
California Department of Health Care Services

Health Care Provider Directory (274)

Standard Companion Guide Transaction Information

**Instructions related to Transactions based on ASC
X12 Implementation Guides, version 004050**

DRAFT

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Document History (Version Control)

Version	Date	Author	Brief Description of Modifications
0.6	10/06/2015	Greg Dawson	Created
0.7	11/24/2015	Jalpa Thakkar	Added cross-referenced data elements, updated situational/required information.
0.8	12/22/2015	Greg Dawson	Updated required/situational requirements, reorder appendices and update value required for ISA02
0.85	02/29/2016	Greg Dawson	<p>Corrected reference in 2100EA N201 and N202 – changed “CLINIC” to “CLNC”.</p> <p>Clarified that the following segments are situational: 2100DA CRC, 2120DA TPB, 2100EA N2 and 2100EA TPB.</p> <p>Made provider SSN situational.</p> <p>Made OSHPD ID situational.</p> <p>Included a new field, Accessibility Level (Site).</p> <p>Included clarification on bed count data elements.</p> <p>Additions to the Provider Group Detail table – segments that are not requested to be sent.</p> <p>Make plan-specified fields: Facility ID, Facility Location ID, Provider Location ID, not required for COHS plans and other plans that are not required to submit the current PIN file.</p>

Version	Date	Author	Brief Description of Modifications
0.9	03/10/16	Greg Dawson	<p>Made PCP ID not required for COHS plans and other plans that are not required to submit the current PIN file.</p> <p>Changed required value of ISA08 and GS03 to "DHCS-PROV-NETWK". Changed ISA01 to "03".</p> <p>Move CBAS Provider indicator from 2100EA (Provider) N201, to 2100DA (Site) N202.</p> <p>Clarified requirements for identifying business owner in 2100DA.</p>
1.0	03/21/16	Greg Dawson	<p>Clarified situational/required for 2100EA N2 and 2120EA TPB.</p> <p>Updated definitions for: 2100AA NM1*ACV, 2100AB NM1*NN, 2100BA NM1*40, and 2100DA PER to only allow one instance of each segment.</p> <p>Increase available repetitions for 2100DA LUI from 8 to 25.</p> <p>Include reference to the Validation Response File (VRF) as the response file.</p> <p>Updated Appendix B.1 to include a value for Pharmacy. Made DEA Number required for pharmacies.</p> <p>Clarify BHT requirements, Clarify CRC*DJ requirements.</p>
1.1	05/13/16	Greg Dawson	<p>Make 2120CA LQ situational.</p> <p>Make 2140EA REF*N5 required only if applicable.</p>

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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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Transaction Instruction (TI)

1 TI Introduction

1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs
- Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).

- Change the meaning or intent of the standard’s implementation specification(s).

1.2 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.3 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
004050X109	Health Care Provider Directory (274)

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent “segments” in the X12N implementation guide.
NON-SHADED rows represent “data elements” in the X12N implementation guide.

Only those elements that require specific explanation are included in these tables. The underlying TR3 document for this transaction is available at <http://store.x12.org>.

3.1 Transaction Submission

Provide network data files should be uploaded to a plan’s designated Secure File Transfer Protocol (SFTP) “submission” folder administered by DHCS Enterprise Innovation Technology Services (EITS). File submission will proceed automatically. A DHCS process will identify when the file was submitted for tracking purposes and then forward the submitted file to a secure internal server for file validation. When processed by DHCS the submitted file will be deleted from the submission folder.

DHCS requires that provider network information be submitted in files dedicated to a specific Healthcare Plan Code (HCP). The specific HCP will be included in the submitted file name and the file ISA segment as described in succeeding sections.

A submitted file will be either accepted or rejected

3.2 Available Transaction Responses

Any responses to a submitted file will be posted to a plan’s designated SFTP “response” folder.

No TA1 response is available at this time.

The only response file will be a Validation Response File (VRF) – custom XML error report detailing each error including identification of each record found to be in error, error value and error message.

3.3 Transaction Components

Data element separator will be “*”

Segment terminator will be “~”

3.4 File Contents

A submitted provider network file should only contain the provider network in place for a single Health Plan Code (HCP).

Files should be comprised of only 274 transactions. Multiple ST-SEs are allowed.

Each submitted file must reflect the entire network, if any errors are found and reported on by DHCS, the entire file must be resubmitted – BHT02 must equal “27” for all submitted ST-SEs, any other value will cause the entire submission to be rejected.

3.5 Submitted Provider Network File Naming Conventions

Submitted network directory files must use the following naming convention:

XXXXX—X_HHH_274_YYYYMMDD_NNNNN.dat

Where:

XXXXX-X is the first node of the file name and is the name of the health plan as specified by the plan and approved by DHCS.

HHH is the HCP code for the network information being submitted.

274 is a constant designating the file as a 274 Provider Directory file.

YYYYMMDD is the date of the submission.

NNNNN is a unique numeric transaction identifier used to differentiate between network data files submitted on the same day by the same health plan.

The First Node value must contain no blanks, underscores or other special characters. Using a dash in the First Node is allowed. Plans may elect to use multiple different values for the First Node depending upon their business needs, each value must be approved by DHCS and used consistently within the terms of that approval.

Valid examples:

MYHEALTHPLAN_678_274_20120930_00001.dat

MYHP-LTC_678_274_20120930_00001.dat

MYHP-VENDOR1_678_274_20120930_00001.dat

A file submitted with a duplicate file name will be rejected.

3.6 Response File Naming Conventions

Response files will mirror the submitted file name with an added designation, as follows:

XXXXX—X_HHH_274_YYYYMMDD_NNNNN_RESP_RPT.XML

Where:

RESP is a constant designating the file as a response file

RPT is a constant.

Example:

MYHEALTHPLAN_678_274_20120930_00001_RESP_RPT.xml

3.7 ISA/IEA

Loop ID	Reference	Name	Codes	Notes/Comments
ISA		Interchange Control Header		
	ISA01	Authorization Information Qualifier	03	
	ISA02	Authorization Information		The year and month for which the enclosed network data is for. Four bytes (YYMM) followed by six blanks
	ISA03	Security Information Qualifier	00	
	ISA04	Security Information		10 blanks
	ISA05	Interchange ID Qualifier	ZZ	
	ISA06	Interchange Sender ID		Sender's Federal Tax ID (9 digits - no hyphens) + HCP (3 digits) + 3 spaces
	ISA07	Interchange ID Qualifier	ZZ	This ID qualifies the Receiver in ISA08.
	ISA08	Interchange Receiver ID	DHCS-PROV-NETWK	
	ISA11	Repetition Separator	^	
	ISA13	Interchange Control Number		The Interchange Control Number, ISA13 - must be a positive unsigned number identical to the associated Interchange Trailer IEA02.

Loop ID	Reference	Name	Codes	Notes/Comments
	ISA14	Acknowledgement Requested	0	No TA1 response is available at this time.
	ISA16	Component Element Separator	:	
IEA		Interchange Control Trailer		
	IEA02	Interchange Control Number		Must match the value in ISA13

3.8 GS/GE

Loop ID	Reference	Name	Codes	Notes/Comments
GS		Functional Group Header		
	GS01	Functional Identifier Code	PW	
	GS02	Application Sender's Code		Sender's Federal Tax ID
	GS03	Application Receiver's Code	DHCS-PROV-NETWK	
	GS06	Group Control Number		This must match the value in GE02.
	GS08	Version / Release / Industry Identifier Code	004050X109	
GE		Functional Group Header		
	GE02	Group Control Number		This must match the value in GS06.

3.9 ST/SE

Multiple ST-SEs can be submitted in the same file. This enables a health plan to describe their entire network in sections delineated by contract agreement. Each submitted ST-SE is expected to be a complete sub-contracted network. For example: MyHealthPlan (HCP678) subcontracts part of their geographic area to Option Health Plan. When MyHealthPlan submits their Provider Network file, the expectation would be for two ST-SEs. Each ST-SE should adequately describe the context of each submission in loops 2100AA and 2100AB. Both networks would be attributed to the HCP in the submitted file name.

Loop ID	Reference	Name	Codes	Notes/Comments
ST		Transaction Set Header		
	ST01	Transaction Set Identifier Code	274	
	ST02	Transaction Set Control Number		This value must match the value in SE02
	ST03	Implementation Convention Reference	004050X109	.
SE		Transaction Set Trailer		
	SE01	Number of Included Segments		Transaction Segment Count
	SE02	Transaction Set Control Number		This value must match the value in ST02

3.10 Header

The value in BHT02 is very specific and represents that the submitted transaction is a complete network and a full data refresh. Any other value in BHT02 will cause the entire submission to be rejected.

Loop ID	Reference	Name	Codes	Notes/Comments
	BHT	Beginning of Hierarchical Transaction		Required
	BHT01	Hierarchical Structure Code	0028	Required
	BHT02	Transaction Set Purpose Code	27	Required
	BHT03	Submitter Transaction Identifier		Required
	BHT04	Transaction Set Creation Date		Required
	BHT05	Transaction Set Creation Time		Required

3.11 Information Source Detail

Loop ID	Reference	Name	Codes	Notes/Comments
2100AA	NM1	Information Source Name		Required. Only one instance of this segment may be used.
	NM101	Entity Identifier Code	ACV	

Loop ID	Reference	Name	Codes	Notes/Comments
	NM103	Organization Name		Required - Use this field for the name of the plan submitting the network data
	NM108	Identification Code Qualifier	FI	
	NM109	Information Source Primary Identifier		Required - Sender's Federal Tax ID
2100AB	NM1	Network Name		Required. Only one instance of this segment may be used.
	NM101	Entity Identifier Code	NN	
	NM103	Organization Name		Required - Use this field to distinguish between multiple sub-networks

3.12 Information Receiver Detail

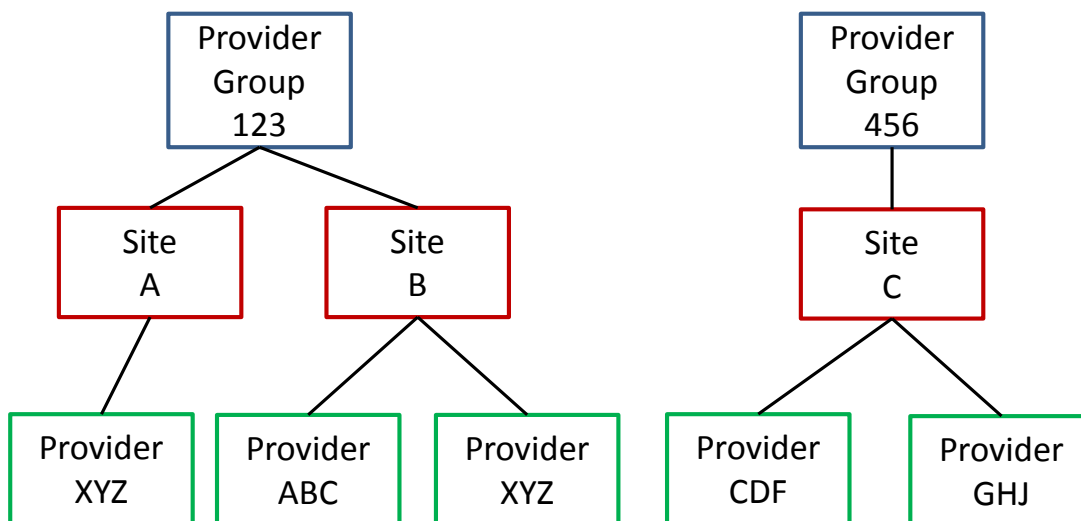
Loop ID	Reference	Name	Codes	Notes/Comments
2100BA	NM1	Information Receiver Name		Required. Only one instance of this segment may be used.
	NM101	Entity Identifier Code	40	
	NM103	Organization Name	DHCS Managed Care	

3.13 Network Structure

Plans will describe their provider networks using the following three loops within the 274 Transaction structure:

- Loop 2000C – Provider Group Detail
- Loop 2000D – Site Detail
- Loop 2000E – Provider Detail

Since there are no enforced relationships provided within the 274 transaction, the relationship between a Provider Group and a Site will be described by the position of the relevant 2000D Site loop after the “parent” Provider Group 2000C loop. Similarly, a site to provider relationship will be described by the provider loop being positioned after the relevant site. For example, consider a simple network of two Provider Groups. The first Provider Group (123) has two sites, first site (A) has a single provider, and the second site (B) has two providers associated with it but one of them is the same provider as Site A, and the. The second Provider Group (456) has only one site (C), and there are two providers associated with this site. A diagram describes these entities and their relationship.



Following is a list of the 274 loops and their position relative to one another.

Network Description:

- Loop 2000C – Provider Group Detail 123
- Loop 2000D – Site Detail A
- Loop 2000E – Provider Detail XYZ
- Loop 2000D – Site Detail B
- Loop 2000E – Provider Detail ABC
- Loop 2000E – Provider Detail XYZ
- Loop 2000C – Provider Group Detail 456
- Loop 2000D – Site Detail C
- Loop 2000E – Provider Detail CDF
- Loop 2000E – Provider Detail GHJ

Notice that a common provider (XYZ) is included under multiple sites as this accurately describes the working relationship.

Each Provider Group must have at least one Site associated with it. Depending upon the business scenario, each Site may be associated with zero or more providers.

3.14 Provider Group Detail

Loop ID	Reference	Name	Codes	Notes/Comments
2100CA	NM1	Provider Group Name		Required
	NM101	Entity Identifier Code	QV	
	NM103	Provider Group Name		Required
	NM108	Identifier Code Qualifier	XX	Required if NM109 is populated with an NPI, otherwise leave null.
	NM109	Identification Code		Required if an NPI exists for the Provider Group, otherwise leave null.
2100CA	N2	Additional Provider Group Name Information		Required
	N201	Name		Required - Group Tax ID Number (no hyphens).
2100CA	DTP	Provider Group's Participation Dates		Two instances may be provided. Contract Effective date is requested. Contract Expiration Date is required if the contract/business relationship was terminated during the month of submission.

Loop ID	Reference	Name	Codes	Notes/Comments
	DTP01	Date/Time Qualifier	092, 093	Use: "092" Contract Effective, or "093" Contract Expiration
	DTP03	Date Time Period		Situational - Contract Effective Date, or Contract Expiration Date
2120CA	LQ	Provider Group's Area of Specialization		Situational - Multiple instances may be provided
	LQ01	Code/List Qualifier Code	68	Healthcare Provider Taxonomy
	LQ02	Industry Code		Required - Taxonomy Code
2120CA	TPB	Provider Group's Network /Product Role		Not requested
2140CA	REF	Provider Group Identification Numbers		Not requested
2100CB	NM1	Affiliated Entity Name		Not requested
2100CB	N2	Affiliated Entity Additional Name Information		Not requested

3.15 Site Detail

Loop ID	Reference	Name	Codes	Notes/Comments
2100DA	NM1	Site Name		Required
	NM101	Entity Identifier Code	77	Service Location
	NM103	Site Name		Required
	NM108	Identifier Code Qualifier	XX	
	NM109	Identification Code		Required - NPI of the Service Location
2100DA	N2	Site/Location Additional Name Information		Required

Loop ID	Reference	Name	Codes	Notes/Comments
	N201	Name		<p>See Appendix A for specific mapping information.</p> <ul style="list-style-type: none"> • Site Tax ID Number • Facility Type • Institutional Facility Type • Site County Code • Licensed Bed Count • Available Bed Count • Staffed Bed Count • Teaching Facility Indicator • Maximum Medi-Cal members that the site will accept • Count of Medi-Cal members currently assigned to the site <p>(Each field separated by semi-colon).</p>

Loop ID	Reference	Name	Codes	Notes/Comments
	N202	Name		<p>See Appendix A for specific mapping information.</p> <ul style="list-style-type: none"> • OSHPD ID • Tertiary Indicator • Type of Service • Other Type of Service. Required when Type of Service equals either "OTO" or "OTI" • Accessibility Level • CBAS Provider
2100DA	PER	Site Contact Information		Required – only one instance of this segment should be sent. A second instance will be ignored.
	PER01	Contact Function Code	AJ	Primary contact
	PER03	Communication Number Qualifier	TE	Telephone
	PER04	Communication Number		Required - Primary Site contact telephone number
	PER05	Communication Number Qualifier	EM	Electronic Mail
	PER06	Communication Number		Required - Primary Site contact email address
	PER07	Communication Number Qualifier	FX	Facsimile
	PER08	Communication Number		Situational - Primary Site contact fax number

Loop ID	Reference	Name	Codes	Notes/Comments
2100DA	LUI	Site English Speaking Proficiency		It is assumed that English is spoken at this site, plans are required to send this segment if NO English is spoken at this site, otherwise do not send.
	LUI02	Identification Code	ENG	
	LUI05	Language Proficiency Indicator		4 – Non-English Speaking
2100DA	LUI	Foreign Languages Spoken at this Site		Required when languages other than English are spoken at this site, otherwise do not send. Segment repetitions increased from 8 to 25.
	LUI02	Identification Code		“ENG” or “EN” may NOT be used in this segment
	LUI05	Language Proficiency Indicator	A, B, C or D	A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
2100DA	DTP	Site Participation Dates		Two instances may be provided. Contract Effective date is requested. Contract Expiration Date is required if the contract/business relationship was terminated during the month of submission.

Loop ID	Reference	Name	Codes	Notes/Comments
	DTP01	Date/Time Qualifier	092, 093	Use: "092" Contract Effective, or "093" Contract Expiration
	DTP03	Date Time Period		Situational - Contract Effective Date, or Contract Expiration Date
2100DA	WS	Work Schedule at this Site		Multiple instances may be provided. Required when office hours are NOT Monday – Friday 8am – 5pm, otherwise do not send.
	WS01	Office Hours Code		
	WS02	Office Hours Start Time		Use only when Start Time is NOT 8am
	WS03	Office Hours End Time		Use only when End Time is NOT 5pm
2100DA	CRC	Patient Acceptance at this Site		Required when there is a PCP at this site who is accepting patients, if the site is NOT accepting patients do NOT send.
	CRC01	Code Category	C4	Site Conditions
	CRC03	Patient Acceptance Indicator	P7, P8	Required - Use: P7 – Accepting Existing Patients P8 – Accepting New Patients

2100DA	CRC	Site Assistive Aid Information		Situational - Multiple instances may be provided. If no Site Assistive Aid information is present, do not send.
	CRC01	Provider Characteristics and Resources	DJ	
	CRC03, CRC04, CRC05, CRC06, CRC07	Site or Location Assistive Aid Indicator	1R, 1S, 1T, 1U, 1V, 1Y, 2E, 2S	<p>Use:</p> <p>1R – This location is handicapped accessible</p> <p>1S – This location is less than 1 block from public transportation</p> <p>1T – This location is less than 5 block from public transportation</p> <p>1U – This location is less than 1 mile from public transportation</p> <p>1V – This location is 1 or more miles from public transportation</p> <p>1Y – This location has Telecommunication Device for the Deaf (TDD) equipment</p> <p>2E – Laboratory services/testing is provided at this location</p> <p>2S – X-rays are provided at this location</p>

2100DA	PDI	Practice Restrictions at this Site		Situational – use if site restrictions exist, otherwise do not send.
	PDI01	Gender Restriction Code	F, M	
	PDI02	Age Range Minimum		
	PDI03	Age Range Maximum		
2110DA	NX1	Site Address Type		Required
	NX101	Entity Identification Code	77	Required
2110DA	N3	Site Street Address		Required
	N301	Site Address Line 1		Required
	N302	Site Address Line 2		Situational
2110DA	N4	Site Geographic Location		Required
	N401	Site City		Required
	N402	Site State		Required
	N403	Site Zip Code		Required
2120DA	LQ	Site Area of Specialization		Multiple instances may be provided, at least one is required
	LQ01	Code/List Qualifier Code	68	Healthcare Provider Taxonomy

	LQ02	Industry Code		Required - Taxonomy Code
2120DA	TPB	Network Role at this Site		Situational - Two instances may be provided. If neither PCP or Specialist are present at this site - do not send.
	TPB01	Provider Group Network Role Code	3E, 3G	Use: 3E – PCP 3G - Specialist
2140DA	REF	Site Identification Numbers		Required
	REF01	Reference Identification Qualifier	N5	
	REF02	Reference Identification		See Appendix A for specific mapping information: Situational - Site DEA Number; Required - Facility ID; Required - Facility Location ID (Each field separated by semi-colon).
2100DB	NM1	Affiliated Entity Name		At least one owner needs to be supplied - A repetition of loop 2100DB and a corresponding NM1 Segment is required for each co-owner of the business operating at this site
	NM101	Entity Identifier Code	30	Required
	NM102	Entity Qualifier	2	Required

	NM103	Name		Required - The name of the owner described by this instance of the 2100DB loop. Last name or business name (required), First Name (required if applicable) and Middle Name (required if known) separated by a semi-colon
	NM108	Identification Code Qualifier	EQ	Required
	NM109	Identification Code		Required - Federal Tax ID or SSN. Nine numeric digits.
2100DB	N2	Affiliated Entity Additional Name Information		This segment is required for each instance of the 2100DB loop if the ownership code and percentage ownership is available.
	N201	Name		<p>Situational.</p> <ul style="list-style-type: none"> • The Ownership Code for this owner – see Appendix B for valid values; • Percentage ownership (three digit numeric, no decimals) – if provided this value must be greater than zero and less than or equal to 100. <p>(Each field separated by semi-colon).</p>

3.16 Provider Detail

Loop ID	Reference	Name	Codes	Notes/Comments
2100EA	NM1	Provider Name		Required
	NM101	Entity Identifier Code	1P	Provider
	NM103	Last Name		Required
	NM104	First Name		Required when known
	NM105	Middle Name		Required when known
	NM107	Suffix		Required when known
	NM108	Identifier Code Qualifier	XX	
	NM109	Identification Code		Required when the provider in not atypical – NPI. For atypical providers NM108 and NM109 should be null and an Atypical Provider ID is required.
2100EA	N2	Additional Provider Name Information		First Instance - Required - See Appendix A for specific mapping information Max use of this segment has been modified from the standard. The max use has been changed to greater than one.

Loop ID	Reference	Name	Codes	Notes/Comments
	N201	Name		<p>See Appendix A for specific mapping information:</p> <p>“FIRST”</p> <ul style="list-style-type: none"> • FTE Equivalent • Provider Gender • Provider Date of Birth • IHSS Indicator • BHT Indicator • Telehealth Indicator • Provider Social Security Number • Provider Profit Status • Maximum Medi-Cal members that the provider will accept • Count of Medi-Cal members currently assigned to the provider <p>(Each field separated by semi-colon).</p>

Loop ID	Reference	Name	Codes	Notes/Comments
	N202	Name		<p>See Appendix A for specific mapping information:</p> <ul style="list-style-type: none"> • State License Number; • Type of Licensure • Licensing State; • Type of Board (if 2120EA YNQ has been provided) • Mental Health Provider Area of Expertise • Mental Health Provider Practice Focus • Primary Care Physician ID – Required when TPB01 = “3E”
2100EA	N2	Additional Provider Name Information		<p>Second Instance - Any Instance after the first is situational. See Appendix A for specific mapping information – send if an email address is available.</p> <p>Max use of this segment has been modified from the standard. The max use has been changed to greater than one.</p>
	N201	Name		<p>Situational - “EMAIL”</p> <p>Followed by the provider email address</p> <p>(Each field separated by semi-colon).</p>

Loop ID	Reference	Name	Codes	Notes/Comments
2100EA	N2	Additional Provider Name Information		<p>Any Instance after the first is situational - See Appendix A for specific mapping information</p> <p>Max use of this segment has been modified from the standard. The max use has been changed to greater than one.</p>
	N201	Name		<p>Provider Affiliations. See Appendix A for specific mapping information and examples:</p> <p>Choose one, and only one, per data element:</p> <p>“CLNC”, “HOSP”, “GROUP” or “PROF”</p> <p>Followed by the affiliated NPI</p> <p>(Each field separated by semi-colon).</p>
	N202	Name		<p>Provider Affiliations. See Appendix A for specific mapping information and examples:</p> <p>Choose one, and only one per data element:</p> <p>“CLNC”, “HOSP”, GROUP” or “PROF”</p> <p>Followed by the affiliated NPI</p> <p>(Each field separated by semi-colon).</p>

Loop ID	Reference	Name	Codes	Notes/Comments
2100EA	DEG	Providers Degree Information		Required when a provider has a professional abbreviation or designation of academic record, if the provider has no degree, do not send this segment.
	DEG01	Academic Degree Code		Use standard academic degree codes
	DEG04	Provider Professional Designation		Use standard abbreviations, or enter a full description
2100EA	LUI	English Speaking Proficiency		It is assumed that English is spoken at this site, plans are required to send this segment if NO English is spoken at this site, otherwise do not send.
	LUI02	Identification Code	ENG	
	LUI05	Language Proficiency Indicator	4	4 – Non-English Speaking
2100EA	LUI	Foreign Languages Spoken by this provider		Situational, if not applicable – do not send.
	LUI02	Identification Code		“ENG” or “EN” may NOT be used in this segment
	LUI05	Language Proficiency Indicator	A, B, C or D	A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.

Loop ID	Reference	Name	Codes	Notes/Comments
2100EA	DTP	Affiliation Participation Dates		Two instances may be provided. Contract Effective date is requested. Contract Expiration Date is required if the contract/business relationship was terminated during the month of submission.
	DTP01	Date/Time Qualifier	092, 093	Use: "092" Contract Effective, or "093" Contract Expiration
	DTP03	Date Time Period		Situational – Contract Effective Date, or Contract Expiration Date
2120EA	LQ	Provider Group's Area of Specialization		Multiple instances may be provided. At least one taxonomy code is required.
	LQ01	Code/List Qualifier Code	68	Healthcare Provider Taxonomy
	LQ02	Industry Code		Required - Taxonomy Code
2120EA	TPB	Network Role at this Site		Situational - Two instances may be provided. If the provider is neither a PCP or a Specialist - do not send.
	TPB01	Provider Group Network Role Code	3E, 3G	If TPB segment is sent, this data element is required - Use: 3E – PCP 3G - Specialist
2120EA	YNQ	Provider's Board Certification		Required if the provider is board certified, otherwise do not send this segment.

Loop ID	Reference	Name	Codes	Notes/Comments
	YNQ01	Condition Indicator	YR	Required
	YNQ02	Response Code	Y	Required – Provider Board Certification Indicator
2140EA	REF	Provider Identification Numbers		Required if applicable, otherwise do not send
	REF01	Reference Identification Qualifier	N5	
	REF02	Reference Identification		<p>See Appendix A for specific mapping information:</p> <ul style="list-style-type: none"> • Atypical Provider ID – Required for atypical providers • Provider Location ID - required; • Provider DEA Number <p>(Each field separated by semi-colon).</p>

4 TI Additional Information

None at this time.

Appendix A – Additional Mapping

Note on data types

Unless a data type is otherwise specified in this appendix, the other sections of the companion guide or the implementation guide, plans must NOT use any special characters in any submitted data. The sole exception that will be permitted is the use of a dash “-“ in a license number.

A.1 Site Detail

Loop 2100DA N201 must be redefined as follows:

A maximum of 60 characters is permitted in N201 including all semi-colons.:

Data Element	Length	Description
1. Site Tax ID Number	9	Required – no hyphens
2. Facility Type	2	Required – two numeric digits - see available values in Appendix B
3. Institutional Facility Type	2	Required when Facility Type equals 26, 27, 28, 31, 32, or 38 – two numeric digits - see available values in Appendix B – 837I NUBC Bill Type (Facility Code Value).
4. Site County Code	2	Required – two numeric digits - see available values in Appendix B
5. Licensed Bed Count	6	Requested when Facility Type equals 27, 28, 31, 32, or 38. Total number of established and licensed beds at an inpatient facility.

Data Element	Length	Description
6. Available Bed Count	6	Required when Facility Type equals 27 or 28, requested when Facility Type equals 31, 32, or 38. Total number of unoccupied licensed beds.
7. Staffed Bed Count	6	Requested when Facility Type equals 27, 28, 31, 32, or 38. Total number of licensed beds that have adequate staffing.
8. Teaching Facility Indicator	1	Required – a code indicating if this is a teaching facility. Valid values: “0” = No or “1” = Yes.
9. Maximum number of Medi-Cal members that the site will accept	6	Required if 2120DA TPB01 = “3E”- Numeric only
10. Count of Medi-Cal members currently assigned to this site	6	Required if 2120DA TPB01 = “3E”- Numeric only

These data elements must be separated by a semi-colon.

Loop 2100DA N202 must be redefined as follows:

A maximum of 60 characters is permitted in N202 including all semi-colons.:

Data Element	Length	Description
1. OSHPD ID	20	Required when Facility Type equals 26, 27, 28, 31, 32, or 38.

Data Element	Length	Description
2. Tertiary Indicator	1	Situational - Refers to a specialty hospital treatment such as burn, transplant, etc. Valid values: "Y" or "N".
3. Type of Service	3	Situational. See Appendix B for valid values.
4. Other Type of Service	30	Required if Type of Service = "OTO" or "OTI", this is a free-form text field.
5. Accessibility Level	1	Required if 2100DA CRC*DJ includes "1R" indicating that this site is handicapped accessible. Valid values are: "B" – Basic level of Physical Accessibility, "L" – Limited level of Physical Accessibility. If not required, send as a null. See the FAQ's for direction on an APL that describes these values.
6. CBAS Provider	1	Required – does the site provide Community-Based Adult Services? Health Treatment? Valid values are: "Y" or "N".

These data elements must be separated by a semi-colon.

Loop 2140DA REF02 must be redefined as follows:

A maximum of 50 characters is permitted in REF02 including all semi-colons.:

Data Element	Length	Description
1. Site DEA Number	15	Required if the site is a pharmacy (Facility Type = "3P") or has a DEA Number assigned
2. Facility ID	15	Required for non-COHS plans - The Facility ID assigned by the plan. COHS plans and other plans that are not required to submit the current PIN file should send as a null.
3. Facility Location ID	10	Required for non-COHS plans - The Facility Location ID assigned by the plan. COHS plans and other plans that are not required to submit the current PIN file should send as a null.

These data elements must be separated by a semi-colon.

A.2 Provider Detail

The first instance of segment N2, loop 2100EA, data element N201 must be redefined as follows:

A maximum of 60 characters is permitted in N201 including all semi-colons.:

Data Element	Field Length	Description
1. Data Element Tag	5	"FIRST"

Data Element	Field Length	Description
2. FTE Equivalent	3	Required - The percentage of a forty hour work week that this provider is available to see patients, report as a percentage without any decimals. For example if the provider only works Monday through Thursday FTE Equivalent = "080". Numeric three digit must be greater than or equal to zero and less than or equal to 100.
3. Provider Gender	1	Required – valid values are: "M", "F" or "U" (unknown).
4. Provider Date of Birth	8	Required – Use format CCYYMMDD.
5. IHSS Indicator	1	Required – does the provider provide In-Home Support Services? Valid values are: "Y" or "N".
6. BHT Indicator	1	Situational – if applicable, indicate the QASP level of the provider. See Appendix B for valid values.
7. Telehealth Indicator	1	Required – does the provider provide Telehealth services? Valid values are: "Y" or "N".
8. Provider Social Security Number	9	Situational – Send if available. Numeric value only, nine digits, no hyphens.

Data Element	Field Length	Description
9. Provider Profit Status	2	<p>Requested – A code denoting the profit status of the provider. Valid values are:</p> <p>“01” – 501(C)(3) Non-profit</p> <p>“02” – For profit – closely held</p> <p>“03” – For profit, publicly traded</p> <p>“04” – Other</p> <p>“88” – Not applicable – the individual only practices as part of a group</p> <p>“99” - Unknown</p>
10. Maximum Medi-Cal members that the provider will accept	6	<p>Required if 2120EA TPB01 = “3E”- Numeric only</p>
11. Count of Medi-Cal members currently assigned to the provider	6	<p>Required if 2120EA TPB01 = “3E”- Numeric only</p>

These data elements must be separated by a semi-colon.

The first instance of segment N2, loop 2100EA, data element N202 must be redefined as follows:

A maximum of 60 characters is permitted in N202 including all semi-colons.:

Data Element	Length	Description
1. State License Number	15	Required
2. Type of Licensure	3	Required - See Appendix B for valid values
3. Licensing State	2	Required - The state that issued the State License Number
4. Type of Board Certification	1	Situational - Required if 2120EA YNQ has been provided. See Appendix B for valid values.
5. Mental Health Provider Area of Expertise	4	Situational – Required when the provider is a mental health provider. Up to four different areas of expertise can be provided. See Appendix B for field definitions.
6. Mental Health Provider Practice Focus	10	Situational – Required when the provider is a mental health provider. Up to five different values for practice focus can be provided. See Appendix B for field definitions.
7. Primary Care Physician ID	15	Required when TPB01 = “3E”. Assigned by the plan. COHS plans and other plans that are not required to submit the current PIN file should send as a null.

The second instance of segment N2, loop 2100EA, data element N201 must be redefined as follows:

A maximum of 60 characters is permitted in N201 including all semi-colons.

Data Element	Field Length	Description
1. Data Element Tag	5	"EMAIL"
2. Provider email address		Enter the full email address of the provider.

These data elements must be separated by a semi-colon.

The following instances of segment N2, loop 2100EA, data elements N201 and N202 must be redefined as follows:

A maximum of 60 characters is permitted in N201 or N202 including all semi-colons:

Data Element	Field Length	Description
1. Data Element Tag	4 or 5	“CLNC”, “HOSP”, GROUP” or “PROF”
2. Affiliated NPI	10	
3. Additional Affiliated NPI’s	10	

These data elements must be separated by a semi-colon.

Given a data element tag of either four or five bytes, this establishes a maximum of 5 Affiliated NPI’s per data element. Send as many instances of the N2 segment as is needed to convey all affiliated relationships for the provider.

Only one data element tag may be used per data element.

For example (1): a physician’s assistant works with two physicians, and is affiliated with two clinics, the corresponding N2 segment would look like this:

N2*PROF;1234567890;2345678902*CLNC;3456789012;4567890123~

For example (2): a physician has admission privileges at three hospitals and works with two Nurse Practitioners, the corresponding N2 segment would look like this:

N2*HOSP;1234567890;2345678902;5678901234*PROF;3456789012;4567890123~

The order of the type of affiliations does not matter.

Loop 2140EA REF02 must be redefined as follows:

A maximum of 45 characters is permitted in REF02 including all semi-colons:

Data Element	Length	Description
1. Atypical Provider ID	15	Required when 2100EA NM109 is not provided. Use an alternate provider ID such as the legacy Medi-Cal Provider Number.
2. Provider Location ID	10	Required for non-COHS plans - The provider location ID as assigned by the plan. COHS plans and other plans that are not required to submit the current PIN file should send as a null.
3. Provider DEA Number	15	Required if the provider has a DEA number. Required if 2100EA N202 Type of Board Certification = "2"

These data elements must be separated by a semi-colon.

Appendix B – Data Definitions

B.1 Facility Type (2100DA N201)

Provider Facility Type Code	Provider Facility Type Description
10	Individuals or Groups (of Individuals)
17	Non-Individual - Other Service Providers
25	Non-Individual - Agencies
26	Non-Individual - Ambulatory Health Care Facilities
27	Non-Individual - Hospital Units
28	Non-Individual - Hospitals
29	Non-Individual - Laboratories
30	Non-Individual - Managed Care Organizations
31	Non-Individual - Nursing & Custodial Care Facilities
32	Non-Individual - Residential Treatment Facilities
33	Non-Individual - Suppliers
34	Non-Individual - Transportation Services
38	Non-Individual - Respite Care Facility
3P	Pharmacy

B.2 Institutional Facility Type (2100DA N201)

Facility Type Value	Description
11	Hospital Inpatient (Including Medicare Part A)
12	Hospital Inpatient (Medicare Part B only)
13	Hospital Outpatient
14	Hospital Laboratory Services Provided to Non-patients
18	Hospital Swing Beds
21	SNF Inpatient (Including Medicare Part A)
22	SNF Inpatient (Medicare Part B only)
23	SNF Outpatient
28	SNF Swing Beds
32	Home Health-Inpatient(Plan of treatment under Part B only)
33	Home Health-Outpatient(Plan of treatment under Part A, including DME under Part A)
34	Home Health-Other (for medical and surgical services not under a plan of treatment)
41	Religious Nonmedical Health Care Institutions-Hospital Inpatient
43	Religious Nonmedical Health Care Institutions-Outpatient Services
65	Intermediate Care - Level I
66	Intermediate Care - Level II
71	Clinic - Rural Health
72	Clinic - Hospital Based or Independent
73	Clinic - Free Standing

Facility Type Value	Description
74	Clinic - Outpatient Rehabilitation Facility
75	Clinic - Comprehensive Outpatient Rehabilitation
76	Clinic - Community Mental Health Center
77	Clinic - Federally Qualified Health Center (FQHC)
78	Licensed Freestanding Emergency Medical Facility
79	Clinic - Other
81	Hospice (non-hospital based)
82	Hospice (hospital based)
83	Ambulatory Surgery Center
84	Free Standing Birthing Center
85	Critical Access Hospital
86	Residential Facility
89	Special Facility - Other

B.3 Site County Code (2100DA N201)

This field identifies the California county within which the service facility is located.

This is a two-byte numeric, and is defined by the following table:

CODE	COUNTY	CODE	COUNTY
01	Alameda	31	Placer
02	Alpine	32	Plumas
03	Amador	33	Riverside
04	Butte	34	Sacramento
05	Calaveras	35	San Benito
06	Colusa	36	San Bernardino
07	Contra Costa	37	San Diego
08	Del Norte	38	San Francisco
09	El Dorado	39	San Joaquin
10	Fresno	40	San Luis Obispo
11	Glenn	41	San Mateo
12	Humboldt	42	Santa Barbara
13	Imperial	43	Santa Clara
14	Inyo	44	Santa Cruz
15	Kern	45	Shasta
16	Kings	46	Sierra
17	Lake	47	Siskiyou
18	Lassen	48	Solano
19	Los Angeles	49	Sonoma
20	Madera	50	Stanislaus
21	Marin	51	Sutter
22	Mariposa	52	Tehama
23	Mendocino	53	Trinity
24	Merced	54	Tulare
25	Modoc	55	Tuolumne
26	Mono	56	Ventura
27	Monterey	57	Yolo
28	Napa	58	Yuba
29	Nevada	99	Out of State
30	Orange		

B.4 Type of Service (2100DA N202)

This is a three-byte alphanumeric, and is defined by the following table:

Type of Service	Value
Ambulatory Surgery Center	ASC
Free Standing - Primary and/or Specialty Care	FSC
Rural Health	RHE
Retail Health Clinic	RHC
Urgent Care Center	UCC
Other Outpatient Facility	OTO
General Acute Care Hospital	GAH
Inpatient Hospice	IHC
Inpatient Rehabilitation	IRB
Other Inpatient Facility	OTI

B.5 Ownership Code (2100DB N201)

Code	Description
01	Voluntary – Non-Profit – Religious Organizations
02	Voluntary – Non-Profit – Other
03	Voluntary – multiple owners
04	Proprietary – Individual
05	Proprietary – Corporation
06	Proprietary – Partnership
07	Proprietary – Other
08	Proprietary – multiple owners
09	Government – Federal
10	Government – State
11	Government – City
12	Government – County
13	Government – City-County
14	Government – Hospital District
15	Government – State and City/County
16	Government – other multiple owners
17	Voluntary /Proprietary
18	Proprietary/Government
19	Voluntary/Government
88	N/A – The individual only practices as part of a group, e.g., as an employee

B.6 Behavioral Health Treatment Indicator (2100EA N201)

This is a one byte alphanumeric field that can have one of the following three values, or be left as a null value:

QASP Level	Value
Qualified Autism Services Paraprofessional	1
Qualified Autism Services Professional	2
Qualified Autism Services Provider	3

B.7 Type of Licensure (2100EA N202)

This is usually a three-byte alphanumeric, and is defined by the following table:

Type of Licensure	Value
Marriage and Family Therapist/Licensed Marriage and Family Therapist	MFT
Master of Social Work/Licensed Clinical Social Worker	CSW
Nurse - RN, LPN, NA	NRS
Nurse Practitioner/Physician Assistant/Advanced/Masters RN	NPA
Professional Clinical Counselor (LPCC)	PCC
Psychologist - PHD-Level	PSY
Substance Abuse Professional - All Levels	SUD
Physician	MD
Other	OTH

B.8 Type of Board Certification (2100EA N202)

This is a one byte alphanumeric field that can have one of the following five values, or if no Board Certification is applicable it can be left as a null value:

Type of Board Certification	Value
State, county, or municipality professional or business license	1
DEA license	2
Professional society accreditation	3
CLIA accreditation	4
Other	5

B.9 Mental Health Provider Area of Expertise (2100EA N202)

This is a four-byte alphanumeric field that is comprised of up to four one-byte characters, and is defined by the following table:

Area of Expertise	Value
Child/Adolescent	C
Adult	A
Geriatric	G
Substance Abuse	S

If a provider's areas of expertise included all four of these values, the Mental Health Provider Area of Expertise field would equal "CAGS". The order of the characters is not important ("SGCA" would be equally as valid).

If a provider's areas of expertise included only Adult and Geriatric then the Mental Health Provider Area of Expertise field would equal either "AG" or "GA".

B.10 Mental Health Provider Practice Focus (2100EA N202)

This is a ten-byte alphanumeric field that is comprised of up to five two-byte characters, and is defined by the following table:

DSM-IV Practice Focus	Value
Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence	1D
Delirium, Dementia, and Amnesic and other Cognitive Disorders	CD
Mental Disorders Due to a General Medical Condition Not Elsewhere Categorized	GM
Substance-Related Disorders	SR
Schizophrenia and Other Psychotic Disorders	PS
Depressive Disorders	DS
Bi-polar Disorders	BP
Mood Disorders	MD
Anxiety Disorders	AD
Somatoform Disorders	SD
Factitious Disorders	FD
Dissociative Disorders	DD
Sexual and Gender Identity Disorders	SG
Eating Disorders	ED
Sleep Disorders	SL
Impulse-Control Disorders Not Otherwise Elsewhere Categorized	IC
Adjustment Disorders	AJ
Personality Disorders	PD

Up to five of these practice area values may be provided. For example if the practices areas to be reported are Mood Disorders, Anxiety Disorders, Eating Disorders and Sleep Disorders, the value for Mental Health Provider Practice

Area would equal "MDADEDLS". If no practice area is to be reported this field should be null.