

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: Provider CC@blueshieldca.com

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:

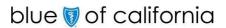
- 1. **Provider General =** Medical group, IPA, IPA roster member, or individual practitioner information. The provider type column can be used to differentiate data for the medical group, IPA, and IPA roster members. Please note, data on this tab may vary depending on contract type(s).
 - Capitated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

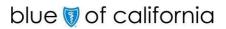
Follow the instructions below to update provider directory information contained within the Provider Data Validation spreadsheet. When reviewing and revising the spreadsheet, the below actions are **not** allowed:

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

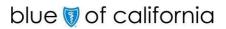


Provider_General Tab

| Field Name | Description Changes to Provider Tax ID Number, Provider Name, Provider Type, Line of Busines or Provider NPI cannot be made via the bulk file process. If data populated is incorrect, please submit a separate request to Provider Information & Enrollment of BSCProviderInfo@blueshieldca.com. | | |
|--------------------------------------|--|--|--|
| Provider Tax dentification Number | Tax ID of contracted provider organization | | |
| dentification Number | Bulk File is for | Tax ID is | |
| | IPA | IPAs Tax ID | |
| | Medical Group | Groups Tax ID | |
| | Practitioner | Practitioners Tax ID or SSN | |
| Provider | Name of contracted provider organi | zation | |
| 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 taxor | 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) | |
| | | | |



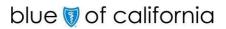
| | below outlines the different lines of be contracted under. The file will be precorresponding to your Tax ID. | usiness that a Capitated Entity may be populated with the line of business | |
|-------------|--|--|--|
| | If Line of Business is | Then contracted entity is | |
| | HMO Commercial | Commercial 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 | | |
| | 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 m | nember-facing interactions | |
| ebsite | 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 |
| rider Directory Iil | Yes = Display email on directory No = Do NOT display email on directory | rectory |
| rice Location /Term/Update | Click in the cell to activate the drop | o-down menu and select either: |
| | 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. |



| Location Add (continue | Add (continued) | |
|--------------------------------|--|--|
| If Provider Typ | pe 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 Gro | 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 Special Optometrist, | ty (Psychologist, 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) | |



| e Location erm/Update | Add (continued) | |
|--------------------------|---|---|
| erriy opadie | 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) |



| 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). |



| erm/Update Term (c | Term (continued) | |
|---------------------|---|--|
| If Provid | ler Type is | Then |
| Physicio | an 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. |
| | oecialty (Psychologist, etrist, 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 C | 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. |



| | Update | | |
|-----------------|---|---|--|
| Term/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. | |
| e Location Term | Termination date is required Add/Term/Update column. Future termination dates ca Format date as: MM/DD/YY | when Term is selected in the Service Loco | |
| | | | |
| | | | |
| | | | |



| | * 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 digits only (no +4). | | |
| Service Location Wheelchair Accessible | 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 | | |
| 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-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; WED; THU; FRI; SAT; SUN • Enter office hours in standard (12 hour) or world (24 hour) time. For example: • Standard: 8:30am-5:00pm • World: 0830-1700 • To indicate closed hours, enter: X-X | | |



| Service Location - Does | Click in the cell to activate the drop-down menu and select either: |
|---|--|
| the provider offer | • Yes |
| Gender Affirming Care services? | • 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. |
| | 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 (ZG10) Scrotoplasty (ZG11) Vaginoplasty (ZG08) Voice therapy related to gender dysphoria (ZG15) |
| 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 |
|--|--|
| Service Location QMI – 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). |
| Service Location QMI - Korean Service Location QMI - Cantonese Service Location QMI - Vietnamese | 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 organiz | zation entity |
| dentification Number | 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 organi | zation 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 |
| | 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 (Psychologist, Optometrist, etc) | Medical group roster member (PPO) |
| | Clinic Outpatient | Medical group roster member (PPO) |
| | Note: for blended groups, filtering by will separate roster members by IPA, | provider type on the Practitioner General tab PPO medical group. |
| Line of Business (LOB) | with Note: line of business on the Practition | der organization the practitioner is associated oner General tab is only populated for IPA roster |
| | business corresponding to your Tax I | the file will be pre-populated with the line of D. |
| | 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 | |
| Last Name* | * Indicates a required field for new practitioner or new location add. 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- • M = Male • F = Female | down menu and select the practitioner's gender: |
| License Number* | Practitioner's medical license or certification 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. | |



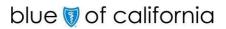
| Areas | of | Special |
|--------|----|---------|
| Intere | st | |

See list of areas of special interest options below. If applicable, enter or copy/paste the respective (x) code one or more areas of expertise. Separate each entry with a comma. Only these values are allowed:

- o Abuse (Physical/Sexual/Emotional) (1)
- o Addiction (non-chemical such as gambling) (14)
- Adjustment Disorder (113)
- o Adoption (2)
- o Anger Management (3)
- o Anxiety (4)
- Applied Behavior Analysis (ABA) (114)
- o Attention Deficit Hyperactivity Disorder (ADHD) (6)
- o Autism Spectrum Disorder (ASD) (5)
- Bariatric/Gastric Bypass Psych Evaluation (8)
- Behavior Modification (9)
- o Biofeedback (10)
- o Bipolar Disorder (115)
- o Chronic Illness (116)
- Cognitive Behavioral Therapy (CBT) (13)
- o Cognitive Impairments (including Alzheimer's, Dementia, TBI) (117)
- Couples/Marriage Therapy (54)
- Crisis Diversionary Services (15)
- Depression (16)
- o Developmental Disabilities (17)
- Dialectical Behavioral Therapy (DBT) (18)
- Dissociative Disorders (19)
- o Domestic Violence (20)
- o Eating Disorders (62)
- o Electroconvulsive Therapy (ECT) (21)
- o EMDR (118)
- o End of life issues (119)
- Ethnic/Cultural Issues (120)
- o Faith Counseling (11)
- Fertility Issues (31)
- o Forensics (22)
- Gender Disphoria Psych Eval (121)
- o Gender Identity (122)
- o Gender Reassignment Surgery Psych Eval (123)
- o Grief/Bereavement (25)
- o HIV/AIDS (27)
- Home Care/Home Visits (28)
- o Hypnosis (29)
- o Independent/Qualified Medical Examiner (30)
- Intellectual Disabilities (32)
- Maternal Mental Health (including prenatal/post-partum anxiety, prenatal/post-partum depression) (42)
- Medicated Assisted Treatment for SUD (124)
- Medication Management (125)
- Military Lifestyle Issues (126)



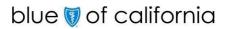
| Neuropsychological Testing (64) Nursing Home Visits/Consultation (34) Obsessive Compulsive Disorders (OCD) (35) Organic Disorders (36) Pain Management (37) Panic Disorder (127) Personality Disorders (38) Phobia (40) Post-Traumatic Stress Disorder (PTSD) (43) Psychological Testing (44) Schizophrenia Psychosis (45) Sex Offender Treatment (47) Sexual Assault (46) Sexual Dysfunction (48) Sleep Disorders (128) Solution-Focused Brief Therapy (129) Somatoform Disorders (49) Stress Management (130) Substance Use Disorder (61) Talk Therapy (111) Terminal Illness (131) Transcronial Magnetic Stimulation (TMS) (132) Trauma (133) Worker's Compensation Psych Eval (52) See list of population served options below. If applicable, enter or copy/paste the respective (x) code for the population served. Separate each entry with a comma. Only these values are allowed: LGBTQ+ Community (24) Police/Fire Fighters (41) Transgender (50) Adult (53) Family Therapy (55) Group Therapy (55) Group Therapy (56) Preschool (0-5) (58) Children (6-12) (59) Adolescents (13-18) (60) | | November 2024 |
|--|-------------------|---|
| o Nursing Home Visits/Consultation (34) Obsessive Compulsive Disorders (OCD) (35) Organic Disorders (34) Pain Management (37) Panic Disorder (127) Perisonality Disorders (38) Phobia (40) Post-Traumatic Stress Disorder (PTSD) (43) Schizophrenia Psychosis (45) Sex Offender Treatment (47) Sexual Assault (44) Sexual Assault (46) Sexual Dysfunction (48) Sleep Disorders (128) Solution-Focused Brief Therapy (129) Somatorom Disorders (49) Stress Management (130) Substance Use Disorder (61) Talk Therapy (111) Ferminal Illness (131) Transcranial Magnetic Stimulation (TMS) (132) Trauma (133) Worker's Compensation Psych Eval (52) Population Served See list of population served options below. If applicable, enter or copy/paste the respective (x) code for the population served. Separate each entry with a comma. Only these values are allowed: LGBTQ+ Community (24) Police/Fire Fighters (41) Transgender (50) Adult (53) Family Therapy (55) Group Therapy (56) Preschool (0-5) (58) Children (6-12) (59) Adolescents (13-18) (60) | | Mood Disorders (33) |
| Obsessive Compulsive Disorders (OCD) (35) Organic Disorders (36) Pain Management (37) Panic Disorder (127) Personality Disorders (38) Phobia (40) Post-Traumatic Stress Disorder (PTSD) (43) Psychological Testing (44) Schizophrenia Psychosis (45) Sex Offender Treatment (47) Sexual Assault (46) Sexual Dysfunction (48) Sleep Disorders (128) Solution-Pocused Brief Therapy (129) Somatoform Disorders (49) Stress Management (130) Substance Use Disorder (61) Talk Therapy (111) Terminal illness (131) Transcranial Magnetic Stimulation (TMS) (132) Trauma (133) Worker's Compensation Psych Eval (52) Population Served See list of population served options below. If applicable, enter or copy/paste the respective (x) code for the population served. Separate each entry with a comma. Only these values are allowed: LGBTQ+ Community (24) Police/Fire Fighters (41) Transgender (50) Adult (53) Family Therapy (55) Group Therapy (55) Group Therapy (56) Preschool (0-5) (58) Children (6-12) (59) Adolescents (13-18) (60) | | Neuropsychological Testing (64) |
| o Organic Disorders (36) Pain Management (37) Panic Disorders (127) Personality Disorders (38) Phobia (40) Post-Traumatic Stress Disorder (PTSD) (43) Psychological Testing (44) Schizophrenia Psychosis (45) Sex Offender Treatment (47) Sexual Assault (46) Sexual Dysfunction (48) Sleep Disorders (128) Solution-Focused Brief Therapy (129) Somatoform Disorders (49) Stress Management (130) Substance Use Disorder (61) Talk Therapy (111) Terminal Illness (131) Transcranial Magnetic Stimulation (TMS) (132) Trauma (133) Worker's Compensation Psych Eval (52) Population Served See list of population served options below. If applicable, enter or copy/paste the respective (x) code for the population served. Separate each entry with a comma. Only these values are allowed: LGBTQ+ Community (24) Police/Fire Fighters (41) Transgender (50) Adult (53) Family Therapy (55) Group Therapy (56) Preschool (0-5) (58) Children (6-12) (59) Adolescents (13-18) (60) | | Nursing Home Visits/Consultation (34) |
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| o Adolescents (13-18) (60) | | o Children (6-12) (59) |
| | | o Adolescents (13-18) (60) |
| | | o Senior (63) |



| Service Location Add/Term/Update | Click in the cell to activate the drop-down menu and select either: • Add • Term • Update |
|-------------------------------------|--|
| | 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. |
| Service Location Term Date | Date the service location became inactive. 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). |



| | , |
|---|---|
| Service Location - Does | Click in the cell to activate the drop-down menu and select either: |
| the provider offer Gender Affirming Care | Yes |
| services? | • 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 | Click in the cell to activate the drop-down menu and select either: |
| the provider performed | • Yes |
| Gender Affirming Care services in the past? | • 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. |
| | If applicable, enter or copy/paste the respective "ZG" codes for gender affirming |
| Types of Gender | care services offered by this practitioner using the options below. Separate each |
| Affirming Care Provided | entry with a comma. |
| riovided | 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) (ZG07) |
| | Orchiectomy (ZG07) Delication of the investment of (ZC00) |
| | Pelvic Floor Therapy following vaginoplasty (ZG20) Phylloplasty (ZG10) |
| | Phalloplasty (ZG10) Seratoplasty (ZG11) |
| | Scrotoplasty (ZG11) Vaginaplasty (ZG02) |
| | Vaginoplasty (ZG08) Vaice feminization surgeny (ZG12) |
| | Voice feminization surgery (ZG12) |
| | Voice therapy related to gender dysphoria (ZG15) |
| Service Location | Click in the cell to activate the drop-down menu and select either: |
| Panel Status* | Accepting New and Existing Patients |
| | Open to Existing Patients Only |
| | · |



| Service Location 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 eligible specialties under Service Location Specialty Values. Only these values are allowed. |
|----------------------------------|---|
| Service Location 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. 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. |
| | 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). | |
| | | |
| | | |

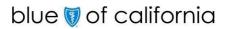
Validation_Contacts Tab

| | | |
|---|---|--|
| Provider Organization Tax Identification Number | Tax ID of provider organization. (IPA or Medical Group Tax ID, or Practitioners Tax ID/SSN) | |
| Provider Organization Name | Name of contracted provider organization entity. (IPA, Medical Group, or Practitioner Name) | |
| Provider Type | 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

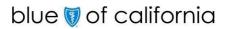
Service Location Specialty Values

| 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

| | er Language | z values | |
|----------------|----------------|---------------|----------------|
| Practitioner L | anguage 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 |