



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

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

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### **Purpose of the User Guide**

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

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

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

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

- Use the Provider Data Validation Spreadsheet, also called "bulk file."
  - Read [Section A](#) of this guide below and follow the step-by-step instructions to access and make updates in the spreadsheet.
  - See [Section B](#) of this guide if you need more detailed guidance about using the spreadsheet.
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\*The instructions in the user guide and processes are subject to change. Version 111325

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## - SECTION A -

### Your attestation and update requirements

You are required to log into Provider Connection and:

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

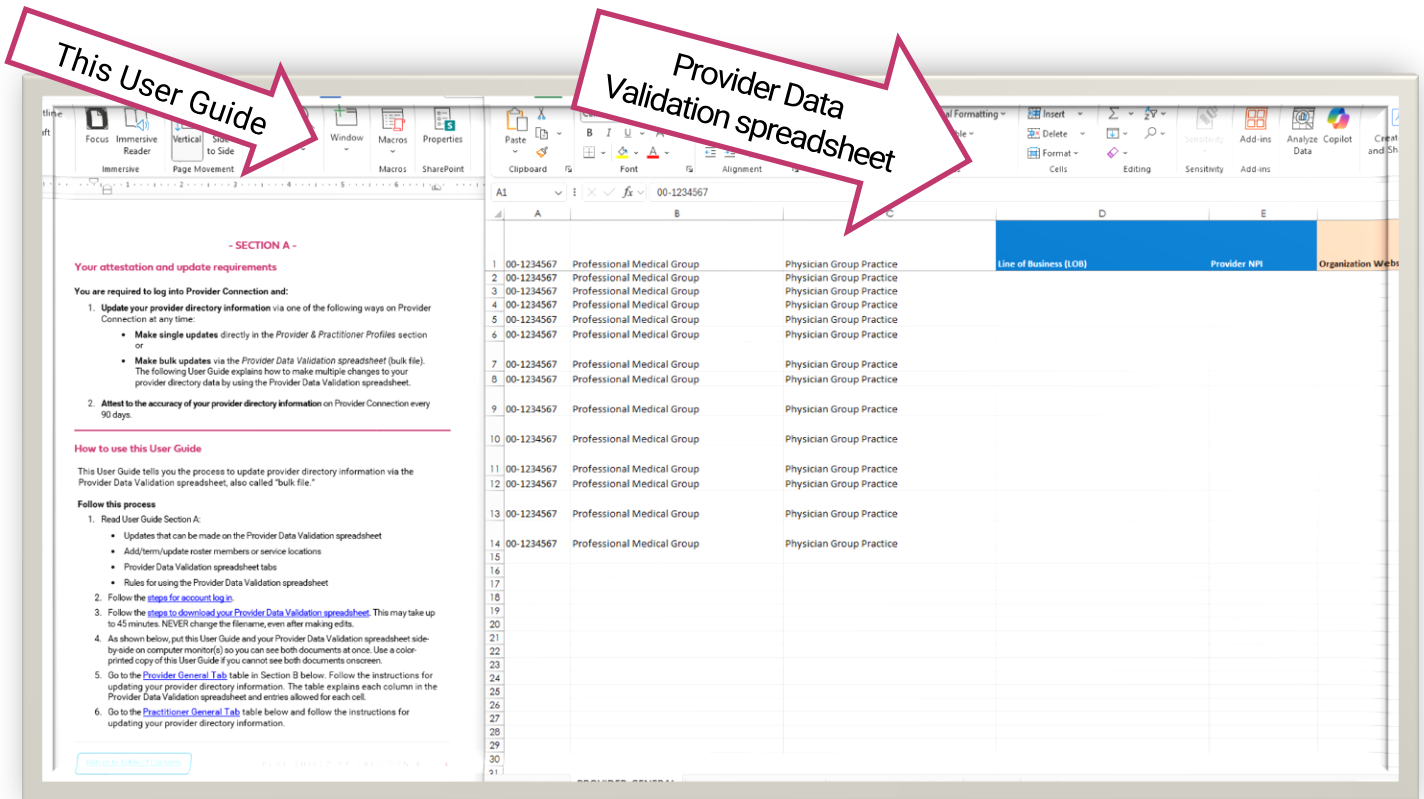
This User Guide tells you the process to update provider directory information via the Provider Data Validation Spreadsheet, also called “bulk file.”

#### Follow this process

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

## Side-by-side document set up

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



## Updates that can be made on the Provider Data Validation Spreadsheet

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

### How to change a member's Primary Care Provider

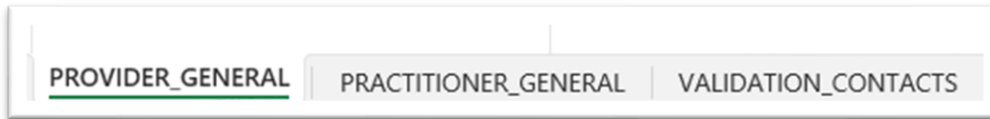
**For IPAs and Physician Group Practices:** If a primary care provider (PCP) wishes to terminate a provider and assign a new PCP for a member, first ensure that the new PCP is current and listed in your roster.

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

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

## Provider Data Validation Spreadsheet tabs

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



Shown here are the spreadsheet tabs.

### Tab 1: Provider\_General

This tab is where you can make PROVIDER demographic changes. Tab 1 contains Physician Group practice (medical group), IPA, IPA roster member, or individual practitioner information. The provider type column can be used to differentiate data for the medical group, IPA, and IPA roster members.

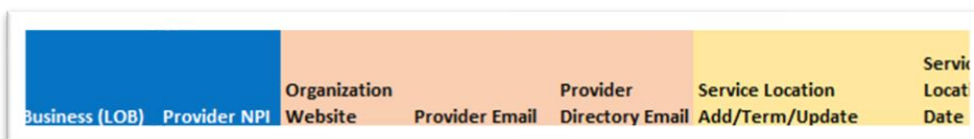
Please note, data on this tab may vary depending on these contract type(s):

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

### Section colors on the Provider\_General tab:

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

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



Shown here are colored sections on the Provider\_General tab.

## Tab 2: Practitioner\_General

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

### Section colors on the Practitioner\_General tab:

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

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

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

## Tab 3: Validation Contacts

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

## How to download your Provider Data Validation Spreadsheet to your computer

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

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

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

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

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

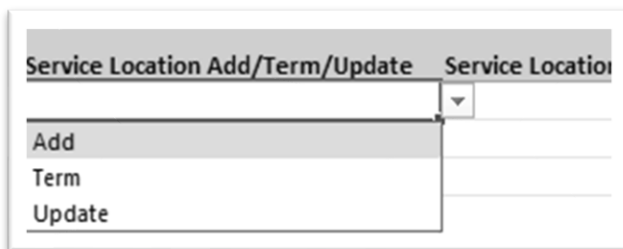
## How to update provider directory information for a PPO or IPA/HMO

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

### How to use the Add/Term/Update dropdown menu

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

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



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

### How to correctly enter service location office hours

- All seven days of the week must be accounted for.
- Use **x-x** for the time when an office is closed. For example, if an office is closed on Saturdays and Sundays, then use the format *SAT x-x; SUN x-x*.
- Enter time in the *24-hour format*. For example, if the office is open on a Monday from 8:00 am to 5:00 pm then you enter *MON 8:00-17:00*;
- Enter a semi-colon after each day/time. No space before the next day/time.

Here is an example of an office open Monday to Friday, 8 AM to 5 PM, and closed on weekends:

**MON 08:00-17:00;TUES 08:00-17:00;WED 08:00-17:00;THU 08:00-17:00;FRI 08:00-17:00;SAT x-x;SUN x-x**

## Steps to update information for PPO or IPA/HMO providers

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

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

Use these steps to manage non-capitated groups.

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

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

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

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

## PPO providers:

### Add a practitioner to the group at an existing location

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

1. Open the **Provider\_General** tab in the spreadsheet.
2. Is the group service location information already under **Service Location Address, Service Location City, Service Location State, and Zip**?
  - a. If yes, continue to Step 3.
  - b. If no, first follow the steps to [add a new group location](#). Then add a practitioner to the group at an existing location, linking the practitioner and location.
3. Open the **Practitioner\_General** tab. In a blank row for the new practitioner, input

**Last Name, First Name, NPI** (must match [NPPES](#)), **Gender, License #, License State, Education.**

4. On the same row, select **Add** from the dropdown menu under **Service Location Add/Term/Update.**
5. On the **Provider\_General** tab, copy the **Service Location Address, Service Location City, Service Location State, and Service Location Zip** that you checked in Step 2.
6. On the **Practitioner\_General** tab, paste the copied address information into the new practitioner's row under the corresponding fields. (This must match the exact address on Provider\_General exactly. Enter only ONE address per row.)
7. On the same row, click the cell under **Service Location Panel Status** and select an option from the dropdown menu. Repeat for **Service Location Specialty.**
8. On the same row, input practitioner information in all other fields that apply.
9. For Medi-Cal providers only: On the same row, input information under **Enrolled in Medi-Cal, Medi-Cal Orientation Received, Medi-Cal Orientation Date.**
10. Repeat for each practitioner and location.

### Term a practitioner from a location

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

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

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

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

1. Open the **Provider\_General** tab in the spreadsheet.
2. Copy the **Provider Tax Identification Number** and **Provider Name** under the blue headings.
3. Paste the copied cells in a blank row for the new group location.
4. Under **Provider Type** on the same row, enter one of these options:
  - Physician Group Practice** (Use for MD/DO groups)
  - Allied Specialty** (e.g., Psychologist, Optometrist)
  - Clinic Outpatient** (Use for clinics/FQHCs)

5. On the same row, select **Add** from the dropdown menu under the yellow heading for **Service Location Add/Term/Update**.
6. On the same row, input the new **USPS-valid Service Location Address, Service Location City, Service Location State, Service Location Zip, Service Location Office Phone, and Service Location Office Fax**. Input information in all other fields that apply. For phone and fax, use format: XXX-XXX-XXXX or XXXXXXXXXXXX.
7. Open the **Practitioner\_General** tab. On a blank row, select **Add** from the dropdown menu under **Service Location Add/Term/Update**.
8. On the same row, input practitioner information in all other fields that apply, including **Last Name, First Name, NPI, Gender, License #, License State, Education**.
9. On the **Provider\_General** tab, copy the **Service Location Address, Service Location City, Service Location State, and Service Location Zip**.
10. On the **Practitioner\_General** tab, paste the copied address information into the new row under the corresponding fields. (This must match the exact address on Provider\_General exactly. Enter only ONE address per row.)
11. On the same row, click the cell under **Service Location Panel Status** and select an option from the dropdown menu. Repeat for **Service Location Specialty**.
12. For Medi-Cal providers only: On the same row, input information under **Enrolled in Medi-Cal, Medi-Cal Orientation Received, Medi-Cal Orientation Date**.
13. Repeat for each practitioner at the new location.

## Term a group location

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

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

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

2. Next, follow the steps to [term a practitioner from a location](#).

## Change a group address

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

## Update non-location demographics (no address change)

Note:

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

## IPA/HMO providers:

### Add a practitioner to the IPA

Note:

- The **Provider\_General** tab contains rows for your IPA roster members together with their service locations. Their **Provider Type** is **Practitioner**.
  - Do not exceed these service location address limits: PCPs may be listed at up to six (6) locations. Specialists may be listed at up to ten (10) locations.
1. Open the **Provider\_General** tab in the spreadsheet. Copy the IPA **Provider Tax Identification Number** under the blue heading. Paste it in a blank row for the new practitioner.
  2. On the same row, enter the practitioner's FIRST NAME and LAST NAME under **Provider Organization Name**.

3. Under **Provider Type** on the same row, enter **Practitioner**.
4. Leave a blank under **Line of Business (LOB)**.
5. Under **Provider NPI** on the same row, enter the Practitioner's Type 1 NPI (must match [NPPES](#)).
6. On the same row, select **Add** from the dropdown menu under **Service Location Add/Term/Update**.
7. On the same row, input the **Service Location Address, Service Location City, Service Location State, Service Location Zip, Service Location Office Phone, and Service Location Office Fax**. For phone and fax, use format: XXX-XXX-XXXX or XXXXXXXXXXXX.
8. Open the **Practitioner\_General** tab in the spreadsheet. Copy the IPA **Provider Tax Identification Number** under the blue heading. Paste it in a blank row for the new practitioner.
9. On the same row, input practitioner information in all other fields that apply, including **Last Name, First Name, NPI, Gender** (use dropdown menu), **License #, License State, Education**. These must match licensing board records.
10. Under **Provider Type** on the same row, enter **Practitioner**.
11. On the same row, paste the **Line of Business (LOB)** copied from above.
12. On the same row, select **Add** from the dropdown menu under **Service Location Add/Term/Update**.
13. On the **Provider\_General** tab, copy the **Service Location Address, Service Location City, Service Location State, and Service Location Zip**.
14. On the **Practitioner\_General** tab, paste the copied address information into the new practitioner's row under the corresponding fields. (This must match the exact address on Provider\_General exactly. Enter only ONE address per row.)
15. On the same row, click the cell under **Service Location Panel Status** and select an option from the dropdown menu. Repeat for **Service Location Specialty, Service Location Role, and Service Location Gender Limit**. Input numbers indicating **Lowest/Highest Age** served. All of these fields must be filled for each IPA roster member.
16. Input practitioner information in all other fields that apply.
17. For Medi-Cal providers only: On the same row, input information under **Enrolled in Medi-Cal, Medi-Cal Orientation Received, Medi-Cal Orientation Date**.
18. Repeat for each practitioner and location.

### Term a practitioner from a location or IPA

1. Open the **Practitioner\_General** tab in the spreadsheet. Locate the row that contains the practitioner and address they are terminating from.
2. On the same row, select **Term** from the dropdown menu under **Service Location**

### **Add/Term/Update.**

3. On the same row, enter a date (MM/DD/YYYY) under **Service Location Term Date**. Future dates are not allowed.

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

## **Change a practitioner location**

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

## **Update non-location demographics (no address change)**

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

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

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

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## **How to upload your updated spreadsheet to Provider Connection**

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

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

## Get help updating your provider directory information

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

- Blue Shield Provider Customer Service: **(800) 541-6652**
  - Blue Shield Promise Provider Customer Service: **(800) 468-9935**
  - Provider Customer Service Email: **[ProviderCC@blueshieldca.com](mailto:ProviderCC@blueshieldca.com)**
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## For help accessing your Provider Connection account

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

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

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

**Provider\_General Tab**

Column Name	Description														
<b>Visit Updates that can be made on the Provider Data Validation Spreadsheet</b>															
<b>Provider Tax Identification Number</b>  <i>Note: DO NOT edit or update existing data in the blue columns.</i>	Tax ID of contracted provider organization  <table border="1"> <thead> <tr> <th>Bulk File is for...</th> <th>Tax ID is...</th> </tr> </thead> <tbody> <tr> <td>IPA</td> <td>IPAs Tax ID</td> </tr> <tr> <td>Medical Group</td> <td>Groups Tax ID</td> </tr> <tr> <td>Practitioner</td> <td>Practitioners Tax ID or SSN</td> </tr> </tbody> </table>	Bulk File is for...	Tax ID is...	IPA	IPAs Tax ID	Medical Group	Groups Tax ID	Practitioner	Practitioners Tax ID or SSN						
Bulk File is for...	Tax ID is...														
IPA	IPAs Tax ID														
Medical Group	Groups Tax ID														
Practitioner	Practitioners Tax ID or SSN														
<b>Provider Organization Name</b>  <i>Note: DO NOT edit or update existing data in the blue columns.</i>	Name of contracted provider organization  <table border="1"> <thead> <tr> <th>If Provider Type is...</th> <th>Then Provider Name is...</th> </tr> </thead> <tbody> <tr> <td>Capitated IPA</td> <td>IPA name</td> </tr> <tr> <td>Promise Capitated IPA</td> <td>IPA name</td> </tr> <tr> <td>Practitioner</td> <td>Practitioner or IPA roster member name</td> </tr> <tr> <td>Physician Group Practice</td> <td>Medical group name</td> </tr> <tr> <td>Allied Specialty (i.e. Psychologist, Optometrist, etc.)</td> <td>Medical group name</td> </tr> <tr> <td>Clinic Outpatient</td> <td>Medical group name</td> </tr> </tbody> </table>	If Provider Type is...	Then Provider Name is...	Capitated IPA	IPA name	Promise Capitated IPA	IPA name	Practitioner	Practitioner or IPA roster member name	Physician Group Practice	Medical group name	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group name	Clinic Outpatient	Medical group name
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Clinic Outpatient	Medical group (PPO)														

<p><b>Line of Business (LOB)</b></p> <p><i>Note: DO NOT edit or update details in the blue columns.</i></p>	<p>Line of business for contracted provider organization</p> <p>Note: line of business is only populated for Capitated IPA provider types. The table below outlines the different lines of business that a Capitated Entity may be contracted under. The file will be pre-populated with the line of business corresponding to your Tax ID.</p> <table border="1" data-bbox="461 478 1416 850"> <thead> <tr> <th>If Line of Business is...</th> <th>Then contracted entity is...</th> </tr> </thead> <tbody> <tr> <td>HMO Commercial</td> <td>Commercial Only</td> </tr> <tr> <td>HMO Medicare Commercial</td> <td>Commercial and</td> </tr> <tr> <td>Medicare HMO Medicare</td> <td>Medicare Only</td> </tr> <tr> <td>HMO Promise</td> <td>Medi-Cal Only</td> </tr> <tr> <td>HMO CalPERS</td> <td>CalPERS</td> </tr> <tr> <td>HMO TRIO</td> <td>Trio Only</td> </tr> <tr> <td>HMO TRIO CalPERS</td> <td>Trio and CalPERS</td> </tr> <tr> <td>HMO CCSF TRIO</td> <td>City College of San Francisco</td> </tr> </tbody> </table>	If Line of Business is...	Then contracted entity is...	HMO Commercial	Commercial Only	HMO Medicare Commercial	Commercial and	Medicare HMO Medicare	Medicare Only	HMO Promise	Medi-Cal Only	HMO CalPERS	CalPERS	HMO TRIO	Trio Only	HMO TRIO CalPERS	Trio and CalPERS	HMO CCSF TRIO	City College of San Francisco
If Line of Business is...	Then contracted entity is...																		
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Medicare HMO Medicare	Medicare Only																		
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HMO CalPERS	CalPERS																		
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<p><b>Provider NPI</b></p> <p><i>Note: DO NOT edit or update details in the blue columns.</i></p>	<p>National Provider Identifier</p> <table border="1" data-bbox="461 926 1416 1270"> <thead> <tr> <th>If Provider Type is...</th> <th>Then NPI is...</th> </tr> </thead> <tbody> <tr> <td>Capitated IPA</td> <td>IPA NPI - Type 2</td> </tr> <tr> <td>Promise Capitated IPA</td> <td>IPA NPI - Type 2</td> </tr> <tr> <td>Practitioner</td> <td>Practitioner or IPA roster member individual NPI - Type 1</td> </tr> <tr> <td>Physician Group Practice</td> <td>Medical group NPI - Type 2</td> </tr> <tr> <td>Allied Specialty (i.e. Psychologist, 2 Optometrist, etc.)</td> <td>Medical group NPI - Type</td> </tr> <tr> <td>Clinic Outpatient</td> <td>Medical group NPI - Type 2</td> </tr> </tbody> </table>	If Provider Type is...	Then NPI is...	Capitated IPA	IPA NPI - Type 2	Promise Capitated IPA	IPA NPI - Type 2	Practitioner	Practitioner or IPA roster member individual NPI - Type 1	Physician Group Practice	Medical group NPI - Type 2	Allied Specialty (i.e. Psychologist, 2 Optometrist, etc.)	Medical group NPI - Type	Clinic Outpatient	Medical group NPI - Type 2				
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<p>Website, Email Addresses</p>																			
<p><b>The below fields are editable</b></p>																			
<p><b>Organization Website</b></p>	<p>Provider organization website for member-facing interactions</p> <table border="1" data-bbox="461 1472 1416 1816"> <thead> <tr> <th>If Provider Type is...</th> <th>Then website is...</th> </tr> </thead> <tbody> <tr> <td>Capitated IPA</td> <td>IPA website</td> </tr> <tr> <td>Promise Capitated IPA</td> <td>IPA website</td> </tr> <tr> <td>Practitioner</td> <td>Practitioner or IPA roster member website</td> </tr> <tr> <td>Physician Group Practice</td> <td>Medical group website</td> </tr> <tr> <td>Allied Specialty (i.e. Psychologist, website Optometrist, etc.)</td> <td>Medical group</td> </tr> <tr> <td>Clinic Outpatient</td> <td>Medical group website</td> </tr> </tbody> </table>	If Provider Type is...	Then website is...	Capitated IPA	IPA website	Promise Capitated IPA	IPA website	Practitioner	Practitioner or IPA roster member website	Physician Group Practice	Medical group website	Allied Specialty (i.e. Psychologist, website Optometrist, etc.)	Medical group	Clinic Outpatient	Medical group website				
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<b>Provider Email</b>	Provider organization email for health plan administrative contacts	
	<b>If Provider Type is...</b>	<b>Then email is...</b>
	Capitated IPA	IPA email address
	Promise Capitated IPA	IPA email address
	Practitioner	Practitioner or IPA roster member email address
	Physician Group Practice	Medical group email address
	Allied Specialty (i.e. Psychologist, address Optometrist, etc.)	Medical group email
Clinic Outpatient	Medical group email address	
<b>Provider Directory Email</b>	<b>Select one from drop-down menu:</b> <ul style="list-style-type: none"> <li>• Yes = Display email on directory</li> <li>• No = Do NOT display email on directory</li> </ul>	

<b>Population Served</b>	<p>See list of population served options below. Enter <b>numbers only</b> to indicate one or more areas of special interest. Type the numbers you see in parentheses. Separate each entry with a comma.</p> <p>Notes:</p> <p>Population Served is provider type specific not address specific.</p> <p>Please enter the same set of numbers on each address row for the line of business.</p> <p>To remove <u>all</u> existing numbers from this field: Type NA over the existing data. To remove <u>specific</u> data: Delete the data.</p> <ul style="list-style-type: none"><li>• Adolescents 13-17 (60)</li><li>• Adult (53)</li><li>• Children 6-12 (59)</li><li>• Deaf culture competency/ASL (158)</li><li>• Family Therapy (55)</li><li>• Group Therapy (56)</li><li>• LGBTQ+ Community (24)</li><li>• Police/Fire Fighters (41)</li><li>• Preschool 0-5 (58)</li><li>• Senior (63)</li><li>• Transgender (50)</li></ul>
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Service Location  
Add/Term/Update

Select one from drop-down menu:

- Add
- Term
- Update

Add	
If Provider Type is...	Then...
Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
Promise Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
Practitioner	<p>To add a new location for a practitioner or IPA roster member, on the Provider_General tab in a blank row:</p> <ul style="list-style-type: none"> <li>• In column A, mirror the Provider Tax Identification Number found on the spreadsheet.</li> <li>• In column B, enter the practitioners first and last name.</li> <li>• In column C, type: Practitioner</li> <li>• Leave column D blank</li> <li>• In column E, type the practitioners individual (type 1) NPI.</li> </ul> <p>(continued on next page)</p>

<b>Service Location Add/Term/Update</b>	<b>Add (continued)</b>	
	<b>If Provider Type is...</b>	<b>Then...</b>
	Practitioner	<ul style="list-style-type: none"> <li>• Select Add under the Service Location Add/Term/Update column.</li> <li>• Complete all <i>required</i> service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.</li> </ul> <p><b>Note:</b> the location will also need to be added for the practitioner on the <a href="#">Practitioner_General</a> tab.</p>
	Physician Group Practice	<p>To add a new location for the group, in a blank row:</p> <ul style="list-style-type: none"> <li>• In column A, mirror the Provider Tax Identification Number found on the spreadsheet.</li> <li>• In column B, mirror the Provider Organization Name found on the spreadsheet.</li> <li>• In column C, type: Physician Group Practice</li> <li>• Select Add under the Service Location Add/Term/Update column.</li> <li>• Complete all <i>required</i> service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.</li> </ul> <p><b>Note:</b> if adding a new service location for the group, add all roster members practicing at the location on the <a href="#">Practitioner_General</a> tab. <b>A minimum of one roster member must be submitted along with the location addition.</b></p>
Allied Specialty (i.e. Psychologist, Optometrist, etc.)	<p>To add a new location for the group, in a blank row:</p> <ul style="list-style-type: none"> <li>• In column A, mirror the Provider Tax Identification Number found on the spreadsheet.</li> </ul> <p style="text-align: right;">(continued on next page)</p>	

**Service Location  
Add/Term/Update**

**Add (continued)**

**If Provider Type is...**

**Then...**

Allied Specialty (i.e. Psychologist, Optometrist, etc.)

- In column B, mirror the Provider Organization Name found on the spreadsheet.
- In column C, mirror the appropriate Provider Type (i.e. Psychologist, Optometrist, etc.)
- Select Add under the Service Location Add/Term/Update column.
- Complete all *required* service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.

**Note:** if adding a new service location for the group, add all roster members practicing at the location on the [Practitioner\\_General](#) tab. At least one roster member is required to complete the location add.

Clinic Outpatient

To add a new location for the clinic, in a blank row:

- In column A, mirror the Provider Tax Identification Number found on the spreadsheet.
- In column B, mirror the Provider Organization Name found on the spreadsheet.
- In column C, type: Clinic Outpatient
- Select Add under the Service Location Add/Term/Update column.
- Complete all *required* service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.

(continued on next page)

<b>Service Location Add/Term/Update</b>	<b>Add (continued)</b>	
	<b>If Provider Type is...</b>	<b>Then...</b>
	Clinic Outpatient	<p><b>Note:</b> if adding a new service location for the clinic, add all roster members practicing at the location on the <a href="#">Practitioner_General</a> tab. At least one roster member is required to complete the location add.</p> <p>You may receive an email notification requesting additional documentation to support the location add for the clinic.</p>
	<b>Term</b>	
	<b>If Provider Type is...</b>	<b>Then...</b>
	Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
	Promise Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
	Practitioner	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> <li>To <i>terminate</i> a location for a practitioner or IPA roster member, apply the termination on the <a href="#">Practitioner_General</a> tab.</li> <li>To <i>change</i> a location for a practitioner or IPA roster member, select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for details on adding new locations.</li> </ul> <p><b>Note:</b> location change actions will also need to be completed on the <a href="#">Practitioner_General</a> tab (select Term for the location to be removed and add the new location in a blank row).</p>

**Service Location  
Add/Term/Update**

<b>Term (continued)</b>	
<b>If Provider Type is...</b>	<b>Then...</b>
<p>Physician Group Practice</p> <p><b>Note:</b> Please ensure that any location changes are processed as an addition prior to completing the termination. Failing to do so may result in the providers assigned to the location being terminated before the addition is made.</p>	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> <li>Terminating a group location will remove all roster members from the location.</li> <li>To <i>change</i> a group location, select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for details on adding new locations.</li> </ul>
<p>Allied Specialty (i.e. Psychologist, Optometrist, etc.)</p> <p><b>Note:</b> Please ensure that any location changes are processed as an addition prior to completing the termination. Failing to do so may result in the providers assigned to the location being terminated before the addition is made.</p>	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> <li>Terminating a group location will remove all roster members from the location.</li> <li>To <i>change</i> a group location, select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for details on adding new locations.</li> </ul>
<p>Clinic Outpatient</p> <p><b>Note:</b> Please ensure that any location changes are processed as an addition prior to completing the termination. Failing to do so may result in the providers assigned to the location being terminated before the addition is made.</p>	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> <li>Terminating a clinic location will remove all roster members from the location.</li> <li>To <i>change</i> a clinic location, select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for details on adding new locations.</li> </ul>

<b>Service Location Add/Term/Update</b>	<b>Update</b>	
	<b>If Provider Type is...</b>	<b>Then...</b>
	Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office data.
	Promise Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office data.
	Practitioner	Select Update when editing non- address related information, such as phone, fax, office hours, etc.
	Physician Group Practice	Select Update when editing non- address related information, such as phone, fax, office hours, etc.
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Select Update when editing non- address related information, such as phone, fax, office hours, etc.
	Clinic Outpatient	Select Update when editing non- address related information, such as phone, fax, office hours, etc.
<b>Service Location Term Date</b>	Date the service location became inactive <ul style="list-style-type: none"> <li>• Termination date is required when Term is selected in the Service Location Add/Term/Update column.</li> <li>• Future termination dates cannot be applied.</li> <li>• Format date as: MM/DD/YYYY (example 01/01/2026).</li> </ul>	

**\* Indicates a required field for new location add**

<b>Service Location Address*</b>	<p>Location where services are rendered. Address must be a physical location recognized by USPS.</p> <table border="1" data-bbox="459 327 1414 663"> <thead> <tr> <th data-bbox="459 327 938 369">If Provider Type is...</th> <th data-bbox="938 327 1414 369">Then the location listed is...</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 369 938 411">Capitated IPA</td> <td data-bbox="938 369 1414 411">IPA administrative office address</td> </tr> <tr> <td data-bbox="459 411 938 453">Promise Capitated IPA</td> <td data-bbox="938 411 1414 453">IPA administrative office address</td> </tr> <tr> <td data-bbox="459 453 938 516">Practitioner</td> <td data-bbox="938 453 1414 516">Practitioner or IPA roster member service location</td> </tr> <tr> <td data-bbox="459 516 938 558">Physician Group Practice</td> <td data-bbox="938 516 1414 558">Group service location</td> </tr> <tr> <td data-bbox="459 558 938 621">Allied Specialty (i.e. Psychologist, Optometrist, etc.)</td> <td data-bbox="938 558 1414 621">Group service location</td> </tr> <tr> <td data-bbox="459 621 938 663">Clinic Outpatient</td> <td data-bbox="938 621 1414 663">Clinic service location</td> </tr> </tbody> </table> <p><b>Note:</b> Only 1 valid address is allowed per row (i.e. no multiple suite numbers). Please add a new row for an additional address or suite.</p>	If Provider Type is...	Then the location listed is...	Capitated IPA	IPA administrative office address	Promise Capitated IPA	IPA administrative office address	Practitioner	Practitioner or IPA roster member service location	Physician Group Practice	Group service location	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Group service location	Clinic Outpatient	Clinic service location
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Practitioner	Practitioner or IPA roster member service location														
Physician Group Practice	Group service location														
Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Group service location														
Clinic Outpatient	Clinic service location														
<b>Service Location City*</b>	City where services are rendered.														
<b>Service Location State*</b>	State where services are rendered.														
<b>Service Location ZIP*</b>	ZIP where services are rendered. 5 digits only (no +4).														
<b>Service Location Wheelchair Accessible</b>	Click in the cell to activate the drop-down menu and select either: <ul style="list-style-type: none"> <li>• Yes = Service location is wheelchair accessible</li> <li>• No = Service location is NOT wheelchair accessible</li> </ul>														
<b>Service Location Phone, Fax, Hours</b>															
<b>Service Location Office Phone*</b>	Phone number for the service location where members can make appointments. <ul style="list-style-type: none"> <li>• Acceptable formats are XXX-XXX-XXXX or XXXXXXXXXXX.</li> <li>• No spaces or other special characters may be added to the number.</li> </ul>														
<b>Service Location Office Fax</b>	Non-member facing fax number for the service location used for health plan correspondence. <ul style="list-style-type: none"> <li>• Acceptable formats are XXX-XXX-XXXX or XXXXXXXXXXX.</li> <li>• No spaces or other special characters may be added to the number.</li> </ul>														
<b>Service Location Office Hours</b>	Office hours of service location. To ensure this exact format is used, please copy an existing entry, paste it in the new cell, and edit as needed. <ul style="list-style-type: none"> <li>• Enter days as: MON; TUES; WED; THU; FRI; SAT; SUN</li> <li>• Enter office hours in standard (12 hour) or world (24 hour) time. For example:                         <ul style="list-style-type: none"> <li>○ Standard: 8:30am-5:00pm</li> <li>○ World: 0830-1700</li> </ul> </li> <li>• To indicate closed hours, enter: X-X</li> </ul>														
<b>Accepting Patients</b>	Click in the cell to activate the drop-down menu and select either: <ul style="list-style-type: none"> <li>• Yes = Service location is accepting patients.</li> <li>• No = Service location is NOT accepting patients.</li> </ul>														

Gender Affirming Care	
Service Location - Does the provider offer Gender Affirming Care services?	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>Note:</b> Gender affirming care indicated in this field will apply to the group at the service location listed. If applicable to a practitioner only, enter your response on the PRACTITIONER_GENERAL tab.</p>
Service Location - Has the provider performed Gender Affirming Care services in the past?	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>Note:</b> Gender affirming care indicated in this field will apply to the group at the service location listed. If applicable to a practitioner only, enter your response on the PRACTITIONER_GENERAL tab.</p>
Service Location - Types of Gender Affirming Care Provided	<p>If applicable, type or copy/paste the "ZG" codes for gender affirming care services offered by the group using the options below. Enter the alpha-numeric code(s) only. Separate each entry with a comma.</p> <ul style="list-style-type: none"> <li>• Body Modification (ZG17)</li> <li>• Breast Augmentation (ZG03)</li> <li>• Electrolysis / Laser Hair Removal (ZG18)</li> <li>• Facial feminization surgery (ZG05)</li> <li>• Gender-affirming gynecological care (ZG14)</li> <li>• General Routine Care (ZG21)</li> <li>• Hair Transplant (ZG16)</li> <li>• Hand Therapy following phalloplasty (ZG19)</li> <li>• Hormone therapy related to gender dysphoria (ZG13)</li> <li>• Hysterectomy / Oophorectomy (ZG06)</li> <li>• Male chest reconstruction (ZG04)</li> <li>• Mental Health Therapy/Counseling (ZG22)</li> <li>• Metoidioplasty (ZG09)</li> <li>• Orchiectomy (ZG07)</li> <li>• Pelvic Floor Therapy following vaginoplasty (ZG20)</li> <li>• Phalloplasty (ZG10)</li> <li>• Scrotoplasty (ZG11)</li> <li>• Vaginoplasty (ZG08)</li> <li>• Voice feminization surgery (ZG12)</li> <li>• Voice therapy related to gender dysphoria (ZG15)</li> </ul>
Interpreter Services, Staff Languages, Telehealth, Other Services, Home Visits, Medical Interpreters	
Service Location Language Interpreter Services	<p>Click in the cell to activate the drop-down menu and select either:</p> <p>Yes = There are language interpreter services provided at this location</p> <p>No = There are NOT language interpreter services provided at this location</p>
Service Location Clinical Staff Languages	<p>Language(s), other than English, spoken by staff at the site where member receives care. If more than one language is entered, separate each language with a comma.</p>

<b>Service Location Telehealth</b>	<p>Click in the cell to activate the drop-down menu and select one option:</p> <ul style="list-style-type: none"> <li>• Only telehealth services provided at this location.</li> <li>• Telehealth and in-person services provided at this location.</li> <li>• In-person services only provided at this location</li> </ul>
<b>Other Services Provided</b>	<p>If applicable, enter or copy/paste the codes for other services offered by the group using the options below. Enter the alpha-numeric code(s) only. Separate each entry with a comma.</p> <ul style="list-style-type: none"> <li>• Abortion services (ZA02)</li> <li>• Acute inpatient (ZA03)</li> <li>• Acute neonatal (ZA04)</li> <li>• Acute pediatric (ZA05)</li> <li>• Acute psychiatric (ZA06)</li> <li>• ADA compliant (ZP14)</li> <li>• Asynchronous messaging available (ZP16)</li> <li>• Burn services (ZA07)</li> <li>• Cancer services (ZA08)</li> <li>• Cardiac catheterization (ZA09)</li> <li>• Cardiac surgery (ZA10)</li> <li>• Coronary ICU (ZA11)</li> <li>• Diagnostic radiology/imaging (ZA12)</li> <li>• Emergency services available 24-7 (ZA13)</li> <li>• Hemodialysis (ZA14)</li> <li>• HIS/Tribal 638/Urban Indian Provider (ZP20)</li> <li>• Inpatient or residential behavioral health (ZA15)</li> <li>• Labor delivery room (ZA16)</li> <li>• Mammography services (ZP03)</li> <li>• Medical ICU (ZA17)</li> <li>• Mental health – Inpatient services (ZP08)</li> <li>• Mental health – Intensive inpatient (ZP09)</li> <li>• Mental health – Intensive outpatient (3-4 hours/day) (ZP12)</li> <li>• Mental health – Outpatient services (ZP11)</li> <li>• Mental health – Partial hospitalization (6+ hours/day) (ZP10)</li> <li>• Neonatal ICU (ZA18)</li> <li>• Neurosurgery (ZA19)</li> <li>• Outpatient infusion/chemotherapy (ZA20)</li> <li>• Outpatient surgery (ZA21)</li> <li>• Pediatric ICU (ZA22)</li> <li>• PET scan (ZA23)</li> <li>• Public transportation access (ZP15)</li> <li>• Radiation therapy (ZA24)</li> <li>• Services for cognitive impairment (ZP18)</li> <li>• Services for mobility impairment (ZP19)</li> <li>• Services for visual impairment (ZP17)</li> <li>• Skilled nursing (S036)</li> <li>• Social, cultural, and linguistic services (ZP13)</li> <li>• Substance use – Intensive inpatient treatment (ZP05)</li> <li>• Substance use – Intensive outpatient (3-4 hours/day) (ZP07)</li> <li>• Substance use – Partial hospitalization (6+ hours/day) (ZP06)</li> <li>• Substance use – Residential treatment (ZP04)</li> <li>• Transplant (ZA25)</li> </ul>

<b>Home Visits Only</b>	Please enter Yes or No.
<b>Service Location QMI Spanish</b> <b>Service Location QMI Russian</b> <b>Service Location QMI Mandarin</b> <b>Service Location QMI - Korean</b> <b>Service Location QMI - Cantonese</b> <b>Service Location QMI - Vietnamese</b>	Click in the cell to activate the drop-down menu for each language and select either: <ul style="list-style-type: none"> <li>• Yes – the specified language is offered by a Qualified Medical Interpreter (QMI).</li> <li>• No - specified language is NOT offered by a Qualified Medical Interpreter (QMI).</li> </ul> <p><b>Note:</b> The interpreter must have a QMI certification if Yes is selected.</p>



## Practitioner\_General Tab

Column Name	Description										
<b>NOTE: Visit <a href="#">What updates can be made on the Provider Data Validation Spreadsheet?</a></b>											
<b>Provider Tax Identification Number</b>  <b>Note: DO NOT edit or update details in the blue columns.</b>	Tax ID of contracted provider organization entity  <table border="1"> <thead> <tr> <th>Bulk File is for...</th> <th>Tax ID is...</th> </tr> </thead> <tbody> <tr> <td>IPA</td> <td>IPAs Tax ID</td> </tr> <tr> <td>Medical Group</td> <td>Groups Tax ID</td> </tr> <tr> <td>Practitioner</td> <td>Practitioners Tax ID or SSN</td> </tr> </tbody> </table>	Bulk File is for...	Tax ID is...	IPA	IPAs Tax ID	Medical Group	Groups Tax ID	Practitioner	Practitioners Tax ID or SSN		
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<b>Ethnicity</b>	<p>Practitioner’s ethnicity. Type one ethnicity from this list exactly as shown here: If more than one ethnicity is entered, separate each entry with a comma.</p> <p>Ethnicity options are: Amerasian, American Indian/Alaska Native American, Asian Indian, Asian/Pacific Islander, Black/African American, Cambodian, Caucasian, Chinese, Cuban, Filipino, Guamanian, Guatemalan, Hawaiian, Hispanic/Latino, Hmong, Japanese, Korean, Laotian, Mexican, Mexican American or Chicano/a, Other, Other Asian, Other Hispanic/Latino, Puerto Rican, Salvadoran, Samoan, Unknown, Vietnamese.</p>																																																																																																																												
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<b>Hospital Based</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes = Practitioner is hospital-based</li> <li>• No = Practitioner is NOT hospital-based</li> </ul> <p>This is an NCQA/credentialing requirement.</p>
<b>Areas of Expertise</b>	<p>See list of Area of Expertise options below. If applicable, enter one or more areas of expertise. Separate each entry with a comma. Only these values are allowed:</p> <ul style="list-style-type: none"> <li>• Chronic illness</li> <li>• HIV/AIDS</li> <li>• Serious mental illness</li> <li>• Homelessness</li> <li>• Deaf or hard of hearing</li> <li>• Blind or visually impaired</li> <li>• Cooccurring disorders</li> </ul>
<b>Supervising Physician NPI (if applicable)</b>	<p>NPI of the licensed physician who engages in direct supervision where required.</p> <ul style="list-style-type: none"> <li>• Required for all Physician Assistant adds.</li> <li>• Required for all Nurse Practitioner adds unless NP has qualification of "Nurse Practitioner independent group setting across lifespan" on licensure.</li> </ul> <p><b>Note:</b> Only one supervising physician NPI may be added. If the NP/PA has multiple supervising physicians, please submit a separate request to Provider Information &amp; Enrollment at <a href="mailto:BSCProviderInfo@blueshieldca.com">BSCProviderInfo@blueshieldca.com</a> to add the additional physicians.</p>
<b>Provides PCP Services</b>	<p>Click in the cell to activate the drop-down menu and select an option:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• N/A (Use to remove previous PCP designation.)</li> </ul>
<b>Areas of Special Interest</b>	<p>See list of Areas of Special Interest (AOSI) and their numeric codes below. Enter <b>numbers only</b> to indicate one or more areas of special interest. Separate each entry with a comma.</p> <p>Notes: AOSI is provider type specific not address specific. Please enter the same set of numbers on each address row for the line of business.</p> <p>To remove <u>all</u> existing numbers from this field: Type NA over the existing data. To remove <u>specific</u> data: Delete the data.</p> <ul style="list-style-type: none"> <li>• Abuse (Physical/Sexual/Emotional) (1)</li> <li>• Addiction (non-chemical such as gambling) (14)</li> <li>• Adjustment Disorder (113)</li> <li>• Adoption (2)</li> <li>• Ambulatory detox (140)</li> <li>• Anger Management (3)</li> <li>• Anxiety (4)</li> <li>• Applied Behavior Analysis (ABA) (114)</li> <li>• Attention Deficit Hyperactivity Disorder (ADHD) (6)</li> <li>• Autism Spectrum Disorder (ASD) (5)</li> <li>• Bariatric/Gastric Bypass Psych Evaluation (8)</li> <li>• Behavior Modification (9)</li> <li>• Biofeedback (10)</li> <li>• Bipolar Disorder (115)</li> <li>• Chronic Illness (116)</li> </ul>

	<ul style="list-style-type: none"> <li>• Cognitive Behavioral Therapy (CBT) (13)</li> <li>• Cognitive Impairments (including Alzheimer's, Dementia, TBI) (117)</li> <li>• Couples/Marriage Therapy (54)</li> <li>• Crisis Diversionary Services (15)</li> <li>• Depression (16)</li> <li>• Developmental Disabilities (17)</li> <li>• Dialectical Behavioral Therapy (DBT) (18)</li> <li>• Dissociative Disorders (19)</li> <li>• Domestic Violence (20)</li> <li>• Dual Diagnosis (165)</li> <li>• Eating Disorders (62)</li> <li>• Electroconvulsive Therapy (ECT) (21)</li> <li>• End of life issues (119)</li> <li>• Ethnic/Cultural Issues (120)</li> <li>• Eye Movement Desensitization &amp; Reprocessing (118)</li> <li>• Factitious Disorders (135)</li> <li>• Faith Counseling (11)</li> <li>• Fertility Issues (31)</li> <li>• Forensics (22)</li> <li>• Gender Dysphoria Psych Eval (121)</li> <li>• Gender Identity (122)</li> <li>• Gender Reassignment Surgery Psych Eval (123)</li> <li>• Grief/Bereavement (25)</li> <li>• HIV/AIDS (27)</li> <li>• Home Care/Home Visits (28)</li> <li>• Hypnosis (29)</li> <li>• Impulse Control &amp; Conduct Disorder (136)</li> <li>• Independent/Qualified Medical Examiner (30)</li> <li>• Inpatient Detox (acute hospital) (147)</li> <li>• Inpatient Electroconvulsive Therapy (145)</li> <li>• Inpatient Psychiatric (acute hospital) (166)</li> <li>• Inpatient Psychiatric (freestanding hospital) (149)</li> <li>• Inpatient Rehabilitation (acute hospital) (148)</li> <li>• Intellectual Disabilities (32)</li> <li>• Intensive Outpatient - Psychiatric (167)</li> <li>• Intensive Outpatient – substance use disorder (168)</li> <li>• Maternal Mental Health (including prenatal/post-partum anxiety, prenatal/post-partum de</li> <li>• Medicated Assisted Treatment for SUD (124)</li> <li>• Medication Management (125)</li> <li>• Military Lifestyle Issues (126)</li> <li>• Mood Disorders (33)</li> <li>• Neuropsychological Testing (64)</li> <li>• Nursing Home Visits/Consultation (34)</li> <li>• Obsessive Compulsive Disorders (OCD) (35)</li> <li>• Organic Disorders (36)</li> <li>• Outpatient Psychological Testing (143)</li> <li>• Outpatient Electroconvulsive Therapy (142)</li> <li>• Outpatient Mental Health Services – Psychiatry (153)</li> <li>• Outpatient Mental Health Services - Therapy (152)</li> <li>• Outpatient Neuropsychological Testing (141)</li> <li>• Pain Management (37)</li> <li>• Panic Disorder (127)</li> <li>• Personality Disorders (38)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Phobia (40)</li> <li>• Post-Traumatic Stress Disorder (PTSD) (43)</li> <li>• Psychiatrist, Child (139)</li> <li>• Psychological Testing (44)</li> <li>• Partial Hospitalization - Psychiatric (146)</li> <li>• Partial Hospitalization – substance use disorder (169)</li> <li>• Schizophrenia Psychosis (45)</li> <li>• Sex Offender Treatment (47)</li> <li>• Sexual Assault (46)</li> <li>• Sexual Dysfunction (48)</li> <li>• Sleep Disorders (128)</li> <li>• Solution-Focused Brief Therapy (129)</li> <li>• Somatoform Disorders (49)</li> <li>• Specialized Women’s Program (156)</li> <li>• Stress Management (130)</li> <li>• Subacute Detox (in a non-hospital setting) (150)</li> <li>• Substance Use Disorder (61)</li> <li>• Talk Therapy (111)</li> <li>• Terminal Illness (131)</li> <li>• Transcranial Magnetic Stimulation (TMS) (151)</li> <li>• Trauma (133)</li> <li>• Worker’s Compensation Psych Eval (52)</li> </ul>
Population Served	<p>See list of population served options below. If applicable, enter one or more areas of expertise. Separate each entry with a comma. <b>Only these values are allowed:</b></p> <ul style="list-style-type: none"> <li>• LGBTQ+ Community</li> <li>• Police/Fire Fighters</li> <li>• Transgender</li> <li>• Adult</li> <li>• Family Therapy</li> <li>• Group Therapy</li> <li>• Preschool (0-5)</li> <li>• Children (6-12)</li> <li>• Adolescents (13-18)</li> <li>• Senior</li> </ul>

<p>Service Location Add/Term/Update</p>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Add</li> <li>• Term</li> <li>• Update</li> </ul> <div style="border: 1px dashed black; padding: 5px;"> <p><b>Add</b></p> <p>To add a service location for a practitioner, in a blank row:</p> <ul style="list-style-type: none"> <li>• Mirror the Provider Tax Identification Number, Provider Name, and Provider Type found on the spreadsheet.</li> <li>• For IPA roster members only, mirror the appropriate Line of Business.</li> <li>• Select Add and complete all required service location address fields: street address, city, state, and zip.</li> </ul> <p><b>Note:</b> The location must be found on the Provider_General tab to add a practitioner at the location on the Practitioner_General tab.</p> </div> <div style="border: 1px dashed black; padding: 5px;"> <p><b>Term</b></p> <p>To remove or change a service location for a practitioner, select Term.</p> </div> <div style="border: 1px dashed black; padding: 5px;"> <p><b>Update</b></p> <p>Select when editing non-address related information, such as panel status, specialty, etc.</p> </div>
<p>Service Location Term Date</p>	<p>Date the service location became inactive.</p> <ul style="list-style-type: none"> <li>• Complete this field when TERM is selected in the Service Location Add/Term/Update column.</li> <li>• Future termination dates cannot be applied.</li> <li>• Format date as: MM/DD/YYYY (example 01/01/2024).</li> </ul>

**\* Indicates a required field for new practitioner or new location add.**

<b>Transferring PCP NPI</b>	Enter the NPI of the PCP that members are being transferred to when a practitioner is being termed.
<b>Service Location Street Address*</b>	Location where services are rendered. Address must be a physical location recognized by USPS. When available, copy the pre-populated address from the Provider_General tab to the Practitioner_General tab for practitioner location adds.  <b>Note:</b> Only 1 valid address is allowed per row (i.e. no multiple suite numbers). Please add a new row for an additional address or suite.
<b>Service Location City*</b>	City where services are rendered.
<b>Service Location State*</b>	State where services are rendered.
<b>Service Location ZIP*</b>	ZIP where services are rendered. 5 digits only (no +4).
<b>Service Location - Does the provider offer Gender Affirming Care services?</b>	Click in the cell to activate the drop-down menu and select either: <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <b>Note:</b> Gender affirming care indicated in this field will apply to the practitioner at the service location listed. If applicable to a group service location, enter your response on the PROVIDER_GENERAL tab.
<b>Service Location - Has the provider performed Gender Affirming Care services in the past?</b>	Click in the cell to activate the drop-down menu and select either: <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <b>Note:</b> Gender affirming care indicated in this field will apply to the practitioner at the service location listed. If applicable to a group service location, enter your response on the PROVIDER_GENERAL tab.

<b>Service Location - Types of Gender Affirming Care Provided</b>	<p>If applicable, enter or copy/paste the "ZG" codes for gender affirming care services offered by this practitioner using the options below. Enter the alpha-numeric code(s) only. Separate each entry with a comma.</p> <ul style="list-style-type: none"> <li>• Body Modification (ZG17)</li> <li>• Breast Augmentation (ZG03)</li> <li>• Electrolysis / Laser Hair Removal (ZG18)</li> <li>• Facial feminization surgery (ZG05)</li> <li>• Gender-affirming gynecological care (ZG14)</li> <li>• General Routine Care (ZG21)</li> <li>• Hair Transplant (ZG16)</li> <li>• Hand Therapy following phalloplasty (ZG19)</li> <li>• Hormone therapy related to gender dysphoria (ZG13)</li> <li>• Hysterectomy / Oophorectomy (ZG06)</li> <li>• Male chest reconstruction (ZG04)</li> <li>• Mental Health Therapy/Counseling (ZG22)</li> <li>• Metoidioplasty (ZG09)</li> <li>• Orchiectomy (ZG07)</li> <li>• Pelvic Floor Therapy following vaginoplasty (ZG20)</li> <li>• Phalloplasty (ZG10)</li> <li>• Scrotoplasty (ZG11)</li> <li>• Vaginoplasty (ZG08)</li> <li>• Voice feminization surgery (ZG12)</li> <li>• Voice therapy related to gender dysphoria (ZG15)</li> </ul>
<b>Panel Status, Specialties, Roles</b>	
<b>Service Location Panel Status*</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Accepting New and Existing Patients</li> <li>• Open to Existing Patients Only</li> </ul>
<b>Service Location Specialty 1*</b>	<p>Click in the cell to activate the drop-down menu and select the best possible option for the service location's primary specialty:</p> <ul style="list-style-type: none"> <li>• Practitioner's primary specialty</li> <li>• Practitioner's IPA designated specialty</li> </ul> <p><b>Note:</b> at least one specialty is required. See list of eligible specialties under <a href="#">Service Location Specialty Values</a>. Only these values are allowed.</p>
<b>Service Location Specialty 2</b>	<p>Click in the cell to activate the drop-down menu and select the service location's secondary specialty:</p> <ul style="list-style-type: none"> <li>• Practitioner's secondary specialty</li> <li>• Practitioner's IPA designated specialty</li> </ul> <p>See list of eligible specialties under <a href="#">Service Location Specialty Values</a>. Only these values are allowed.</p>

<b>Service Location Role</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• PCP</li> <li>• Specialist</li> </ul> <p>See below for more information:</p> <ul style="list-style-type: none"> <li>• PCP must accept membership assignment, enable referral to specialist care, enable other coordination of care as necessary per member plan.</li> <li>• Select Specialist for practitioners who are NOT designated PCPs.</li> <li>• Select Specialist for mid-levels (Nurse Practitioner, Physician Assistant, CRNA, Registered Nurse Midwife).</li> <li>• Mid-level exception: Nurse Practitioners are eligible for PCP or Specialist role.</li> </ul> <p>* Required for all IPA roster members.</p>
<b>Patient Age and Gender Limits, Other Services, Home Visits</b>	
<b>Service Location Lowest Age</b>	<p>Age of youngest patient accepted. Whole number only, 0 to 120.</p> <p>* Required for all IPA roster members.</p>
<b>Service Location Highest Age</b>	<p>Age of oldest patient accepted. Whole number only, 0 to 120.</p> <p>* Required for all IPA roster members.</p>
<b>Service Location Gender Limit</b>	<p>Click in the cell to activate the drop-down menu and select:</p> <ul style="list-style-type: none"> <li>• BOTH = Practitioner accepts both male and female patients</li> <li>• M = Practitioner accepts male patients only</li> <li>• F = Practitioner accepts female patients only</li> </ul> <p>* Required for all IPA roster members.</p>
<b>Other Services Provided</b>	<p>If applicable, enter or copy/paste the "ZP" codes for other services offered by the group using the options below. Enter the alpha-numeric code(s) only. Separate each entry with a comma.</p> <ul style="list-style-type: none"> <li>• Mammography Services (ZP03)</li> <li>• Substance use – Residential treatment (ZP04)</li> <li>• Substance use – Intensive inpatient treatment (ZP05)</li> <li>• Substance use – Partial hospitalization (6+ hours/day) (ZP06)</li> <li>• Substance use – Intensive outpatient (3-4 hours/day) (ZP07)</li> <li>• Mental health – Inpatient services (ZP08)</li> <li>• Mental health – Intensive inpatient (ZP09)</li> <li>• Mental health – Partial hospitalization (6+ hours/day) (ZP10)</li> <li>• Mental health – Outpatient services (ZP11)</li> <li>• Mental health – Intensive outpatient (3-4 hours/day) (ZP12)</li> <li>• Social, cultural, and linguistic services (ZP13)</li> <li>• ADA compliant (ZP14)</li> <li>• Public transportation access (ZP15)</li> <li>• Asynchronous messaging available (ZP16)</li> <li>• Services for visual impairment (ZP17)</li> <li>• Services for cognitive impairment (ZP18)</li> <li>• Services for mobility impairment (ZP19)</li> <li>• HIS/Tribal 638/Urban Indian Provider (ZP20)</li> </ul>
<b>Home Visits Only</b>	<p>Please enter Yes or No.</p>

Practitioner Medi-Cal Enrollment	
<b>Enrolled in Medi-Cal</b>	<p>Is the practitioner enrolled in Medi-Cal. Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Medi-Cal Orientation Received</b>	<p>If the practitioner is enrolled in Medi-Cal, was Medi-Cal Orientation completed. Click in the cell to activate the drop-down menu, and select either:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Medi-Cal Orientation Date</b>	<p>If applicable, populate the date Medi-Cal Orientation was completed (NPO training date).</p> <p>Note: Medi-Cal orientation dates are not required for PPO groups.</p>

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## Validation\_Contacts Tab

<b>Provider Organization Tax Identification Number</b>	Tax ID of provider organization. (IPA or Medical Group Tax ID, or Practitioners Tax ID/SSN)
<b>Provider Organization Name</b>	Name of contracted provider organization entity. (IPA, Medical Group, or Practitioner Name)
<b>Provider Type</b>	Provider type corresponding to taxonomy. <b>Note:</b> field may be blank, not required to populate.
<b>Provider Email</b>	Email address of individual(s) responsible for validation. <ul style="list-style-type: none"><li>• If the email address populated is incorrect or no longer valid, overwrite with corrected email address for the person(s) responsible for completing validation spreadsheets.</li><li>• Information will be used for outreach and validation purposes specifically.</li></ul>

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## Appendix Service location specialty values

Service Location Specialty Values (Non-MD)	
Audiologist	Licensed Professional Clinical Counselor
Certified Acupuncturist	Marriage Family Therapist
Certified Behavioral Analyst Doctorate	Naturopathic Physician
Certified Behavioral Analyst Masters	Occupational Therapist
Certified Feldenkrais Practitioner	Optometrist
Certified Midwife (Non-RN)	Oral Maxillofacial Surgeon
Certified Nurse Practitioner	Orthodontics
Certified Ocularist / Dispensing Optician	Orthotist / Prosthetist Supplier
Certified Orthotist	Pedodontics
Certified Prosthetist	Periodontics
Certified Registered Nurse Anesthetist	Physician Assistant
Certified Registered Nurse Midwife	Podiatrist
Chiropractor	Prosthodontics
Clinical Neuropsychologist	Psychiatric-Mental Health Nurse Practitioner
Clinical Nurse Specialist	Psychologist
Diabetes Educator	Registered Dietitian / Nutritionist
Endodontics	Registered Nurse Licensed Vocational Nurse
General Dentistry	Registered Physical Therapist
Genetic Counselor	Registered Psychiatric Nurse
Hearing Aid Dealer / Supplier	Respiratory Therapist
Licensed Clinical Social Worker	Speech Pathologist

Service Location Specialty Values (MD/DO)	
Addictive Medicine	Pathology Anatomic
Adolescent Medicine	Pathology Anatomic Clinical
Advanced Heart Failure and Transplant Cardiology	Pathology Clinical
Aerospace Medicine	Pathology Forensic
Allergy Immunology	Pediatric Allergy / Immunology
Anesthesiology	Pediatric Cardiology
Anesthesiology Critical Care Medicine	Pediatric Critical Care Medicine
Anesthesiology Pain Management	Pediatric Dermatology
Blood Banking	Pediatric Emergency Medicine
Cardiac Electrophysiology	Pediatric Endocrinology
Cardiovascular Disease	Pediatric Gastroenterology
Clinical Cytogenetics	Pediatric Hematology / Oncology
Complex Family Planning	Pediatric Infectious Diseases
Cytopathology	Pediatric Medical Toxicology
Dermatology	Pediatric Nephrology
Dermatology Dermatopathology	Pediatric Pathology
Dermatology Immunology	Pediatric Pulmonology
Dermatology Pathology	Pediatric Radiology
Developmental Behavioral Pediatrics	Pediatric Rheumatology

Diagnostic Laboratory Allergy / Immunology	Pediatric Sports Medicine
Emergency Medicine	Pediatric Surgery Orthopedic
Endocrinology Metabolism Diabetes	Pediatric Transplant Hepatology
Endocrinology Reproductive	Pediatrics
Family Practice	Pharmacology Clinical
Family Practice Geriatric Medicine	Phlebology
Family Practice Sports Medicine	Phys Med/ Rehab Pain Medicine
Female Pelvic Med and Reconstructive Surg	Phys Med/ Rehab Sports Medicine
Gastroenterology	Physical Medicine / Rehabilitation
General Practice	Plastic Surgery Within the Head and Neck
Genetics Clinical	Preventative Medicine General
Genetics Clinical Biochemical	Psychiatry
Genetics Clinical Biochemical Molecular	Psychiatry Child
Genetics Clinical Molecular	Psychiatry Forensic
Genetics Medical	Psychiatry Geriatric
Gynecologic Oncology	Psychiatry Hospice / Palliative Medicine
Gynecology	Psychiatry Pain Medicine
Hematology / Oncology	Psychiatry Sleep Medicine
Hematology / Pathology	Public Health Preventative Medicine
Hepatology	Pulmonary Diseases
Hospice and Palliative Medicine	Radiation Oncology
Hospitalist MD/DO	Radiological Physics
Immunopathology	Radiology Diagnostic
Infectious Disease	Radiology Nuclear
Internal Medicine	Radiology Therapeutic
Internal Medicine Critical Care Medicine	Rheumatology
Internal Medicine Geriatric Medicine	Sleep Medicine
Internal Medicine Sports Medicine	Surgery Colon Surgery
Interventional Cardiology	Surgery Critical Care
Maternal and Fetal Medicine	Surgery General
Medical Oncology	Surgery General Vascular
Medical Toxicology Emergency Medicine	Surgery Hand
Microbiology Medical	Surgery Hand Orthopedic
Neonatal / Perinatal Medicine	Surgery Hand Plastic
Nephrology	Surgery Head
Neurodevelopmental Disabilities	Surgery Neurological
Neurology	Surgery Orthopedic
Neurology Child	Surgery Pediatric
Neurology Critical Care Medicine	Surgery Plastic
Neuromuscular Medicine	Surgery Thoracic
Neuropathology	Surgery Trauma / Critical Care
Neurophysiology Clinical	Surgical Oncology
Nuclear Medicine	Transplant Surgery
Obstetrics	Undersea Medicine
Obstetrics / Gynecology	Urology
Occupational Medicine	

Ophthalmology	
Ophthalmology / Otology / Laryngology / Rhinology	
Osteopathic Manipulative Therapy	
Otolaryngology	
Otology	