blue of california

Dear Blue Shield Network IPA/Medical Group/Practitioner:

As you may be aware, Blue Shield of California/Blue Shield of California Promise Healthplan has established a new process for updating and attesting to the accuracy of your provider directory information on Provider Connection:

1. Attestation to the accuracy of your provider directory information on Provider Connection every 90 days.
2. Updates to your provider directory information via the:
    - Provider & Practitioner Profiles section on Provider Connection.
    - Provider Data Validation Spreadsheet downloaded from Provider Connection.

We have created the below companion guide to assist you with completing the Provider Data Validation spreadsheet. If after reviewing the companion guide you still have questions, please contact the Webdesk at:

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

Sincerely,
Provider Information and Enrollment
Blue Shield of California

Provider Data Validation Spreadsheet - Companion Guide
May 2024

How this companion guide is organized:

This companion guide begins with important general overview information about the Provider Data Validation spreadsheet and will then go into detail for each tab. **Tab details within the companion guide are organized in the following way:**

- A table describing Blue Shield pre-populated data in order of appearance on each tab.
- A table providing definitions and instructions for making changes to editable fields on each tab.

Provider Data Validation Spreadsheet Overview:

1. **Instructions tab =** High level instructions for each tab and columns within the tabs.
2. **Provider General =** PPO 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 contract type(s).
    - Capitated IPA
    - Promise Capitated IPA
    - Physician Group Practice
    - Practitioner
    - Allied Specialty (Psychologist, Optometrist, etc)
    - Clinic Outpatient (note, FQHC's will reflect this Provider Type)
3. **Practitioner General =** Practitioners that have an active relationship with the IPA or Medical Group.
4. **Validation Contacts =** Contact information of the person responsible for completing the Provider Data Validation spreadsheet.

Each tab contains a series of fields that correspond to the tab name and the demographic information we have on file for your organization at the time the Provider Data Validation spreadsheet was downloaded from Provider Connection.

Pre-populated fields that cannot be overwritten or edited are found under blue header columns (A,B,C and D). Other fields within the file may be edited to make necessary updates or add missing demographic data. Certain fields must be completed with Blue Shield predefined values. Theinstructions will indicate the fields where these are necessary, andyou will be supplied with the values. Drop-down menus can be found in certain areas of the spreadsheet and should be used where available.

When reviewing and revising the spreadsheet, the below actions are **not** allowed:

- Adding or deleting columns
- Adding or deleting tabs
- Deleting existing rows
- Changing or deleting column headers

Provider_General Tab

<table>
<tr><th></th><th></th></tr>
<tr><td>Field Name</td><td>Description
Changes to Provider Tax ID Number, Provider Name, Provider Type, or Provider NPI cannot be made via the bulk file process. If data populated is incorrect, please submit a separate request to Provider Information & Enrollment at BSCProviderInfo@blueshieldca.com.</td></tr>
<tr><td>Provider Tax Identification (TIN) Number</td><td>Tax ID of contracted provider organization<table><tr><th>Bulk File is for…</th><th>Tax ID is…</th></tr><tr><td>IPA</td><td>IPAs Tax ID</td></tr><tr><td>PPO Medical Group</td><td>Groups Tax ID</td></tr><tr><td>Practitioner</td><td>Practitioners Tax ID or SSN</td></tr></table></td></tr>
<tr><td>Provider Organization Name</td><td>Name of contracted provider organization<table><tr><th>If Provider Type is…</th><th>Then Provider Name is…</th></tr><tr><td>Capitated IPA</td><td>IPA name</td></tr><tr><td>Promise Capitated IPA</td><td>IPA name</td></tr><tr><td>Practitioner</td><td>Practitioner or IPA roster member name</td></tr><tr><td>Physician Group Practice</td><td>PPO medical group name</td></tr><tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>PPO medical group name</td></tr><tr><td>Clinic Outpatient</td><td>PPO medical group name</td></tr></table></td></tr>
<tr><td>Provider Type</td><td>Provider type corresponding to taxonomy<table><tr><th>Provider Type</th><th>Description</th></tr><tr><td>Capitated IPA</td><td>IPA</td></tr><tr><td>Promise Capitated IPA</td><td>IPA</td></tr><tr><td>Physician Group Practice</td><td>PPO medical group</td></tr><tr><td>Practitioner</td><td>Practitioner or IPA roster member</td></tr><tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>PPO medical group</td></tr><tr><td>Clinic Outpatient</td><td>PPO medical group</td></tr></table></td></tr>
</table>

<table>
<tr><td>Provider NPI</td><td>National Provider Identifier<table>
<tr><th>If Provider Type is…</th><th>Then NPI is…</th></tr>
<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 (Psychologist, Optometrist, etc)</td><td>Medical group NPI (type 2)</td></tr>
<tr><td>Clinic Outpatient</td><td>Medical group NPI (type 2)</td></tr>
</table></td></tr>
<tr><td></td><td>Note, the below fields are editable</td></tr>
<tr><td>Organization Website</td><td>Provider organization website for member-facing interactions<table>
<tr><th>If Provider Type is…</th><th>Then website is…</th></tr>
<tr><td>Capitated IPA</td><td>IPAs website</td></tr>
<tr><td>Promise Capitated IPA</td><td>IPAs website</td></tr>
<tr><td>Practitioner</td><td>Practitioner or IPA roster member website</td></tr>
<tr><td>Physician Group Practice</td><td>Medical groups website</td></tr>
<tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>Medical groups website</td></tr>
<tr><td>Clinic Outpatient</td><td>Medical groups website</td></tr>
</table></td></tr>
<tr><td>Provider Email</td><td>Provider organization email for health plan administrative contacts<table>
<tr><th>If Provider Type is…</th><th>Then email is…</th></tr>
<tr><td>Capitated IPA</td><td>IPAs email address</td></tr>
<tr><td>Promise Capitated IPA</td><td>IPAs email address</td></tr>
<tr><td>Practitioner</td><td>Practitioner or IPA roster member email address</td></tr>
<tr><td>Physician Group Practice</td><td>Medical groups email address</td></tr>
<tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>Medical groups email address</td></tr>
<tr><td>Clinic Outpatient</td><td>Medical groups email address</td></tr>
</table></td></tr>
<tr><td>Provider Directory Email</td><td>• Yes = Display email on directory
• No = Do NOT display email on directory</td></tr>
</table>

<table>
<tr>
<td>Service Location Add/Term/Update</td>
<td>Click in the cell to activate the drop-down menu and select either:

Add
Term
Update

<table>
<tr><th colspan="2">Add</th></tr>
<tr><th>If Provider Type is…</th><th>Then…</th></tr>
<tr><td>Capitated IPA</td><td>Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.</td></tr>
<tr><td>Promise Capitated IPA</td><td>Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.</td></tr>
<tr><td>Practitioner</td><td>To add a new location for a practitioner or IPA roster member, follow these steps.
On the Provider General tab, in a blank row:

In column A, mirror the Provider Tax Identification Number found on the spreadsheet.
In column B, enter the practitioners first and last name.
In column C, type: Practitioner
In column D, add the practitioners individual (type 1) NPI.
Select Add under the Service Location Add/Term/Update column.
Add the new location in the Service Location Address column, then complete all required service location address fields (location address, city, state, zip, and phone number). Complete other fields as applicable (fax, office hours, telehealth, etc). Address must be a physical location recognized by USPS.

Note: the location will also need to be added for the practitioner on the Practitioner General tab.</td></tr>
</table>
</td>
</tr>
</table>

Service Location Add/Term/Update

Add (continued)

If Provider Type is…	Then…
Physician Group Practice	To add a new location for the group, 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: Physician Group Practice • Select Add under the Service Location Add/Term/Update column. • Complete all *required* service location address fields (location address, city, state, zip, and phone number). Complete other fields as applicable (fax, office hours, telehealth, etc). 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 new location on the Practitioner General tab. At least one roster member is required to complete the location add.
Allied Specialty (Psychologist, Optometrist, etc)	To add a new location for the group, 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, mirror the appropriate Provider Type (Psychologist, Optometrist, etc) • Select Add under the Service Location Add/Term/Update column. (Continued on next page)

<table>
<tr><td>Service Location Add/Term/Update</td><td>
<table>
<tr><th colspan="2">Add (continued)</th></tr>
<tr><th>If Provider Type is…</th><th>Then…</th></tr>
<tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>• Complete all required service location address fields (location address, city, state, zip, and phone number). Complete other fields as applicable (fax, office hours, telehealth, etc). 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 new location on the Practitioner General tab. At least one roster member is required to complete the location add.</td></tr>
<tr><td>Clinic Outpatient</td><td>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 (location address, city, state, zip, and phone number). Complete other fields as applicable (fax, office hours, telehealth, etc). Address must be a physical location recognized by USPS.

Note: if adding a new service location for the clinic, add all roster members practicing at the new location on the Practitioner General tab. At least one roster member is required to complete the location add.
(Continued on next page)</td></tr>
</table>
</td></tr>
</table>

Add (continued)	
If Provider Type is…	**Then…**
Clinic Outpatient	You may receive an email notification requesting additional documentation to support the location add for the clinic.

Term	
If Provider Type is…	**Then…**
Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
Promise Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
Practitioner	Select Term when a service location needs to be removed or when changing a service location address. • To *terminate* a location for a practitioner or IPA roster member, apply the termination on the Practitioner General tab. • To *change* 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. o Note, actions will also need to be completed on the Practitioner General tab (select Term for the location to be removed and add the new location in a blank row).

Term (continued)	
If Provider Type is…	**Then…**
Physician Group Practice	Select Term when a service location needs to be removed or when changing a service location address. • Terminating a group location will remove all roster members from the location. • To *change* 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.
Allied Specialty (Psychologist, Optometrist, etc)	Select Term when a service location needs to be removed or when changing a service location address. • Terminating a group location will remove all roster members from the location. • To *change* 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.
Clinic Outpatient	Select Term when a service location needs to be removed or when changing a service location address. • Terminating a clinic location will remove all roster members from the location. • To *change* 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.

<table>
<tr><td>Service Location Add/Term/Update</td><td>
<table>
<tr><th colspan="2">Update</th></tr>
<tr><th>If Provider Type is…</th><th>Then…</th></tr>
<tr><td>Capitated IPA</td><td>Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office data.</td></tr>
<tr><td>Promise Capitated IPA</td><td>Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office data.</td></tr>
<tr><td>Practitioner</td><td>Select Update when editing non-address related information like phone, fax, office hours, etc.</td></tr>
<tr><td>Physician Group Practice</td><td>Select Update when editing non-address related information like phone, fax, office hours, etc.</td></tr>
<tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>Select Update when editing non-address related information like phone, fax, office hours, etc.</td></tr>
<tr><td>Clinic Outpatient</td><td>Select Update when editing non-address related information like phone, fax, office hours, etc.</td></tr>
</table>
</td></tr>
<tr><td>Service Location Term Date</td><td>Date the service location became inactive.
Complete this field when TERM is selected in the Service Location Add/Term/Update column.
Future termination dates cannot be applied.
Format date as: MM/DD/YYYY (example 01/01/2024).</td></tr>
</table>

<table>
<tr><td>Service Location Address</td><td>Location where services are rendered.
<table><tr><th>If Provider Type is…</th><th>Then the location listed is…</th></tr><tr><td>Capitated IPA</td><td>IPA administrative office address</td></tr><tr><td>Promise Capitated IPA</td><td>IPA administrative office address</td></tr><tr><td>Practitioner</td><td>Practitioner or IPA roster member service location</td></tr><tr><td>Physician Group Practice</td><td>Group service location</td></tr><tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>Group service location</td></tr><tr><td>Clinic Outpatient</td><td>Clinic service location</td></tr></table>
Required if Add is populated in Service Location Add/Term/Update column.
Note: address must be a physical location recognized by USPS.</td></tr>
<tr><td>Service Location City</td><td>City where services are rendered.

Required if Add is populated in Service Location Add/Term/Update column.</td></tr>
<tr><td>Service Location State</td><td>State where services are rendered.

Required if Add is populated in Service Location Add/Term/Update column.</td></tr>
<tr><td>Service Location Zip</td><td>ZIP where services are rendered.

Required if Add is populated in Service Location Add/Term/Update column.
Note: 5 digits only (no +4).</td></tr>
<tr><td>Service Location Wheelchair Accessible</td><td>Click in the cell to activate the drop-down menu and select either:
Yes = Service location is wheelchair accessible
No = Service location is NOT wheelchair accessible</td></tr>
<tr><td>Service Location Office Phone</td><td>Phone number for the service location where members can make appointments.
Acceptable formats are XXX-XXX-XXXX or XXXXXXXXXX.
Required if Add is populated in Service Location Add/Term/Update column.
Note: no spaces or other special characters may be added to the number.</td></tr>
<tr><td>Service Location Office Fax</td><td>Non-member facing fax number for the service location used for health plan correspondence.
Acceptable formats are XXX-XXX-XXXX or XXXXXXXXXX.
Required if Add is populated in Service Location Add/Term/Update column.
Note: no spaces or other special characters may be added to the number.</td></tr>
</table>

Service Location Office Hours	Office hours of service location.
	• Enter days as: MON; TUES; WED; THU; FRI; SAT; SUN
	• Enter office hours in standard (12 hour) or world (24 hour) time. For example:
	  ○ Standard: 8:30am-5:00pm
	  ○ World: 0830-1700
	• To indicate closed hours, enter: X-X

Service Location - Does the provider offer Gender Affirming Care services?	Click in the cell to activate the drop-down menu and select either: • Yes • No **Note:** gender affirming care indicated in this field will apply to the group at the service location listed. If applicable to a practitioner only, enter your response on the PRACTITIONER_GENERAL tab.
Service Location - Has the provider performed Gender Affirming Care services in the past?	Click in the cell to activate the drop-down menu and select either: • Yes • No **Note:** gender affirming care indicated in this field will apply to the group at the service location listed. If applicable to a practitioner only, enter your response on the PRACTITIONER_GENERAL tab.
Service Location - Types of Gender Affirming Care Provided	If applicable, enter or copy/paste the respective "ZG" codes for gender affirming care services offered by the group using the options below. Separate each entry with a comma. • Body Modification (ZG17) • Breast Augmentation (ZG03) • Electrolysis / Laser Hair Removal (ZG18) • Facial feminization surgery (ZG05) • Gender-affirming gynecological care (ZG14) • General Routine Care (ZG21) • Hair Transplant (ZG16) • Hand Therapy following phalloplasty (ZG19) • Hormone therapy related to gender dysphoria (ZG13) • Hysterectomy / Oophorectomy (ZG06) • Male chest reconstruction (ZG04) • Mental Health Therapy/Counseling (ZG22) • Metoidioplasty (ZG09) • Orchiectomy (ZG07) • Pelvic Floor Therapy following vaginoplasty (ZG20) • Phalloplasty (ZG10) • Scrotoplasty (ZG11) • Vaginoplasty (ZG08) • Voice feminization surgery (ZG12) • Voice therapy related to gender dysphoria (ZG15)

<table>
<tr><td>Service Location Language Interpreter Services</td><td>Click in the cell to activate the drop-down menu and select either:
Yes = There are language interpreter services provided at this location
No = There are NOT language interpreter services provided at this location</td></tr>
<tr><td>Service Location Clinical Staff Languages</td><td>Language(s) of staff spoken at site where member receives care. If more than one language is entered, separate each language with a comma.

Note: English is a default language.</td></tr>
<tr><td>Service Location Telehealth</td><td>Click in the cell to activate the drop-down menu and select either:
Only telehealth services provided at this location.
Telehealth & in-person services provided at this location.
In-person services only provided at this location
<table>
<tr><th>If Provider Type is…</th><th>Telehealth….</th></tr>
<tr><td>Practitioner</td><td>Telehealth will apply to practitioner or IPA roster member service location</td></tr>
<tr><td>Physician Group Practice</td><td>Telehealth will apply to group service location</td></tr>
<tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>Telehealth will apply to group service location</td></tr>
<tr><td>Clinic Outpatient</td><td>Telehealth will apply to clinic service location</td></tr>
</table></td></tr>
<tr><td>Service Location QMI – Spanish
Service Location QMI – Russian
Service Location QMI – Mandarin
Service Location QMI - Korean
Service Location QMI – Cantonese
Service Location QMI - Vietnamese</td><td>Click in the cell to activate the drop-down menu and select either:
Yes – the specified language is offered by a Qualified Medical Interpreter (QMI).
No - specified language is NOT offered by a Qualified Medical Interpreter (QMI).
Note: the interpreter must have a QMI certification if Yes is selected.</td></tr>
</table>

Practitioner_General Tab

<table>
<tr><td></td><td></td></tr>
<tr><td>Field Name</td><td>Description
Changes to Provider Tax ID Number, Provider Name, or Provider Type cannot be made via the bulk file process. If data populated is incorrect, please submit a separate request to Provider Information & Enrollment at <u>BSCProviderInfo@blueshieldca.com</u>.</td></tr>
<tr><td>Provider Tax Identification (TIN) Number</td><td>Tax ID of contracted provider organization entity.
<table><tr><th>Bulk File is for…</th><th>Tax ID is…</th></tr><tr><td>IPA</td><td>IPAs Tax ID</td></tr><tr><td>PPO Medical Group</td><td>Groups Tax ID</td></tr><tr><td>Practitioner</td><td>Practitioners Tax ID or SSN</td></tr></table></td></tr>
<tr><td>Provider Name</td><td>Name of contracted provider organization entity.
<table><tr><th>If Provider Type is…</th><th>Then Provider Name is…</th></tr><tr><td>Practitioner</td><td>Practitioner or IPA name</td></tr><tr><td>Physician Group Practice</td><td>PPO medical group name</td></tr><tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>PPO medical group name</td></tr><tr><td>Clinic Outpatient</td><td>PPO medical group name</td></tr></table></td></tr>
<tr><td>Provider Type</td><td>Provider type of contracted entity corresponding to taxonomy.
<table><tr><th>Provider Type</th><th>Description</th></tr><tr><td>Practitioner</td><td>Practitioner or IPA roster member</td></tr><tr><td>Physician Group Practice</td><td>PPO medical group roster member</td></tr><tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>PPO medical group roster member</td></tr><tr><td>Clinic Outpatient</td><td>PPO medical group roster member</td></tr></table>Note: for blended groups, filtering by provider type on the Practitioner General tab will separate roster members by IPA/PPO medical group.</td></tr>
<tr><td></td><td>Note, the below fields are editable</td></tr>
<tr><td>Last Name</td><td>Practitioner’s last name as listed on their license or certification.
Entry in this field must match license/certification exactly. Required for new practitioner add or practitioner location add.</td></tr>
</table>

First Name	Practitioner's first name as listed on their license or certification. Entry in this field must match license/certification exactly. Required for new practitioner add or practitioner location add.
NPI	Practitioner's NPI (type 1) Entry must match NPI assigned by CMS' National Plan and Provider Enumeration System (NPPES). Required for new practitioner add or practitioner location add.
Gender	Click in the cell to activate the drop-down menu and select the practitioner's gender: • M = Male • F = Female **Note:** required for new practitioner add.
License Number	Practitioner's medical license or certification number. **Note:** required for new practitioner add.
License State	State in which the practitioner is licensed or certified. **Note:** required for new practitioner add.
License Issuer	Board the license or certification is issued through. Example: Medical Board of California, Osteopathic Medical Board of California, California Board of Behavioral Sciences, etc. **Note:** field is NOT required to be populated.
License Type	License type **Note:** field is NOT required to be populated.
Education	Practitioner's education Example: MD, DO, PT, NP, PA, DPM, OD, PSYD, MFT, LCSW, LPCC, CRNA, LAC
Board Certification	Click in the cell to activate the drop-down menu and select either: • Board Certified • Board Eligible • Not Applicable • Not Certified **Note:** field is NOT required to be populated.
Ethnicity	Practitioner's ethnicity. If more than one ethnicity is entered, separate each entry with a comma. **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.

Practitioner Language(s)	Practitioner language(s) - only enter languages other than English. If more than one language is entered, separate each language with a comma. **Note:** English is a default language. See list of eligible languages under Practitioner Language Values.
Affiliated Hospital Name	Name of the hospital with which the practitioner is affiliated. **Note:** hospital affiliations shown on the spreadsheet are the affiliations Blue Shield has on file for the practitioner as an individual and are not specific to any practice site, Medical Group, or IPA. Affiliations should only be removed if you have confirmed with the practitioner that they are no longer affiliated with the hospital.
Affiliated Hospital OSHPD ID	Hospital OSHPD ID. **Note:** unique hospital identifier assigned by California's Office of Statewide Health Planning and Development (OSHPD). Field is **not required** to be validated. If blank, field is not required to be populated.
Hospital Based	Click in the cell to activate the drop-down menu and select either: • Yes = Practitioner is hospital-based • No = Practitioner is NOT hospital-based **Note:** this is an NCQA/credentialing requirement.
DEA Number	Practitioner's DEA number. Entry must match the unique identifier assigned by the Drug Enforcement Agency (DEA). **Note:** may leave blank if not applicable.
DEA Effective Date	DEA effective date. **Note:** an effective date is required if DEA Number is added.
DEA Expiration Date	DEA expiration date. **Note:** may leave blank if not applicable.
Areas of Expertise	See list of area of expertise options below. If applicable, enter one or more areas of expertise as appropriate and separate each entry with a comma. • Chronic illness • HIV/AIDS • Serious mental illness • Homelessness • Deaf or hard of hearing • Blind or visually impaired • Cooccurring disorders

Supervising Physician NPI (if applicable)	NPI of the licensed physician who engages in direct supervision where required. • Required for all Physician Assistant adds. • Required for all Nurse Practitioner adds unless NP has qualification of "Nurse Practitioner independent group setting across lifespan" on licensure. **Note:** only one supervising physician NPI may be added. If the NP/PA has multiple supervising physicians, please submit a separate request to Provider Information & Enrollment at BSCProviderInfo@blueshieldca.com to add the additional physicians.
Service Location Add /Term/ Update	Click in the cell to activate the drop-down menu and select either: • Add • Term • Update **Add** To add a service location for a practitioner, in a blank row, mirror the Provider Tax Identification Number, Provider Name, and Provider Type found on the spreadsheet. Then select Add and complete all *required* service location address fields (location address, city, state, and zip). **Note**: the location must be found on the Provider General tab to add a practitioner at the location on the Practitioner General tab. **Term** To remove or change a service location for a practitioner, select Term. **Update** Select when editing non-address related information, such as panel status, specialty, etc.
Service Location Term Date	Date the service location became inactive. • Complete this field when TERM is selected in the Service Location Add/Term/Update column. • Future termination dates cannot be applied. • Format date as: MM/DD/YYYY (example 01/01/2024).
Service Location Street Address	Service location where services are rendered. Required if Add is populated in Service Location Add/Term/Update column. **Note:** address must be a physical location recognized by USPS. When available, mirror the pre-populated address from the Provider General tab to the Practitioner General tab for practitioner location adds.
Service Location City	City where services are rendered. Required if Add is populated in Service Location Add/Term/Update column.

Service Location State	State where services are rendered. Required if Add is populated in Service Location Add/Term/Update column.
Service Location ZIP	ZIP where services are rendered. Required if Add is populated in Service Location Add/Term/Update column. **Note:** 5 digits only (no +4).
Service Location - Does the provider offer Gender Affirming Care services?	Click in the cell to activate the drop-down menu and select either: • Yes • No **Note:** gender affirming care indicated in this field will apply to the practitioner at the service location listed. If applicable to a group service location, enter your response on the PROVIDER_GENERAL tab.
Service Location - Has the provider performed Gender Affirming Care services in the past?	Click in the cell to activate the drop-down menu and select either: • Yes • No **Note:** gender affirming care indicated in this field will apply to the practitioner at the service location listed. If applicable to a group service location, enter your response on the PROVIDER_GENERAL tab.
Service Location - Types of Gender Affirming Care Provided	If applicable, enter or copy/paste the respective "ZG" codes for gender affirming care services offered by this practitioner using the options below. Separate each entry with a comma. • Body Modification (ZG17) • Breast Augmentation (ZG03) • Electrolysis / Laser Hair Removal (ZG18) • Facial feminization surgery (ZG05) • Gender-affirming gynecological care (ZG14) • General Routine Care (ZG21) • Hair Transplant (ZG16) • Hand Therapy following phalloplasty (ZG19) • Hormone therapy related to gender dysphoria (ZG13) • Hysterectomy / Oophorectomy (ZG06) • Male chest reconstruction (ZG04) • Mental Health Therapy/Counseling (ZG22) • Metoidioplasty (ZG09) • Orchiectomy (ZG07) • Pelvic Floor Therapy following vaginoplasty (ZG20) • Phalloplasty (ZG10) • Scrotoplasty (ZG11) • Vaginoplasty (ZG08) • Voice feminization surgery (ZG12) • Voice therapy related to gender dysphoria (ZG15)

Service Location Panel Status	Click in the cell to activate the drop-down menu and select either: • Accepting New and Existing Patients • Open to Existing Patients Only **Note:** required for all IPA roster members.
Service Location Specialty 1	Service locations primary specialty: • Practitioner's primary specialty • Practitioner's IPA designated specialty **Note:** at least one specialty is required. See list of eligible specialties under Service Location Specialty Values. Only these values are accepted.
Service Location Specialty 2	Service locations secondary specialty: • Practitioner's secondary specialty • Practitioner's IPA designated specialty See list of eligible specialties under Service Location Specialty Values. Only these values are accepted.
Service Location Role	Click in the cell to activate the drop-down menu and select either: • PCP • Specialist See below for more information: • PCP must accept membership assignment, enable referral to specialist care, enable other coordination of care as necessary per member plan. • Select Specialist for practitioners who are NOT designated PCPs. • Select Specialist for mid-levels (Nurse Practitioner, Physician Assistant, CRNA, Registered Nurse Midwife). • Mid-level exception: Nurse Practitioners are eligible for PCP or Specialist role. **Note:** required for all IPA roster members.
Service Location Lowest Age	Age of youngest patient accepted. **Note:** required for all IPA roster members. Whole number only.
Service Location Highest Age	Age of oldest patient accepted. **Note:** required for all IPA roster members. Whole number only, up to 3 digits allowed.
Service Location Gender Limit	Click in the cell to activate the drop-down menu and select: • BOTH = Practitioner accepts both male and female patients • M = Practitioner accepts male patients only • F = Practitioner accepts female patients only **Note:** required for all IPA roster members.

Enrolled in Medi-Cal	Is the practitioner enrolled in Medi-Cal. Click in the cell to activate the drop-down menu and select either: • Yes • No
Medi-Cal Orientation Received	If the practitioner is enrolled in Medi-Cal, was Medi-Cal Orientation completed. Click in the cell to activate the drop-down menu, and select either: • Yes • No
Medi-Cal Orientation Date	If applicable, populate the date Medi-Cal Orientation was completed (NPO training date).

Validation_Contacts Tab

Provider Organization Tax Identification Number (TIN)	Tax ID of provider organization. (IPA or Medical Group Tax ID, or Practitioners Tax ID/SSN)
Provider Organization Name	Name of contracted provider organization entity. (IPA, Medical Group, or Practitioner Name)
Provider Type	Provider type corresponding to taxonomy. **Note:** field may be blank, not required to populate.
Provider Email	Email address of individual(s) responsible for validation. • If the email address populated is incorrect or no longer valid, overwrite with corrected email address for the person(s) responsible for completing validation spreadsheets. • Information will be used for outreach and validation purposes specifically.

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	Physicians 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	

Practitioner Language Values

Practitioner Language Values			
Achinese	Flemish	Kru languages	Serbo-Croatian
Afrikaans	French	Kurdish	Shanghaiese
Albanian	Fukienese	Lao	Sign Language
Amharic	Gaelic	Latin	Sindhi
Arabic	German	Latvian	Sinhala
Armenian	Greek	Lithuanian	Slovak
Assamese	Gujarati	Macedonian	South Indian
Assyrian	Haida	Malagasy	Spanish
Asyriac	Hakka	Malay	Swahili
Bengali	Hausa	Malayalam	Swatow
Bulgarian	Hawaiian	Mandarin	Swedish
Burmese	Hebrew	Marathi	Syriac
Cebuano	Hindi	Mien	Tagalog
Chamorro	Hindustani	Modern	Taiwanese
Chinese	Hmong	Mongolian	Tamil
Chinese	Hungarian	Navajo	Telugu
Croatian	Igbo	Nepali	Thai
Czech	Ilocana	Nigerian	Toishanese
Danish	Iloko	Norwegian	Tongan
Dutch	Indonesian	Oriya	Turkish
Egyptian	Isujarati	Persian	Twi
English	Italian	Polish	Ukrainian
Estonian	Japanese	Portuguese	Urdu
Ewe	Kannada	Punjabi	Vietnamese
Faroese	Kashmiri	Pushto	Wu Chinese
Farsi	Khmer	Quechua	Yiddish
Fataleka	Kirghiz	Romanian	Yue Chinese
Fijian	Kiswahili	Russian	Yugoslavian
Filipino	Konkani	Samoan	Zairean
Finnish	Korean	Serbian	Zuni