



Carelon Standard Provider Data Exchange and Response Acknowledgement Layouts

For Use with CYBHI DHCS Fee Schedule Only

Version 1.7

Revision History

Version	Date	Revision Description	Revised By
1.06		Original Version	Karen Haushalter
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1 Background

The information contained in this document is for use by Carelon Behavioral Health (Carelon) data exchange clients who will be sending Carelon provider data using a revised version of Carelon's Provider Standard Layout (a provider roster) for purposes of loading the data to Carelon's database. This implementation guide defines the file format and data transfer process for the Carelon provider files that are submitted by the CYBHI Local Educational Agencies (LEAs). There is no file size limit for the number of records sent in the file but a file must contain at least one record in addition to the header record. After successful loading of the LEA provider file into Carelon's system, Carelon will provide a response error file of all records that did not pass system and load validations on data uploaded to Carelon along with an acknowledgement file of all records that were successfully loaded. This acknowledgement file will include the Provider ID and Location ID assigned in the Carelon system for the provider record. Please review this data guide thoroughly for an understanding of the definition and requirements for sending the provider roster files.

2 Data Exchange Process

Common acronyms used:

- DHCS – Department of Health Care Services
- CBH – Carelon Behavioral Health or Carelon
- LEA – Local Educational Agency
- TPA – Third Party Administrator
- SFTP – Secure File Transfer Protocol
- MFT – Managed File Transfer
- SPI – Standard Provider Import
- NPI – National Provider Identifier
- TIN – Tax Identification Number (Federal Tax ID or Social Security Number)
- EDI – Electronic Data Interchange
- LOB – line of business (Medicaid, Medicare, HMO, etc.)
- VENDOR – Carelon term for a service or billing location
- PPS – Pupil Personnel Services (unlicensed professionals in the school)
- CBO – Community Based Organization

The below sub-sections contain information in establishing identifiers and denoting the status of a transaction.

2.1 Data Transfer

Carelon utilizes SFTP to facilitate the secure transfer of data files. If SFTP is not available, then a submitter account via Carelon's ProviderConnect application can be used to submit the provider import roster file. **Please reach out to Carelon BH with any questions at CYBHITPA@carelon.com.**

For providing return response error and acknowledgement files, Carelon can support pushing the response files to the LEA's host server or the LEA's host server can pull the response files from Carelon's hosted server location. It is preferred the LEA pick up their response files from Carelon's hosted server.

An SFTP form that includes user account and connection information will be provided to the LEA for filling out and submitting to Carelon implementation team to set up the connection.

3 Provider Data File Format

- LEAs are strongly encouraged to submit as many key identifiers as possible to increase the likelihood of a successful provider match on the Carelon side.
- In addition to the provider's name and Federal Tax ID, **at least one** of the following **required** fields must be populated for each provider: NPI number, social security number, or date of birth.
- Submitted as a text file, with a '.txt' suffix. Details for submission found in Appendix
 - Row delimiter: CR LF (Carriage Return/ Line Feed)
 - Column delimiter: '|' (Pipe)
- Header row will be included in the file.
 - The first record in every file will always be a header record of all field names included and in the correct order even if some fields may contain no data
- Date field is formatted as MM/DD/CCYY.
 - All date fields should be populated with leading zeros as: 01/01/2017 (mm/dd/ccyy)
- If there is no data in a field there will still be a pipe to represent that field and the value will be Null (these fields are hidden in the provided Excel template but will be present when converted to a .TXT output file for submitting to Carelon)

3.1 Input Column Definitions

Header / Property Name	Header/Property Description
Field Number	Fields must appear in this order in the supplied file. NOTE: this field layout ONLY includes those required fields for the LEA to populate and do not represent the entire SPI provider exchange layout. The complete SPI provider exchange layout listed in Appendix B for reference.
Field Name	A word or a limited set of words used for the identification and describing a data field. It must be unique within a file layout. These are the column names for files and is submitted in header row on the pipe-delimited file.
Required/Critical/Optional (R/C/O)	<p>An indicator describing a rule related to the population of the field. If the indicator is set to "C", critical, then the field must be populated for the given provider types in order to represent a valid provider record.</p> <p>If the indicator is set to "R", required, then the field is considered important, but a provider record can be created if it is not populated and left blank.</p> <p><i>If the indicator is set to "O" then a value is optional and are loaded/provided if available.</i></p>
Type	A data characteristic that determines what type of values the field can have and what kind of computer operations can be performed with that value. The valid values are: "A" alpha-numeric or string and "N" Numeric (Date fields are type "A" because they must be in the format MM/DD/CCYY that includes the leading zeros on month and day.
Size	The maximum number of characters allowed in the field. Any data elements provided in a pipe delimited file that have more characters than the field length defined here will be truncated at this length when imported by Carelon.

Header / Property Name	Header/Property Description
Provider Type	<p>Certain elements only apply to specific provider types as defined in field 4-ProviderTypeID; all other types for this field would be blank.</p> <p>I - individual practitioner; G - group entity – group provider entity containing credentialed par practitioners under this Tax ID; F - facility type provider - hospital, ancillary; R - roster providers attached to a facility; not credentialed; P - Associate providers attached to a group or practitioner under their GroupNPI;</p>
Special Formatting/Valid Values	<p>A set of allowed values for the field without any data transformation. If no valid values are defined then the field can be populated with any values meeting the other requirements for data type and size. This field also contains special formats or reference lists (linked to Appendix Carelon Reference Lists of approved values).</p> <p>CTRL-Click on these blue field links loads to the appendix section where the valid values for populating this field are listed. If client specific codes used instead of values from Carelon Reference List then a crosswalk mapping of how those codes should be translated to the Carelon values must be provided and they must be consistent across all LEAs.</p> <p>(NOTE: Field 4-ProviderTypeID valid values cannot be substituted with client values)</p>
Field Description	<p>A detailed narrative explaining the data field, including the business and technical meaning and usage of the field content in the context of this document.</p>

3.2 Data Selection Criteria

- Providers are identified by their type (practitioner, group, roster, ancillary, facility) and fields populated as they apply to that provider's type. Each record (row) in the import file will contain a unique occurrence for the provider (ProviderID) by practice address (service address and TIN) and NPI number (ProvNPI OR GroupNPI) and provider type (ProviderTypeID)

- The LEA is represented as a type 'G' provider via the SPI provider import with their NPI number populated in field 201-GroupNP
- Any practitioners/clinicians falling under the LEA TIN would be represented in the scenario below as Provider John Smith (ProviderTypeID='I') with the NPI number associated to the LEA TIN populated in the GroupNPI (field 201).
- A CBO (Community Based Organization) is represented as a type 'G' provider via the SPI provider import with their NPI number populated in field 201-GroupNPI
 - Example Providers
 - Local Educational Agency
 - Community based organizations
 - Behavioral Health providers agencies

3.3 Special Field Handling:

- Do not put invalid data in a field. For example, if there is no social security number provided, **leave the field blank.**
 - DO NOT populate with all 0's or all 9's for example. If there is no date of birth provided, **leave the field blank.**
- For ALL input fields: names, addresses, etc. do not use any punctuation or special characters EXCEPT, a hyphen (-), an ampersand (&) or an apostrophe ('). DO NOT use periods, commas, semicolons, etc. in any fields.
- **Fields 343-PLAN01** identifies plans/lines of business providers participate in. For the purpose of the LEA provider network, all providers are in a single plan indicated under field 343 PLAN01. **This means for all providers, field 343-PLAN01 should have a 'Y' populated.**
- **For an individual practitioner (ProviderTypeID = 'I')** that is attached to a group, field 201-GroupNPI is populated with the group's NPI provider is attached to and field 200-GroupName with the group's name.
 - Example providers
 - Physicians and Physician Assistants
 - Licensed Psychologists, Licensed Educational Psychologists, Licensed Nurses

- Licensed Professional Clinical Counselors, Marriage and Family Therapists, Clinical Social Workers
 - PPS² Credentialed Counselors, Psychologists, Social Workers
- **For a rostered provider (ProviderTypeID = 'R')** that is attached to a facility, field 201-GroupNPI is populated with the facility's NPI provider is attached to.
 - Example providers
 - Community health workers, if associated with a Facility (Provider Type F)
- **For facility type providers (ProviderTypeID = 'F')**
 - Hospital
 - Ancillary
- **For an associate-level (Paraprofessional providers) (ProviderTypeID = 'P')** that is attached to a group or individual practitioner, field 201-GroupNPI is populated with the credentialed provider's NPI this associate provider is supervised by.
 - Example providers
 - Associate Marriage and Family Therapists, Clinical Social Workers, Professional Clinical Counselors
 - Alcohol and Drug Counselors
 - Community health workers, if associated with an LEA (Provider Type G)
- **Linking group providers** If field 4 ProviderTypeID = 'I' indicates an individual practitioner record and the practitioner is practicing as part of a group at this service location, then the group provider's NPI number will be loaded in field 201-GroupNPI.
 - If the GroupNPI field is blank, then the practitioner is practicing as a solo practitioner at this location. Otherwise, the GroupNPI number in field 201 of the provider type 'I' record can be linked back to field 201 GroupNPI with ProviderTypeID = 'G' for the group provider record. Under the group record type, there should be a corresponding record with the same service location address and tax ID for the group provider.
 - The same principle would apply for ProviderTypeID = 'P', associate practitioners (associate social workers, PPS providers) where the GroupNPI field would be populated with the supervising provider's NPI number and

there would be a ProviderTypeID = 'I' record for this supervising provider at that same service address and tax ID.

- Any providers practicing under the CBO TIN would be represented in the scenario below as ProviderTypeID = 'I' with the NPI number associated to the CBO TIN populated in the GroupNPI (field 201).

Provider John Smith has an individual (solo) practice location and participates in two different provider groups so he would have 3 records and there would be 2 group records for group A and group B	
John Smith, ProviderTypeID I, address 123 Main St with GroupNPI field null	
John Smith, ProviderTypeID I, group A address 456 Oak St with GroupNPI field populated with NPI number of the GROUP	
John Smith, ProviderTypeID I, group B address 789 Elm Ave with GroupNPI field populated with NPI number of the GROUP	
Group Name A,, ProviderTypeID G, group A address 456 Oak St with GroupNPI field populated with NPI number of the GROUP	
Group Name B, ProviderTypeID G, group B address 789 Elm Ave with GroupNPI field populated with NPI number of the GROUP	
Provider Mary Jones has an individual (solo) practice with 2 locations and participates with a group practice with 3 locations so she would have 5 records and there would be 3 group records for group A, group B and group C:	
Mary Jones, ProviderTypeID I, address 123 State St with GroupNPI field null	
Mary Jones, ProviderTypeID I, address 456 Oak Lane with GroupNPI field null	
Mary Jones, ProviderTypeID I, group A address 1111 Hickory Rd with GroupNPI field populated with NPI number of the GROUP	
Mary Jones, ProviderTypeID I, group B address 9874 Main St with GroupNPI field populated with NPI number of the GROUP	
Mary Jones, ProviderTypeID I, group C address 10 Meadow Dr with GroupNPI field populated with NPI number of the GROUP	
Group Name A, ProviderTypeID G, group A 1 address 1111 Hickory Rd with GroupNPI field populated with NPI number of the GROUP	
Group Name B, ProviderTypeID G, group 2 address 9874 Main St with GroupNPI field populated with NPI number of the GROUP	
Group Name C, ProviderTypeID G, group 3 address 10 Meadow Dr with GroupNPI field populated with NPI number of the GROUP	

4 Provider Data File Layout and Mapping

Carelon EDI Provider Field Specifications Version 1.6 (partial SPI layout of only required fields for the LEA)

Reminder: DO NOT input invalid or dummy data. If there is no current information, **leave the field blank.**

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
1	ChangeIndicator	C	A	1	All	Valid Values: F	Change status of record. Record should always be populated with 'F'
2	ProviderID	C	A	20	All		Unique identifier for the provider within the submitters system. The Unique Provider ID assigned by the entity to this provider.
4	ProviderTypeID	C	A	1	All	Valid Values: I, G, F, R, P	Provider type represented by this record: I -individual practitioner; G -group entity – group provider entity containing credentialed practitioners under this taxid that are par; F -facility type provider - hospital, ancillary, R -roster providers attached to a facility; P - associate providers practicing under another provider;
5	FirstName	C	A	25	I, R, P		Provider first name only. Should not contain middle name or middle initial. Should contain no punctuation except a dash for hyphenated first name
6	MiddleInitial	O	A	1	I, R, P		Provider middle initial only

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
7	LastName	C	A	25	I, R, P		Provider last name only. Should not contain any degree or suffix (ex: Jr, III, LLP, LLC). Should contain no punctuation except a dash for hyphenated last names.
10	PrimaryDegree	C	N	25	I, R, P	See Primary Degree List in Appendix for approved values	Identifies the primary degree related to the specialization that the provider practices under. (NOTE: License LEVEL of the provider)
13	ProvNPI	C	A	10	All		Individual Practitioner NPI. Do not place a group or facility NPI number in this field. 10 digit number and must include leading zeroes.
14	ProvSSN	R	A	12	I, R, P	Numbers only; no dashes	Social Security Number; must be 9 digits LEAVE BLANK IF NO SSN PROVIDED
15	ProvGender	R	A	1	I, R, P	M, F, U or blank	Gender
16	ProvDOB	R	A	10	I, R, P	Format mm/dd/ccyy	Date of birth
47	StateLicense1	R	A	30	All		Provider's primary state medical license number. Up to 4 state license numbers can be provided
48	License1State	R	A	2	All		State of provider's 1st medical license. Must use 2 character postal abbreviation for State.
49	License1EffDt	R	A	10	All	Format mm/dd/ccyy	State license 1 effective date. If only the year is known use 01/01/CCYY.
50	License1ExpDt	R	A	10	All	Format mm/dd/ccyy	State license 1 expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
147	Language1	O	A	50	All	See Language Code List in	Provider's first language after English

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Appendix for approved values	
148	Language2	O	A	50	All	See Language Code List in Appendix for approved values	Provider's second language after English
185	ProviderEffDt	R	A	10	All	Format mm/dd/ccyy	Provider's effective date
186	ProviderExpDt	R	A	10	All	Format mm/dd/ccyy	Provider's expiration date; if not terminated send 12/31/9999
187	MailAddr1	R	A	55	All		Provider's mailing address line 1. Should not contain any punctuation. Ex: 1234 Main Street
189	MailCity	R	A	30	All		Provider's mailing city. Should contain no punctuation.
190	MailState	R	A	2	All		Provider's mailing state. 2 character postal abbreviation for the state
191	MailZip	R	A	5	All		Provider's mailing zip. Format 99999 and should include leading zeroes
193	MailPhone	R	A	10	All		Phone number associated with provider's mailing address, including area code. Format is 9999999999; no dashes or parenthesis.
198	ProviderTaxID	C	A	9	All		Federal tax ID number assigned by the IRS. This can be a social security number or federal tax identification number. This is the tax ID associated with the practice address on this record. Format is 999999999 and must include leading zeroes; no dashes. All nine digits must be populated
199	TaxIDType	R	A	1	All	E or S	Identifies TIN as employer identification number (E) or social security number (S)

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
200	GroupName	R	A	100	All		Name of provider's group or facility. Should contain no punctuation except dash, ampersand or apostrophe.
201	GroupNPI	R	N	10	All		Group/Facility NPI. Do not place an individual NPI number in this field UNLESS ProviderTypeID='P"/paraprofessional. 10 digit number and must include leading zeroes.
205	BillName	C	A	100	All		Billing vendor's name. Should contain no punctuation except a dash for hyphenated names or an ampersand or apostrophe. If no billing name is provided then practice vendor name or provider name will be used in that order.
206	BillAddr1	C	A	55	All		Provider's billing address line 1. Should not contain any punctuation. Ex: 1234 Main Street
208	BillCity	C	A	30	All		Provider's billing city. Should contain no punctuation.
209	BillState	C	A	2	All		Provider's billing state. 2 character postal abbreviation for the state
210	BillZip	C	A	5	All		Provider's billing zip. Format 99999 and should include leading zeroes
212	BillPhone	R	A	10	All		Phone number associated with provider's billing address, including area code. Format is 9999999999; no dashes or parenthesis.
217	PrimaryLocFlg	R	A	1	All	Y or N	Indicates if address is the primary service location for provider. Provider can have only 1 primary service location
218	HandicapFlg	R	A	1	All	Y, N, U or blank	Indicates whether the service location has wheelchair accessibility. Y=Yes and N=No.

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
219	ServAddrEffDt	R	A	10	All	Format mm/dd/ccyy	Service address effective date
220	ServAddrExpDt	R	A	10	All	Format mm/dd/ccyy	Service address expiration date; if not terminated send 12/31/9999
221	ServName	C	A	100	All		Service vendor's name only. Should contain no punctuation except a dash for hyphenated name or an ampersand or apostrophe. If no service name is provided then billing vendor name or provider name will be used in that order.
223	ServAddr1	C	A	55	All		Provider's service address line 1. Should not contain any punctuation. Ex: 1234 Main Street
225	ServCity	C	A	30	All		Provider's service city. Should contain no punctuation.
226	ServState	C	A	2	All		Provider's service state. 2 character postal abbreviation for the state
227	ServZip	C	A	5	All		Provider's service zip. Format 99999 and should include leading zeroes
229	ServPhone	C	A	10	All		Phone number associated with provider's service address, including area code. Format is 9999999999; no dashes or parenthesis.
276	LowAge	R	N	2	All		Minimum age a provider is willing to see. Numbers 0-9 only
277	HighAge	R	N	2	All		Maximum age a provider is willing to see. Numbers 0-9 only
341	FacilityName	C	A	100	R, F		Facility's full name. Should contain no punctuation except a dash for hyphenated name.
342	FacilityProviderType	C	A	50	F	See Facility Type List in Appendix for	Facility provider type

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						approved values	
343	Plan01	C	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit: Populate a 'Y' in this field for ALL providers
401	Ethnicity	O	A	25	I, R, P	See Ethnicity List in Appendix for approved values	Practitioner Race Code
552	ProviderSpecialty1	R	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Code representing the provider's 1st area of specialization.
553	ProviderSpecialty2	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Code representing the provider's 2nd area of specialization.
554	ProviderSpecialty3	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Code representing the provider's 3rd area of specialization.
555	ProviderSpecialty4	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Code representing the provider's 4th area of specialization.

5 Submission and Response File Names

5.1 LEA Client Import Designations

There are currently 47 assigned LEAs under the CA DHCS. For the purpose of supplying provider import file and response exchanges, each LEA has been assigned a four character client format code that should be used in the import and response file names, substituting the client format code where the word '**LEA**' is noted in this section for file names.

Local Education Agencies	
LEA Name	LEA Import Client Code
Alameda County Office of Education	ACOE
Alameda Unified	ALUN
Castro Valley Unified	CVUN
Oakland Unified	OKUN
Pleasanton Unified	PLUN
San Lorenzo Unified	SLUN
Butte County Office of Education	BCOE
Antioch Unified	ANUN
John Swett Unified	JSUN
Black Oak Mine Unified	BOUN
Fresno County Office of Education	FCOE
Humboldt County Court and Community Schools	HCCS
Southern Humboldt Joint Unified	SHUN
Brawley Union High	BRUH
Imperial County Office of Education	ICOE
Los Angeles County Office of Education	LAOE
Los Angeles Unified	LAUN
Montebello Unified	MOUN
Madera County Superintendent of Schools	MCSS
Nevada County Office of Education	NVOE
Nevada Joint Union High	NJUH
Anaheim Elementary	ANEL
Placer County Office of Education	PCOE
Roseville Joint Union High	RJUH
Jurupa Unified	JUUN
Palm Springs Unified	PSUN
Riverside County Office of Education, Alternative Education	RCOE
Galt Joint Union Elementary	GJEL
Redlands Unified	RDUN

Local Education Agencies	
LEA Name	LEA Import Client Code
Rialto Unified	RIUN
San Diego Unified	SDUN
Santee	SANT
Escalon Unified	ESUN
San Joaquin County Office of Education	SJOE
San Luis Coastal Unified	SCUN
Guadalupe Union Elementary	GUEL
Santa Barbara County Office of Education	SBOE
Santa Maria-Bonita	SMBO
Santa Clara County Office of Education	SCOE
Sunnyvale	SUNV
Pajaro Valley Unified	PVUN
Enterprise Elementary	ENEL
Shasta County Office of Education	SHOE
Solano County Office of Education	SOOE
Red Bluff Joint Union High	RBUH
Tehama County Department of Education	TCDE
Tulare County Office of Education	TCOE

5.2 Inbound Provider Import File from LEA to Carelon

For submitting roster provider files to Carelon, use the following naming convention. Be sure to include 'TEST' in any files that are not ready for loading to the Production system. Each LEA will need to submit test file(s) and receive confirmation from Carelon their submitted test file has passed testing validation and is ready for Production submission.

Incoming provider import file name:

Testing environment: **LEA**toCarelon_Provider_Test_ccyymmdd.txt

Production environment: **LEA**toCarelon_Provider_ccyymmdd.txt

Where '**LEA**' will represent the agency's assigned import client code from the table above. For example for Alameda Unified the file name would be:

ALUNtoCarelon_Provider_Test_20240210.txt for test files

ALUNtoCarelon_Provider_20240210.txt for Production ready files

Provider Roster files that will be submitted at regular intervals do not have to include a full roster of providers every time, For instance on one submission the roster may only contain two records of two new providers added since the last time the provider roster

was submitted to Carelon. Or conversely, a full provider roster file with those two new providers added can also be submitted and any providers already loaded into Carelon's system will be skipped, any changed field values will be updated and the two new providers would be added and assigned new Carelon provider and location IDs. Either method of submission is fine.

5.3 Outbound Provider Response Error Report from Carelon to LEA

Carelton will provide each LEA with an error report of any submitted records that were not correct and could not be imported by CBH. These records that failed import will need to be corrected and resubmitted to CBH on the next import submission. Outbound error response file representing these field errors from Carelon to LEA named:

Testing environment: Carelonto**LEA**_Provider_RespErr_Test_ccyymmdd.csv

Production environment: Carelonto**LEA**_Provider_RespErr_ccyymmdd.csv

Where '**LEA**' will represent the agency's assigned import client code from the table above.

The response error file will push to LEA every **TBD** (after import process completes).

5.4 Outbound Provider Response Acknowledgement from Carelon to LEA

Outbound response acknowledgement file representing all accepted provider import records showing generated Carelon provider and location IDs going from Carelon to LEA named:

Testing environment: Carelonto**LEA**_Provider_RespAckn_Test_ccyymmdd.csv

Production environment: Carelonto**LEA**_Provider_RespAckn_ccyymmdd.csv

Where '**LEA**' will represent the agency's assigned import client code from the table above.

The response acknowledgement file will push to LEA every **TBD** (after import process completes).

6 Provider Error Response File Layout

Carelton will send an error response report to LEA as per the schedule. Any records that fail to import will need to be corrected by the LEA and return in the next import file. If there are

no errors on the import job a blank spreadsheet with the headers from the error report (as listed below under column name) will be sent to LEA as an acknowledgement that the import was processed and no errors were identified. The error report will contain an error code/message along with the record from the import provider file that caused the error condition.

Two types of error levels exist:

W = Warning errors, informational but not critical

F = Fatal errors, indicating some required information was missing or incorrect and the provider record could not be loaded

LEA PROVIDER IMPORT ERROR RESPONSE REPORT		
Column Name	Description	Notes
SYSDAT	Record import date in 'mm/dd/yy' format	
HISTID	ID to uniquely identify record	
PARENT	Parent Code	
PROVNO	Provider Number assigned	
VENDOR	Vendor Number assigned	
ERRCD	Error Code	
ERRLVL	Error Level – Warning or Fatal	
ERRMSG	Error Message	
ERRSTS	Error Status	
CHGIND	Change Indicator status	
ERRSTS	Error status	
PROVNO	Provider Number	
VENDOR	Vendor Number	
Continues listing all of the same fields, in the same order, as the layout defined in section 3 for the import records		

7 Provider Response Acknowledgement File Layout

Carelon will send a response acknowledgement report to LEA as per the schedule. If there are no success records on the import job a blank spreadsheet with the headers from the acknowledgement report (as listed below under column name) will be sent to LEA as an acknowledgement that the import was processed and no records were successfully imported.

The purpose of the acknowledgement response is to provide the LEA with a list of provider records added successfully to Carelon’s system and the Carelon Provider ID and Location ID assigned to each record.

LEA PROVIDER IMPORT ACKNOWLEDGEMENT REPORT		
Column Name	Description	Notes
CreateDate	Record import date in 'mm/dd/yy' format	
HistoryID	ID to uniquely identify record	
TransactionID	Transaction ID assigned to file load	
Parent	Parent or LEA Designated Code	
ProviderID	LEA supplied ProviderID	
LocationID	LEA supplied LocationID	
ProvNo	Carelon Provider ID assigned to import provider	
Vendor	Carelon Location ID assigned to service location	
ProviderTypeID	Carelon assigned provider type	Provider type represented by this record: I -individual practitioner; G -group entity – group provider entity containing credentialed practitioners under this taxid that are par; F -facility type provider - hospital, ancillary, R -roster providers attached to a facility; P -paraprofessional providers;
FirstName	Provider first name	
MiddleInitial	Provider middle initial	
LastName	Provider last name	
TitleCode	Provider assigned title code	
PrimaryDegree	Primary Degree provider practices under	
ProvNPI	Provider NPI number	

LEA PROVIDER IMPORT ACKNOWLEDGEMENT REPORT		
Column Name	Description	Notes
ProviderEffDt	Provider's effective date	
ProviderExpDt	Provider's expiration date	
ProviderTaxID	Federal Tax ID number assigned by IRS	
GroupName	Group or Facility name	
GroupNPI	Group or Facility NPI number	
BillName	Billing location name	
BillAddress	Billing address	
BillCity	Billing City	
BillState	Billing State	
BillZip	Billing Zip and Zip+4	
ServName	Service location name	
ServAddress	Service address	
ServCity	Service City	
ServState	Service State	
ServZip	Service Zip and Zip+4	
ServAddrEffDt	Service location effective date	
ServAddrExpDt	Service location expiration date	

8 Appendix A - Approved Values

8.1 Primary Degree Approved Values

ID	Primary Degree Description
BP	LICENSED BEHAVIORAL PRACTITIONER
00	UNLICENSED PROVIDER
05	MENTAL HEALTH WORKER - UNLICENSED
10	PSYCHIATRIST
11	DOCTOR OF OSTEOPATHY
12	MD NON-PSYCHIATRIST
13	MD CHILD PSYCHIATRIST
15	BOARD CERTIFIED CHILD/ADOLESCENT PSYCHIATRIST
17	BOARD CERTIFIED SOCIAL WORKER
19	ALCOHOL AND DRUG COUNSELOR
20	LICENSED CLINICAL PSYCHOLOGIST (DOCTORATE LEVEL)
21	MASTER'S LEVEL PSYCHOLOGIST
22	OTHER PSYCHOLOGIST
24	LICENSED CLINICAL PSYCHOLOGIST W/ PRESCRIBING AUTH
26	BOARD CERTIFIED CHILDREN AND FAMILY
27	OTHER LIC/CERT PSYCHOANALYST
28	LIC/CERT PSYCHOANALYST
30	LICENSED/CERTIFIED SOCIAL WORKER (HIGHEST LEVEL)
42	LICENSED/CERTIFIED PROF COUNSELOR (HIGHEST LEVEL)
50	LIC/CERT MARRIAGE FAMILY COUNSELOR (HIGHEST LEVEL)
55	PHYSICIAN ASSISTANT
62	REGISTERED NURSE (INCL NURSE PRACTITIONERS)
63	LICENSED PRACTICAL NURSE
77	REGISTERED PSYCHOLOGICAL ASSISTANT
78	ASSOCIATE SOCIAL WORKER
96	LICENSED CLINICAL PSYCHOTHERAPIST
99	LICENSURE LEVEL UNKNOWN
EP	LICENSED EDUCATIONAL PSYCHOLOGIST
PC	PUPIL PERSONNEL COUNSELOR
PP	PUPIL PERSONNEL PSYCHOLOGIST
PS	PUPIL PERSONNEL SOCIAL WORKER
AF	ASSOCIATE MARRIAGE FAMILY THERAPIST
AS	ASSOCIATE CLINICAL SOCIAL WORKER
AC	ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR
CW	COMMUNITY HEALTH WORKER
WC	WELLNESS COACH

8.2 Practitioner Specialties Approved Values

Specialty ID	Specialty Description
S.ADD	ATTENTION DEFICIT HYPERACTIVITY DISORDER
S.ADJ	ADJUSTMENT DISORDERS
S.ADL	ADOLESCENT THERAPY
S.ADO	ADOLESCENT BEHAVIOR DISORDERS
S.AFF	AFFECTIVE DISORDERS
S.ANC	ADDICTIONS, NON-CHEMICAL
S.ANG	ANGER MANAGEMENT
S.ANX	ANXIETY DISORDERS
S.ASM	ASAM-CERTIFIED ADDICTIONOLOGIST
S.ASP	AUTISTIC DISORDER/ASPERGERS SYNDROME
S.BDD	BODY DYSMORPHIC DISORDER
S.BHM	BEHAV MANAGEMENT/ALT THERAPY CHILD (FHP)
S.BIO	BIOFEEDBACK
S.BIP	BIPOLAR DISORDER
S.BMO	BEHAVIOR MODIFICATION
S.BPT	BORDERLINE PERSONALITY TRAITS
S.BRF	BRIEF THERAPY
S.CAR	CHEMICAL DEPENDENCY ASSESSMENT & REFERRAL
S.CBD	CHILDHOOD BEHAVIORAL DISTURBANCES
S.CHI	CHILD THERAPY
S.CMD	COMMUNICATION DISORDERS
S.COD	CO-OCCURRING DISORDERS
S.COG	COGNITIVE BEHAVIORAL THERAPY
S.CPF	CHILD PROTECTION/FOSTER CARE (FHP)
S.CRT	CRISIS/TRAUMA
S.DDX	DUAL DIAGNOSIS
S.DEF	MENTAL HEALTH ISSUES
S.DEP	DEPRESSIVE DISORDERS
S.DEV	DEVELOPMENTAL DISORDERS
S.DGA	DIAGNOSTIC ASSESSMENT LEVEL OF ASSESSMENT
S.DPT	DIALECTICAL BEHAVIORAL THERAPY
S.EAT	EATING DISORDERS
S.ELD	ELIMINATION DISORDERS
S.EMD	EYE MOVEMENT DESENSITIZATION AND REPROCESSING EMDR
S.FAM	FAMILY THERAPY
S.GCH	GROUP THERAPY CHILD
S.GLS	GAY/LESBIAN/BISEXUAL/TRANSGENDER/SEXUAL

Specialty ID	Specialty Description
S.GNG	GANG CULTS
S.GPP	GROUP THERAPY PANIC/PHOBIA
S.GRF	GRIEF/BEREAVEMENT
S.GRP	GROUP THERAPY
S.IMP	IMPULSE CONTROL DISORDER
S.MAR	MARITAL/SEPARATION/DIVORCE
S.MDO	MAJOR DEPRESSIVE DISORDER
S.MEH	MENTAL HEALTH
S.PHO	PANIC/PHOBIA
S.PSA	PSYCHOANALYSIS
S.PSD	POST TRAUMATIC STRESS DISORDER
S.PST	PSYCHOLOGICAL TESTING
S.RAD	REACTIVE ATTACHMENT DISORDER
S.SCL	SCHOOL RELATED PROBLEMS
S.SFA	STEP/BLENDED FAMILIES
S.STR	STRESS MANAGEMENT
S.TBC	TBI COGNITIVE THERAPY
S.TBM	TBI BEHAVIORAL MANAGEMENT
S.TRA	TRAUMA THERAPY
S.TRC	TRAUMA RESPONSE CONSULTATION
S.TRG	TRANSGENDER
S.TRM	TRICHOTILLOMANIA
S.TST	PSYCH TESTING INDEPENDENT PRACTICE - ALL AGES
S.VIO	FAMILY VIOLENCE
M.ADO	ADOLESCENT THERAPY
M.BEH	BEHAVIOR MODIFICATION THERAPY
M.BRF	BRIEF THERAPY
M.CHI	CHILD THERAPY
M.CHY	CHILD THERAPY <= 5 YEARS
M.COG	COGNITIVE THERAPY
M.DBT	DIALECTICAL BEHAVIORAL THERAPY
M.DSA	DISABILITY ASSESSMENT
M.FAM	FAMILY THERAPY
M.NSY	NEUROPSYCHOLOGICAL TESTING
M.PLY	PLAY THERAPY
M.PSA	PSYCHOANALYSIS
M.PST	PSYCHOLOGICAL TESTING
M.SFT	SOLUTION FOCUSED THERAPY

8.3 Language Code Approved Values

Code	Language
AB	ALBANIAN
AF	AFAR
AK	ABKHAZIAN
AL	AFRICAN LANGUAGES
AM	AMHARIC
AN	ARMENIAN
AO	AFAN (OROMO)
AR	ARABIC
AS	ASSAMESE
AY	ASSYRIAN
BA	BANGLA
BE	BRETON
BG	BENGALI
BH	BHUTANI
BI	BIHARI
BK	BASHKIR
BL	BULGARIAN
BN	BOSNIAN
BQ	BASQUE
BR	BRAILLE
BS	BISLAMA
BU	BURMESE
CA	CAMBODIAN
CH	CHINESE
CL	CHALDEAN
CN	CANTONESE
CO	CROATIAN
CR	CREOLE
CS	CORSICAN
CT	CATALAN
CW	CHOCTAW
CZ	CZECH
DA	DANISH
DJ	DUNJABI
DU	DUTCH
EA	EASTERN ARAMAIC
EN	ENGLISH (BILINGUAL)
EP	ESPERANTO
ET	ESTONIAN
FA	FARSI (PERSIAN)
FI	FILPINO
FJ	FIJI

Code	Language
FN	FINNISH
FO	FAROESE
FR	FRENCH
FS	FRISIAN
GA	GUARANI
GE	GERMAN
GL	GALICAN
GN	GREENLANDIC
GO	GEORGIAN
GR	GREEK
GU	GUJARATHI
HA	HAITIAN CREOLE
HE	HEBREW
HI	HINDI
HM	HMONG
HO	HOPI
HS	HAUSA
HU	HUNGARIAN
IC	ICELANDIC
ID	INDIAN
IK	INUKTITUT
IL	INTERLINGUA
IN	INDONESIAN/MALAYSIAN
IP	INUPIAK
IR	IRISH
IT	ITALIAN
JA	JAPANESE
KA	KANNADA
KI	KIRGHIZ
KN	KINYARWANDA
KO	KOREAN
KR	KURUNDI
KS	KASHMIRI
KU	KURDISH
KZ	KAZAKH
LA	LAOTIAN
LE	LATVIAN;LETTISH
LI	LITHUANIAN
LN	LINGALA
LS	AMERICAN SIGN LANGUAGE
LT	LATIN
MA	MANDARIN
MC	MACEDONIAN
MD	MOLDAVIAN

Code	Language
MG	MALAGASY
MI	MIEN
MK	MON-KHMER
ML	MALAYALAM
MM	MALAYSIAN
MN	MONGOLIAN
MO	MAORI
MR	MARATHI
MT	MALTESE
MY	MALAY
NA	NAVAJO
NE	NEPALI
NN	NONE
NU	NAURU
NW	NORWEGIAN
OC	OCCITAN
OR	ORIYA
OT	OTHER
PA	PAPAGO
PE	PERSIAN
PH	PHILIPPINE
PK	PAKISTAN
PL	POLISH
PO	PORTUGUESE
PS	PASHTO;PUSHTO
PU	PUNJABI
QU	QUECHUA
RH	RHAETO-ROMANCE
RO	ROMANIAN
RU	RUSSIAN
SA	SAMOAN
SB	SERBIAN
SC	SERBO-CROATION
SD	SINDHI
SG	SCOT GAELIC
SH	SHONA
SI	SANDHI
SK	SANSKRIT
SL	AMERICAN SIGN LANGUAGE
SM	SOMALI
SN	SINGHALESE
SO	SANGHO
SP	SPANISH
SR	SALT RIVER

Code	Language
SS	SESOTHO
ST	SETSWANA
SU	SUDANESE
SV	SLOVENIAN
SW	SWEDISH
TA	TAGALOG (FILIPINO)
TB	TIBETAN
TE	TELUGU
TG	TAGALOG
TH	THAI
TJ	TAJIK
TK	TURKMEN
TM	TAMIL
TO	TONGA
TS	TSONGA
TT	TATAR
TU	TURKISH
TW	TWI
TY	TIGRINYA
UI	UIGUR
UK	UKRAINIAN
UN	UNKNOWN
UR	URDU
UZ	UZBEK
VI	VIETNAMESE
VK	SLOVAK
VO	VOLAPUK
WA	SWAHILI
WE	WELSH
WO	WOLOF
WT	SISWATI
XH	XHOSA
YA	YAQUI
YI	YIDDISH
YO	YORUBA
ZE	ZERBAIJANI
ZH	ZHUANG
ZU	ZULU

8.4 Ethnicity/Race Codes Approved Values

Code	<i>Ethnicity Description</i>
Q	AFRICAN
E	ALASKAN NATIVE ESKIMO (FOR CTGA)
N	AMERICAN INDIAN OR ALASKAN NATIVE
Z	ASIAN
S	ASIAN (FOR CTGA)
F	ASIAN PACIFIC AMERICAN
A	ASIAN/PACIFIC ISLANDER
B	BLACK (NOT OF HISPANIC ORIGIN)
V	BRIZILIAN
K	CHRISTIAN
C	CUBAN/HAITIAN
Y	EUROPIAN
X	HAITIAN
T	HINDU
6	HISPANIC MEXICAN
H	HISPANIC OR LATINO
L	HISPANIC/LATINO 1 OR MORE RACES
2	INDIAN
G	JEWISH
M	MULTI-RACIAL
1	NATIVE AMERICAN
I	NATIVE AMERICAN INDIAN (FOR CTGA)
J	NATIVE HAWAIIAN
O	OTHER
P	PACIFIC ISLANDER (FOR CTGA)
R	ROMANIAN
D	SUBCONTINENT ASIAN AMERICAN
U	UNKNOWN
W	WHITE (NOT OF HISPANIC ORIGIN)

8.5 Facility Types Approved Values

Code	<i>Facility Type Description</i>
BG	BEHAVIORAL HEALTH MULTI-SPECIALTYGROUP
BO	BEHAVIORAL HEALTH SERVICE ORGANIZATION
CB	COMMUNITY BASED (WV)
CH	FEDERALLY QUALIFIED HEALTH CENTERS
FA	GENERAL HOSPITAL WITHOUT A PSYCHIATRIC UNIT
FB	NON-PSYCH FACILITY, TYPE UNSPECIFIED
FE	FULL SERVICE BEHAVIORAL HEALTH CARE CENTER
FG	GENERAL HOSPITAL

Code	Facility Type Description
FJ	NON-PROFIT MENTAL HEALTH & SUBSTANCE ABUSE OP TRMT
FM	COMMUNITY MENTAL HEALTH CENTER OR PUB HLTH AGENCY
FO	OUTPATIENT CLINIC
FS	SCHOOL-BASED CLINIC
FV	LICENSED OPT HEALTH CENTERS W/ HOSPITALS
F6	CASE MANAGEMENT MENTAL HEALTH
LB	LICENSED BEHAVIORAL HEALTH CENTER
SB	MENTAL HEALTH SKILL BUILDING SERVICES

9 Appendix B – Full Standard Provider Import Template for Carelon

Listed below is the full Carelon standard provider import (SPI) template of fields that will be generated when the template is converted into a .TXT file for submission to Carelon. Those fields marked as required by the LEAs are highlighted in green.

Carelon EDI Provider Field Specifications Version 1.6

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
1	ChangeIndicator	C	A	1	All	Valid Values: F	Change status of record. Record should always be populated with 'F'
2	ProviderID	C	A	20	All		Unique identifier for the provider within the submitters system. The Unique Provider ID assigned by the entity to this provider.
3	LocationID	O	A	20	All		Location ID for this record assigned by the submitting entity
4	ProviderTypeID	C	A	1	All	Valid Values: I, G, F, R, P	Provider type represented by this record: I -individual practitioner; G -group entity – group provider entity containing credentialed practitioners under this taxid that are par; F -facility type provider - hospital, ancillary, R -roster providers attached to a facility; P -paraprofessional providers practicing under another provider;
5	FirstName	C	A	25	I, R, P		Provider first name only. Should not contain middle name or middle initial. Should contain no

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							punctuation except a dash for hyphenated first name
6	MiddleInitial	O	A	1	I, R, P		Provider middle initial only
7	LastName	C	A	25	I, R, P		Provider last name only. Should not contain any degree or suffix (ex: Jr, III, LLP, LLC). Should contain no punctuation except a dash for hyphenated last names.
8	Suffix	O	A	4	I, R, P		Provider Name Suffix. Examples include Jr, Sr, III etc. "Null" = No Value. Should contain no punctuation.
9	TitleCode	O	A	4	I, R, P	See Title Code List in Appendix for approved values	Provider's professional credentials; ex: APRN, LCSW, MD
10	PrimaryDegree	C	N	25	I, R, P	See Primary Degree List in Appendix for approved values	Identifies the primary degree related to the specialization that the provider practices under. (NOTE: License LEVEL)
11	Degree2	O	N	25	I, R, P	See Primary Degree List in Appendix for approved values	Identifies the secondary degree related to the specialization that the provider practices under.
12	Degree3	O	N	25	I, R, P	See Primary Degree List in Appendix for	Identifies the third degree related to the specialization that the provider practices under.

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						approved values	
13	ProvNPI	C	A	10	All		Individual Practitioner NPI. Do not place a group or facility NPI number in this field. 10 digit number and must include leading zeroes.
14	ProvSSN	R	A	12	I, R, P	Numbers only; no dashes	Social Security Number; must be 9 digits
15	ProvGender	R	A	1	I, R, P	M, F, U or blank	Gender
16	ProvDOB	R	A	10	I, R, P	Format mm/dd/ccyy	Date of birth
17	BoardName1	O	A	100	All	See Board Certification List in Appendix for approved values	Code for 1st certifying board name. Up to 3 board certifications can be provided.
18	Board1CertEffdt	O	A	10	All	Format mm/dd/ccyy	Board 1 certification effective date. If only the year is known use 01/01/CCYY.
19	Board1CertExpdt	O	A	10	All	Format mm/dd/ccyy	Board 1 certification expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 (2029 is the no expiration date.) if no termination date. If blank then it is considered lifetime.
20	BoardCertNumber1	O	A	35	All		Board Certification Number
21	BoardCertPrvValidDte1	O	A	10	All	Format mm/dd/ccyy	Board certification previous validation date. If only the year is known use 01/01/CCYY
22	BoardCertValidDte1	O	A	10	All	Format mm/dd/ccyy	Board certification current validation date. If only the year is known use 01/01/CCYY
23	BoardCertVerifMethod1	O	A	50	All	See PSV Verification	Board certification verification method during PSV (primary source verification)

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Method List in Appendix for approved values	
24	BoardCertStatus1	O	A	25	All	See Certification Status List in Appendix for approved values	Lic certification status
25	BoardName2	O	A	100	All	See Board Certification List in Appendix for approved values	Code for 2nd certifying board name. Up to 3 board certifications can be provided.
26	Board2CertEffdt	O	A	10	All	Format mm/dd/ccyy	Board 2 certification effective date. If only the year is known use 01/01/CCYY.
27	Board2CertExpdt	O	A	10	All	Format mm/dd/ccyy	Board 2 certification expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
28	BoardCertNumber2	O	A	35	All		Board Certification Number
29	BoardCertPrvValidDte2	O	A	10	All	Format mm/dd/ccyy	Board certification previous validation date. If only the year is known use 01/01/CCYY
30	BoardCertValidDte2	O	A	10	All	Format mm/dd/ccyy	Board certification current validation date. If only the year is known use 01/01/CCYY
31	BoardCertVerifMethod2	O	A	50	All	See PSV Verification Method List in	Board certification verification method during PSV (primary source verification)

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Appendix for approved values	
32	BoardCertStatus2	O	A	25	All	See Certification Status List in Appendix for approved values	Board certification status
33	BoardName3	O	A	100	All	See Board Certification List in Appendix for approved values	Code for 3rd certifying board name. Up to 3 board certifications can be provided.
34	Board3CertEffdt	O	A	10	All	Format mm/dd/ccyy	Board 3 certification effective date. If only the year is known use 01/01/CCYY.
35	Board3CertExpdt	O	A	10	All	Format mm/dd/ccyy	Board 3 certification expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
36	BoardCertNumber3	O	A	35	All		Board Certification Number
37	BoardCertPrvValidDte3	O	A	10	All	Format mm/dd/ccyy	Board certification previous validation date. If only the year is known use 01/01/CCYY
38	BoardCertValidDte3	O	A	10	All	Format mm/dd/ccyy	Board certification current validation date. If only the year is known use 01/01/CCYY
39	BoardCertVerifMethod3	O	A	50	All	See PSV Verification Method List in Appendix for	Board certification verification method during PSV (primary source verification)

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						approved values	
40	BoardCertStatus3	O	A	25	All	See Certification Status List in Appendix for approved values	Board certification status
41	MedicaidID	O	A	30	All		Medicaid ID
42	MedicaidEffDt	O	A	10	All	Format mm/dd/ccyy	Provider's Medicaid start date formatted as mm/dd/ccyy
43	MedicaidExpDt	O	A	10	All	Format mm/dd/ccyy	Provider's Medicaid term date formatted as mm/dd/ccyy
44	MedicareID	O	A	30	All		Medicare ID
45	MedicareEffDt	O	A	10	All	Format mm/dd/ccyy	Provider's Medicare start date formatted as mm/dd/ccyy
46	MedicareExpDt	O	A	10	All	Format mm/dd/ccyy	Provider's Medicare term date formatted as mm/dd/ccyy
47	StateLicense1	R	A	30	All		Provider's primary state medical license number. Up to 4 state license numbers can be provided
48	License1State	R	A	2	All		State of provider's 1st medical license. Must use 2 character postal abbreviation for State.
49	License1EffDt	R	A	10	All	Format mm/dd/ccyy	State license 1 effective date. If only the year is known use 01/01/CCYY.
50	License1ExpDt	R	A	10	All	Format mm/dd/ccyy	State license 1 expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
51	StateLicensePrvValidDte1	O	A	10	All	Format mm/dd/ccyy	State license previous validation date. If only the year is known use 01/01/CCYY

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
52	StateLicenseValidationDte1	O	A	10	All	Format mm/dd/ccyy	State license current validation date. If only the year is known use 01/01/CCYY
53	StateLicenseVerifMethod1	O	A	50	All	See PSV Verification Method List in Appendix for approved values	State license verification method
54	StateLicenseStatus1	O	A	25	All	See Certification Status List in Appendix for approved values	State license status
55	StateLicense2	O	A	30	All		Provider's 2nd state medical license number. Up to 4 state license numbers can be provided
56	License2State	O	A	2	All		State of provider's 2nd medical license. Must use 2 character postal abbreviation for State.
57	License2EffDt	O	A	10	All	Format mm/dd/ccyy	State license 2 effective date. If only the year is known use 01/01/CCYY.
58	License2ExpDt	O	A	10	All	Format mm/dd/ccyy	State license 2 expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
59	StateLicensePrvValidDte2	O	A	10	All	Format mm/dd/ccyy	State license previous validation date. If only the year is known use 01/01/CCYY
60	StateLicenseValidationDte2	O	A	10	All	Format mm/dd/ccyy	State license current validation date. If only the year is known use 01/01/CCYY
61	StateLicenseVerifMethod2	O	A	50	All	See PSV Verification	State license verification method

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Method List in Appendix for approved values	
62	StateLicenseStatus2	O	A	25	All	See Certification Status List in Appendix for approved values	State license status
63	StateLicense3	O	A	30	All		Provider's 3rd state medical license number. Up to 4 state license numbers can be provided
64	License3State	O	A	2	All		State of provider's 3rd medical license. Must use 2 character postal abbreviation for State.
65	License3EffDt	O	A	10	All	Format mm/dd/ccyy	State license 3 effective date. If only the year is known use 01/01/CCYY.
66	License3ExpDt	O	A	10	All	Format mm/dd/ccyy	State license 3 expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
67	StateLicensePrvValidDte3	O	A	10	All	Format mm/dd/ccyy	State license previous validation date. If only the year is known use 01/01/CCYY
68	StateLicenseValidationDte3	O	A	10	All	Format mm/dd/ccyy	State license current validation date. If only the year is known use 01/01/CCYY
69	StateLicenseVerifMethod3	O	A	50	All	See PSV Verification Method List in Appendix for approved values	State license verification method

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
70	StateLicenseStatus3	O	A	25	All	See Certification Status List in Appendix for approved values	State license status
71	StateLicense4	O	A	30	All		Provider's 4th state medical license number. Up to 4 state license numbers can be provided
72	License4State	O	A	2	All		State of provider's 4th medical license. Must use 2 character postal abbreviation for State.
73	License4EffDt	O	A	10	All	Format mm/dd/ccyy	State license 4 effective date. If only the year is known use 01/01/CCYY.
74	License4ExpDt	O	A	10	All	Format mm/dd/ccyy	State license 4 expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
75	StateLicensePrvValidDte4	O	A	10	All	Format mm/dd/ccyy	State license previous validation date. If only the year is known use 01/01/CCYY
76	StateLicenseValidationDte4	O	A	10	All	Format mm/dd/ccyy	State license current validation date. If only the year is known use 01/01/CCYY
77	StateLicenseVerifMethod4	O	A	50	All	See PSV Verification Method List in Appendix for approved values	State license verification method
78	StateLicenseStatus4	O	A	25	All	See Certification Status List in Appendix for	State license status

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						approved values	
79	FederalDEA	O	A	9	All		Federal DEA number assigned to the provider allowing them to write prescriptions for controlled substances. Format - 9 digit Alphanumeric. First 2 digits are alpha, last 7 digits are numeric. "Null" = No Value
80	FedDEAEffDt	O	A	10	All	Format mm/dd/ccyy	Federal DEA effective date. If only the year is known use 01/01/CCYY.
81	FedDEAExpDt	O	A	10	All	Format mm/dd/ccyy	Federal DEA expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
82	FedDEAPrevValidDte	O	A	10	All	Format mm/dd/ccyy	Federal DEA previous validation date. If only the year is known use 01/01/CCYY
83	FedDEAValidDte	O	A	10	All	Format mm/dd/ccyy	Federal DEA current validation date. If only the year is known use 01/01/CCYY
84	FedDEAVerifMethod	O	A	50	All	See PSV Verification Method List in Appendix for approved values	Federal DEA verification method
85	FedDEAStatus	O	A	25	All	See Certification Status List in Appendix for approved values	Federal DEA status
86	FedDEAState	O	A	2	All		Federal DEA1 State

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
87	FederalDEA2	O	A	9	All		Federal DEA number assigned to the provider allowing them to write prescriptions for controlled substances. Format - 9 digit Alphanumeric. First 2 digits are alpha, last 7 digits are numeric. "Null" = No Value
88	FedDEAEffDt2	O	A	10	All	Format mm/dd/ccyy	Federal DEA2 effective date. If only the year is known use 01/01/CCYY.
89	FedDEAExpDt2	O	A	10	All	Format mm/dd/ccyy	Federal DEA2 expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
90	FedDEAPrevValidDte2	O	A	10	All	Format mm/dd/ccyy	Federal DEA2 previous validation date. If only the year is known use 01/01/CCYY
91	FedDEAValidDte2	O	A	10	All	Format mm/dd/ccyy	Federal DEA2 current validation date. If only the year is known use 01/01/CCYY
92	FedDEAVerifMethod2	O	A	50	All	See PSV Verification Method List in Appendix for approved values	Federal DEA2 verification method
93	FedDEAStatus2	O	A	25	All	See Certification Status List in Appendix for approved values	Federal DEA2 status
94	FedDEAState2	O	A	2	All		Federal DEA2 State
95	FederalDEA3	O	A	9	All		Federal DEA number assigned to the provider allowing them to write prescriptions for controlled

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							substances. Format - 9 digit Alphanumeric. First 2 digits are alpha, last 7 digits are numeric. "Null" = No Value
96	FedDEAEffDt3	O	A	10	All	Format mm/dd/ccyy	Federal DEA3 effective date. If only the year is known use 01/01/CCYY.
97	FedDEAExpDt3	O	A	10	All	Format mm/dd/ccyy	Federal DEA3 expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
98	FedDEAPrevValidDte3	O	A	10	All	Format mm/dd/ccyy	Federal DEA3 previous validation date. If only the year is known use 01/01/CCYY
99	FedDEAValidDte3	O	A	10	All	Format mm/dd/ccyy	Federal DEA3 current validation date. If only the year is known use 01/01/CCYY
100	FedDEAVerifMethod3	O	A	50	All	See PSV Verification Method List in Appendix for approved values	Federal DEA3 verification method
101	FedDEAStatus3	O	A	25	All	See Certification Status List in Appendix for approved values	Federal DEA3 status
102	FedDEAState3	O	A	2	All		Federal DEA3 State
103	FederalDEA4	O	A	9	All		Federal DEA number assigned to the provider allowing them to write prescriptions for controlled substances. Format - 9 digit Alphanumeric. First 2

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							digits are alpha, last 7 digits are numeric. "Null" = No Value
104	FedDEAEffDt4	O	A	10	All	Format mm/dd/ccyy	Federal DEA4 effective date. If only the year is known use 01/01/CCYY.
105	FedDEAExpDt4	O	A	10	All	Format mm/dd/ccyy	Federal DEA4 expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
106	FedDEAPrevValidDte4	O	A	10	All	Format mm/dd/ccyy	Federal DEA4 previous validation date. If only the year is known use 01/01/CCYY
107	FedDEAValidDte4	O	A	10	All	Format mm/dd/ccyy	Federal DEA4 current validation date. If only the year is known use 01/01/CCYY
108	FedDEAVerifMethod4	O	A	50	All	See PSV Verification Method List in Appendix for approved values	Federal DEA4 verification method
109	FedDEAStatus4	O	A	25	All	See Certification Status List in Appendix for approved values	Federal DEA4 status
110	FedDEAState4	O	A	2	All		Federal DEA4 State
111	StateDEA1	O	A	30	All		1st State DEA Number. Up to 4 state DEA numbers can be provided.
112	DEA1State	O	A	2	All		State of provider's 1st State DEA license. Must use 2 character postal abbreviation for State.

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
113	DEA1ExpDt	O	A	10	All	Format mm/dd/ccyy	1st State DEA number expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
114	StateDEAPrevValidDte1	O	A	10	All	Format mm/dd/ccyy	State DEA previous validation date. If only the year is known use 01/01/CCYY
115	StateDEAValidDate1	O	A	10	All	Format mm/dd/ccyy	State DEA current validation date. If only the year is known use 01/01/CCYY
116	StateDEAVerifMethod1	O	A	50	All	See PSV Verification Method List in Appendix for approved values	State DEA verification method
117	StateDEAStatus1	O	A	25	All	See Certification Status List in Appendix for approved values	State DEA status
118	StateDEA2	O	A	30	All		2nd State DEA Number. Up to 4 state DEA numbers can be provided.
119	DEA2State	O	A	2	All		State of provider's 2nd State DEA license. Must use 2 character postal abbreviation for State.
120	DEA2ExpDt	O	A	10	All	Format mm/dd/ccyy	2nd State DEA number expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
121	StateDEAPrevValidDte2	O	A	10	All	Format mm/dd/ccyy	State DEA previous validation date. If only the year is known use 01/01/CCYY

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
122	StateDEAValidDate2	O	A	10	All	Format mm/dd/ccyy	State DEA current validation date. If only the year is known use 01/01/CCYY
123	StateDEAVerifMethod2	O	A	50	All	See PSV Verification Method List in Appendix for approved values	State DEA verification method
124	StateDEAStatus2	O	A	25	All	See Certification Status List in Appendix for approved values	State DEA status
125	StateDEA3	O	A	30	All		3rd State DEA Number. Up to 4 state DEA numbers can be provided.
126	DEA3State	O	A	2	All		State of provider's 3rd State DEA license. Must use 2 character postal abbreviation for State.
127	DEA3ExpDt	O	A	10	All	Format mm/dd/ccyy	3rd State DEA number expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
128	StateDEAPrevValidDte3	O	A	10	All	Format mm/dd/ccyy	State DEA previous validation date. If only the year is known use 01/01/CCYY
129	StateDEAValidDate3	O	A	10	All	Format mm/dd/ccyy	State DEA current validation date. If only the year is known use 01/01/CCYY
130	StateDEAVerifMethod3	O	A	50	All	See PSV Verification Method List in Appendix for	State DEA verification method

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						approved values in Appendix for approved values	
131	StateDEAStatus3	O	A	25	All	See Certification Status List in Appendix for approved values	State DEA status
132	StateDEA4	O	A	30	All		4th State DEA Number. Up to 4 state DEA numbers can be provided.
133	DEA4State	O	A	2	All		State of provider's 4th State DEA license. Must use 2 character postal abbreviation for State.
134	DEA4ExpDt	O	A	10	All	Format mm/dd/ccyy	4th State DEA number expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
135	StateDEAPrevValidDte4	O	A	10	All	Format mm/dd/ccyy	State DEA previous validation date. If only the year is known use 01/01/CCYY
136	StateDEAValidDate4	O	A	10	All	Format mm/dd/ccyy	State DEA current validation date. If only the year is known use 01/01/CCYY
137	StateDEAVerifMethod4	O	A	50	All	See PSV Verification Method List in Appendix for approved values	State DEA verification method

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
138	StateDEAStatus4	O	A	25	All	See Certification Status List in Appendix for approved values	State DEA status
139	Suboxone	O	A	20	All		Provider's suboxone license number
140	SuboxoneState	O	A	2	All		State issuing provider's suboxone license. Must use 2 character postal abbreviation for State.
141	SuboxoneEffDt	O	A	10	All	Format mm/dd/ccyy	Suboxone license effective date. If only the year is known use 01/01/CCYY.
142	SuboxoneExpDt	O	A	10	All	Format mm/dd/ccyy	Suboxone license expiration date. If only the year is known use 01/01/CCYY. Enter 12/31/9999 if no termination date.
143	SuboxonePrevValidDte	O	A	10	All	Format mm/dd/ccyy	Suboxone previous validation date. If only the year is known use 01/01/CCYY
144	SuboxoneValidDte	O	A	10	All	Format mm/dd/ccyy	Suboxone current validation date. If only the year is known use 01/01/CCYY
145	SuboxoneVerifMethod	O	A	50	All	See PSV Verification Method List in Appendix for approved values	Suboxone verification method
146	SuboxoneStatus	O	A	25	All	See Certification Status List in Appendix for	Suboxone status

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						approved values	
147	Language1	O	A	50	All	See Language Code List in Appendix for approved values	Provider's first language after English
148	Language2	O	A	50	All	See Language Code List in Appendix for approved values	Provider's second language after English
149	Language3	O	A	50	All	See Language Code List in Appendix for approved values	Provider's third language after English
150	Language4	O	A	50	All	See Language Code List in Appendix for approved values	Provider's fourth language after English
151	Language5	O	A	50	All	See Language Code List in Appendix for approved values	Provider's fifth language after English
152	MedSchoolName	O	A	100	I, R, P		Medical school name
153	MedSchoolBegYR	O	A	10	I, R, P	Format mm/dd/ccyy	Medical school begin year

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
154	MedSchoolEndYR	O	A	10	I, R, P	Format mm/dd/ccyy	Medical school graduation year
155	MedSchoolDegree	O	A	50	I, R, P	See Education Degree Code List in Appendix for approved values	Medical school degree
156	MedSchoolSpecialty	O	A	75	I, R, P		Medical school field of study
157	ResidencyName	O	A	100	I, R, P		Residency name
158	ResidencyBegYR	O	A	10	I, R, P	Format mm/dd/ccyy	Residency begin year
159	ResidencyEndYR	O	A	10	I, R, P	Format mm/dd/ccyy	Residency completion year
160	ResidencyDegree	O	A	50	I, R, P	See Education Degree Code List in Appendix for approved values	Residency degree
161	ResidencySpecialty	O	A	75	I, R, P		Residency field of study
162	ResidencyName2	O	A	100	I, R, P		Residency name
163	ResidencyBegYR2	O	A	10	I, R, P	Format mm/dd/ccyy	Residency begin year
164	ResidencyEndYR2	O	A	10	I, R, P	Format mm/dd/ccyy	Residency completion year
165	ResidencyDegree2	O	A	50	I, R, P	See Education Degree Code List in	Residency degree

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Appendix for approved values	
166	ResidencySpecialty2	O	A	75	I, R, P		Residency field of study
167	FellowshipName	O	A	100	I, R, P		Fellowship name
168	FellowshipBegYR	O	A	10	I, R, P	Format mm/dd/ccyy	Fellowship begin year
169	FellowshipEndYR	O	A	10	I, R, P	Format mm/dd/ccyy	Fellowship completion year
						See Education Degree Code List in Appendix for approved values	
170	FellowshipDegree	O	A	50	I, R, P		Fellowship degree
171	FellowshipSpecialty	O	A	75	I, R, P		Fellowship field of study
172	InternshipName	O	A	100	I, R, P		Internship name
173	InternshipBegYR	O	A	10	I, R, P	Format mm/dd/ccyy	Internship begin year
174	InternshipEndYR	O	A	10	I, R, P	Format mm/dd/ccyy	Internship completion year
						See Education Degree Code List in Appendix for approved values	
175	InternshipDegree	O	A	50	I, R, P		Internship degree
176	InternshipSpecialty	O	A	75	I, R, P		Internship field of study
177	MalpracticeCarrier	O	A	100	All		Malpractice insurance carrier

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
178	MalpracticePolicy	O	A	30	All		Malpractice insurance policy number
179	MalpracticeEffDt	O	A	10	All	Format mm/dd/ccyy	Malpractice insurance effective date
180	MalpracticeExpDt	O	A	10	All	Format mm/dd/ccyy	Malpractice insurance expiration date
181	MalpracticeCovAmt	O	N	12	All		Malpractice coverage amount per claim
182	MalpracticeAggAmt	O	N	12	All		Malpractice aggregate amount
183	MalpracticeVerificationSource	O	A	50	All	See PSV Verification Method List in Appendix for approved values	Malpractice verification method
184	MalpracticeVerificationStatus	O	A	25	All	See Certification Status List in Appendix for approved values	Malpractice status
185	ProviderEffDt	R	A	10	All	Format mm/dd/ccyy	Provider's effective date
186	ProviderExpDt	R	A	10	All	Format mm/dd/ccyy	Provider's expiration date; if not terminated send 12/31/9999
187	MailAddr1	R	A	55	All		Provider's mailing address line 1. Should not contain any punctuation. Ex: 1234 Main Street
188	MailAddr2	O	A	55	All		Provider's mailing address line 2. Contains suite, floor, room, etc. information. Should not contain any punctuation. Ex: Suite 101, Building C, etc.

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
189	MailCity	R	A	30	All		Provider's mailing city. Should contain no punctuation.
190	MailState	R	A	2	All		Provider's mailing state. 2 character postal abbreviation for the state
191	MailZip	R	A	5	All		Provider's mailing zip. Format 99999 and should include leading zeroes
192	MailZip4	O	A	4	All		Provider's mailing zip +4 extension. Format 9999 and should include leading zeroes
193	MailPhone	R	A	10	All		Phone number associated with provider's mailing address, including area code. Format is 9999999999; no dashes or parenthesis.
194	MailPhoneExt	O	A	6	All		Phone number extension associated with provider's mailing address. Numbers only.
195	MailFax	O	A	10	All		Fax number associated with provider's mailing address, including area code. Format is 9999999999; no dashes or parenthesis.
196	MailContact	O	A	50	All		Name of contact for mailing address. Includes first and last name.
197	ProviderEmail	O	A	60	All		Provider's email address
198	ProviderTaxID	C	A	9	All		Federal tax ID number assigned by the IRS. This can be a social security number or federal tax identification number. This is the tax ID associated with the practice address on this record. Format is 999999999 and must include leading zeroes; no dashes. All nine digits must be populated
199	TaxIDType	R	A	1	All	E or S	Identifies TIN as employer identification number (E) or social security number (S)

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
200	GroupName	R	A	100	All		Name of provider's group or facility. Should contain no punctuation except dash, ampersand or apostrophe.
201	GroupNPI	R	N	10	All		Group/Facility NPI. Do not place an individual NPI number in this field UNLESS ProviderTypeID='P"/paraprofessional. 10 digit number and must include leading zeroes.
202	GroupTaxonomy	O	A	10	N/A	Do not use	Primary Taxonomy code associated with the Group/Facility NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
203	GroupTaxonomy2	O	A	10	N/A	Do not use	2nd Taxonomy code associated with the Group/Facility's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
204	GroupTaxonomy3	O	A	10	N/A	Do not use	3rd Taxonomy code associated with the Group/Facility's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
205	BillName	C	A	100	All		Billing vendor's name. Should contain no punctuation except a dash for hyphenated names or an ampersand or apostrophe. If no billing name is provided then practice vendor name or provider name will be used in that order.
206	BillAddr1	C	A	55	All		Provider's billing address line 1. Should not contain any punctuation. Ex: 1234 Main Street
207	BillAddr2	O	A	55	All		Provider's billing address line 2. Contains suite, floor, room, etc. information. Should not contain any punctuation. Ex: Suite 101, Building C, etc.

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
208	BillCity	C	A	30	All		Provider's billing city. Should contain no punctuation.
209	BillState	C	A	2	All		Provider's billing state. 2 character postal abbreviation for the state
210	BillZip	C	A	5	All		Provider's billing zip. Format 99999 and should include leading zeroes
211	BillZip4	O	A	4	All		Provider's billing zip +4 extension. Format 9999 and should include leading zeroes
212	BillPhone	R	A	10	All		Phone number associated with provider's billing address, including area code. Format is 9999999999; no dashes or parenthesis.
213	BillPhoneExt	O	A	6	All		Phone number extension associated with provider's billing address. Numbers only.
214	BillFax	O	A	10	All		Fax number associated with provider's billing address, including area code. Format is 9999999999; no dashes or parenthesis.
215	BillContact	O	A	25	All		Name of contact for billing address. Includes first and last name.
216	BillContactEmail	O	A	60	All		Billing contact's email address
217	PrimaryLocFlg	R	A	1	All	Y or N	Indicates if address is the primary service location for provider. Provider can have only 1 primary service location
218	HandicapFlg	R	A	1	All	Y, N, U or blank	Indicates whether the service location has wheelchair accessibility. Y=Yes and N=No.
219	ServAddrEffDt	R	A	10	All	Format mm/dd/ccyy	Service address effective date
220	ServAddrExpDt	R	A	10	All	Format mm/dd/ccyy	Service address expiration date; if not terminated send 12/31/9999

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
221	ServName	C	A	100	All		Service vendor's name only. Should contain no punctuation except a dash for hyphenated name or an ampersand or apostrophe. If no service name is provided then billing vendor name or provider name will be used in that order.
222	DBAName	O	A	50	All		Vendor DBA (Doing Business As) Name
223	ServAddr1	C	A	55	All		Provider's service address line 1. Should not contain any punctuation. Ex: 1234 Main Street
224	ServAddr2	O	A	55	All		Provider's service address line 2. Contains suite, floor, room, etc. information. Should not contain any punctuation. Ex: Suite 101, Building C, etc.
225	ServCity	C	A	30	All		Provider's service city. Should contain no punctuation.
226	ServState	C	A	2	All		Provider's service state. 2 character postal abbreviation for the state
227	ServZip	C	A	5	All		Provider's service zip. Format 99999 and should include leading zeroes
228	ServZip4	O	A	4	All		Provider's service zip +4 extension. Format 9999 and should include leading zeroes
229	ServPhone	C	A	10	All		Phone number associated with provider's service address, including area code. Format is 9999999999; no dashes or parenthesis.
230	ServPhoneExt	O	A	6	All		Phone number extension associated with provider's service address. Numbers only.
231	ServFax	O	A	10	All		Fax number associated with provider's service address, including area code. Format is 9999999999; no dashes or parenthesis.
232	ServContact	O	A	25	All		Name of contact for service address. Includes first and last name.

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
233	ServContactEmail	O	A	60	All		Service address contact's email address
234	MonBeg	O	A	5	All	Format XHHMM	Monday start time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
235	MonEnd	O	A	5	All	Format XHHMM	Monday end time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
236	TuesBeg	O	A	5	All	Format XHHMM	Tuesday start time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
237	TuesEnd	O	A	5	All	Format XHHMM	Tuesday end time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
238	WedBeg	O	A	5	All	Format XHHMM	Wednesday start time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
239	WedEnd	O	A	5	All	Format XHHMM	Wednesday end time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
240	ThursBeg	O	A	5	All	Format XHHMM	Thursday start time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
241	ThursEnd	O	A	5	All	Format XHHMM	Thursday end time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
242	FriBeg	O	A	5	All	Format XHHMM	Friday start time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
243	FriEnd	O	A	5	All	Format XHHMM	Friday end time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
244	SatBeg	O	A	5	All	Format XHHMM	Saturday start time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
245	SatEnd	O	A	5	All	Format XHHMM	Saturday end time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
246	SunBeg	O	A	5	All	Format XHHMM	Sunday start time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
247	SunEnd	O	A	5	All	Format XHHMM	Sunday end time format XHHMM where X=AM/PM indicator; HH=hour 01-12; MM=minutes 00-59
248	NewPatientFlg	R	A	1	All	Y or N	Accepting new patients at this location. Y=accepting patients; N=not accepting
249	HospName1	O	A	100	I, R, P		Name of the 1st facility where the provider has privileges
250	HospPrivFlg1	O	A	25	I, R, P	See Hospital Privileges List in Appendix for approved values	Type of privileges at 1st facility
251	Hosp1PrivAddr1	O	A	55	I, R, P		Hospital 1 Privilege Address 1
252	Hosp1PrivAddr2	O	A	55	I, R, P		Hospital 1 Privilege Address 2
253	Hosp1PrivCity	O	A	30	I, R, P		Hospital 1 Privilege City
254	Hosp1PrivState	O	A	2	I, R, P		Hospital 1 Privilege State
255	Hosp1PrivZip	O	A	5	I, R, P		Hospital 1 Privilege Zip
256	Hosp1PrivZip4	O	A	4	I, R, P		Hospital 1 Privilege Zip4
257	Hosp1AHCAID	O	N	8	I, R, P		Hospital 1 Privilege AHCA ID
258	HospName2	O	A	100	I, R, P		Name of the 2nd facility where the provider has privileges

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
259	HospPrivFlg2	O	A	25	I, R, P	See Hospital Privileges List in Appendix for approved values	Type of privileges at 2nd facility
260	Hosp2PrivAddr1	O	A	55	I, R, P		Hospital 2 Privilege Address 1
261	Hosp2PrivAddr2	O	A	55	I, R, P		Hospital 2 Privilege Address 2
262	Hosp2PrivCity	O	A	30	I, R, P		Hospital 2 Privilege City
263	Hosp2PrivState	O	A	2	I, R, P		Hospital 2 Privilege State
264	Hosp2PrivZip	O	A	5	I, R, P		Hospital 2 Privilege Zip
265	Hosp2PrivZip4	O	A	4	I, R, P		Hospital 2 Privilege Zip4
266	Hosp2AHCAID	O	N	8	I, R, P		Hospital 2 Privilege AHCA ID
267	HospName3	O	A	100	I, R, P		Name of the 3rd facility where the provider has privileges
268	HospPrivFlg3	O	A	25	I, R, P	See Hospital Privileges List in Appendix for approved values	Type of privileges at 3rd facility
269	Hosp3PrivAddr1	O	A	55	I, R, P		Hospital 3 Privilege Address 1
270	Hosp3PrivAddr2	O	A	55	I, R, P		Hospital 3 Privilege Address 2
271	Hosp3PrivCity	O	A	30	I, R, P		Hospital 3 Privilege City
272	Hosp3PrivState	O	A	2	I, R, P		Hospital 3 Privilege State
273	Hosp3PrivZip	O	A	5	I, R, P		Hospital 3 Privilege Zip
274	Hosp3PrivZip4	O	A	4	I, R, P		Hospital 3 Privilege Zip4
275	Hosp3AHCAID	O	N	8	I, R, P		Hospital 3 Privilege AHCA ID
276	LowAge	R	N	2	All		Minimum age a provider is willing to see. Numbers 0-9 only

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
277	HighAge	R	N	2	All		Maximum age a provider is willing to see. Numbers 0-9 only
278	DelegatedFlg	O	A	1	All	Y, N or blank	Delegated provider flag
279	DelegatedName	O	A	75	All		Delegated agency name
280	MinorityOwnOperate	O	A	1	All	Y, N or blank	Minority Owned Business Flag
281	SmallBusFlg	O	A	1	All	Y, N or blank	Small business flag. Answer Y if provider's practice meets the standards set by the Small Business Administration
282	WomanOwnedFlg	O	A	1	All	Y, N or blank	Woman Owned Small Business flag. Answer Y if at least 51% of provider's practice is owned by one or more woman
283	SmallDisadvFlg	O	A	1	All	Y, N or blank	Small Disadvantaged business flag. Answer Y if at least 51% of provider's practice is owned by a disadvantaged person and that person provides daily management and control
284	VeteranOwnedFlg	O	A	1	All	Y, N or blank	Veteran owned small business flag. Answer Y if at least 51% of provider's practice is owned by one or more veterans that provide daily management and control
285	DisadvVetFlg	O	A	1	All	Y, N or blank	Service-Disabled Veteran owned small business flag. Answer Y if provider's practice is owned and controlled by a service disabled veteran under section 101 (16) of title 38, United States Code
286	HubZoneFlg	O	A	1	All	Y, N or blank	HubZone Small business flag. Answer Y if provider's practice can be found in a qualified Hubzone concern.
287	HistBlackCollege	O	A	1	All	Y, N or blank	Historically Black College/Minority Institution flag. Answer Y if provider's practice meets the

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							requirements determined by Secretary of Education 34 CFR 608.2
288	NAICSCode	O	A	6	All		NAICS Code; North American Industrial Classification System Code for this practice
289	ADASurveyFlg	O	A	1	I,G, F	Y, N or blank	ADA Survey flag. Answer 'Y' if ADA survey was approved for practice location.
290	ADASurveyDte	O	A	10	I,G, F	Format mm/dd/ccyy	ADA Survey completion date. If only the year is known use 01/01/CCYY.
291	SpcNSurveyFlg	O	A	1	I,G, F	Y, N or blank	Special Needs Survey flag. Answer 'Y' if Special Needs survey was received for practice location.
292	SpcNSurveyDte	O	A	10	I,G, F	Format mm/dd/ccyy	Special Needs Survey completion date. If only the year is known use 01/01/CCYY.
293	ECFMGFlag	O	A	1	All	Y, N or blank	ECFMG flag. Answer 'Y' if provider has ECFMG number
294	ECFMGNumber	O	A	8	All		ECFMG Number
295	ECFMGIssued	O	A	10	All	Format mm/dd/ccyy	ECFMG Issue Date in MM/DD/CCYY format. If only the year is known use 01/01/CCYY
296	ECFMGExpDte	O	A	11	All	Format mm/dd/ccyy	ECFMG Expiration Date in MM/DD/CCYY format. If only the year is known use 01/01/CCYY
297	PagerNumber	O	A	10	All		Provider's pager number, including area code. Format is 9999999999; no dashes or parenthesis.
298	AnswerServiceNumber	O	A	10	All		Answering Service Phone number for provider, including area code. Format is 9999999999; no dashes or parenthesis.
299	CellPhoneNumber	O	A	10	All		Provider's cell phone number, including area code. Format is 9999999999; no dashes or parenthesis.
300	InitialCredDt	R	A	10	All	Format mm/dd/ccyy	Provider's initial credentialing date

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
301	PreviousCredDt	R	A	10	All	Format mm/dd/ccyy	Date provider was last credentialed
302	RecredDueDt	R	A	10	All	Format mm/dd/ccyy	Date provider is due for recredentialing (usually 2-3 years from current credential date)
303	CurrCredDt	R	A	10	I, F	Format mm/dd/ccyy	Current credential date; Most recent credentialing date for provider
304	ReviewType	R	A	50	I, F	See Review Type List	Credentialing review type
305	ProcessStatus	R	A	50	I, F	See Process Status List	Credentialing process status
306	AppReceivedDt	O	A	10	I, F	Format mm/dd/ccyy	Credentialing application received date
307	AttestationDt	O	A	10	I, F	Format mm/dd/ccyy	Credentialing attestation date
308	AppReceivedCompleteDt	O	A	10	I, F	Format mm/dd/ccyy	Credentialing application received complete date
309	SiteVisitCompleteDt	O	A	10	F	Format mm/dd/ccyy	Credentialing site visit complete date
310	SiteVisitResult	O	A	50	F		Credentialing site visit result
311	Decision	O	A	50	I, F		Credentialing Decision
312	DecisionMadeBy	O	A	50	I, F		Credentialing Decision Made by
313	DecisionDate	O	A	10	I, F	Format mm/dd/ccyy	Credentialing Decision Date
314	ProviderCAQHNumber	O	A	17	I		CAQH number
315	ProviderCAQHAttestationDt	O	A	10	I	Format mm/dd/ccyy	CAQH attestation date
316	ACStatus_JC	O	A	1	F	1=Yes or blank	Accreditation Status-Expected Value (1) or NULL for JCAH or TJC (Joint Commission/JCAHO)

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
317	ACFROM_JC	O	A	10	F	Format mm/dd/ccyy	Accreditation From Date
318	ACTO_JC	O	A	10	F	Format mm/dd/ccyy	Accreditation To Date
319	DateVeri_JC	O	A	10	F	Format mm/dd/ccyy	Accreditation Date Verified
320	Previous_DateVeri_JC	O	A	10	F	Format mm/dd/ccyy	Date Accreditation was previously verified
321	ACStatus_CARF	O	A	1	F	1=Yes or blank	Accreditation Status-Expected Value (1) or NULL for CARF or CAR1 (Commission on Accreditation of Rehab Facilities)
322	ACFROM_CARF	O	A	10	F	Format mm/dd/ccyy	Accreditation From Date
323	ACTO_CARF	O	A	10	F	Format mm/dd/ccyy	Accreditation To Date
324	DateVeri_CARF	O	A	10	F	Format mm/dd/ccyy	Accreditation Date Verified
325	Previous_DateVeri_CARF	O	A	10	F	Format mm/dd/ccyy	Date Accreditation was previously verified
326	ACStatus_COA	O	A	1	F	1=Yes or blank	Accreditation Status-Expected Value (1) or NULL for COA (Council on Accreditation)
327	ACFROM_COA	O	A	10	F	Format mm/dd/ccyy	Accreditation From Date
328	ACTO_COA	O	A	10	F	Format mm/dd/ccyy	Accreditation To Date
329	DateVeri_COA	O	A	10	F	Format mm/dd/ccyy	Accreditation Date Verified
330	Previous_DateVeri_COA	O	A	10	F	Format mm/dd/ccyy	Date Accreditation was previously verified

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
331	ACStatus_DNV	O	A	1	F	1=Yes or blank	Accreditation Status-Expected Value (1) or NULL for DNV or DHAP(DNV/NIAHO Hospital Accreditation Program)
332	ACFROM_DNV	O	A	10	F	Format mm/dd/ccyy	Accreditation From Date
333	ACTO_DNV	O	A	10	F	Format mm/dd/ccyy	Accreditation To Date
334	DateVeri_DNV	O	A	10	F	Format mm/dd/ccyy	Accreditation Date Verified
335	Previous_DateVeri_DNV	O	A	10	F	Format mm/dd/ccyy	Date Accreditation was previously verified
336	ACStatus_IMQ	O	A	1	F	1=Yes or blank	Accreditation Status-Expected Value (1) or NULL for IMQ (Institute for Medical Quality)
337	ACFROM_IMQ	O	A	10	F	Format mm/dd/ccyy	Accreditation From Date
338	ACTO_IMQ	O	A	10	F	Format mm/dd/ccyy	Accreditation To Date
339	DateVeri_IMQ	O	A	10	F	Format mm/dd/ccyy	Accreditation Date Verified
340	Previous_DateVeri_IMQ	O	A	10	F	Format mm/dd/ccyy	Date Accreditation was previously verified
341	FacilityName	C	A	100	R, F		Facility's full name. Should contain no punctuation except a dash for hyphenated name.
342	FacilityProviderType	C	A	50	F	See Facility Type List in Appendix for approved values	Facility provider type
343	Plan01	C	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							Populate a 'Y' in this field for ALL providers
344	Plan02	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
345	Plan03	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
346	Plan04	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
347	Plan05	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
348	Plan06	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
349	Plan07	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
350	Plan08	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
351	Plan09	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
352	Plan10	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
353	Plan11	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
354	Plan12	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
355	Plan13	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
356	Plan14	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
357	Plan15	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
358	Plan16	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
359	Plan17	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
360	Plan18	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
361	Plan19	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
362	Plan20	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
363	Plan21	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
364	Plan22	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
365	Plan23	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
366	Plan24	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
367	Plan25	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
368	Plan26	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
369	Plan27	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
370	Plan28	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
371	Plan29	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
372	Plan30	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
373	Plan31	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
374	Plan32	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
375	Plan33	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
376	Plan34	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
377	Plan35	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
378	Plan36	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
379	Plan37	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
380	Plan38	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
381	Plan39	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
382	Plan40	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
383	Plan41	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
384	Plan42	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
385	Plan43	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
386	Plan44	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
387	Plan45	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
388	Plan46	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
389	Plan47	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
390	Plan48	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
391	Plan49	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
392	Plan50	O	A	1	All	Y=Yes or N=No	Provider participates in plan/benefit:
393	EHRFlag	O	A	1	All	Y, N or blank	Electronic Health Record flag
394	SSACode	O	A	5	All		State/County service location codes
395	MedicareBeds	O	N	4	All		Number of Medicare beds
396	MedicaidBeds	O	N	4	All		Number of Medicaid beds
397	GroupDBAName	O	A	50	I, R, P, G		Group DBA Name
398	GroupAltName	O	A	100	I, R, P, G		Group Alternate Name
399	ContractStart	O	A	10	All	Format mm/dd/ccyy	Provider's contract start date formatted as mm/dd/ccyy

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
400	AHCAHospitalID	O	N	8	F		AHCA Hospital ID (required for facility)
401	Ethnicity	O	A	25	I, R, P	See Ethnicity List in Appendix for approved values	Practitioner Race Code
402	Plan1ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 1 - Provider participation level
403	Plan1EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 1 - Contract Effective Date (Plan Affiliation Date)
404	Plan1ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 1 - Contract Termination Date (Plan Affiliation Date)
405	Plan2ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 2 - Provider participation level
406	Plan2EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 2 - Contract Effective Date
407	Plan2ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 2 - Contract Termination Date
408	Plan3ParLevel	O	A	25	All	See Participation Status List in	Plan 3 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Appendix for approved values	
409	Plan3EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 3 - Contract Effective Date
410	Plan3ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 3 - Contract Termination Date
411	Plan4ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 4 - Provider participation level
412	Plan4EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 4 - Contract Effective Date
413	Plan4ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 4 - Contract Termination Date
414	Plan5ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 5 - Provider participation level
415	Plan5EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 5 - Contract Effective Date
416	Plan5ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 5 - Contract Termination Date
417	Plan6ParLevel	O	A	25	All	See Participation	Plan 6 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Status List in Appendix for approved values	
418	Plan6EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 6 - Contract Effective Date
419	Plan6ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 6 - Contract Termination Date
420	Plan7ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 7 - Provider participation level
421	Plan7EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 7 - Contract Effective Date
422	Plan7ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 7 - Contract Termination Date
423	Plan8ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 8 - Provider participation level
424	Plan8EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 8 - Contract Effective Date
425	Plan8ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 8 - Contract Termination Date

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
426	Plan9ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 9 - Provider participation level
427	Plan9EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 9 - Contract Effective Date
428	Plan9ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 9 - Contract Termination Date
429	Plan10ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 10 - Provider participation level
430	Plan10EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 10 - Contract Effective Date
431	Plan10ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 10 - Contract Termination Date
432	Plan11ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 11 - Provider participation level
433	Plan11EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 11 - Contract Effective Date

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
434	Plan11ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 11 - Contract Termination Date
435	Plan12ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 12 - Provider participation level
436	Plan12EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 12 - Contract Effective Date
437	Plan12ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 12 - Contract Termination Date
438	Plan13ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 13 - Provider participation level
439	Plan13EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 13 - Contract Effective Date
440	Plan13ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 13 - Contract Termination Date
441	Plan14ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 14 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
442	Plan14EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 14 - Contract Effective Date
443	Plan14ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 14 - Contract Termination Date
444	Plan15ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 15 - Provider participation level
445	Plan15EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 15 - Contract Effective Date
446	Plan15ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 15 - Contract Termination Date
447	Plan16ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 16 - Provider participation level
448	Plan16EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 16 - Contract Effective Date
449	Plan16ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 16 - Contract Termination Date
450	Plan17ParLevel	O	A	25	All	See Participation Status List in Appendix for	Plan 17 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						approved values	
451	Plan17EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 17 - Contract Effective Date
452	Plan17ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 17 - Contract Termination Date
453	Plan18ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 18 - Provider participation level
454	Plan18EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 18 - Contract Effective Date
455	Plan18ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 18 - Contract Termination Date
456	Plan19ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 19 - Provider participation level
457	Plan19EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 19 - Contract Effective Date
458	Plan19ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 19 - Contract Termination Date
459	Plan20ParLevel	O	A	25	All	See Participation Status List in	Plan 20 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Appendix for approved values	
460	Plan20EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 20 - Contract Effective Date
461	Plan20ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 20 - Contract Termination Date
462	Plan21ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 21 - Provider participation level
463	Plan21EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 21 - Contract Effective Date
464	Plan21ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 21 - Contract Termination Date
465	Plan22ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 22 - Provider participation level
466	Plan22EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 22 - Contract Effective Date
467	Plan22ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 22 - Contract Termination Date
468	Plan23ParLevel	O	A	25	All	See Participation	Plan 23 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Status List in Appendix for approved values	
469	Plan23EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 23 - Contract Effective Date
470	Plan23ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 23 - Contract Termination Date
471	Plan24ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 24 - Provider participation level
472	Plan24EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 24 - Contract Effective Date
473	Plan24ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 24 - Contract Termination Date
474	Plan25ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 25 - Provider participation level
475	Plan25EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 25 - Contract Effective Date
476	Plan25ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 25 - Contract Termination Date

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
477	Plan26ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 26 - Provider participation level
478	Plan26EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 26 - Contract Effective Date
479	Plan26ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 26 - Contract Termination Date
480	Plan27ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 27 - Provider participation level
481	Plan27EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 27 - Contract Effective Date
482	Plan27ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 27 - Contract Termination Date
483	Plan28ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 28 - Provider participation level
484	Plan28EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 28 - Contract Effective Date

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
485	Plan28ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 28 - Contract Termination Date
486	Plan29ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 29 - Provider participation level
487	Plan29EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 29 - Contract Effective Date
488	Plan29ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 29 - Contract Termination Date
489	Plan30ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 30 - Provider participation level
490	Plan30EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 30 - Contract Effective Date
491	Plan30ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 30 - Contract Termination Date
492	Plan31ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 31 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
493	Plan31EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 31 - Contract Effective Date
494	Plan31ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 31 - Contract Termination Date
495	Plan32ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 32 - Provider participation level
496	Plan32EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 32 - Contract Effective Date
497	Plan32ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 32 - Contract Termination Date
498	Plan33ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 33 - Provider participation level
499	Plan33EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 33 - Contract Effective Date
500	Plan33ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 33 - Contract Termination Date
501	Plan34ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 34 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						approved values	
502	Plan34EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 34 - Contract Effective Date
503	Plan34ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 34 - Contract Termination Date
504	Plan35ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 35 - Provider participation level
505	Plan35EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 35 - Contract Effective Date
506	Plan35ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 35 - Contract Termination Date
507	Plan36ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 36 - Provider participation level
508	Plan36EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 36 - Contract Effective Date
509	Plan36ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 36 - Contract Termination Date
510	Plan37ParLevel	O	A	25	All	See Participation Status List in	Plan 37 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Appendix for approved values	
511	Plan37EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 37 - Contract Effective Date
512	Plan37ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 37 - Contract Termination Date
513	Plan38ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 38 - Provider participation level
514	Plan38EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 38 - Contract Effective Date
515	Plan38ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 38 - Contract Termination Date
516	Plan39ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 39 - Provider participation level
517	Plan39EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 39 - Contract Effective Date
518	Plan39ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 39 - Contract Termination Date
519	Plan40ParLevel	O	A	25	All	See Participation	Plan 40 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
						Status List in Appendix for approved values	
520	Plan40EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 40 - Contract Effective Date
521	Plan40ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 40 - Contract Termination Date
522	Plan41ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 41 - Provider participation level
523	Plan41EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 41 - Contract Effective Date
524	Plan41ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 41 - Contract Termination Date
525	Plan42ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 42 - Provider participation level
526	Plan42EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 42 - Contract Effective Date
527	Plan42ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 42 - Contract Termination Date

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
528	Plan43ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 43 - Provider participation level
529	Plan43EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 43 - Contract Effective Date
530	Plan43ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 43 - Contract Termination Date
531	Plan44ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 44 - Provider participation level
532	Plan44EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 44 - Contract Effective Date
533	Plan44ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 44 - Contract Termination Date
534	Plan45ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 45 - Provider participation level
535	Plan45EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 45 - Contract Effective Date

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
536	Plan45ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 45 - Contract Termination Date
537	Plan46ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 46 - Provider participation level
538	Plan46EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 46 - Contract Effective Date
539	Plan46ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 46 - Contract Termination Date
540	Plan47ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 47 - Provider participation level
541	Plan47EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 47 - Contract Effective Date
542	Plan47ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 47 - Contract Termination Date
543	Plan48ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 48 - Provider participation level

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
544	Plan48EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 48 - Contract Effective Date
545	Plan48ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 48 - Contract Termination Date
546	Plan49ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 49 - Provider participation level
547	Plan49EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 49 - Contract Effective Date
548	Plan49ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 49 - Contract Termination Date
549	Plan50ParLevel	O	A	25	All	See Participation Status List in Appendix for approved values	Plan 50 - Provider participation level
550	Plan50EffDate	O	A	10	All	Format mm/dd/ccyy	Plan 50 - Contract Effective Date
551	Plan50ExpDate	O	A	10	All	Format mm/dd/ccyy	Plan 50 - Contract Termination Date
552	ProviderSpecialty1	R	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Code representing the provider's 1st area of specialization.

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
553	ProviderSpecialty2	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Code representing the provider's 2nd area of specialization.
554	ProviderSpecialty3	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Code representing the provider's 3rd area of specialization.
555	ProviderSpecialty4	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Code representing the provider's 4th area of specialization.
556	ProviderSpecialty5	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Code representing the provider's 5th area of specialization.
557	ProviderSpecialty6	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Provider Specialization 6
558	ProviderSpecialty7	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Provider Specialization 7

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
559	ProviderSpecialty8	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Provider Specialization 8
560	ProviderSpecialty9	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Provider Specialization 9
561	ProviderSpecialty10	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Provider Specialization 10
562	ProviderSpecialty11	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Provider Specialization 11
563	ProviderSpecialty12	O	A	100	I, R, P	See Practitioner Specialty List in Appendix for approved values	Provider Specialization 12
564	FacilitySpecialty1	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 1

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
565	FacilitySpecialty2	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 2
566	FacilitySpecialty3	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 3
567	FacilitySpecialty4	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 4
568	FacilitySpecialty5	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 5
569	FacilitySpecialty6	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 6
570	FacilitySpecialty7	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 7

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
571	FacilitySpecialty8	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 8
572	FacilitySpecialty9	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 9
573	FacilitySpecialty10	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 10
574	FacilitySpecialty11	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 11
575	FacilitySpecialty12	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 12
576	FacilitySpecialty13	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 13

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
577	FacilitySpecialty14	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 14
578	FacilitySpecialty15	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 15
579	FacilitySpecialty16	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 16
580	FacilitySpecialty17	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 17
581	FacilitySpecialty18	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 18
582	FacilitySpecialty19	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 19

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
583	FacilitySpecialty20	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 20
584	FacilitySpecialty21	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 21
585	FacilitySpecialty22	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 22
586	FacilitySpecialty23	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 23
587	FacilitySpecialty24	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 24
588	FacilitySpecialty25	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 25

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
589	FacilitySpecialty26	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 26
590	FacilitySpecialty27	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 27
591	FacilitySpecialty28	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 28
592	FacilitySpecialty29	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 29
593	FacilitySpecialty30	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 30
594	FacilitySpecialty31	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 31

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
595	FacilitySpecialty32	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 32
596	FacilitySpecialty33	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 33
597	FacilitySpecialty34	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 34
598	FacilitySpecialty35	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 35
599	FacilitySpecialty36	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 36
600	FacilitySpecialty37	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 37

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
601	FacilitySpecialty38	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 38
602	FacilitySpecialty39	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 39
603	FacilitySpecialty40	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 40
604	FacilitySpecialty41	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 41
605	FacilitySpecialty42	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 42
606	FacilitySpecialty43	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 43

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
607	FacilitySpecialty44	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 44
608	FacilitySpecialty45	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 45
609	FacilitySpecialty46	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 46
610	FacilitySpecialty47	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 47
611	FacilitySpecialty48	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 48
612	FacilitySpecialty49	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 49

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
613	FacilitySpecialty50	O	A	100	F, G	See Facility Specialty List in Appendix for approved values	Facility program code 50
614	SiteMedicaid	O	A	30	All		Site location Medicaid ID
615	SiteNPI	O	A	10	N/A	Do not use	Site location NPI
616	SiteNPI2	O	A	10	N/A	Do not use	Site location 2nd NPI
617	SiteNPI3	O	A	10	N/A	Do not use	Site location 3rd NPI
618	SiteNPI4	O	A	10	N/A	Do not use	Site location 4th NPI
619	SiteNPI5	O	A	10	N/A	Do not use	Site location 5th NPI
620	ProvTaxonomy1	O	A	10	All		Primary Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
621	ProvTaxonomy2	O	A	10	All		2nd Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
622	ProvTaxonomy3	O	A	10	All		3rd Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
623	ProvTaxonomy4	O	A	10	All		Primary Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
624	ProvTaxonomy5	O	A	10	All		2nd Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							Committee) taxonomy code. Include any leading zeroes.
625	ProvTaxonomy6	O	A	10	All		3rd Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
626	ProvTaxonomy7	O	A	10	All		4th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
627	ProvTaxonomy8	O	A	10	All		5th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
628	ProvTaxonomy9	O	A	10	All		6th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
629	ProvTaxonomy10	O	A	10	All		7th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
630	ProvTaxonomy11	O	A	10	All		8th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
631	ProvTaxonomy12	O	A	10	All		9th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							Committee) taxonomy code. Include any leading zeroes.
632	ProvTaxonomy13	O	A	10	All		10th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
633	ProvTaxonomy14	O	A	10	All		11th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
634	ProvTaxonomy15	O	A	10	All		12th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
635	ProvTaxonomy16	O	A	10	All		13th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
636	ProvTaxonomy17	O	A	10	All		14th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
637	ProvTaxonomy18	O	A	10	All		15th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
638	ProvTaxonomy19	O	A	10	All		16th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							Committee) taxonomy code. Include any leading zeroes.
639	ProvTaxonomy20	O	A	10	All		17th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
640	ProvTaxonomy21	O	A	10	All		18th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
641	ProvTaxonomy22	O	A	10	All		19th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
642	ProvTaxonomy23	O	A	10	All		20th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
643	ProvTaxonomy24	O	A	10	All		21st Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
644	ProvTaxonomy25	O	A	10	All		22nd Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
645	ProvTaxonomy26	O	A	10	All		23rd Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							Committee) taxonomy code. Include any leading zeroes.
646	ProvTaxonomy27	O	A	10	All		24th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
647	ProvTaxonomy28	O	A	10	All		25th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
648	ProvTaxonomy29	O	A	10	All		26th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
649	ProvTaxonomy30	O	A	10	All		27th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
650	ProvTaxonomy31	O	A	10	All		28th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
651	ProvTaxonomy32	O	A	10	All		29th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
652	ProvTaxonomy33	O	A	10	All		30th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							Committee) taxonomy code. Include any leading zeroes.
653	ProvTaxonomy34	O	A	10	All		31st Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
654	ProvTaxonomy35	O	A	10	All		32nd Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
655	ProvTaxonomy36	O	A	10	All		33rd Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
656	ProvTaxonomy37	O	A	10	All		34th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
657	ProvTaxonomy38	O	A	10	All		35th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
658	ProvTaxonomy39	O	A	10	All		36th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
659	ProvTaxonomy40	O	A	10	All		37th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							Committee) taxonomy code. Include any leading zeroes.
660	ProvTaxonomy41	O	A	10	All		38th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
661	ProvTaxonomy42	O	A	10	All		39th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
662	ProvTaxonomy43	O	A	10	All		40th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
663	ProvTaxonomy44	O	A	10	All		41st Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
664	ProvTaxonomy45	O	A	10	All		42nd Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
665	ProvTaxonomy46	O	A	10	All		43rd Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
666	ProvTaxonomy47	O	A	10	All		44th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							Committee) taxonomy code. Include any leading zeroes.
667	ProvTaxonomy48	O	A	10	All		45th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
668	ProvTaxonomy49	O	A	10	All		46th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
669	ProvTaxonomy50	O	A	10	All		47th Taxonomy code associated with the Provider's NPI. Must be valid NUCC (National Uniform Claim Committee) taxonomy code. Include any leading zeroes.
670	WebsiteURL	O	A	100	All		Provider's Website URL Address
671	CulturalCompetencyTraining	O	A	1	All	Y/N	Has provider completed cultural competency training for this location? For facilities/groups, Y=indicates training has been conducted for their staff; for individuals, Y=provider has received this training
672	CulturalGenderStrengths	O	A	200	All		Provider notes here whether there are any cultural or gender based strengths or special competencies/programs. Field may contain multiple items separated by semicolon (;)
673	AnthemID	O	N	15	All		Anthem system ID, if applicable
674	DirectoryFlg	O	A	1	All		Should provider appear in the directory? Y=indicates provider should appear in directory,

Field Number	Field Name	Req	Type	Size	Provider Type	Special Formatting/ Valid Values	Field Description
							including online directories and N=provider should not be listed in directory
675	TelehealthFlg	O	A	1	All		Telehealth visits provided. Y=indicates provider does provide telehealth consultations and N=provider does not or did not provide that information.
676	TotalBedCount	O	N	3	F		Total of all beds provided at facility location
677	StandardEthnicity	O	A	25	I	Ethnicity Code Approved Values	Industry standard Ethnicity Code
678	OMBRace	O	A	50	I	Office Management and Budget Race Code Approved Values	Office of Management and Budget race code definition
679	OMBEthnicity	O	A	50	I	Ethnicity Code Approved Values	Office of Management and Budget ethnicity code definition
680	PromiseID	O	A	9	All		
681	PromiseSvcLoc	O	A	4	All		
682	PromiseffDt	O	A	8	All		Promise ID start date formatted as mm/dd/ccyy
683	PromiseExpDt	O	A	8	All		Provider's Medicaid term date formatted as mm/dd/ccyy