



User Guide for the Provider Data Validation Spreadsheet (Bulk File)

*Read all instructions in the User Guide below before using the Provider Data Validation Spreadsheet to update your provider directory information.**

Purpose of the User Guide

Keeping your provider and practitioner information up to date in the Blue Shield of California Provider Directory ensures members can access your current information.

Per state and federal law, you must attest every 90 days to the accuracy of your provider or facility directory information to stay in Blue Shield of California's [Find a Doctor directory](#). A yellow banner on Provider Connection alerts you when it is time to attest.

Blue Shield's [Provider Connection](#) website is the designated platform for you to submit additions, changes, terminations, and attestations to the accuracy of your provider directory information.

If you need to make multiple updates to your provider directory information:

- Use the Provider Data Validation Spreadsheet, also called "bulk file."
- Read [Section A](#) of this guide below and follow the step-by-step instructions to access and make updates in the spreadsheet.
- See [Section B](#) of this guide if you need more detailed guidance about using the spreadsheet.

*The instructions in the user guide and processes are subject to change. Version 090525

User Guide Table of Contents

Purpose of the User Guide	1
User Guide Table of Contents	3
- SECTION A -	4
Your attestation and update requirements	4
How to use this User Guide	4
Updates that can be made on the Provider Data Validation Spreadsheet	6
Provider Data Validation Spreadsheet tabs	7
Tab 1: Provider_General	7
Tab 2: Practitioner_General	8
Tab 3: Validation Contacts	8
How to download your Provider Data Validation Spreadsheet to your computer	9
The do's and don'ts of ensuring your changes are accepted	10
How to update provider directory information for a PPO or IPA/HMO	11
PPO providers: Steps to update information	12
Add a practitioner to the group at an existing location	12
Term a practitioner from a location	12
Add a new group location (and link all roster clinicians)	13
Term a group location	14
Change a practitioner location (and keep them in the same group)	14
Change a group address	14
Update non-location demographics (no address change)	14
IPA/HMO providers: Steps to update information	15
Add a practitioner to the IPA	15
Term a practitioner from a location or IPA	16
Change a practitioner location	16
Update non-location demographics (no address change)	16
How to upload your updated spreadsheet to Provider Connection	17
Get help updating your provider directory information	17
For help accessing your Provider Connection account	17
- SECTION B -	18
Guidance for each tab and column in the Provider Data Validation Spreadsheet	18
Provider_General Tab	18
Practitioner_General Tab	29
Validation_Contacts Tab	39
Appendix Service location specialty values	40

- SECTION A -

Your attestation and update requirements

You are required to log into Provider Connection and:

1. **Update your provider directory information** via one of the following ways on Provider Connection at any time:
 - **Make single updates** directly in the *Provider & Practitioner Profiles* section or
 - **Make bulk updates** via the *Provider Data Validation Spreadsheet* (bulk file). The following User Guide explains how to make multiple changes to your provider directory data by using the Provider Data Validation Spreadsheet.
2. **Attest to the accuracy of your provider directory information** on Provider Connection every 90 days.

How to use this User Guide

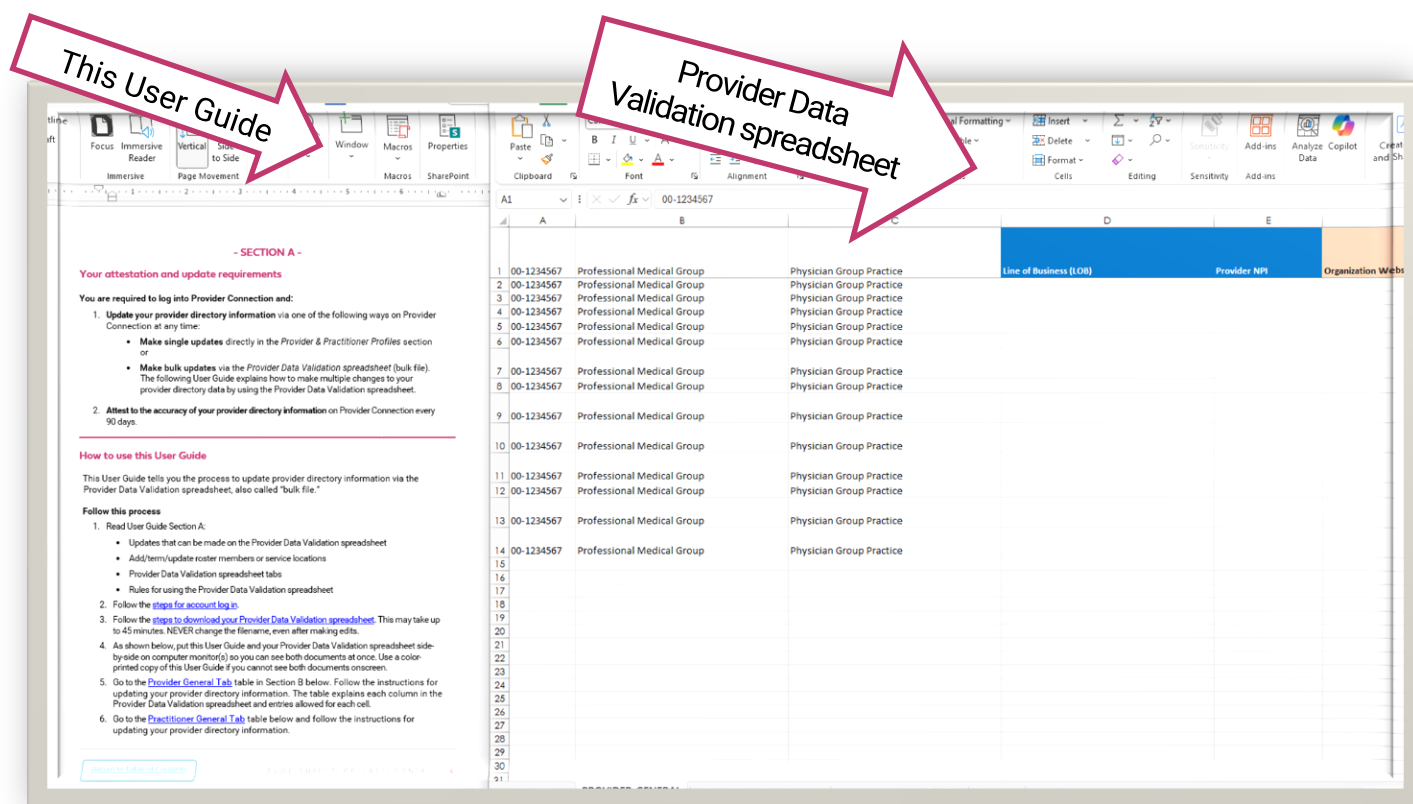
This User Guide tells you the process to update provider directory information via the Provider Data Validation Spreadsheet, also called “bulk file.”

Follow this process

1. Read User Guide Section A:
 - [Updates that can be made on the Provider Data Validation Spreadsheet](#)
 - Add, terminate (term), or update roster members or service locations
 - Provider Data Validation Spreadsheet tabs
 - Rules for using the Provider Data Validation Spreadsheet
2. Log into [Provider Connection](#).
3. Follow the [steps to download your Provider Data Validation Spreadsheet](#) to your computer. This may take up to 45 minutes. NEVER change the filename, even after making edits.
4. As shown below, put this User Guide and your Provider Data Validation Spreadsheet side-by-side on computer monitor(s).
5. Follow the [steps to update provider directory information for a PPO or IPA/HMO](#).
6. Follow the [steps to upload your Provider Data Validation Spreadsheet](#) to Provider Connection.

Side-by-side document set up

We suggest putting this User Guide and the Provider Data Validation Spreadsheet side-by-side on computer monitor(s) so you can see both documents at once. Use a color-printed copy of this User Guide if you cannot see both documents onscreen.



Updates that can be made on the Provider Data Validation Spreadsheet

Provider Type	Can I add, term, or update a Service Location?	Can I change any of the following? <ul style="list-style-type: none"> Provider Tax ID Number Provider Name Provider Type Line of Business Provider NPI
<ul style="list-style-type: none"> Practitioner (roster for Capitated IPA) Physician Group Practice, Medical Group, PPO Allied Specialty (e.g., Psychologist, Optometrist) Clinic Outpatient 	Yes. Follow the instructions below for Add/Term/Update.	No. Please call Blue Shield Provider Customer Service: (800) 541-6652 or Blue Shield Promise Provider Customer Service: (800) 468-9935 .
<ul style="list-style-type: none"> Capitated IPA Blue Shield Promise Capitated IPA 	No. Please submit a separate request to your Blue Shield Provider Relations Representative.	

How to change a member's Primary Care Provider

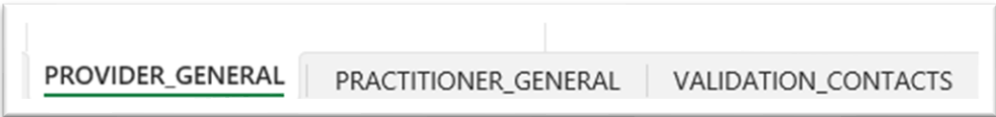
For IPAs and Physician Group Practices: If a primary care provider (PCP) wishes to terminate a provider and assign a new PCP for a member, first ensure that the new PCP is current and listed in your roster.

Next, email the Provider Relations Coordinator (PRC) with the details of the new assigned PCP. If you do not have a PRC, please contact:

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

Provider Data Validation Spreadsheet tabs

The first two tabs contain your organization’s demographic information in our records at the time the Provider Data Validation Spreadsheet was downloaded from Provider Connection.



Shown here are the spreadsheet tabs.

Tab 1: Provider_General

This tab is where you can make PROVIDER demographic changes. Tab 1 contains Physician Group practice (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.

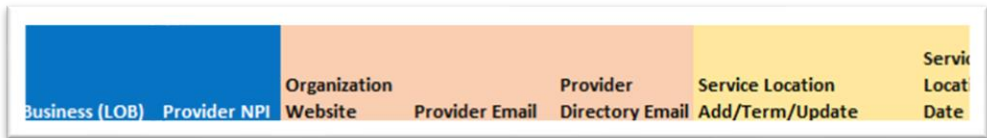
Please note, data on this tab may vary depending on these contract type(s):

- Capitated IPA
- Promise Capitated IPA
- Physician Group Practice
- Practitioner
- Allied Specialty (e.g., Psychologist, Optometrist)
- Clinic Outpatient (note, FQHC’s will show this Provider Type)

Section colors on the Provider_General tab:

The colors in the Provider Data Validation Spreadsheet indicate different sections and their specific rules:

- **Blue column headers:** These columns cannot be updated or edited. They contain existing information that should remain unchanged. *Exception for non-IPAs only: Populate fields in these columns when adding a new service location.*
- **Orange column headers:** These columns contain provider website and email information.
- **Yellow column headers:** These columns may include service location actions (add, term, update), address, contact information, hours, gender-affirming care, telehealth, other services provided, home visits, and languages.



Shown here are colored sections on the Provider_General tab.

Tab 2: Practitioner_General

This tab is where you can make PRACTITIONER changes. Tab 2 contains practitioners that have an active relationship with the IPA or medical group.

Section colors on the Practitioner_General tab:

The colors in the Provider Data Validation Spreadsheet indicate different sections and their specific rules:

- **Blue column headers:** These columns cannot be updated or edited. They contain existing information that should remain unchanged. This is the area for the existing group data such as: Tax ID Number (TIN), Provider Type, and Line of Business.
- **Green column headers:** These columns contain practitioner-specific information, such as demographics.
- **Orange column headers:** These columns may include areas of special interest, service location actions (add, term, update), address, gender-affirming care, panel status, specialties, ages and genders served, other services provided, home visits, and Medi-Cal status.

#Business	Last Name	First Name	NPI	Gender	License Number	License State	License Issuer	License Type	Education	Ethnicity	Language	Hospital Based	Areas of Expertise	Physician NPI (if applicable)	Areas of Special Interest	Population
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Shown are colored sections on the Practitioner_General tab.

Tab 3: Validation Contacts

This tab contains the email used for notification on the group's attestation.

How to download your Provider Data Validation Spreadsheet to your computer

1. [Log in](#) to Provider Connection and navigate to the *Provider & Practitioner Profiles* section. For Account Managers, it is located on your *Account Management* page. For users granted access, the link is in your top navigation bar. See [help accessing your Provider Connection account](#), if needed.
2. If you have more than one Tax ID (TIN) linked to your Provider Connection account, select the TIN you wish to update and click **Search**.
3. Click Account Management
4. Click the **Bulk Updates** tab.
5. Click **Download XLSX**. Downloading the file can take up to 45 minutes, depending on the size of the file.
6. A pop-up box displays. Click **Continue**.
7. The *Provider Data Validation Spreadsheet*, pre-populated with your data, downloads to your computer. Never change the name of this file. Changing the filename can cause it to be rejected by the system. Save the file.
8. Follow the steps listed below to add/term/update roster members, add/term/update service locations, or update non-address fields.

On **Tab 1** make any PROVIDER demographic changes needed. On **Tab 2** make any PRACTITIONER changes needed.

The do's and don'ts of ensuring your changes are accepted

The process of updating the bulk file requires you follow specific steps. Ensure the file you submit is accepted by following these rules:

- **Don't** change the filename of the Provider Data Validation Spreadsheet, even when resubmitting the file.
 - **Don't** edit data pre-populated under blue headers at the beginning of each tab.
 - **Don't** add or delete tabs, column headers, columns, or existing rows.
 - **Don't** drag data from existing rows to new rows, which may alter the data. Use copy/paste instead.
 - **Don't** enter dates in the future for Terms. Use the MM/DD/YYYY format for dates.
 - **Don't** overwrite the old address when changing to a new service location address.
 - ✓ **Do** use the [USPS-valid](#) format when adding a new address. Only one address per row. For suite changes, follow the steps to [add a new service location](#).
 - ✓ **Do** begin by downloading a new bulk file. Then, follow the instructions below to make any needed changes and upload it back to the Blue Shield website without changing the filename.
 - ✓ **Do** use a blank row when adding new information.
 - ✓ **Do** select from the options shown when a drop-down menu is available for a column. Select the most appropriate option available.
 - ✓ **Do** paste the exact accepted value from [Section B](#) of the User Guide if a field accepts free text (e.g., Areas of Special Interest).
 - ✓ **Do** copy/paste or type the best possible option exactly as listed when given a list of possible entries. For example, you would enter the listed spelling *Chamorro* not *CHamoru*.
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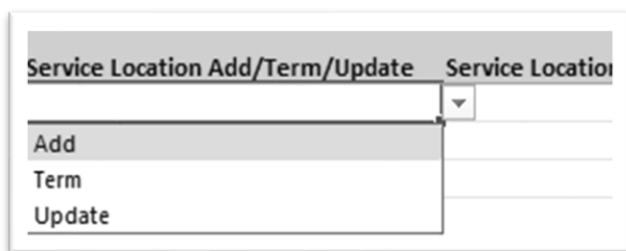
How to update provider directory information for a PPO or IPA/HMO

You can add, term, or update roster members and service locations. You can also update non-address fields in the Provider Data Validation Spreadsheet.

How to use the Add/Term/Update dropdown menu

You will select from the **Service Location Add/Term/Update** dropdown menu as follows:

- Select **Add** when adding a new service location or practitioner (non-IPAs only). Fields marked with an asterisk (*) are required when adding a practitioner or location.
- Select **Term** when removing or changing a location address or terming a practitioner (non-IPAs only).
- Select **Update** if editing non-address information like office hours (all provider types).



Shown here is the Service Location Add/Term/Update dropdown menu. To access dropdown menus in the spreadsheet: Click an empty cell under the fieldname > click the down arrow > select the action you want to take.

Steps to update information for PPO or IPA/HMO providers

Choose your provider type from the options below (PPO or IPA/HMO) and then click the task instructions you need.

❖ **PPO providers** (Physician Group Practice, Allied provider, Clinic Outpatient)

Use these steps to manage non-capitated groups.

- Add a practitioner to the group at an existing location
- Term a practitioner from a location
- Add a new group location (and link roster clinicians)
- Term a group location
- Change a practitioner location and keep them in the same group
- Change a group address
- Update non-location demographics (no address change)

❖ **IPA/HMO providers** (Capitated IPA)

Use these steps to manage an IPA practitioner roster and their service locations. IPA administrative office data (name, TIN, NPI, address) cannot be changed via the spreadsheet. Send those updates to your Provider Relations contact.

- Add a practitioner to the IPA
- Term a practitioner from a location or IPA
- Change a practitioner location
- Update non-location demographics (no address change)

PPO providers: Steps to update information

Add a practitioner to the group at an existing location

Note: Do not exceed these service location address limits: PCPs may be listed at up to six (6) locations. Specialists may be listed at up to ten (10) locations.

1. Open the **Provider_General** tab in the spreadsheet.
2. Is the group service location information already under **Service Location Address, Service Location City, Service Location State, and Zip**?
 - a. If yes, continue to Step 3.
 - b. If no, first follow the steps to [add a new group location](#). Then add a practitioner to the group at an existing location, linking the practitioner and location.
3. Open the **Practitioner_General** tab. In a blank row for the new practitioner, input **Last Name, First Name, NPI, Gender, License #, License State, Education**.
4. On the same row, select **Add** from the dropdown menu under **Service Location Add/Term/Update**.
5. On the **Provider_General** tab, copy the **Service Location Address, Service Location City, Service Location State, and Service Location Zip** that you checked in Step 2.
6. On the **Practitioner_General** tab, paste the copied address information into the new practitioner's row under the corresponding fields. (This must match the exact address on Provider_General exactly. Enter only ONE address per row.)
7. On the same row, click the cell under **Service Location Panel Status** and select an option from the dropdown menu. Repeat for **Service Location Specialty**.
8. On the same row, input practitioner information in all other fields that apply.
9. For Medi-Cal providers only: On the same row, input information under **Enrolled in Medi-Cal, Medi-Cal Orientation Received, Medi-Cal Orientation Date**.
10. Repeat for each practitioner and location.

Term a practitioner from a location

1. Open the **Practitioner_General** tab in the spreadsheet. Locate the row that contains the practitioner and address they are terminating from.
2. On the same row, select **Term** from the dropdown menu under **Service Location Add/Term/Update**.
3. On the same row, enter a date (MM/DD/YYYY) under **Service Location Term Date**. Future dates are not allowed.

Note: If this is the practitioner's only location, they will be removed from the group roster entirely.

Add a new group location (and link all roster clinicians)

Note: Some groups (e.g., Clinic Outpatient) may be asked for supporting documents during review. Respond promptly if requested.

1. Open the **Provider_General** tab in the spreadsheet.
2. Copy the **Provider Tax Identification Number** and **Provider Name** under the blue headings.
3. Paste the copied cells in a blank row for the new group location.
4. Under **Provider Type** on the same row, enter one of these options:
 - Physician Group Practice** (Use for MD/DO groups)
 - Allied Specialty** (e.g., Psychologist, Optometrist)
 - Clinic Outpatient** (Use for clinics/FQHCs)
5. On the same row, select **Add** from the dropdown menu under the yellow heading for **Service Location Add/Term/Update**.
6. On the same row, input the new **USPS-valid Service Location Address, Service Location City, Service Location State, Service Location Zip, Service Location Office Phone, and Service Location Office Fax**. Input information in all other fields that apply. For phone and fax, use format: XXX-XXX-XXXX or XXXXXXXXXXXX.
7. Open the **Practitioner_General** tab. On a blank row, select **Add** from the dropdown menu under **Service Location Add/Term/Update**.
8. On the same row, input practitioner information in all other fields that apply, including **Last Name, First Name, NPI, Gender, License #, License State, Education**.
9. On the **Provider_General** tab, copy the **Service Location Address, Service Location City, Service Location State, and Service Location Zip**.
10. On the **Practitioner_General** tab, paste the copied address information into the new row under the corresponding fields. (This must match the exact address on Provider_General exactly. Enter only ONE address per row.)
11. On the same row, click the cell under **Service Location Panel Status** and select an option from the dropdown menu. Repeat for **Service Location Specialty**.
12. For Medi-Cal providers only: On the same row, input information under **Enrolled in Medi-Cal, Medi-Cal Orientation Received, Medi-Cal Orientation Date**.
13. Repeat for each practitioner at the new location.

Term a group location

1. If the group is moving to a new location, first follow the steps above to [add a new group location and link all roster clinicians](#). (**Important:** Not doing this will remove all roster members from the old location. Practitioners listed only at the old address will be terminated from the group entirely.)
2. To term the old location, open the **Provider_General** tab in the spreadsheet. Locate the row that contains the old address. On the same row, select **Term** from the dropdown menu under **Service Location Add/Term/Update**.
3. On the same row, enter a date (MM/DD/YYYY) under **Service Location Term Date**. Future dates are not allowed.
4. Open the **Practitioner_General** tab. Follow the steps above to [term a practitioner from a location](#). Term all practitioners linked to the old group location.

Change a practitioner location (and keep them in the same group)

1. If changing a practitioner from one location to another existing location, first follow the steps to [add a practitioner to the group at an existing location](#).
2. Next, follow the steps to [term a practitioner from a location](#).

Change a group address

1. If changing a group to a new address, first follow the steps to [term a group location](#) to terminate the old address.
2. Next, follow the steps to [add a new group location and link roster clinicians](#).

Update non-location demographics (no address change)

Note:

- Use **Update** on the **Provider_General** tab for non-address items (website, directory email preference, etc.).
 - Use **Update** on the **Practitioner_General** tab for panel status (PPO optional), specialty, phone/fax, office hours, languages, or expertise.
 - Visit [Section B](#) below for detailed guidance on all updates that you can make in the spreadsheet.
1. Open the **Provider_General** tab. Update non-address fields for **Website, Directory Email Preference, Office Hours**, etc. as allowed.
 2. On the same row, select **Update** from the dropdown menu under **Service Location Add/Term/Update**. Do not use Update to change address.
 3. Open the **Practitioner_General** tab. Update non-address fields for **Panel Status, Specialty, Languages, Areas of Expertise**, etc. as allowed.

4. On the same row, select **Update** from the dropdown menu under **Service Location Add/Term/Update**. Do not use Update to change address.

IPA/HMO providers: Steps to update information

Add a practitioner to the IPA

Note:

- The **Provider_General** tab contains rows for your IPA roster members together with their service locations. Their **Provider Type** is **Practitioner**.
 - Do not exceed these service location address limits: PCPs may be listed at up to six (6) locations. Specialists may be listed at up to ten (10) locations.
1. Open the **Provider_General** tab in the spreadsheet. Copy the IPA **Provider Tax Identification Number** under the blue heading. Paste it in a blank row for the new practitioner.
 2. On the same row, enter the practitioner's FIRST NAME and LAST NAME under **Provider Organization Name**.
 3. Under **Provider Type** on the same row, enter **Practitioner**.
 4. Leave a blank under **Line of Business (LOB)**.
 5. Under **Provider NPI** on the same row, enter the Practitioner's Type 1 NPI.
 6. On the same row, select **Add** from the dropdown menu under **Service Location Add/Term/Update**.
 7. On the same row, input the **Service Location Address, Service Location City, Service Location State, Service Location Zip, Service Location Office Phone, and Service Location Office Fax**. For phone and fax, use format: XXX-XXX-XXXX or XXXXXXXXXXXX.
 8. Open the **Practitioner_General** tab in the spreadsheet. Copy the IPA **Provider Tax Identification Number** under the blue heading. Paste it in a blank row for the new practitioner.
 9. On the same row, input practitioner information in all other fields that apply, including **Last Name, First Name, NPI, Gender** (use dropdown menu), **License #, License State, Education**. These must match licensing board records.
 10. Under **Provider Type** on the same row, enter **Practitioner**.
 11. On the same row, paste the **Line of Business (LOB)** copied from above.
 12. Under **Provider NPI** on the same row, enter the Practitioner's Type 1 NPI (Must match **NPPES**).
 13. On the same row, select **Add** from the dropdown menu under **Service Location Add/Term/Update**.
 14. On the **Provider_General** tab, copy the **Service Location Address, Service Location City, Service Location State, and Service Location Zip**.

15. On the **Practitioner_General** tab, paste the copied address information into the new practitioner's row under the corresponding fields. (This must match the exact address on Provider_General exactly. Enter only ONE address per row.)
16. On the same row, click the cell under **Service Location Panel Status** and select an option from the dropdown menu. Repeat for **Service Location Specialty**, **Service Location Role**, and **Service Location Gender Limit**. Input numbers indicating **Lowest/Highest Age** served. All of these fields must be filled for each IPA roster member.
17. Input practitioner information in all other fields that apply.
18. For Medi-Cal providers only: On the same row, input information under **Enrolled in Medi-Cal**, **Medi-Cal Orientation Received**, **Medi-Cal Orientation Date**.
19. Repeat for each practitioner and location.

Term a practitioner from a location or IPA

1. Open the **Practitioner_General** tab in the spreadsheet. Locate the row that contains the practitioner and address they are terminating from.
2. On the same row, select **Term** from the dropdown menu under **Service Location Add/Term/Update**.
3. On the same row, enter a date (MM/DD/YYYY) under **Service Location Term Date**. Future dates are not allowed.

Note: If this is the practitioner's only location, they will be removed from the IPA roster entirely.

Change a practitioner location

1. If changing a practitioner from one location to another existing location, first follow the steps to [add a practitioner to the IPA](#).
2. Next, follow the steps to [term a practitioner from a location or IPA](#).

Update non-location demographics (no address change)

1. Open the **Practitioner_General** tab. Update non-address fields for **Panel Status**, **Specialty**, **Phone**, **Fax**, **Office Hours**, **Languages**, **Expertise**, etc. as allowed.
2. On the same row, select **Update** from the dropdown menu under **Service Location Add/Term/Update**. Do not use Update to change address.

Note: Fields that must remain populated for all IPA roster members are **Panel Status**, **Lowest Age**, **Highest Age**, and **Gender Limit**.

Visit [Section B](#) below for detailed guidance on all updates that you can make in the spreadsheet.

How to upload your updated spreadsheet to Provider Connection

1. Navigate back to the *Provider & Practitioner Profiles* section and drag/drop, or select your saved file. Once the file name displays, click **Upload**.
 - Note, the Excel file must be closed, or it will not upload.
 - An error message will display if you try to upload more than one file at a time or if you submit an incorrect file type.
2. A pop-up box displays for you to confirm that your uploaded file is correct. Click **Yes**. A green banner displays when the upload process is finished.
3. When you have completed uploading the updated spreadsheet, it is time for you to attest. Click **Continue to attestation** from the *Attestation* section on the *Account Management* page.

Note: After you submit a Provider Data Validation Spreadsheet, there will be no communication from Blue Shield regarding the file until the review process is complete. This usually takes about 48 hours. If your updates are not visible by then, your submission likely moved to Manual Review (up to 30 business days).

Get help updating your provider directory information

If after reviewing this User Guide you still have questions, please contact:

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

For help accessing your Provider Connection account

- See step-by-step registration instructions for the Provider Connection account type most appropriate to your business at: 1) [Provider](#); 2) [MSO](#); and 3) [Billing Service](#).
- Note, only providers with a “Provider” or “MSO” account validate provider information. “Billing” providers have “view only” access to provider data connected to their account.
- See [Update your Provider Connection password](#) for help changing your password or if your account is locked or disabled. Additionally, view the [Provider Connection Account FAQ](#) if you have website access issues.

- SECTION B -

Guidance for each tab and column in the Provider Data Validation Spreadsheet

The tables below provide detailed instructions on each column in the Provider Data Validation Spreadsheet, including which fields are required and the acceptable values for certain fields.

Provider_General Tab

Column Name	Description														
Visit <i>Updates that can be made on the Provider Data Validation Spreadsheet</i>															
Provider Tax Identification Number <i>Note: DO NOT edit or update existing data in the blue columns.</i>	Tax ID of contracted provider organization <table> <tr> <th>Bulk File is for...</th><th>Tax ID is...</th></tr> <tr> <td>IPA</td><td>IPAs Tax ID</td></tr> <tr> <td>Medical Group</td><td>Groups Tax ID</td></tr> <tr> <td>Practitioner</td><td>Practitioners Tax ID or SSN</td></tr> </table>	Bulk File is for...	Tax ID is...	IPA	IPAs Tax ID	Medical Group	Groups Tax ID	Practitioner	Practitioners Tax ID or SSN						
Bulk File is for...	Tax ID is...														
IPA	IPAs Tax ID														
Medical Group	Groups Tax ID														
Practitioner	Practitioners Tax ID or SSN														
Provider Organization Name <i>Note: DO NOT edit or update existing data in the blue columns.</i>	Name of contracted provider organization <table> <tr> <th>If Provider Type is...</th><th>Then Provider Name is...</th></tr> <tr> <td>Capitated IPA</td><td>IPA name</td></tr> <tr> <td>Promise Capitated IPA</td><td>IPA name</td></tr> <tr> <td>Practitioner</td><td>Practitioner or IPA roster member name</td></tr> <tr> <td>Physician Group Practice</td><td>Medical group name</td></tr> <tr> <td>Allied Specialty (i.e. Psychologist, Optometrist, etc.)</td><td>Medical group name</td></tr> <tr> <td>Clinic Outpatient</td><td>Medical group name</td></tr> </table>	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 (i.e. Psychologist, Optometrist, etc.)	Medical group name	Clinic Outpatient	Medical group name
If Provider Type is...	Then Provider Name is...														
Capitated IPA	IPA name														
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Clinic Outpatient	Medical group name														
Provider Type <i>Note: DO NOT edit or update existing data in the blue columns.</i>	Provider type corresponding to taxonomy <table> <tr> <th>Provider Type</th><th>Description</th></tr> <tr> <td>Capitated IPA</td><td>IPA</td></tr> <tr> <td>Promise Capitated IPA</td><td>IPA</td></tr> <tr> <td>Physician Group Practice</td><td>Medical group (PPO)</td></tr> <tr> <td>Practitioner</td><td>Practitioner or IPA roster member</td></tr> <tr> <td>Allied Specialty (i.e. Psychologist, Optometrist, etc.)</td><td>Medical group (PPO)</td></tr> <tr> <td>Clinic Outpatient</td><td>Medical group (PPO)</td></tr> </table>	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)
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)														

Provider Email	<p>Provider organization email for health plan administrative contacts</p> <table border="1"> <thead> <tr> <th>If Provider Type is...</th><th>Then email is...</th></tr> </thead> <tbody> <tr> <td>Capitated IPA</td><td>IPA email address</td></tr> <tr> <td>Promise Capitated IPA</td><td>IPA email address</td></tr> <tr> <td>Practitioner</td><td>Practitioner or IPA roster member email address</td></tr> <tr> <td>Physician Group Practice</td><td>Medical group email address</td></tr> <tr> <td>Allied Specialty (i.e. Psychologist, address Optometrist, etc.)</td><td>Medical group email</td></tr> <tr> <td>Clinic Outpatient</td><td>Medical group email address</td></tr> </tbody> </table>	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, address Optometrist, etc.)	Medical group email	Clinic Outpatient	Medical group email address
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<p>Service Location Add/Term/Update</p>	<p>Select one from drop-down menu:</p> <ul style="list-style-type: none"> • Add • Term • Update <table border="1"> <thead> <tr> <th colspan="2">Add</th></tr> <tr> <th>If Provider Type is...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>Capitated IPA</td><td>Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.</td></tr> <tr> <td>Promise Capitated IPA</td><td>Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.</td></tr> <tr> <td>Practitioner</td><td> <p>To add a new location for a practitioner or IPA roster member, on the Provider_General tab in a blank row:</p> <ul style="list-style-type: none"> • 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. <p>(continued on next page)</p> </td></tr> </tbody> </table>	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	<p>To add a new location for a practitioner or IPA roster member, on the Provider_General tab in a blank row:</p> <ul style="list-style-type: none"> • 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. <p>(continued on next page)</p>				
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Service Location Add/Term/Update	Add (continued)	
	If Provider Type is...	Then...
	Practitioner	<ul style="list-style-type: none"> • Select Add under the Service Location Add/Term/Update column. • Complete all <i>required</i> service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS. <p>Note: the location will also need to be added for the practitioner on the Practitioner_General tab.</p>
	Physician Group Practice	<p>To add a new location for the group, in a blank row:</p> <ul style="list-style-type: none"> • 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 <i>required</i> service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS. <p>Note: if adding a new service location for the group, add all roster members practicing at the location on the Practitioner_General tab. A minimum of one roster member must be submitted along with the location addition.</p>
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	<p>To add a new location for the group, in a blank row:</p> <ul style="list-style-type: none"> • In column A, mirror the Provider Tax Identification Number found on the spreadsheet. <p>(continued on next page)</p>

Service Location Add/Term/Update	Add (continued)	
	If Provider Type is...	Then...
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	<ul style="list-style-type: none"> • 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 <i>required</i> service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS. <p>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.</p>
	Clinic Outpatient	<p>To add a new location for the clinic, in a blank row:</p> <ul style="list-style-type: none"> • 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 <i>required</i> service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS. <p>(continued on next page)</p>

**Service Location
Add/Term/Update**

Add (continued)

If Provider Type is...	Then...
Clinic Outpatient	<p>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.</p> <p>You may receive an email notification requesting additional documentation to support the location add for the clinic.</p>

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	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> To <i>terminate</i> a location for a practitioner or IPA roster member, apply the termination on the Practitioner General tab. To <i>change</i> 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. <p>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).</p>

**Service Location
Add/Term/Update**

Term (continued)	
If Provider Type is...	Then...
<p>Physician Group Practice</p> <p>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.</p>	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> Terminating a group location will remove all roster members from the location. To <i>change</i> 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.
<p>Allied Specialty (i.e. Psychologist, Optometrist, etc.)</p> <p>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.</p>	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> Terminating a group location will remove all roster members from the location. To <i>change</i> 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.
<p>Clinic Outpatient</p> <p>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.</p>	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> Terminating a clinic location will remove all roster members from the location. To <i>change</i> 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	<table> <tr> <th colspan="2" data-bbox="440 300 1427 369">Update</th></tr> <tr> <th data-bbox="440 369 919 411">If Provider Type is...</th><th data-bbox="919 369 1427 411">Then...</th></tr> <tr> <td data-bbox="440 411 919 548">Capitated IPA</td><td data-bbox="919 411 1427 548">Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office data.</td></tr> <tr> <td data-bbox="440 548 919 701">Promise Capitated IPA</td><td data-bbox="919 548 1427 701">Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office data.</td></tr> <tr> <td data-bbox="440 701 919 821">Practitioner</td><td data-bbox="919 701 1427 821">Select Update when editing non- address related information, such as phone, fax, office hours, etc.</td></tr> <tr> <td data-bbox="440 821 919 940">Physician Group Practice</td><td data-bbox="919 821 1427 940">Select Update when editing non- address related information, such as phone, fax, office hours, etc.</td></tr> <tr> <td data-bbox="440 940 919 1060">Allied Specialty (i.e. Psychologist, Optometrist, etc.)</td><td data-bbox="919 940 1427 1060">Select Update when editing non- address related information, such as phone, fax, office hours, etc.</td></tr> <tr> <td data-bbox="440 1060 919 1180">Clinic Outpatient</td><td data-bbox="919 1060 1427 1180">Select Update when editing non- address related information, such as phone, fax, office hours, etc.</td></tr> </table>	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.
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Clinic Outpatient	Select Update when editing non- address related information, such as phone, fax, office hours, etc.																
Service Location Term Date	<p>Date the service location became inactive</p> <ul style="list-style-type: none"> 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 01/01/2026). 																

* <i>Indicates a required field for new location add</i>															
Service Location Address*	<p>Location where services are rendered. Address must be a physical location recognized by USPS.</p> <table border="1"> <thead> <tr> <th>If Provider Type is...</th><th>Then the location listed is...</th></tr> </thead> <tbody> <tr> <td>Capitated IPA</td><td>IPA administrative office address</td></tr> <tr> <td>Promise Capitated IPA</td><td>IPA administrative office address</td></tr> <tr> <td>Practitioner</td><td>Practitioner or IPA roster member service location</td></tr> <tr> <td>Physician Group Practice</td><td>Group service location</td></tr> <tr> <td>Allied Specialty (i.e. Psychologist, Optometrist, etc.)</td><td>Group service location</td></tr> <tr> <td>Clinic Outpatient</td><td>Clinic service location</td></tr> </tbody> </table> <p>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.</p>	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
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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	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> Yes = Service location is wheelchair accessible No = Service location is NOT wheelchair accessible 														
Service Location Phone, Fax, Hours															
Service Location Office Phone*	<p>Phone number for the service location where members can make appointments.</p> <ul style="list-style-type: none"> Acceptable formats are XXX-XXX-XXXX or XXXXXXXXXX. No spaces or other special characters may be added to the number. 														
Service Location Office Fax	<p>Non-member facing fax number for the service location used for health plan correspondence.</p> <ul style="list-style-type: none"> Acceptable formats are XXX-XXX-XXXX or XXXXXXXXXX. No spaces or other special characters may be added to the number. 														
Service Location Office Hours	<p>Office hours of service location. To ensure this exact format is used, please copy an existing entry, paste it in the new cell, and edit as needed.</p> <ul style="list-style-type: none"> Enter days as: MON; TUES; WED; THU; FRI; SAT; SUN Enter office hours in standard (12 hour) or world (24 hour) time. For example: <ul style="list-style-type: none"> Standard: 8:30am-5:00pm World: 0830-1700 To indicate closed hours, enter: X-X 														

Gender Affirming Care	
Service Location - Does the provider offer Gender Affirming Care services?	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> • Yes • No <p>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.</p>
Service Location - Has the provider performed Gender Affirming Care services in the past?	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> • Yes • No <p>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.</p>
Service Location - Types of Gender Affirming Care Provided	<p>If applicable, type 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.</p> <ul style="list-style-type: none"> • 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 feminization surgery (ZG12) • Voice therapy related to gender dysphoria (ZG15)
Interpreter Services, Staff Languages, Telehealth, Other Services, Home Visits, Medical Interpreters	
Service Location Language Interpreter Services	<p>Click in the cell to activate the drop-down menu and select either:</p> <p>Yes = There are language interpreter services provided at this location</p> <p>No = There are NOT language interpreter services provided at this location</p>
Service Location Clinical Staff Languages	<p>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.</p>

Service Location Telehealth	<p>Click in the cell to activate the drop-down menu and select one option:</p> <ul style="list-style-type: none"> • Only telehealth services provided at this location. • Telehealth & in-person services provided at this location. • In-person services only provided at this location
Other Services Provided	<p>If applicable, enter or copy/paste the respective "ZP" codes for other services offered by the group using the options below. Separate each entry with a comma.</p> <ul style="list-style-type: none"> • Mammography Services (ZP03) • Substance use – Residential treatment (ZP04) • Substance use – Intensive inpatient treatment (ZP05) • Substance use – Partial hospitalization (6+ hours/day) (ZP06) • Substance use – Intensive outpatient (3-4 hours/day) (ZP07) • Mental health – Inpatient services (ZP08) • Mental health – Intensive inpatient (ZP09) • Mental health – Partial hospitalization (6+ hours/day) (ZP10) • Mental health – Outpatient services (ZP11) • Mental health – Intensive outpatient (3-4 hours/day) (ZP12) • Social, cultural, and linguistic services (ZP13) • ADA compliant (ZP14) • Public transportation access (ZP15) • Asynchronous messaging available (ZP16) • Services for visual impairment (ZP17) • Services for cognitive impairment (ZP18) • Services for mobility impairment (ZP19) • HIS/Tribal 638/Urban Indian Provider (ZP20)
Home Visits Only	Please enter Yes or No.
Service Location QMI Spanish Service Location QMI Russian Service Location QMI Mandarin Service Location QMI - Korean Service Location QMI - Cantonese Service Location QMI - Vietnamese	<p>Click in the cell to activate the drop-down menu for each language and select either:</p> <ul style="list-style-type: none"> • Yes – the specified language is offered by a Qualified Medical Interpreter (QMI). • No - specified language is NOT offered by a Qualified Medical Interpreter (QMI). <p>Note: The interpreter must have a QMI certification if Yes is selected.</p>

Practitioner_General Tab

Column Name	Description										
NOTE: Visit What updates can be made on the Provider Data Validation Spreadsheet?											
Provider Tax Identification Number Note: DO NOT edit or update details in the blue columns.	Tax ID of contracted provider organization entity <table> <tr> <th>Bulk File is for...</th><th>Tax ID is...</th></tr> <tr> <td>IPA</td><td>IPAs Tax ID</td></tr> <tr> <td>Medical Group</td><td>Groups Tax ID</td></tr> <tr> <td>Practitioner</td><td>Practitioners Tax ID or SSN</td></tr> </table>	Bulk File is for...	Tax ID is...	IPA	IPAs Tax ID	Medical Group	Groups Tax ID	Practitioner	Practitioners Tax ID or SSN		
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Clinic Outpatient	Medical group roster member (PPO)										

Ethnicity	<p>Practitioner's ethnicity. Type one ethnicity from this list exactly as shown here: If more than one ethnicity is entered, separate each entry with a comma.</p> <p>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.</p>																																																																																																																												
Practitioner Language(s)	<p>Language(s), other than English, spoken by the practitioner. Type or copy/paste a language from the list below <u>exactly as written</u>. For more than one language, separate each language with a comma.</p> <table border="1" data-bbox="479 657 1321 1829"> <thead> <tr> <th colspan="4">Practitioner Language Values</th></tr> </thead> <tbody> <tr><td>Achinese</td><td>Flemish</td><td>Kru languages</td><td>Serbo-Croatian</td></tr> <tr><td>Afrikaans</td><td>French</td><td>Kurdish</td><td>Shanghaiese</td></tr> <tr><td>Albanian</td><td>Fukienese</td><td>Lao</td><td>Sign Language</td></tr> <tr><td>Amharic</td><td>Gaelic</td><td>Latin</td><td>Sindhi</td></tr> <tr><td>Arabic</td><td>German</td><td>Latvian</td><td>Sinhala</td></tr> <tr><td>Armenian</td><td>Greek</td><td>Lithuanian</td><td>Slovak</td></tr> <tr><td>Assamese</td><td>Gujarati</td><td>Macedonian</td><td>South Indian</td></tr> <tr><td>Assyrian</td><td>Haida</td><td>Malagasy</td><td>Spanish</td></tr> <tr><td>Asyriac</td><td>Hakka</td><td>Malay</td><td>Swahili</td></tr> <tr><td>Bengali</td><td>Hausa</td><td>Malayalam</td><td>Swatow</td></tr> <tr><td>Bulgarian</td><td>Hawaiian</td><td>Mandarin</td><td>Swedish</td></tr> <tr><td>Burmese</td><td>Hebrew</td><td>Marathi</td><td>Syriac</td></tr> <tr><td>Cebuano</td><td>Hindi</td><td>Mien</td><td>Tagalog</td></tr> <tr><td>Chamorro</td><td>Hindustani</td><td>Modern</td><td>Taiwanese</td></tr> <tr><td>Chinese</td><td>Hmong</td><td>Mongolian</td><td>Tamil</td></tr> <tr><td>Chinese</td><td>Hungarian</td><td>Navajo</td><td>Telugu</td></tr> <tr><td>Croatian</td><td>Igbo</td><td>Nepali</td><td>Thai</td></tr> <tr><td>Czech</td><td>Ilocano</td><td>Nigerian</td><td>Taishanese</td></tr> <tr><td>Danish</td><td>Iloko</td><td>Norwegian</td><td>Tongan</td></tr> <tr><td>Dutch</td><td>Indonesian</td><td>Oriya</td><td>Turkish</td></tr> <tr><td>Egyptian</td><td>Isujarati</td><td>Persian</td><td>Twi</td></tr> <tr><td>English</td><td>Italian</td><td>Polish</td><td>Ukrainian</td></tr> <tr><td>Estonian</td><td>Japanese</td><td>Portuguese</td><td>Urdu</td></tr> <tr><td>Ewe</td><td>Kannada</td><td>Punjabi</td><td>Vietnamese</td></tr> <tr><td>Faroese</td><td>Kashmiri</td><td>Pushto</td><td>Wu Chinese</td></tr> <tr><td>Farsi</td><td>Khmer</td><td>Quechua</td><td>Yiddish</td></tr> <tr><td>Fataleka</td><td>Kirghiz</td><td>Romanian</td><td>Yue Chinese</td></tr> <tr><td>Fijian</td><td>Kiswahili</td><td>Russian</td><td>Yugoslavian</td></tr> <tr><td>Filipino</td><td>Konkani</td><td>Samoan</td><td>Zairean</td></tr> <tr><td>Finnish</td><td>Korean</td><td>Serbian</td><td>Zuni</td></tr> </tbody> </table>	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	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
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Hospital Based	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> • Yes = Practitioner is hospital-based • No = Practitioner is NOT hospital-based <p>This is an NCQA/credentialing requirement.</p>
Areas of Expertise	<p>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:</p> <ul style="list-style-type: none"> • Chronic illness • HIV/AIDS • Serious mental illness • Homelessness • Deaf or hard of hearing • Blind or visually impaired • Cooccurring disorders
Supervising Physician NPI (if applicable)	<p>NPI of the licensed physician who engages in direct supervision where required.</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
Areas of Special Interest	<p>Enter numbers only to indicate one or more areas of special interest. Separate each entry with a comma.</p> <ol style="list-style-type: none"> 1 Abuse (Physical/Sexual/Emotional) 2 Addiction (non-chemical such as gambling) 3 Adjustment Disorder 4 Adoption 5 Anger Management 6 Anxiety 7 Applied Behavior Analysis (ABA) 8 Attention Deficit Hyperactivity Disorder (ADHD) 9 Autism Spectrum Disorder (ASD) 10 Bariatric/Gastric Bypass Psych Evaluation 11 Behavior Modification 12 Biofeedback 13 Bipolar Disorder 14 Chronic Illness 15 Cognitive Behavioral Therapy (CBT) 16 Cognitive Impairments (including Alzheimer's, Dementia, TBI) 17 Couples/Marriage Therapy 18 Crisis Diversionary Services 19 Depression 20 Developmental Disabilities 21 Dialectical Behavioral Therapy (DBT) 22 Dissociative Disorders 23 Domestic Violence 24 Eating Disorders 25 Electroconvulsive Therapy (ECT)

	26 EMDR
	27 End of life issues
	28 Ethnic/Cultural Issues
	29 Faith Counseling
	30 Fertility Issues
	31 Forensics
	32 Gender Disphoria Psych Eval
	33 Gender Identity
	34 Gender Reassignment Surgery Psych Eval
	35 Grief/Bereavement
	36 HIV/AIDS
	37 Home Care/Home Visits
	38 Hypnosis
	39 Independent/Qualified Medical Examiner
	40 Intellectual Disabilities
	41 Maternal Mental Health (including prenatal/post-partum anxiety, prenatal/post-partum depression)
	42 Medicated Assisted Treatment for SUD
	43 Medication Management
	44 Military Lifestyle Issues
	45 Mood Disorders
	46 Neuropsychological Testing
	47 Nursing Home Visits/Consultation
	48 Obsessive Compulsive Disorders (OCD)
	49 Organic Disorders
	50 Pain Management
	51 Panic Disorder
	52 Personality Disorders
	53 Phobia
	54 Post-Traumatic Stress Disorder (PTSD)
	55 Psychological Testing
	56 Schizophrenia Psychosis
	57 Sex Offender Treatment
	58 Sexual Assault
	59 Sexual Dysfunction
	60 Sleep Disorders
	61 Solution-Focused Brief Therapy
	62 Somatoform Disorders
	63 Stress Management
	64 Substance Use Disorder
	65 Talk Therapy
	66 Terminal Illness
	67 Transcranial Magnetic Stimulation (TMS)
	68 Trauma
	69 Worker's Compensation Psych Eval

Population Served	<p>See list of population served options below. If applicable, enter one or more areas of expertise. Separate each entry with a comma. Only these values are allowed:</p> <ul style="list-style-type: none"> • LGBTQ+ Community • Police/Fire Fighters • Transgender • Adult • Family Therapy • Group Therapy • Preschool (0-5) • Children (6-12) • Adolescents (13-18) • Senior
Service Location Add/Term/Update	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> • Add • Term • Update <div> <p>Add</p> <p>To add a service location for a practitioner, in a blank row:</p> <ul style="list-style-type: none"> • 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. <p>Note: The location must be found on the Provider_General tab to add a practitioner at the location on the Practitioner_General tab.</p> </div> <div> <p>Term</p> <p>To remove or change a service location for a practitioner, select Term.</p> </div> <div> <p>Update</p> <p>Select when editing non-address related information, such as panel status, specialty, etc.</p> </div>
Service Location Term Date	<p>Date the service location became inactive.</p> <ul style="list-style-type: none"> • 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*	<p>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.</p> <p>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.</p>
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 the provider offer Gender Affirming Care services?	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> • Yes • No <p>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.</p>
Service Location - Has the provider performed Gender Affirming Care services in the past?	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> • Yes • No <p>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.</p>

Service Location - Types of Gender Affirming Care Provided	<p>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.</p> <ul style="list-style-type: none"> • 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 feminization surgery (ZG12) • Voice therapy related to gender dysphoria (ZG15)
Panel Status, Specialties, Roles	
Service Location Panel Status*	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> • Accepting New and Existing Patients • Open to Existing Patients Only
Service Location Specialty 1*	<p>Click in the cell to activate the drop-down menu and select the best possible option for the service location's primary specialty:</p> <ul style="list-style-type: none"> • Practitioner's primary specialty • Practitioner's IPA designated specialty <p>Note: at least one specialty is required. See list of eligible specialties under Service Location Specialty Values. Only these values are allowed.</p>
Service Location Specialty 2	<p>Click in the cell to activate the drop-down menu and select the service location's secondary specialty:</p> <ul style="list-style-type: none"> • Practitioner's secondary specialty • Practitioner's IPA designated specialty <p>See list of eligible specialties under Service Location Specialty Values. Only these values are allowed.</p>

Service Location Role	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> • PCP • Specialist <p>See below for more information:</p> <ul style="list-style-type: none"> • 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. <p>* Required for all IPA roster members.</p>
Patient Age and Gender Limits, Other Services, Home Visits	
Service Location Lowest Age	<p>Age of youngest patient accepted. Whole number only, 0 to 120.</p> <p>* Required for all IPA roster members.</p>
Service Location Highest Age	<p>Age of oldest patient accepted. Whole number only, 0 to 120.</p> <p>* Required for all IPA roster members.</p>
Service Location Gender Limit	<p>Click in the cell to activate the drop-down menu and select:</p> <ul style="list-style-type: none"> • BOTH = Practitioner accepts both male and female patients • M = Practitioner accepts male patients only • F = Practitioner accepts female patients only <p>* Required for all IPA roster members.</p>
Other Services Provided	<p>If applicable, enter or copy/paste the respective "ZP" codes for other services offered by the group using the options below. Separate each entry with a comma.</p> <ul style="list-style-type: none"> • Mammography Services (ZP03) • Substance use – Residential treatment (ZP04) • Substance use – Intensive inpatient treatment (ZP05) • Substance use – Partial hospitalization (6+ hours/day) (ZP06) • Substance use – Intensive outpatient (3-4 hours/day) (ZP07) • Mental health – Inpatient services (ZP08) • Mental health – Intensive inpatient (ZP09) • Mental health – Partial hospitalization (6+ hours/day) (ZP10) • Mental health – Outpatient services (ZP11) • Mental health – Intensive outpatient (3-4 hours/day) (ZP12) • Social, cultural, and linguistic services (ZP13) • ADA compliant (ZP14) • Public transportation access (ZP15) • Asynchronous messaging available (ZP16) • Services for visual impairment (ZP17) • Services for cognitive impairment (ZP18) • Services for mobility impairment (ZP19) • HIS/Tribal 638/Urban Indian Provider (ZP20)
Home Visits Only	<p>Please enter Yes or No.</p>
Practitioner Medi-Cal Enrollment	

Enrolled in Medi-Cal	Is the practitioner enrolled in Medi-Cal. Click in the cell to activate the drop-down menu and select either: <ul style="list-style-type: none"> • Yes • No
Medi-Cal Orientation Received	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: <ul style="list-style-type: none"> • Yes • No
Medi-Cal Orientation Date	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

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. <ul style="list-style-type: none"> • 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
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	