State of California—Health and Human Services Agency

Department of Health Care Services

TOBY DOUGLAS
Director

EDMUND G. BROWN
Governor

DATE   SEP 21 2011

MMCD All Plan Letter 11-020
(Supersedes APL 10-006)

TO   ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT   MEDI-CAL MANAGED CARE PLAN ONGOING PROVIDER FILE
SUBMISSION REQUIREMENTS

PURPOSE

The purpose of this All Plan Letter (APL) is to notify Two-Plan, Geographic Managed Care (GMC) and County Organized Health System (COHS) model Medi-Cal managed care plans (Plans) of the revised requirements for the ongoing submission of provider files.   These revisions supersede requirements outlined in Medi-Cal Managed Care Division (MMCD) APL 10-006 released in July 2010 which provided Plans with the requirements to submit an updated provider file every six months. To comply with the "California's Bridge to Reform" Section 1115 Medicaid Demonstration Waiver (Waiver 11-W-00193/9) Special Terms and Conditions 81.d: "*The State will submit to CMS its plan for ongoing monitoring of plans. Beginning in year one of mandatory enrollment, monitoring must occur quarterly, with assessment and reports on network adequacy submitted to CMS no later than 60 days after each quarter*…" effective April 2011, provider files shall be submitted on a quarterly basis.

These quarterly provider files will serve as an available resource to the Department of Managed Health Care for its quarterly determination of each Plan's network adequacy pursuant to Welfare and Institutions Code section 14182(c)(2) in addition to supporting ongoing monitoring activities and research initiatives for various aspects of the Medi-Cal program.

PROVIDER FILE REQUIREMENTS

To improve the overall quality of the provider file submission process, the following enhancements and requirements are now in effect:

1. Communication

   MMCD has designated the following electronic mailbox for communications about the provider file submissions: MMCDdata@dhcs.ca.gov. Questions or comments regarding the preparation and submission of the provider files, as well as issues related to accessing the secure file transfer protocol (SFTP) folder, should be addressed to this mailbox. Designated MMCD staff monitor the mailbox daily and will respond to messages.

2. File Submission

   a) Plans shall submit, on a quarterly basis, complete provider files, incorporating any changes occurring since the latest submission. Each provider file shall contain current data on all of the Plan's network providers available to render services to enrolled Medi-Cal beneficiaries, whether through direct or subcontracted arrangements, in each county for which the Plan has a Medi-Cal managed care contract. This includes, but is not limited to, primary and specialty care providers, hospitals, clinics, pharmacies, and other ancillary providers.

   b) Provider files shall be submitted in January, April, July, and October of each year and are due by the last Friday of the submission month.

   c) Each health plan shall upload the quarterly files via SFTP to their designated provider file folder on DHCS' SFTP site.

   d) Upon successful upload of the file, each health plan shall send a confirming email to the electronic mailbox MMCDdata@dhcs.ca.gov.

3. File Format

   a) Provider files must be formatted in accordance with the attached *Managed Care Provider File Layout and Data Element Dictionary, Version* 2.0 (DED), dated July 18, 2011.

   b) Submissions will be held to stringent review and rejection policies established in this section and the DED.

   c) The naming convention identified on page 2 of the DED shall be used to facilitate identification of files able for DHCS retrieval. Inappropriately named files will not be recognized and, therefore, not chosen for inclusion in the data warehouse.

d) Provider files shall include data for all types of providers in the network. All required fields must contain accurate data conforming to the specified format and stated valid values. If a field is not applicable to a particular provider, the field must be left blank or space filled for that record.

e) Files will be reviewed in accordance with the Error Listing in Appendix A of the DED. Individual records containing critical errors will be rejected and files exceeding the predefined error thresholds identified in Appendix A will be rejected.

f) Plans will be notified via email of record or file rejections. Corrected records or files must be submitted within five working days of the notification date in order for DHCS to meet the 60-day timeline for reporting to CMS. Failure to submit corrected data within the allotted timeframe may result in exclusion from the data warehouse.

4. Contacts

Each Plan must designate two points of contact, a primary and a backup, who are directly responsible for these provider file submissions. The contact information (names, titles, email addresses, and phone numbers) must be kept current, with any updates provided to MMCD's designated mailbox. Access to the SFTP folder is limited to the designated contacts identified by the Plan. As changes in access to the SFTP folder take approximately two weeks to implement, prompt notification of changes to the designated contacts is required.

If you have any questions regarding the provider file updates, please submit them to the designated mailbox at MMCDdata@dhcs.ca.gov or contact your assigned Contract Manager for assistance.

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

Sincerely,

Original Signed by Jane Ogle

Jane Ogle, Deputy Director
Health Care Delivery Systems

Attachment

Department of Health Care Services
Managed Care Provider File Layout and
Data Element Dictionary
July 18, 2011
Version 2.0

Document Revision History		
Date	Description	Revision Number
6/30/2010	Document Created	V1.0
2/24/2011	Submission Requirements	V1.5
2/24/2011	Header Record Data Elements: Record Count	V1.5
2/24/2011	Provider Detail Records Data Elements: Plan Code, Medi-Cal Provider Number, State License Number, Tax Identifier Number, Taxonomy, Open Practice Code	V1.5
2/24/2011	Appendix A	V1.5
7/18/2011	File Naming Convention – Added Gold Coast Health Plan	V2.0
7/18/2011	Provider Detail Records Data Elements: Plan Code	V2.0
7/18/2011	Appendix A	V2.0

Table of Contents

This page intentionally left blank

Introduction

The Department of Health Care Services (DHCS) has established a process to accept Medi-Cal Managed Care Provider File data from contracted managed care plans of their individual provider network population. This data will support ongoing monitoring, assessment and reporting activities to determine network adequacy 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. Data not conforming to the requirements in this document is subject to rejection.

Submission Requirements

All Managed Care Provider File data must be submitted through a designated DHCS secure FTP site. 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. Note that a client FTP is required to access the site.

To maintain optimum security, specific instructions for file transfer, including usernames and temporary passwords, are provided in separate communications directly to each health plan's designated contacts.

File Format

The provider file shall be a fixed length text file in ASCII format, containing a header record and provider detail records meeting the specifications in the "Managed Care Provider File Layout" and the "Managed Care Provider File Data Element Dictionary" sections of this document. Record length is 183 characters with each provider detail record consisting of 18 fixed width data fields. All data fields shall be formatted and presented in the order specified in this document.

Files not meeting the format specifications in this document will be rejected for correction and resubmission within five (5) business days.

Questions regarding these requirements should be submitted to the following regularly monitored mailbox: MMCDdata@dhcs.ca.gov. Plans may also contact their assigned Contract Manager for assistance.

File Naming Convention

The managed care provider file uses the standard naming convention outlined below. The naming convention uses capital letters, numbers, and periods only. Plans shall use the appropriate 'Provider File Name' as shown below when naming their files. The retrieval of the provider files from the SFTP site is an automated process that uses the naming convention shown below. Provider files that do not adhere to the standard naming convention will not be recognized and, therefore, not retrieved for processing.

Managed Care Plan	Provider File Name
Alameda Alliance for Health	HD.PCE1001.MCPROV.ALAMEDA.Dyymmdd
Anthem Blue Cross	HD.PCE1001.MCPROV.ANTHEM.Dyymmdd
CalViva	HD.PCE1001.MCPROV.CALVIVA.Dyymmdd
Care 1st Health Plan	HD.PCE1001.MCPROV.CARE1ST.Dyymmdd
Central CA Alliance	HD.PCE1001.MCPROV.CCAH.Dyymmdd
CENCAL Health Plan	HD.PCE1001.MCPROV.CENCAL.Dyymmdd
Community Health Group	HD.PCE1001.MCPROV.CHG.Dyymmdd
Contra Costa Health Plan	HD.PCE1001.MCPROV.CONTRA.Dyymmdd
Gold Coast Health Plan	HD.PCE1001.MCPROV.GOLDCHP.Dyymmdd
Health Net	HD.PCE1001.MCPROV.HNET.Dyymmdd
Health Plan of San Joaquin	HD.PCE1001.MCPROV.HPSJ.Dyymmdd
Health Plan of San Mateo	HD.PCE1001.MCPROV.HPSM.Dyymmdd
Inland Empire Health Plan	HD.PCE1001.MCPROV.IEHP.Dyymmdd
Kaiser Permanente	HD.PCE1001.MCPROV.KAISER.Dyymmdd
Kern Health Systems	HD.PCE1001.MCPROV.KERN.Dyymmdd
LA Care Health Plan	HD.PCE1001.MCPROV.LACARE.Dyymmdd
Molina Health Care	HD.PCE1001.MCPROV.MOLINA.Dyymmdd
CalOPTIMA	HD.PCE1001.MCPROV.CALOPT.Dyymmdd
Partnership Health Plan CA	HD.PCE1001.MCPROV.PHP.Dyymmdd
Santa Clara Family Health Plan	HD.PCE1001.MCPROV.SCFHP.Dyymmdd
San Francisco Health Plan	HD.PCE1001.MCPROV.SFHP.Dyymmdd

<u>yymmdd</u>

The "yymmdd" at the end of the file name represents the date the file was created. For example, if the file was created on February 04, 2011, then the last node of the file name would be "D110204".

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

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 Name																									Record Count							Sub-		

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																		

106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
					Servicing Address Line 2																								Servicing Address				

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 Z P Code									Taxonomy							

1 7 6	1 7 7	1 7 8	1 7 9	1 8 0	1 8 1	1 8 2	1 8 3
		Prov Specialty Code		Prov Type Code		Open Practice	

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 provider detail 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):	7
FORMAT:	N(07)
RECORD LOCATION:	Columns 026 through 032
REQUIRED ON:	Header record

COMMENTS: Do not include the header record in the record count. Right justify with leading zeroes as necessary.

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) in which 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
308	Health Plan of San Joaquin	San Joaquin

Plan Code	Plan Name	County
309	Santa Clara Family Health Plan	Santa Clara
310	Anthem Blue Cross	Stanislaus
311	Anthem Blue Cross	Tulare
315	CalViva	Fresno
316	CalViva	Kings
317	CalViva	Madera
340	Anthem Blue Cross	Alameda
343	Anthem Blue Cross	San Francisco
344	Anthem Blue Cross	Contra Costa
345	Anthem Blue Cross	Santa Clara
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
362	Anthem Blue Cross	Fresno
363	Anthem Blue Cross	Kings
364	Anthem Blue Cross	Madera
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
510	Partnership Health Plan of CA	Marin

Plan Code	Plan Name	County
512	Partnership Health Plan of CA	Mendocino
513	Partnership Health Plan of CA	Sonoma
514	Central California Alliance for Health	Merced
515	Gold Coast Health Plan	Ventura

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:	XXXXXXXXXX
RECORD LOCATION:	Columns 004 through 013
REQUIRED ON:	All records for providers required to have NPI

COMMENTS: NPI as defined and assigned by the Centers 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:	XXXXXXXXXXXX
RECORD LOCATION:	Columns 014 through 025 – Left justified
REQUIRED ON:	If available.

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:	XXXXXXXXX
RECORD LOCATION:	Columns 026 through 034 - Left justified
REQUIRED ON:	If available.

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:	XXXXXXXXXXXXXXX
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:	XXXXXXXXX
RECORD LOCATION:	Columns 050 through 058
REQUIRED ON:	If available

COMMENTS: Left Justified, blank fill.

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:	XXXXXXXXX
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:	XXXXXXXXXXXXXXXXXXX
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:	XXXXXXXXXXXXXXXXXXXXXXXX
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:	XXXXXXXXXXXXXXXXXXXXXXXX
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:	XXXXXXXXXXXXXXXXXXXX
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
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

County Code	County Description	County Code	County Description
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:	XXXXXXXXX
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 available

COMMENTS: Left Justified, blank fill.

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.

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)

Provider Specialty Code	Provider Specialty Description	Provider Specialty Code	Provider Specialty Description
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, Ototolaryngology, 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
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

Provider Specialty Code	Provider Specialty Description	Provider Specialty Code	Provider Specialty Description
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
012	Dispensing opticians	056	Respiratory Care Practitioner
013	Hearing aid dispensers	057	EPSDT Supplemental Services Provider

Provider Type Code	Provider Type Code Descriptions	Provider Type Code	Provider Type Code Descriptions
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
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

Provider Type Code	Provider Type Code Descriptions	Provider Type Code	Provider Type Code Descriptions
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:	All records

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 error checks performed on each record. Error reports will be sent to plan contacts via email. Individual records containing critical errors will be rejected and the plan must submit corrected records within five (5) business days. If the file submitted exceeds a predefined error threshold indicated below the entire file will be rejected and the plan must submit a corrected file within five (5) business days.

Error Code	**Provider File Errors**	Max % Allowed
01	Header Record Missing	0%
02	Record Count in Header Record is Not Numeric	100%
03	Record Count in Header Record does not Match Record Count in File	100%
04	Date in Header Record is Invalid or Unreasonable	0%
05	Plan Code is Missing or Not Numeric	0%
06	Plan Code is Invalid for Submitter	0%
07	No Provider-ID Specified (NPI, Medi-Cal, State License, etc.)	0%
08	Only Provider-ID Specified is NPI, and NPI is Not Numeric	0%
09	Only Provider-ID Specified is NPI, and NPI has Invalid Check-digit	0%
10	NPI Provider-ID is Not Numeric	3%
11	NPI Provider-ID has Invalid Check-Digit	3%
12	Provider First Name is Missing	3%
13	Provider Last Name is Missing	3%
14	Service Address Line 1 and Line 2 are Missing	3%
15	Service Address City is Missing	3%
16	Service Address County Code is Missing or Not Numeric	3%
17	Service Address State is Missing	100%
18	Service Address ZIP is Missing or 1st 5 is Not Numeric	3%
19	Taxonomy is Missing	100%
20	Provider Specialty is Missing or Invalid, and Prov Type is 022 or 026	5%
21	Provider Type is Invalid	5%
22	Provider Type is Missing	5%
23	Open Practice Indicator is Missing or Invalid	5%