian/Pacific Islander, Black/African American, Cambodian, Caucasian, Chinese, Cuban, Filipino, Guamanian, Guatemalan, Hawaiian, Hispanic/Latino, Hmong, Japanese, Korean, Laotian, Mexican, Mexican American or Chicano/a, Other, Other Asian, Other Hispanic/Latino, Puerto Rican, Salvadoran, Samoan, Unknown, Vietnamese.	
Practitioner Language(s)	Language(s), other than English, spoken by the practitioner. If more than one language is entered, separate each language with a comma. See list of eligible languages under Practitioner Language Values .	
Hospital Based	Click in the cell to activate the drop-down menu and select either: • Yes = Practitioner is hospital-based • No = Practitioner is NOT hospital-based This is an NCQA/credentialing requirement.	
Areas of Expertise	See list of area of expertise options below. If applicable, enter one or more areas of expertise. Separate each entry with a comma. Only these values are allowed: Chronic illness HIV/AIDS Serious mental illness Homelessness Deaf or hard of hearing Blind or visually impaired Cooccurring disorders	
Supervising Physician NPI (if applicable)	 NPI of the licensed physician who engages in direct supervision where required. Required for all Physician Assistant adds. Required for all Nurse Practitioner adds unless NP has qualification of "Nurse Practitioner independent group setting across lifespan" on licensure. Note: Only one supervising physician NPI may be added. If the NP/PA has multiple supervising physicians, please submit a separate request to Provider Information & Enrollment at BSCProviderInfo@blueshieldca.com to add the additional physicians. 	



	May 2025
Areas of Special	See list of areas of special interest options below. If applicable, enter one or more
Interest	areas of expertise. Separate each entry with a comma. Only these values are
	allowed:
	Abuse (Physical/Sexual/Emotional)
	 Addiction (non-chemical such as gambling)
	 Adjustment Disorder
	Adoption
	Anger Management
	o Anxiety
	Applied Behavior Analysis (ABA)
	AU 11 D C 1111 11 D
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	Bariatric/Gastric Bypass Psych Evaluation Belowing Adaptification
	Behavior Modification Biology description
	o Biofeedback
	o Bipolar Disorder
	o Chronic Illness
	o Cognitive Behavioral Therapy (CBT)
	 Cognitive Impairments (including Alzheimer's, Dementia, TBI)
	 Couples/Marriage Therapy
	 Crisis Diversionary Services
	Depression
	 Developmental Disabilities
	o Dialectical Behavioral Therapy (DBT)
	 Dissociative Disorders
	o Domestic Violence
	o Eating Disorders
	Electroconvulsive Therapy (ECT)
	o EMDR
	o End of life issues
	 Ethnic/Cultural Issues
	 Faith Counseling
	o Fertility Issues
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	Gender Identity Gender Remaining and Surgery Revells Fixed.
	Gender Reassignment Surgery Psych Eval Grint (Paragraphy)
	o Grief/Bereavement
	o HIV/AIDS
	o Home Care/Home Visits
	o Hypnosis
	 Independent/Qualified Medical Examiner
	 Intellectual Disabilities
	 Maternal Mental Health (including prenatal/post-partum anxiety, presented)
	 Medicated Assisted Treatment for SUD
	 Medication Management
	o Military Lifestyle Issues
	14 16: 1

o Mood Disorders

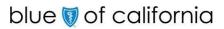


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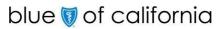
	_	Nouropsychological Tostina
	0	Neuropsychological Testing
	0	Nursing Home Visits/Consultation
	0	Obsessive Compulsive Disorders (OCD)
	0	Organic Disorders
	0	Pain Management
	0	Panic Disorder
	0	Personality Disorders
	0	Phobia
	0	Post-Traumatic Stress Disorder (PTSD)
	0	Psychological Testing
	0	Schizophrenia Psychosis
	0	Sex Offender Treatment
	0	Sexual Assault
	0	Sexual Dysfunction
	0	Sleep Disorders
	0	Solution-Focused Brief Therapy
	0	Somatoform Disorders
	0	Stress Management
	0	Substance Use Disorder Talk Therapy
	0	Terminal Illness
	0	Transcranial Magnetic Stimulation (TMS)
		Trauma
	0	Worker's Compensation Psych Eval
Dominian Cominad		
		ulation served options below. If applicable, enter one or more areas of arate each entry with a comma. Only these values are allowed:
	experiise, sep	arate each eniny with a comma. Only mese values are allowed.
	0	LGBTQ+ Community
	0	Police/Fire Fighters
	0	Transgender
	0	Adult
	0	Family Therapy
	0	Group Therapy
	0	Preschool (0-5)
	0	Children (6-12)
	0	Adolescents (13-18)
	0	Senior
		0011101



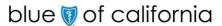
Service Location Add/Term/Update	Click in the cell to activate the drop-down menu and select either: • Add • Term • Update	
	To add a service location for a practitioner, in a blank row:	
	 Mirror the Provider Tax Identification Number, Provider Name, and Provider Type found on the spreadsheet. For IPA roster members only, mirror the appropriate Line of Business. Note: the IPA and default PCP must be on your roster if the main PCP terms. Select Add and complete all required service location address fields: street address, city, state, and zip. 	
	Note: The location must be found on the Provider General tab to add a practitioner at the location on the Practitioner General tab. Term	
	To remove or change a service location for a practitioner, select Term.	
	Note: Be sure to add a new location and ensure it appears on your roster prior to terming a location.	
	Select when editing non-address related information, such as panel status, specialty, etc.	
Service Location Term	Date the service location became inactive.	
Date	 Complete this field when TERM is selected in the Service Location Add/Term/Update column. Future termination dates cannot be applied. Format date as: MM/DD/YYYY (example 01/01/2024). 	
	* Indicates a required field for new practitioner or new location add.	
Service Location Street Address*	Location where services are rendered. Address must be a physical location recognized by USPS. When available, copy the pre-populated address from the Provider General tab to the Practitioner General tab for practitioner location adds. Note: Only 1 valid address is allowed per row (i.e. no multiple suite numbers). Please	
Service Location City*	add a new row for an additional address or suite. *City where services are rendered.	
Service Location State*	State where services are rendered.	
Service Location ZIP*	ZIP where services are rendered. 5 digits only (no +4).	



the provider offer Gender Affirming Care services?	Click in the cell to activate the drop-down menu and select either: • Yes • No Note: Gender affirming care indicated in this field will apply to the practitioner at the service location listed. If applicable to a group service location, enter your response	
	on the PROVIDER_GENERAL tab.	
Service Location - Has the provider performed Gender Affirming Care services in the past?	Click in the cell to activate the drop-down menu and select either: • Yes • No Note: Gender affirming care indicated in this field will apply to the practitioner at the service location listed. If applicable to a group service location, enter your response on the PROVIDER_GENERAL tab.	
Service Location - Types of Gender Affirming Care Provided	If applicable, enter or copy/paste the respective "ZG" codes for gender affirming care services offered by this practitioner using the options below. Separate each entry with a comma. Body Modification (ZG17) Breast Augmentation (ZG03) Electrolysis / Laser Hair Removal (ZG18) Facial feminization surgery (ZG05) Gender-affirming gynecological care (ZG14) General Routine Care (ZG21) Hair Transplant (ZG16) Hand Therapy following phalloplasty (ZG19) Hormone therapy related to gender dysphoria (ZG13) Hysterectomy / Oophorectomy (ZG06) Male chest reconstruction (ZG04) Mental Health Therapy/Counseling (ZG22) Metoidioplasty (ZG07) Pelvic Floor Therapy following vaginoplasty (ZG20) Phalloplasty (ZG10) Scrotoplasty (ZG08) Voice feminization surgery (ZG12)	
Service Location Panel Status*	Click in the cell to activate the drop-down menu and select either: • Accepting New and Existing Patients • Open to Existing Patients Only	



Specialty 1*	Service locations primary specialty: • Practitioner's primary specialty • Practitioner's IPA designated specialty Note: at least one specialty is required. See list of cligible specialties under Service.	
	Note: at least one specialty is required. See list of eligible specialties under <u>Service</u> <u>Location Specialty Values</u> . Only these values are allowed.	
Specialty 2	Service locations secondary specialty: • Practitioner's secondary specialty • Practitioner's IPA designated specialty See list of eligible specialties under Service Location Specialty Values. Only these	
	values are allowed.	
Service Location Role	Click in the cell to activate the drop-down menu and select either: PCP Specialist	
	 See below for more information: PCP must accept membership assignment, enable referral to specialist care, enable other coordination of care as necessary per member plan. Select Specialist for practitioners who are NOT designated PCPs. Select Specialist for mid-levels (Nurse Practitioner, Physician Assistant, CRNA, Registered Nurse Midwife). 	
	 Mid-level exception: Nurse Practitioners are eligible for PCP or Specialist role. * Required for all IPA roster members. 	
Service Location Lowest Age	Age of youngest patient accepted. Whole number only. * Required for all IPA roster members.	
Service Location Highest Age	Age of oldest patient accepted. Whole number only, up to 3 digits allowed. * Required for all IPA roster members.	
Service Location Gender Limit	Click in the cell to activate the drop-down menu and select: BOTH = Practitioner accepts both male and female patients M = Practitioner accepts male patients only F = Practitioner accepts female patients only * Required for all IPA roster members.	
Enrolled in Medi-Cal	Is the practitioner enrolled in Medi-Cal. Click in the cell to activate the drop-down menu and select either: • Yes • No	



If the practitioner is enrolled in Medi-Cal, was Medi-Cal Orientation completed. Click in the cell to activate the drop-down menu, and select either: • Yes • No
If applicable, populate the date Medi-Cal Orientation was completed (NPO training date).
Note: Medi-Cal orientation dates are not required for PPO groups.

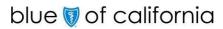
Validation_Contacts Tab

	Tax ID of provider organization. (IPA or Medical Group Tax ID, or Practitioners Tax ID/SSN)	
	Name of contracted provider organization entity. (IPA, Medical Group, or Practitioner Name)	
	Provider type corresponding to taxonomy. Note: field may be blank, not required to populate.	
Provider Email	 Email address of individual(s) responsible for validation. If the email address populated is incorrect or no longer valid, overwrite with corrected email address for the person(s) responsible for completing validation spreadsheets. Information will be used for outreach and validation purposes specifically. 	

Appendix

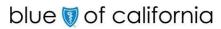
Service Location Specialty Values

Service Location Specialty Values (Non-MD)		
Audiologist	Licensed Professional Clinical Counselor	
Certified Acupuncturist	Marriage Family Therapist	
Certified Behavioral Analyst Doctorate	Naturopathic Physician	
Certified Behavioral Analyst Masters	Occupational Therapist	
Certified Feldenkrais Practitioner	Optometrist	
Certified Midwife (Non-RN)	Oral Maxillofacial Surgeon	
Certified Nurse Practitioner	Orthodontics	
Certified Ocularist / Dispensing Optician	Orthotist / Prosthetist Supplier	
Certified Orthotist	Pedodontics	
Certified Prosthetist	Periodontics	

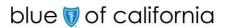


Certified Registered Nurse Anesthetist	Physician Assistant
Certified Registered Nurse Midwife	Podiatrist
Chiropractor	Prosthodontics
Clinical Neuropsychologist	Psychiatric-Mental Health Nurse Practitioner
Clinical Nurse Specialist	Psychologist
Diabetes Educator	Registered Dietitian / Nutritionist
Endodontics	Registered Nurse Licensed Vocational Nurse
General Dentistry	Registered Physical Therapist
Genetic Counselor	Registered Psychiatric Nurse
Hearing Aid Dealer / Supplier	Respiratory Therapist
Licensed Clinical Social Worker	Speech Pathologist

Service Location Specialty Values (MD/DO)				
Addictive Medicine	Pathology Anatomic			
Adolescent Medicine	Pathology Anatomic Clinical			
Advanced Heart Failure and Transplant Cardiology	Pathology Clinical			
Aerospace Medicine	Pathology Forensic			
Allergy Immunology	Pediatric Allergy / Immunology			
Anesthesiology	Pediatric Cardiology			
Anesthesiology Critical Care Medicine	Pediatric Critical Care Medicine			
Anesthesiology Pain Management	Pediatric Dermatology			
Blood Banking	Pediatric Emergency Medicine			
Cardiac Electrophysiology	Pediatric Endocrinology			
Cardiov ascular Disease	Pediatric Gastroenterology			
Clinical Cytogenetics	Pediatric Hematology / Oncology			
Complex Family Planning	Pediatric Infectious Diseases			
Cytopathology	Pediatric Medical Toxicology			
Dermatology	Pediatric Nephrology			
Dermatology Dermatopathology	Pediatric Pathology			
Dermatology Immunology	Pediatric Pulmonology			
Dermatology Pathology	Pediatric Radiology			
Developmental Behavioral Pediatrics	Pediatric Rheumatology			
Diagnostic Laboratory Allergy / Immunology	Pediatric Sports Medicine			
Emergency Medicine	Pediatric Surgery Orthopedic			
Endocrinology Metabolism Diabetes	Pediatric Transplant Hepatology			
Endocrinology Reproductive	Pediatrics			
Family Practice	Pharmacology Clinical			
Family Practice Geriatric Medicine	Phlebology			
Family Practice Sports Medicine	Phys Med/ Rehab Pain Medicine			
Female Pelvic Med and Reconstructive Surg	Phys Med/ Rehab Sports Medicine			
Gastroenterology	Physical Medicine / Rehabilitation			
General Practice	Plastic Surgery Within the Head and Neck			
Genetics Clinical	Preventative Medicine General			



Genetics Clinical Biochemical	Psychiatry	
Genetics Clinical Biochemical Molecular	Psychiatry Child	
Genetics Clinical Molecular	Psychiatry Forensic	
Genetics Medical	Psychiatry Geriatric	
Gynecologic Oncology	Psychiatry Hospice / Palliative Medicine	
Gynecology	Psychiatry Pain Medicine	
Hematology / Oncology	Psychiatry Sleep Medicine	
Hematology / Pathology	Public Health Preventative Medicine	
Hepatology	Pulmonary Diseases	
Hospice and Palliative Medicine	Radiation Oncology	
Hospitalist MD/DO	Radiological Physics	
Immunopathology	Radiology Diagnostic	
Infectious Disease	Radiology Nuclear	
Internal Medicine	Radiology Therapeutic	
Internal Medicine Critical Care Medicine	Rheumatology	
Internal Medicine Geriatric Medicine	Sleep Medicine	
Internal Medicine Sports Medicine	Surgery Colon Surgery	
Interventional Cardiology	Surgery Critical Care	
Maternal and Fetal Medicine	Surgery General	
Medical Oncology	Surgery General Vascular	
Medical Toxicology Emergency Medicine	Surgery Hand	
Microbiology Medical	Surgery Hand Orthopedic	
Neonatal / Perinatal Medicine	Surgery Hand Plastic	
Nephrology	Surgery Head	
Neurodevelopmental Disabilities	Surgery Neurological	
Neurology	Surgery Orthopedic	
Neurology Child	Surgery Pediatric	
Neurology Critical Care Medicine	Surgery Plastic	
Neuromuscular Medicine	Surgery Thoracic	
Neuropathology	Surgery Trauma / Critical Care	
Neurophysiology Clinical	Surgical Oncology	
Nuclear Medicine	Transplant Surgery	
Obstetrics	Undersea Medicine	
Obstetrics / Gynecology	Urology	
Occupational Medicine		
Ophthalmology		
Ophthalmology / Otology / Laryngology / Rhinology		
Osteopathic Manipulative Therapy		
Otolaryngology		
Otology		



Practitioner Language Values

Practitioner Language values					
	Language Value	es			
Achinese	Flemish	Kru languages	Serbo-Croatian		
Afrikaans	French	Kurdish	Shanghainese		
Albanian	Fukienese	Lao	Sign Language		
Amharic	Gaelic	Latin	Sindhi		
Arabic	German	Latvian	Sinhala		
Armenian	Greek	Lithuanian	Slovak		
Assamese	Gujarati	Macedonian	South Indian		
Assyrian	Haida	Malagasy	Spanish		
Asyriac	Hakka	Malay	Swahili		
Bengali	Hausa	Malayalam	Swatow		
Bulgarian	Hawaiian	Mandarin	Swedish		
Burmese	Hebrew	Marathi	Syriac		
Cebuano	Hindi	Mien	Tagalog		
Chamorro	Hindustani	Modern	Taiwanese		
Chinese	Hmong	Mongolian	Tamil		
Chinese	Hungarian	Navajo	Telugu		
Croatian	Igbo	Nepali	Thai		
Czech	Ilocano	Nigerian	Taishanese		
Danish	Iloko	Norwegian	Tongan		
Dutch	Indonesian	Oriya	Turkish		
Egyptian	Isujarati	Persian	Twi		
English	Italian	Polish	Ukrainian		
Estonian	Japanese	Portuguese	Urdu		
Ewe	Kannada	Punjabi	Vietnamese		
Faroese	Kashmiri	Pushto	Wu Chinese		
Farsi	Khmer	Quechua	Yiddish		
Fataleka	Kirghiz	Romanian	Yue Chinese		
Fijian	Kiswahili	Russian	Yugoslavian		
Filipino	Konkani	Samoan	Zairean		
Finnish	Korean	Serbian	Zuni		