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Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

DATE: July 13, 2010

MMCD All Plan Letter #10-006

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: MEDI-CAL MANAGED CARE PLAN ONGOING PROVIDER FILE
UPDATES

PURPOSE:

Through this All Plan Letter (APL), the Department of Health Care Services (DHCS) is notifying contracted full-scope Medi-Cal managed care plans that plans will be required to submit an updated provider file every six months. This provider file must contain specified information regarding the plan's current contracted provider network and will be used to update the Medi-Cal Managed Care provider file in the DHCS's Management Information System and Decision Support System (MIS/DSS or "data warehouse").

These bi-annual provider file submissions are necessary to support ongoing monitoring activities and research initiatives for various aspects of the Medi-Cal program.

PROVIDER FILE REQUIREMENTS:

The provider file must contain the plan's complete, currently contracted provider network for each county in which the plan has a Medi-Cal managed care contract. All of the plan's network providers that are available to render services to Medi-Cal managed care enrollees, whether through direct or subcontracted arrangements, shall be included in the provider file. This includes, but is not limited to, primary and specialty care providers, hospitals, clinics, pharmacies, and other ancillary providers.

The attached *Managed Care Provider File Layout and Data Element Dictionary*, dated June 30, 2010, contains the format, layout, and submission specifications for the required provider files. Provider files not meeting the specifications will be rejected, and the plan will be required to submit a corrected provider file within a specified number of days. Plans are required to submit complete updated provider files containing the most current data every six months in January and July of each year by the last Friday of the month. **The first submission of these bi-annual provider files is due on or before**

August 16, 2010. The August 16, 2010, updated provider file should be submitted to the DHCS as indicated in the attached *Managed Care Provider File Layout and Data Element Dictionary*. Note that specific instructions for each provider file submission will be provided in a separate communication between DHCS and each health plan's designated points of contact for the provider file submissions.


After the August 16, 2010, provider file submission, the next required submission will be due by January 28, 2011. Due dates for future provider files will be provided through your plan's designated MMCD contract manager and/or an All Plan Letter. However, plans should be prepared to submit updated provider files every six months on an ongoing basis.

To facilitate communicating with plans regarding these provider file submissions, we will maintain a list of plan contacts and backups who are directly responsible for these provider file submissions. Please provide contact information (names, titles, e-mail addresses and phone numbers) for the designated individual *and* a backup by July 16, 2010, to Teddi Akers, in MMCD's Performance Measurement Unit, at Teddi.Akers@dhcs.ca.gov or (916) 449-5154.

If you have any questions regarding the provider file updates, please contact either Ms. Akers, as noted above, or Mr. Tony Jackson, in MMCD's Program Data and Performance Measurement Section, at Anthony.Jackson@dhcs.ca.gov or (916) 552-9803.

We appreciate your assistance and cooperation in our efforts to maintain complete and accurate provider data.

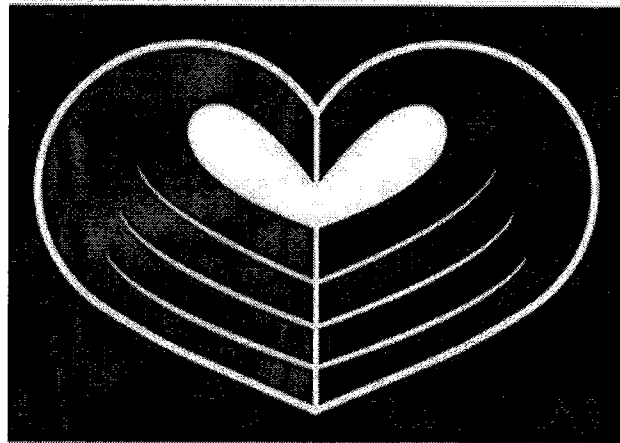
Sincerely,



Tanya Homman, Chief
Medi-Cal Managed Care Division

Attachment

DHCS



California Department of
HealthCareServices

Department of Health Care Services
Managed Care Provider File Layout and
Data Element Dictionary

June 30, 2010

Version 1.0

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Table of Contents

Introduction.....	1
Submission Requirements	1
Special Considerations.....	1
Managed Care Provider File Layout.....	3
Header Record Layout	3
Provider Detail Records Layout	4
Managed Care Provider File Data Element Dictionary	6
Header Record Data Elements.....	6
Plan Name.....	6
Record Count.....	6
Submission Date	7
Filler.....	7
Provider Detail Records Data Elements	8
Plan Code.....	8
National Provider Identification Number (NPI)	10
Medi-Cal Provider Number	10
State License Number.....	10
Plan Provider Identifier Number	11
Tax Identifier Number	11
Provider First Name.....	11
Provider Last Name	12
Servicing Address Line 1.....	12
Servicing Address Line 2.....	12
Servicing Address City	13
Servicing Address County Code.....	13
Servicing Address State.....	14
Servicing Address ZIP Code	15
Taxonomy	15
Provider Specialty Code	15
Provider Type Code.....	18
Open Practice Code	20
Appendix A Error Listing	21

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Introduction

The Department of Health Care Services (DHCS) has established a process to accept Medi-Cal Managed Care Provider File data from all contracted managed care plans for their individual provider network population. This data will support ongoing monitoring activities and research initiatives for various aspects of the Medi-Cal program.

The following detailed instructions are provided to expedite the data transmission process and to ensure a consistent file format is used by all. This Data Element Dictionary (DED) describes each data element along with their respective codes and values where necessary.

These instructions and the file layout must be adhered to when submitting your Medi-Cal managed care provider network data.

Submission Requirements

All Managed Care Provider File data must be submitted through a designated DHCS secure FTP site. The data must be in the required "Managed Care Provider File data submission record layout" included in this document. The FTP site is a communications infrastructure that supports the secure exchange of electronic information between DHCS and the organizations that have been granted access to the site.

To maintain optimum security, specific instructions for file transfer will be provided in a separate communication directly to each health plan's designated contacts.

If you have questions regarding submission requirements please contact Teddi Akers of the Medi-Cal Managed Care Division at (916) 449-5154 or teddi.akers@dhcs.ca.gov.

Special Considerations

DHCS assumes that a provider may have multiple service locations as well as multiple provider types and/or specialties per service location. Therefore when building the provider file the following rules apply (example follows):

- For each NPI a separate record will be submitted for each service location, if applicable.
- For each NPI/Service Location a separate record will be submitted for each provider type, if applicable.
- For each NPI/Service Location/Provider Type a separate record will be submitted for each specialty, if applicable.

EXAMPLE (*abbreviated dataset for example purpose only.*)

Example Type*	NPI	Name	Service Location	Provider Type	Provider Specialty
1	1123456789	Jones	123 Main	022	16
2	2123456789	Smith	234 Elm	022	16
2	2123456789	Smith	345 Maple	022	16
3	3123456789	Davis	456 Ash	022	08
3	3123456789	Davis	456 Ash	022	39
3	3123456789	Davis Med Group	567 Oak	026	08
4	4123456789	Johnson Med Group	123 General	026	40
4	4123456789	Johnson Med Group	123 General	026	35
4	4123456789	Johnson Med Group	234 National	026	40
4	4123456789	Johnson Med Group	234 National	026	35

* Example Type Descriptions

- Example Type 1 = Single NPI, one service location, one provider type, one provider specialty
- Example Type 2 = single NPI, multiple service locations, one provider type, one provider specialty
- Example Type 3 = single NPI, multiple service locations, multiple provider types, multiple provider specialties
- Example Type 4 = single NPI, multiple service locations, single provider type, multiple provider specialties

These examples do not necessarily address every possible scenario, but are meant to provide a guide to understand how the file is to be built for providers with multiple service locations, provider types and provider specialties.

Managed Care Provider File Layout

Header Record Layout

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0</
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036	037	038	039	040	041	042	043	044	045	046	047	048	049	050	051	052	053	054	055	056	057	058	059	060	061	062	063	064	065	066	067	068	069	070					
mission Date					Filler 41 - 183																																		

Provider Detail Records Layout

001	002	003	004	005	006	007	008	009	010	011	012	013	014	015	016	017	018	019	020	021	022	023	024	025	026	027	028	029	030	031	032	033	034	035			
Plan Code			National Provider Identification Number (NPI)											Medi-Cal Provider Number													State License Number										Plan

036	037	038	039	040	041	042	043	044	045	046	047	048	049	050	051	052	053	054	055	056	057	058	059	060	061	062	063	064	065	066	067	068	069	070	
Provider Identifier Number														Tax Identifier Number										Provider First Name										Provider	

071	072	073	074	075	076	077	078	079	080	081	082	083	084	085	086	087	088	089	090	091	092	093	094	095	096	097	098	099	100	101	102	103	104	105															
Last Name																Servicing Address Line 1																																	

1 0 6	1 0 7	1 0 8	1 0 9	1 1 0	1 1 1	1 1 2	1 1 3	1 1 4	1 1 5	1 1 6	1 1 7	1 1 8	1 1 9	1 2 0	1 2 1	1 2 2	1 2 3	1 2 4	1 2 5	1 2 6	1 2 7	1 2 8	1 2 9	1 3 0	1 3 1	1 3 2	1 3 3	1 3 4	1 3 5	1 3 6	1 3 7	1 3 8	1 3 9	1 4 0
					Servicing Address Line 2															Servicing Address														

Department of Health Care Services
Managed Care Provider File Layout and Data Element Dictionary

1 4 1	1 4 2	1 4 3	1 4 4	1 4 5	1 4 6	1 4 7	1 4 8	1 4 9	1 5 0	1 5 1	1 5 2	1 5 3	1 5 4	1 5 5	1 5 6	1 5 7	1 5 8	1 5 9	1 6 0	1 6 1	1 6 2	1 6 3	1 6 4	1 6 5	1 6 6	1 6 7	1 6 8	1 6 9	1 7 0	1 7 1	1 7 2	1 7 3	1 7 4	1 7 5			
City														County Code		State		Servicing Address ZIP Code										Taxonomy									

[illegible]

Managed Care Provider File Data Element Dictionary

Header Record Data Elements

The header record is the first record in the file and only occurs once. If a health plan has more than one unique assigned plan code, the data can be combined into one file and the record count.

Plan Name

PURPOSE: To identify the submitting health plan.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	25
FORMAT:	X(25)
RECORD LOCATION:	Columns 001 through 025 – Left justify
REQUIRED ON:	Header record

COMMENTS: Enter the full name of the health plan. Left justify, space fill. If this element is missing the file will be rejected.

Record Count

PURPOSE: Delineates the number of records within the submission. This count should only include the number of actual provider records and should not include the header record as part of the count.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Numeric
NUMBER OF BYTE(S):	>0
FORMAT:	N(07)
RECORD LOCATION:	Columns 026 through 032
REQUIRED ON:	Header record

COMMENTS: Do not include the header record in the record count.

Submission Date

PURPOSE: The date the file is created.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Numeric
NUMBER OF BYTE(S):	8
FORMAT:	MMDDYYYY
RECORD LOCATION:	Columns 033 through 040
REQUIRED ON:	Header record

COMMENTS: Enter the date the submission was created. Do not use special characters such as dashes or slashes.

Filler

PURPOSE: To ensure that the Header Record is the same length as the rest of the records, fill with spaces.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	143
FORMAT:	Spaces
RECORD LOCATION:	Columns 041 through 183
REQUIRED ON:	Header record

Provider Detail Records Data Elements

Plan Code

PURPOSE: To identify each health plan relative to each record.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	3
FORMAT:	XXX
RECORD LOCATION:	Columns 001 through 003
REQUIRED ON:	All records

COMMENTS: DHCS currently assigns each health plan a unique plan code in relationship to the health plan's county(ies) of operation/services. Health plans are assigned a plan code for each county (contractual area of service) they provide services. In this field, health plans must enter the assigned plan code for which the provider is contracted to provide services to Medi-Cal managed care enrollees.

Plan Code	Plan Name	County
029	Community Health Group	San Diego
068	Health Net	San Diego
079	Kaiser Permanente: South	San Diego
130	Molina Healthcare of CA	Sacramento
131	Molina Healthcare of CA	San Diego
150	Health Net	Sacramento
167	Care 1st	San Diego
170	Kaiser Permanente: North	Sacramento
190	Anthem Blue Cross	Sacramento
300	Alameda Alliance for Health	Alameda
301	Contra Costa Health Plan	Contra Costa
303	Kern Family Health Care	Kern
304	L.A. Care Health Plan	Los Angeles
305	Inland Empire Health Plan	Riverside
306	Inland Empire Health Plan	San Bernardino
307	San Francisco Health Plan	San Francisco

Department of Health Care Services
Managed Care Provider File Layout and Data Element Dictionary

Plan Code	Plan Name	County
308	Health Plan of San Joaquin	San Joaquin
309	Santa Clara Family Health Plan	Santa Clara
310	Anthem Blue Cross	Stanislaus
311	Anthem Blue Cross	Tulare
340	Anthem Blue Cross	Alameda
341	Anthem Blue Cross	Fresno
343	Anthem Blue Cross	San Francisco
344	Anthem Blue Cross	Contra Costa
345	Anthem Blue Cross	Santa Clara
351	Health Net	Fresno
352	Health Net	Los Angeles
353	Health Net	Tulare
355	Molina Healthcare of CA	Riverside
356	Molina Healthcare of CA	San Bernardino
358	Anthem Blue Cross	San Joaquin
360	Health Net	Kern
361	Health Net	Stanislaus
501	CenCal Health Plan	San Luis Obispo
502	CenCal Health Plan	Santa Barbara
503	Health Plan of San Mateo	San Mateo
504	Partnership Health Plan of CA	Solano
505	Central California Alliance for Health	Santa Cruz
506	CalOptima	Orange
507	Partnership Health Plan of CA	Napa
508	Central California Alliance for Health	Monterey
509	Partnership Health Plan of CA	Yolo
513	Partnership Health Plan of CA	Sonoma
514	Central California Alliance for Health	Merced

National Provider Identification Number (NPI)

PURPOSE: To identify each provider within the health plan.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	10
FORMAT:	XXXXXXXXXXXX
RECORD LOCATION:	Columns 004 through 013
REQUIRED ON:	All records for providers required to have NPI

COMMENTS: National Provider ID as defined and assigned by the Center for Medicare and Medicaid Services (CMS).

Medi-Cal Provider Number

PURPOSE: Identifies the Medi-Cal provider number of an individual, group, or clinic, or facility contracted to provide services to the health plan enrollees in the specified health plan.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	12
FORMAT:	XXXXXXXXXXXXXX
RECORD LOCATION:	Columns 014 through 025 – Left justified
REQUIRED ON:	As applicable

COMMENTS: Left justified, blank fill.

State License Number

PURPOSE: Identifies the California State License for the plan provider, an individual, group, or clinic, or facility contracted to provide services to the health plan enrollees in the specified health plan.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	9
FORMAT:	XXXXXXXXXX
RECORD LOCATION:	Columns 026 through 034 - Left justified
REQUIRED ON:	As applicable

COMMENTS: Left justified, blank fill.

Plan Provider Identifier Number

PURPOSE: Plan assigned provider identifier that identifies the plan provider, an individual, or clinic, or facility contracted to provide services to the health plan enrollees in the specified health plan.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	15
FORMAT:	XXXXXXXXXXXXXXXXXX
RECORD LOCATION:	Columns 035 through 049 – Left justified
REQUIRED ON:	As applicable

COMMENTS: Left Justified, blank fill.

Tax Identifier Number

PURPOSE: Provider's Tax Identification Number that identifies the plan provider, an individual, group, clinic, or facility contracted to provide services to the health plan enrollees in the specified plan code.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	9
FORMAT:	XXXXXXXXXX
RECORD LOCATION:	Columns 050 through 058
REQUIRED ON:	As applicable

Provider First Name

PURPOSE: The first name of the provider. Facility/pharmacy names should begin in the First Name field and continue into Last Name field as necessary.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	9
FORMAT:	XXXXXXXXXX
RECORD LOCATION:	Columns 059 through 067
REQUIRED ON:	All records

Provider Last Name

PURPOSE: The last name of the provider. Facility/pharmacy names should begin in the First Name field and continue into Last Name field, or blank fill, as necessary.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	19
FORMAT:	XXXXXXXXXXXXXXXXXXXXXXX
RECORD LOCATION:	Columns 068 through 086
REQUIRED ON:	As applicable

Servicing Address Line 1

PURPOSE: The provider's address where the service is provided. Use standard short forms: e.g. Avenue = Ave, Street = St, Suite = Ste, Number = #.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	24
FORMAT:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
RECORD LOCATION:	Columns 087 through 110
REQUIRED ON:	All records

Servicing Address Line 2

PURPOSE: The provider's address where the service is provided. Use standard short forms: e.g. Avenue = Ave, Street = St, Suite = Ste, Number = #.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	24
FORMAT:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
RECORD LOCATION:	Columns 111 through 134
REQUIRED ON:	If applicable

Servicing Address City

PURPOSE: The city where the service is provided.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	20
FORMAT:	XXXXXXXXXXXXXXXXXXXXXXX
RECORD LOCATION:	Columns 135 through 154
REQUIRED ON:	All records

Servicing Address County Code

PURPOSE: The County where the service is provided.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	2
FORMAT:	XX
RECORD LOCATION:	Columns 155 through 156
REQUIRED ON:	All records

COMMENT: The following is the list of valid County Codes.

County Code	County Description	County Code	County Description
01	Alameda	31	Placer
02	Alpine	32	Plumas
03	Amador	33	Riverside
04	Butte	34	Sacramento
05	Calaveras	35	San Benito
06	Colusa	36	San Bernardino
07	Contra Costa	37	San Diego
08	Del Norte	38	San Francisco
09	El Dorado	39	San Joaquin
10	Fresno	40	San Luis Obispo
11	Glenn	41	San Mateo
12	Humboldt	42	Santa Barbara

Department of Health Care Services
Managed Care Provider File Layout and Data Element Dictionary

County Code	County Description	County Code	County Description
13	Imperial	43	Santa Clara
14	Inyo	44	Santa Cruz
15	Kern	45	Shasta
16	Kings	46	Sierra
17	Lake	47	Siskiyou
18	Lassen	48	Solano
19	Los Angeles	49	Sonoma
20	Madera	50	Stanislaus
21	Marin	51	Sutter
22	Mariposa	52	Tehama
23	Mendocino	53	Trinity
24	Merced	54	Tulare
25	Modoc	55	Tuolumne
26	Mono	56	Ventura
27	Monterey	57	Yolo
28	Napa	58	Yuba
29	Nevada	99	Out of State
30	Orange		

Servicing Address State

PURPOSE: The two character abbreviation of the state where the service is provided.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	2
FORMAT:	XX
RECORD LOCATION:	Columns 157 through 158
REQUIRED ON:	All records

Servicing Address ZIP Code

PURPOSE: The ZIP code where the service is provided.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	9
FORMAT:	XXXXXXXXXX
RECORD LOCATION:	Columns 159 through 167
REQUIRED ON:	All records

COMMENTS: First 5 digits are mandatory. If last 4 digits are unknown, zeroes are acceptable.

Taxonomy

PURPOSE: As defined by American Medical Association

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	10
FORMAT:	XXXXXXXXXX
RECORD LOCATION:	Columns 168 through 177
REQUIRED ON:	If applicable

Provider Specialty Code

PURPOSE: The Provider Specialty Code identifies the reported area of specialization for the physician, group, or non-physician medical practitioner.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	2
FORMAT:	XX
RECORD LOCATION:	Columns 178 through 179
REQUIRED ON:	All records identified as Provider Type 022 and 026.

COMMENT: The following is a list of valid provider specialty codes. Note that the three single-digit codes should be left justified followed by a space.

Department of Health Care Services
Managed Care Provider File Layout and Data Element Dictionary

Provider Specialty Code	Provider Specialty Description	Provider Specialty Code	Provider Specialty Description
00	General Practioner (Dentists Only)	32	Radiation Therapy (D.O. only)
01	General Practice	33	Thoracic Surgery
02	General Surgery	34	Urology and Urological Surgery
03	Allergy	35	Pediatric Cardiology (M.D. only)
04	Otology, Laryngology, Rhinology	36	Psychiatry
05	Anesthesiology	38	Geriatrics
06	Cardiovascular Disease (M.D. only)	39	Preventive (M.D. only)
07	Dermatology	4	Nurse Midwife (non-physician medical practitioner)
08	Family Practice	40	Pediatrics, Periodontist (Dentists Only)
09	Gynecology (D.O. only)	41	Internal Medicine
10	Gastroenterology (M.D. only), Oral Surgeon (Dentists Only)	42	Nuclear Medicine
11	Aviation (M.D. only)	43	Pediatric Allergy
12	Manipulative Therapy (D.O. only)	44	Public Health
13	Neurology (M.D. only)	45	Nephrology
14	Neurological Surgery	46	Hand Surgery
15	Obstetrics (D.O. only), Endodontist (Dentists Only)	47	Miscellaneous
16	OB-Gynecology (M.D. only)	50	Prosthodontist (Dentists Only)
17	Ophthalmology, Otology, Rhinology (D.O. only)	60	Oral Pathologist (Dentists Only)
18	Ophthalmology	66	Emergency Medicine
19	Dentists (DMD and DDS)	67	Endocrinology
2	Nurse Practitioner (non-physician medical practitioner)	68	Hematology

Department of Health Care Services
Managed Care Provider File Layout and Data Element Dictionary

Provider Specialty Code	Provider Specialty Description	Provider Specialty Code	Provider Specialty Description
20	Orthopedic Surgery, Orthodontist (Dentists Only)	70	Clinic (mixed specialty), Public Health (Dentists Only)
21	Pathologic Anatomy: Clinical Pathology (D.O. only)	77	Infectious Disease
22	Pathology (M.D. only)	78	Neoplastic Diseases/Oncology
23	Peripheral Vascular Disease or Surgery (D.O. only)	79	Neurology-Child
24	Plastic Surgery	80	Full-Time Facility (Dentists Only)
25	Physical Medicine and Rehabilitation, Certified Orthodontist (Dentists Only)	83	Rheumatology
26	Psychiatry (child)	84	Surgery-Head and Neck
27	Psychiatry Neurology (D.O. only)	85	Surgery-Pediatric
28	Proctology (colon and rectal)	89	Surgery-Traumatic
29	Pulmonary Diseases (M.D. only)	90	Pathology-Forensic
3	Physician Assistant (non-physician medical practitioner)	91	Pharmacology-Clinical
30	Radiology, Pedodontist (Dentists Only)	99	Unknown (on EDS claims)
31	Roentgenology, Radiology (M.D. only)		

Provider Type Code

PURPOSE: The Provider Type Code identifies the classification of the provider using the newer 3-digit coding.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	3
FORMAT:	XXX
RECORD LOCATION:	Columns 180 through 182
REQUIRED ON:	All records

COMMENT: The following is a list of valid provider type codes.

Provider Type Code	Provider Type Code Descriptions	Provider Type Code	Provider Type Code Descriptions
DN	Dentist for Encounter data files only	044	Surgical clinics
001	Adult Day Care Centers	045	Exempt from licensure clinics
002	Assistive device and Sick Rm Supp	046	Rehabilitation clinics
003	Audiologists	047	Employer/Employee clinics
004	Blood banks	048	County clinics not associated with hospital
005	Certified nurse midwife	049	Birthing centers-Primary Care Clinic
006	Chiropractors	050	Clinic-otherwise undesignated
007	Certified Pediatric/Family Nurse Practitioner	051	Outpatient Heroin Detoxification center
008	Christian Science practitioners	052	Alternative Birth Centers
009	Clinical laboratories	053	Breast Cancer Early Detection Program
010	Group certified Pediatric/Family Nurse Practitioner	054	Expanded Access to Primary Care
011	Fabricating optical laboratory	055	Local education agency

Department of Health Care Services
Managed Care Provider File Layout and Data Element Dictionary

Provider Type Code	Provider Type Code Descriptions	Provider Type Code	Provider Type Code Descriptions
012	Dispensing opticians	056	Respiratory Care Practitioner
013	Hearing aid dispensers	057	EPSDT Supplemental Services Provider
014	Home Health Agencies	058	Health Access Program
015	Community hospital outpatient	059	HCBS Congregate Living Facility
016	Community hospital inpatient	060	County hospital inpatient
017	Long Term Care	061	County hospital outpatient
018	Nurse Anesthetists	062	Group Respiratory Care Practitioner
019	Occupational Therapists	063	Licensed Building Contractors
020	Optometrists	064	Employment Agency
021	Orthotists	065	Pediatric Subacute Care-LTC
022	Physicians group	066	Personal Care Agency
023	Optometric group	067	Individual Nurse Providers (Waivers)
024	Pharmacies	068	HCBS Benefit Provider
025	Physical therapists	069	Professional Corporation
026	Physicians	070	Acute Psych Hosp
027	Podiatrists	072	Mental Health Inpatient
028	Portable X-ray laboratory	073	AIDS waiver provider
029	Prosthetists	074	Multi-Purpose Senior Services Pgm
030	Ground medical transportation	075	Tribal Health Plan
031	Psychologists	080	California Children's Service/Genetically Handicapped Person Program-Non-institutional
032	Certified acupuncturist	081	California Children's Service/Genetically Handicapped Person Program-Institutional
033	Genetic disease testing	082	Licensed Midwife

Department of Health Care Services
Managed Care Provider File Layout and Data Element Dictionary

Provider Type Code	Provider Type Code Descriptions	Provider Type Code	Provider Type Code Descriptions
034	LCSW Crossover Only	084	Independent Diagnostic Testing Facility crossover provider only
035	Rural Health Clinics and Federally Qualified Health Centers (FQHCs)	085	CNS –Clinical Nurse Specialist crossover provider only
036	HCB – Cert Home Health Agency	090	Out of state
037	Speech therapists	092	Residential Care Facilities for the Elderly (RCFE)
038	Air ambulance transportation services	093	Care Coordinator (CCA)
039	Certified hospice service	094	CHDP Provider
040	Free Clinics	095	Private Non-Profit Proprietary Agency
041	Community Clinics	098	Miscellaneous
042	Chronic Dialysis Clinics	099	Dentists
043	Multi-Specialty Clinics		

Open Practice Code

PURPOSE: The open practice code indicates whether or not the provider is accepting new patients.

FIELD DESCRIPTION:	
CHARACTER TYPE:	Character
NUMBER OF BYTE(S):	1
FORMAT:	X
RECORD LOCATION:	Columns 183 through 183
REQUIRED ON:	As applicable

COMMENT: The following is a list of valid values for open practice code.

Open Practice Code	Open Practice Code Description
Y	Yes – this provider is accepting new patients
N	No – this provider is only seeing existing patients

Appendix A Error Listing

The following is a list of edits performed on each record. If the file submitted exceeds a predefined error threshold the entire file will be rejected and the submitter will be required to submit a corrected file.

- Plan code is missing or invalid
- No provider ID specified (Each record must contain at least one identifier for the provider: NPI, Medi-Cal, State License, etc.)
- Provider first name is missing
- Provider last name is missing
- Service address line 1 and line 2 are missing
- Service address city is missing
- Service address county code is missing
- Service address state is missing
- Service address ZIP Code is missing
- Provider specialty is missing or invalid, and provider type is 022 or 026
- Provider type is missing or invalid
- Open practice indicator is missing or invalid
- Plan code is invalid for submitter
- Only Provider-Id specified is NPI, and NPI has invalid check-digit
- NPI Provider-Id has invalid check-digit