

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: <u>ProviderCC@blueshieldca.com</u>

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 data in order of appearance on each tab.
- A table providing definitions and instructions for making changes to editable fields on each tab.

Provider Data Validation Spreadsheet Overview:

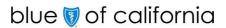
- 1. **Provider General =** Medical group, IPA, IPA roster member, or individual practitioner information. The provider type column can be used to differentiate data for the medical group, IPA, and IPA roster members. Please note, data on this tab may vary depending on contract type(s).
 - Capitated IPA
 - Promise Capitated IPA
 - Physician Group Practice
 - Practitioner
 - Allied Specialty (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.

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.

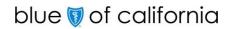
Follow the instructions below to update provider directory information contained within the Provider Data Validation spreadsheet. When reviewing and revising the spreadsheet, the below actions are **not** allowed:

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



Provider General Tab

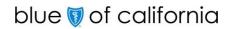
Field Name	or Provider NPI cannot be made vic	r, Provider Name, Provider Type, Line of Busine a the bulk file process. If data populated is a request to Provider Information & Enrollment of
Provider Tax Identification Number	Tax ID of contracted provider organi	zation
dentification Number	Bulk File is for	Tax ID is
	IPA	IPAs Tax ID
	Medical Group	Groups Tax ID
	Practitioner	Practitioners Tax ID or SSN
rovider	Name of contracted provider organ	ization
Organization Name	If Provider Type is	Then Provider Name is
	Capitated IPA	IPA name
	Promise Capitated IPA	IPA name
	Practitioner	Practitioner or IPA roster member name
	Physician Group Practice	Medical group name
	Allied Specialty (Psychologist, Optometrist, etc)	Medical group name
	Clinic Outpatient	Medical group name
Provider Type	Provider type corresponding to taxo	nomy
	Provider Type	Description
	Capitated IPA	IPA
	Promise Capitated IPA	IPA
	Physician Group Practice	Medical group (PPO)
	Practitioner	Practitioner or IPA roster member
	Allied Specialty (Psychologist, Optometrist, etc)	Medical group (PPO)
	Clinic Outpatient	Medical group (PPO)



(below outlines the different lines of I	red for Capitated IPA provider types. The table ousiness that a Capitated Entity may be e-populated with the line of business		
	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		
	HMO TRIO CalPERS	Trio and CalPERS		
	HMO CCSF TRIO	City College of San Francisco		
ovider NPI	National Provider Identifier	National Provider Identifier		
	If Provider Type is	Then NPI is		
	Capitated IPA	IPA NPI - Type 2		
	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 (Psychologist, Optometrist, etc)	Medical group NPI - Type 2		
	Clinic Outpatient	Medical group NPI - Type 2		
	Note, the below fields are editable)		
rganization	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 (Psychologist, Optometrist, etc)	Medical group website		
	Clinic Outpatient	Medical group website		



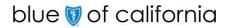
	If Provider Type is	Then email is
	Capitated IPA	IPA email address
	Promise Capitated IPA	IPA email address
	Practitioner	Practitioner or IPA roster member email address
	Physician Group Practice	Medical group email address
	Allied Specialty (Psychologist, Optometrist, etc)	Medical group email address
	Clinic Outpatient	Medical group email address
rovider Directory mail	Yes = Display email on directory No = Do NOT display email on di	rectory
Service Location Add/Term/Update	Click in the cell to activate the dro	p-down menu and select either:
		Thor
	If Provider Type is 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
		 Leave column D blank In column E, type the practitioners individual (type 1) NPI.



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 Practitioner General 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. At least one roster member is required to complete the location add.
Allied Specialty (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



/Term/Update	If Provider Type is	Then
	Allied Specialty (Psychologist, Optometrist, etc)	 In column B, mirror the Provider Organization Name found on the spreadsheet. In column C, mirror the appropriate Provider Type (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
	Clinic Outpatient	on the <u>Practitioner General</u> tab. At least one roster member is required to complete the location add. 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)



n ate 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 <u>Practitioner General</u> 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 Practitioner General 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).



ion date Term (continued)	
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.
	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 row. See Add section above for details on adding new locations.
Allied Specialty (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.
	To change a group location, 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.
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.
	To change a clinic location, 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.



Service Location	
Add/Term/Update	٠

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 (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.

Date

Service Location Term Date the service location became inactive

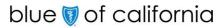
- Termination date is required when Term is selected in the Service Location Add/Term/Update column.
- Future termination dates cannot be applied.
- Format date as: MM/DD/YYYY (example 01/01/2024).



	* Indicates a required field for new lo	ocation 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 (Psychologist, Optometrist, etc)	Group service location
	Clinic Outpatient	Clinic service location
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 d	igits only (no +4).
Service Location Wheelchair Accessible	Click in the cell to activate the drop • Yes = Service location is whe • No = Service location is NOT	elchair accessible
Service Location Office Phone*	Phone number for the service location where members can make appointments. • Acceptable formats are XXX-XXXX or XXXXXXXXXX. • No spaces or other special characters 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. • No spaces or other special characters may be added to the number.	
Service Location Office Hours	Office hours of service location. • Enter days as: MON; TUES; W • Enter office hours in standard • Standard: 8:30am-5: • World: 0830-1700 • To indicate closed hours, en	d (12 hour) or world (24 hour) time. For example: 00pm



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.
Types of Gender	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
Service Location Clinical Staff Languages	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
 Spanish Service Location QMI Russian Service Location QMI Mandarin 	 Click in the cell to activate the drop-down menu and select either: Yes – the specified language is offered by a Qualified Medical Interpreter (QMI). 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.	
rovider Tax	Tax ID of contracted provider organi	ization entity
dentification Numbe	Bulk File is for	Tax ID is
	IPA	IPAs Tax ID
	Medical Group	Groups Tax ID
	Practitioner	Practitioners Tax ID or SSN
Provider Name	Name of contracted provider organ	ization entity
	If Provider Type is	Then Provider Name is
	Practitioner	Practitioner or IPA name
	Physician Group Practice	Medical group name
	Allied Specialty (Psychologist, Optometrist, etc)	Medical group name
	Optomensi, etc)	



Provider Type	Provider type of contracted entity co	rresponding to taxonomy	
	Provider Type	Description	
	Practitioner	Practitioner or IPA roster member	
	Physician Group Practice	Medical group roster member (PPO)	
	Allied Specialty (Psychologist, Optometrist, etc)	Medical group roster member (PPO)	
	Clinic Outpatient	Medical group roster member (PPO)	
	Note: for blended groups, filtering by provider type on the Practitioner General tab will separate roster members by IPA/PPO medical group.		
Line of Business (LOB)	Line of business for contracted provider organization the practitioner is associated with Note: line of business on the Practitioner General tab is only populated for IPA roster members. For these roster members, the file will be pre-populated with the line of business corresponding 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	
	HMO TRIO CalPERS	Trio and CalPERS	
	HMO CCSF TRIO	City College of San Francisco	
	Note, the below fields are editable * Indicates a required field for new p	oractitioner or new location add.	
Last Name*	Practitioner's last name as listed on their license or certification. Entry in this field must match license/certification exactly.		
First Name*	Practitioner's first name as listed on their license or certification. Entry in this field must match license/certification exactly.		
NPI*	Practitioner's NPI (type 1). Entry must match NPI assigned by CMS' National Plan and Provider Enumeration System (NPPES).		
Gender*	Click in the cell to activate the drop-down menu and select the practitioner's gender: • M = Male • F = Female		
License Number*	Practitioner's medical license or certification number.		



License State*	State in which the practitioner is licensed or certified	
LICEIISE SIGIE	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 <u>Practitioner Language Values</u> .	
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. 	



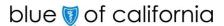
Service Location	Click in the cell to activate the drop-down menu and select either:	
Add/Term/Update	• Add	
	TermUpdate	
	Add	
	To add a service location for a practitioner, in a blank row:	
	Mirror the Provider Tax Identification Number, Provider Name, and Provider Type found on the spreadsheet.	
	 For IPA roster members only, mirror the appropriate Line of Business. 	
	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.		
	Update	
	Select when editing non-address related information, such as panel status, specialty, etc.	
	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.	
	Note: when available, mirror the pre-populated address from the Provider General tab to the Practitioner General tab for practitioner location adds.	
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 digits only (no +4).	



the provider offer Gender Affirming Care services? 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. 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	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 (ZG11) Scrotoplasty (ZG08) Voice feminization surgery (ZG12) Voice therapy related to gender dysphoria (ZG15)
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



Samiaa lasatisa	h
Service Location Specialty 1*	Service locations primary specialty:
Specially 1	Practitioner's primary specialty
	Practitioner's IPA designated specialty
	Note: at least one specialty is required. See list of eligible specialties under <u>Service</u>
	Location Specialty Values. Only these values are allowed.
Service Location	Service locations secondary specialty:
Specialty 2	Practitioner's secondary specialty
	Practitioner's IPA designated specialty
	See list of eligible specialties under <u>Service Location Specialty Values</u> . Only these
	values are allowed.
Service Location Role	Click in the cell to activate the drop-down menu and select either:
Service Localion Role	PCP
	Specialist
	See below for more information:
	PCP must accept membership assignment, enable referral to specialist care, angle other coordination of agree go page and page and page and page.
	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	Age of youngest patient accepted. Whole number only.
Lowest Age	* Paguirad for all IDA rector members
Service Location	* Required for all IPA roster members. Age of oldest patient accepted. Whole number only, up to 3 digits allowed.
Highest Age	Age of oldest patient accepted. Whole number only, up to 3 digits allowed.
3 44 34	* Required for all IPA roster members.
Service Location	Click in the cell to activate the drop-down menu and select:
Gender Limit	
	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	
Medi-Cal Orientation	If applicable, populate the date Medi-Cal Orientation was completed (NPO training	
Date	date).	

Validation_Contacts Tab

T 1 -1 1262 12	Tax ID of provider organization. (IPA or Medical Group Tax ID, or Practitioners Tax ID/SSN)	
Mariana	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	

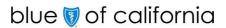


Certified Registered Nurse Anesthetist	Physicians Assistant
Certified Registered Nurse Midwife	Podiatrist
Chiropractor	Prosthodontics
Clinical Neuropsychologist	Psychiatric-Mental Health Nurse Practitioner
Clinical Nurse Specialist	Psychologist
Diabetes Educator	Registered Dietitian / Nutritionist
Endodontics	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	
Cardiovascular 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

Practitione	r Language	values	
Practitioner Language Values			
Achinese	Flemish	Kru languages	Serbo-Croatian
Afrikaans	French	Kurdish	Shanghaiese
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	llocana	Nigerian	Toishanese
Danish	lloko	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