



Covered California Provider Directory Data Submission: Guidelines, Standards, and Specifications

Version 1.16

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1.Revision History

Date	Version	Description	Author
07/21/2026	1.16	• Updates with Integrated Healthcare Association (IHA) as a contractor • Updates with 7th business day information • Updates to Network Codes to include New QHP • Updated blank Field Types in “Detailed Field Elements” section	Ivanna Korovyanko, Ankit Shah and Claudia Pobanz

2. Introduction

Guided by its mission to improve the health of all Californians by assuring their access to affordable, high-quality care, Covered California aims to provide its enrolled members with the best selection of high quality and affordable health plans. To that end, Covered California performs a rigorous review of all facets of participating plans which includes close inspection of networks and providers.

Covered California also aims to provide an informative and transparent shopping experience via tools that enable members to make informed decisions about their healthcare including provider choice which relies on accurate provider information. Ensuring the accuracy of provider information has always been a priority for Covered California due to the implication inaccuracies have on consumer choice, continuity of care and accurate representation of the products sold on the Exchange. For these reasons, Covered California requires its participating and prospective Issuers to provide complete information on their provider networks monthly.

Covered California also recognizes the general need for more accurate provider data in California. Because Covered California has 85% of all licensed active physicians and over 90% of all general acute hospital's physicians in the state in one or more of its plans, its hope is to collaborate with all its participating Issuers, stakeholders, and partner agencies to improve the overall quality and accuracy of provider data in California.

Covered California's goal is to assist Issuers in targeting errors in their source systems and in improving the quality of provider data overall, not solely for products offered through Covered California. Therefore, Covered California has employed the services of a third-party contractor, Integrated Healthcare Association (IHA), to streamline the way data is validated, reconciled, and improved via the Symphony Provider Directory, powered by Availity. As California's centralized platform for provider directory data, Symphony helps health plans and their providers simplify complex data exchange processes and ultimately, drive more actionable improvements to data quality.

Purpose of this Document

The provision of complete, accurate and up to date provider information supports Covered California in its role as an active purchaser on behalf of its enrollees and stakeholders. This document is intended to assist Issuers in generating a comprehensive usable file containing complete network information to fulfill the contractual monthly provider data submission requirement for Covered California. This document contains the data standards, data attributes, and specifications necessary for building the required file in the correct format. It also contains details on Covered California's effort to standardize and consolidate data from multiple Issuers into an online Multiplan Provider Directory. Specifically, this information supports:

- Covered California's online Multiplan Provider Directory
- Covered California's network analyses including assessment of Essential Community Provider networks and access to quality care in our most vulnerable communities
- Assessment of Issuer networks for certification and rate negotiation purposes
- Covered California's **Healthcare Evidence Initiative (HEI)**

The 1st section of this document outlines Covered California’s general approach to data quality, the various ways this quality is assessed and how this assessment affects the monthly submission requirement and the online Multiplan Provider Directory display.

The 2nd section provides general guidance on generating and submitting the required monthly files including some general data concepts, file transmission rules, and communications.

The 3rd section details the data elements required in the file layout with the specific standards, authority sources, and business rules for populating each data element.

Intended Audience

This document was designed with the following program areas in mind under the assumption that these are the two main program areas involved in generating the submission file and ensuring the correct information is provided to Covered California.

- **Issuer Technical/IS Personnel:** Charged with extracting, formatting and organizing the data from source (or other) systems.
- **Issuer Business/Policy/Operations/Regulatory Personnel:** Charged with tracking and meeting business and regulatory requirements and understanding the business rules and policy decisions that went into structuring the specifications. Also, charged with verifying discrepancy reports.

Issuers seeking to apply for certification or current Covered California Issuers seeking to offer new products should refer to Appendix IV for instructions on how to submit a certification-specific network file and apply for a new network ID.

Supporting Documents

Covered California has compiled the following supporting documents to aid and support the completion of the provider data file submission. These documents can be found on the Covered California Extranet under “[Provider Directory Resources](#)” or requested directly from the Symphony team. Some documents are also posted to the [Covered California HBEX website](#) (noted below for applicable documents).

1. **Symphony Help Guide:** This document includes many tabs with information relevant to the feedback reports Issuers receive from Covered California through Symphony.
 - a. [Detail Error Report Layouts and Client Integration Codes:](#) Multiple tables containing decodes and explanations to help navigate and make use of the detail discrepancy reports provided by Covered California as part of its accuracy check.
2. **Covered California Data Dictionary:** This document includes many tabs with tables, references, descriptions, and crosswalks. Of importance are the following tabs:
 - a. [Covered California Provider Type – NUCC Specialty Taxonomy Crosswalk:](#) A useful crosswalk of Provider Type, Specialty Taxonomy and Type of Service codes in addition to descriptions of every specialty, sub-specialty and classification. The list of specialty taxonomy codes is issued and maintained by the [National Unified Claims Committee](#) and augmented by Covered California. This list is usually updated twice annually, in January and July of each year.

- b. Covered California Facility Reference List (HCAI List): This list includes all facilities monitored by the California Department of Health Care Access and Information.
 - c. ISO 639 – 2 & 3 Code list: Table of codes for most written languages.
 - d. Note: CCA Data Dictionary Updates are expected on a yearly basis, approximately during the first quarter of the year, to be in effect by the second quarter. This may result in necessary field, value, or available code set updates for QHPs to adjust, including an updated facilities list.
- 3. Covered California ECP reference list:** A single, non-duplicated list of Essential Community Providers (ECPs) that potentially could serve Covered California enrollees; the list is updated annually prior to the Covered California Application and Certification period. This can be found on the Covered California HBEX website.
- 4. Provider Data Submission Schedule:** Submission schedule for plan year (PY) 2026 includes “extract by” and “submit by” dates.

Questions on the information contained in this document should be directed to the following email address:

ProviderDirectory@covered.ca.gov

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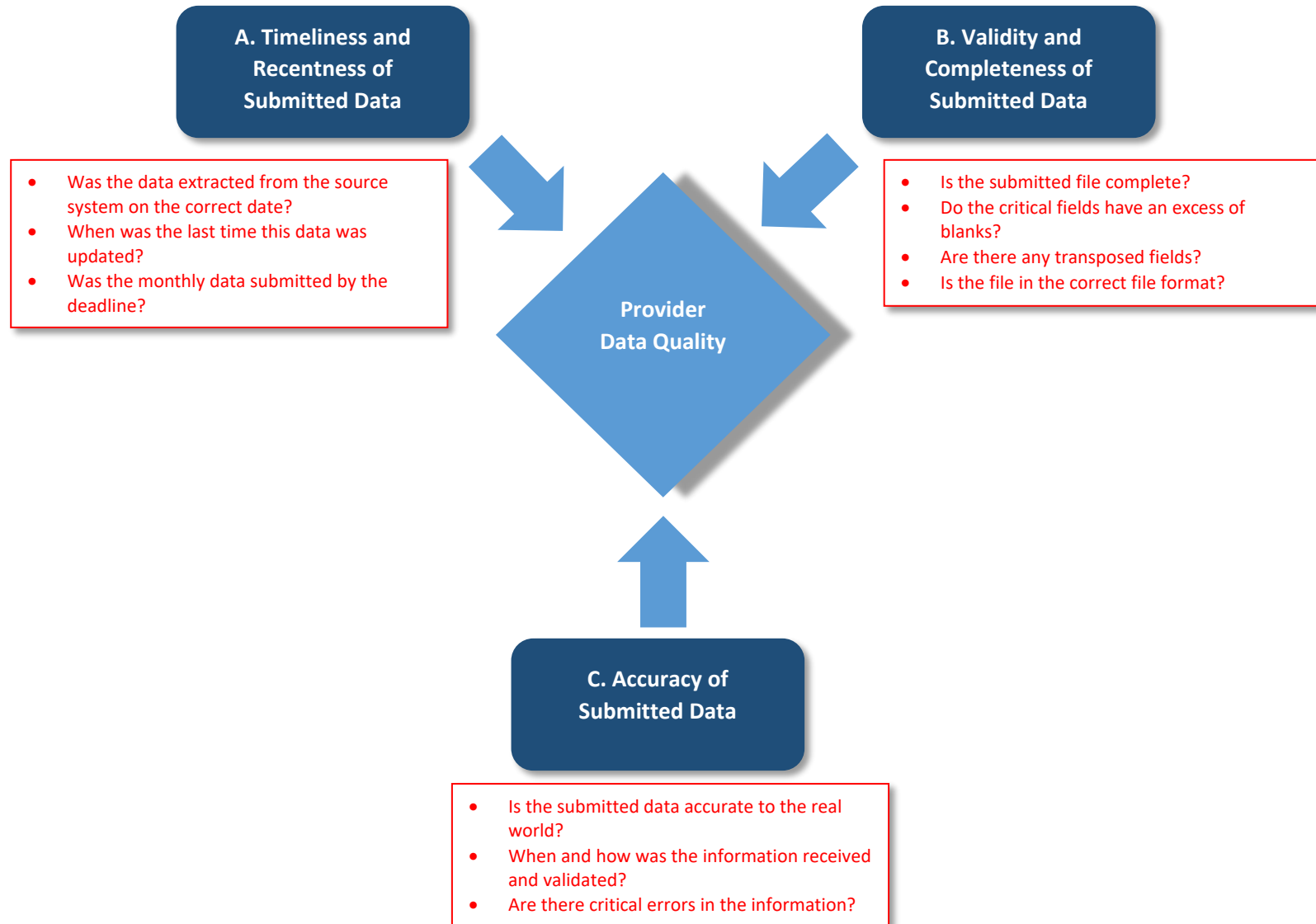
3. General Approach to Provider Data Quality

Covered California attempts to assess the quality of Issuer supplied provider data in **four** main domains:

A. Timeliness: Timely Submission and Recentness of data

B. Validity (Completeness): Usability of the submitted file, Percentage of missing information in critical fields

C. Accuracy: How closely the data reflects the actual world



A. Timeliness:

- Covered California requires participating Issuers to submit provider data monthly per the Provider Data Submission Schedule described in the Supporting Documents section. This may augment or be part of Symphony's standard file submission cadence which is weekly to enable compliance with CA Senate Bill 137 and other regulatory requirements.
- Adherence to this schedule enables timely processing and display of provider data on the Covered California online Multiplan Provider Directory.
- This data should be "cut" or extracted no earlier than the last day of the preceding month to ensure a degree of freshness to the data.
- Covered California expects that Issuers ensure minimal time between receiving a reported change to a provider's contract, location or demographics, and its eventual display on an online directory and submitted file as specified in CA Senate Bill 137.
- While Covered California does not have purview over the internal reporting and updating process, Covered California does track the timeliness of submitted files and posts this information as part of the Issuer's final Plan Year performance. For details, please refer to section 1.11 of Attachment 3 of the QHP Model Contract available [here](#) and section 4.4.4 of the QHP Model Contract available [here](#).
- Covered California will consider a submission timely if the Issuer submits a valid file by end of day (EOD) on the predefined deadline. See below for details on how structural validity of files is assessed.

The monthly submission cycle through data cleansing and online display is detailed in Table 1 below for any typical month. Issuers must deposit the monthly submission file in the specified repository (see section on File Transmission for details) by EOD on the 7th business day of any given month (or on the last business day before the 7th for holidays and other events that occur on the 7th business day).

For QHPs submitting data more frequently than monthly, Symphony will pick the latest file that passes the 1% check from the QHP that was sent between the [last business day](#) of the previous month to the 7th of the current month for processing and submission to CCA:

Please refer to Covered California QHP Provider Data Submission Schedule for monthly deadlines.

Responsible Party	Date	Activity
QHP	Last business day of prior month	QHP begins to pull data no earlier than the last day of the preceding month
QHP	On or before the 7th day of the current month Note: if the 7th falls on a weekend or holiday, the cutoff date for the files to be submitted by the QHP is the last business working day before the 7th of the current month	Submit CCA Provider Data Submission File to Symphony-hosted sFTP. Note: Issuers submitting before the deadline on the 7th can re-submit files up to the deadline if there is a problem with the file structure or structural validation causing a failed submission.
Symphony	13-15th of current month	Symphony sends the following to each QHP as relevant: 1. Summary Discrepancy Report*

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		2. Detailed Discrepancy Report* 3. QHP File Processing Status 4. 1% Check Status Report (only if the file fails the 1% check) 5. CCA Survivorship Report* *Symphony will generate and send Discrepancy Reports to the QHP for each file submitted within a month that passes the 1% check.
<u>Symphony</u>	<u>13-15th of current month</u>	<u>Symphony</u> sends the following to Covered California: 1. Directory Data Files (Physicians & Facilities) 2. Raw Data Files for each QHP 3. Summary Discrepancy Report for each QHP 4. Detailed Discrepancy Report for each QHP 5. Consolidated Summary Discrepancy Report for all QHPs 6. Consolidated Detailed Discrepancy Report for all QHPs 7. Consolidated QHP File Processing Status Report
<u>QHP</u>	<u>15th through end of month</u>	<u>QHP Issuer conducts research and makes corrections to provider records in preparation for next submission</u>

Table 1: Typical monthly submission cycle

If an Issuer fails to submit a structurally valid file by the deadline or if the submitted file fails validation with no valid substitute by the deadline, Covered California will resort to the last usable file submitted by the Issuer if that file is less than 3 months old. If the last usable file is more than 3 months old, an Issuer's provider data will be omitted entirely from the online display. NOTE: One exception to this process is for the February submission, for which there cannot be a last useable file because of the transition to new plan year values in the February submission.

B. Validity (Completeness):

This pertains to the **Structural Validity** of the incoming files and aims to ensure their usability. Covered California has created a process whereby each incoming file submission from participating Issuers is subjected to a structural validation process to ensure usability of the submitted file for the accuracy checks and consolidation required for integration into the online Multiplan Directory.

This process primarily addresses inappropriate blanks and missing data in critical fields (see Table 2) in addition to transposition of fields and other structural aspects of the file. Structural validation will be initially assessed only for Physicians, Dentists, and Hospitals (Provider Types P, D and H).

Prior to checking files for structural validation, Covered California will filter incoming files for Individual market Network IDs and Provider Types P, D, and H. For dentists (Provider Type = D), Covered California will only assess structural validation if the Type of Licensure field is

populated with DMD and DDS. Dentists with other types of licensures will be filtered out prior to the structural validation process and will not be displayed in the online directory.

Field	All or Subset of Providers	Validations
<u>First Name</u>	<u>Subset (Provider Type = P, D)</u>	1. <u>Required for Type 1 providers, if provider type = P & D</u>
<u>Last Name</u>	<u>Subset (Provider Type = P, D)</u> <u>Subset (Provider Type = H)</u>	1. <u>Required for Type 1 providers, if provider type = P & D</u> 2. <u>Required for Type 2 providers, if provider type = H</u>
<u>HCAI ID</u>	<u>Subset (Provider Type = H)</u> 3. <u>If 1% or greater of all input records for QHPs with 100 or more facilities are blank or have unacceptable "X" or "U" values, the input file will be marked as 1% check failed</u> 4. <u>If the QHP has 100 or less facilities, one invalid HCAI ID will be allowed. If more than one invalid HCAI ID is found, the input file will be marked as 1% check failed</u>	1. <u>Required for Type 2 providers</u>
<u>Location Address</u>	<u>Provider type = P, D & H and Location Type = SERVICE</u>	1. <u>Required for all Locations</u>
<u>Location City</u>	<u>All (P, D and H)</u>	1. <u>Required for all Locations</u>
<u>Location State</u>	<u>All (P, D and H)</u>	1. <u>Required for all Locations</u>
<u>Location Zip Code</u>	<u>All (P, D and H)</u>	1. <u>Required for all Locations</u>
<u>Primary Specialty</u>	<u>All (P, D and H)</u>	1. <u>Required for Type 1 and Type 2 providers; must have at least one NUCC Taxonomy code</u>
<u>Network ID</u>	<u>All (P, D and H)</u>	1. <u>Required for all locations</u>
<u>Accepting New Patients</u>	<u>All (P, D and H)</u>	1. <u>Required for all locations</u>
<u>Plan Year</u>	<u>All (P, D and H)</u>	1. <u>Required for all locations</u> 2. <u>Must be exactly 4 digits</u> 3. <u>Only numeric values allowed</u> 4. <u>Invalid current year value</u> a. <u>Plan Year is a 4 digit number: First 2 digits are current year and last 2 digits are upcoming year: Valid values for current year (first 2 digits) - 00 OR Last two digits of Current Year i.e. CURRENT YEAR = 2024 then 24</u> 5. <u>Invalid upcoming year value</u>

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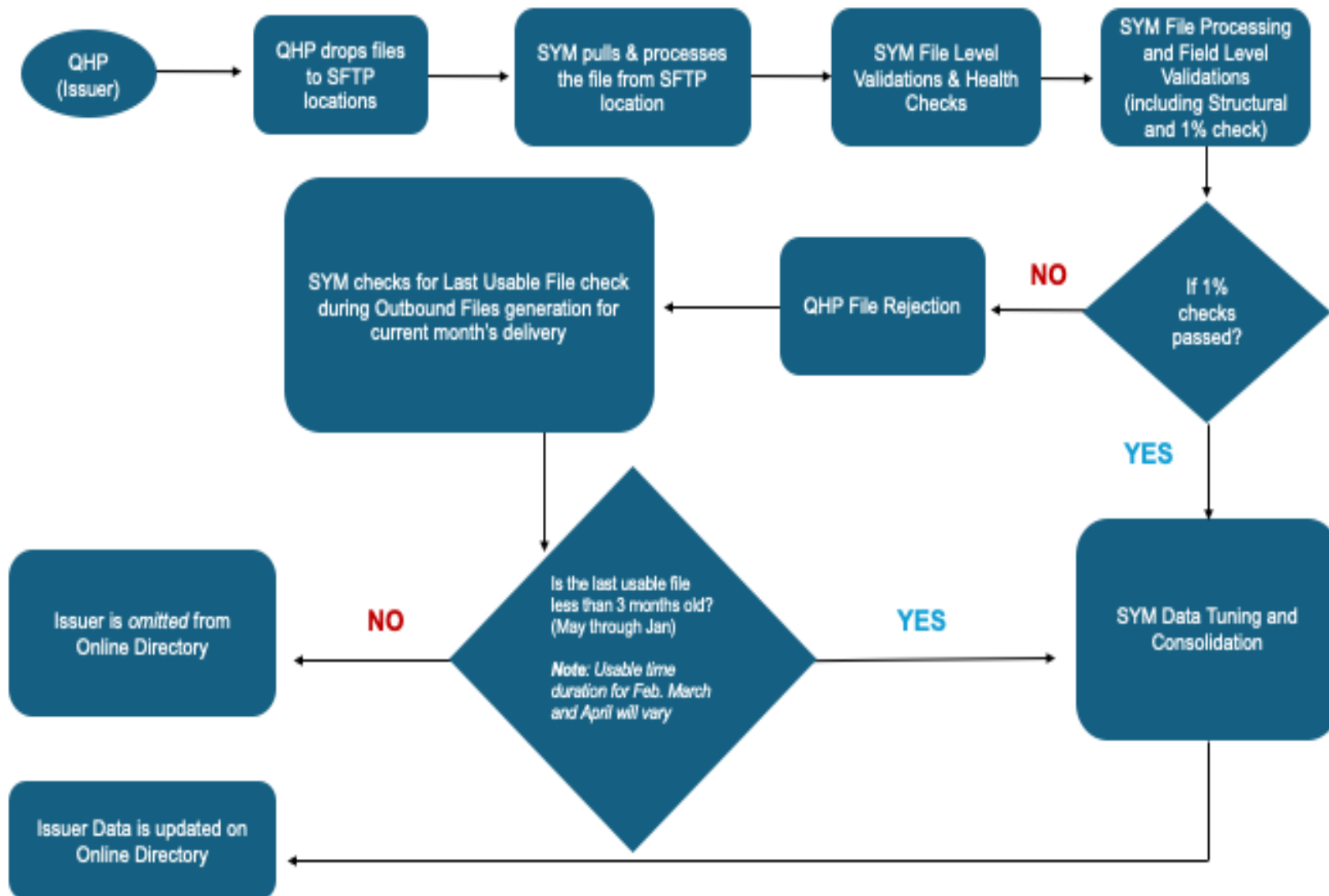
		a. <u>Plan Year is a 4 digit number: First 2 digits are current year and last 2 digits are upcoming year: Valid values for upcoming year (last 2 digits) - 00 OR Last two digits of Upcoming Year (Current Year + 1) i.e. UPCOMING YEAR = 2025 then 25</u>
<u>Visibility</u>	<u>Subset (Provider Type = P)</u>	1. <u>An input file will only fail if the Visibility field = No for 100% of provider types P</u>
	<u>Subset (Provider Type = D)</u>	1. <u>An input file will only fail if the Visibility field = No for 100% of provider types D</u>
	<u>Subset (Provider Type = H)</u>	2. <u>An input file will only fail if the Visibility field = No for 100% of provider types H</u>
<u>npi</u>	<u>All (P, D and H)</u>	1. <u>Must be exactly 10 digits</u> 2. <u>Only numeric values allowed</u> 3. <u>Required for Type 1 & Type 2 providers unless atypical = TRUE</u> 4. <u>NPI failed checksum validation</u>
	<u>All (P, D and H)</u>	1. <u>Required for Type 1 & Type 2 providers unless atypical = TRUE</u> 2. <u>NPI type mismatch against NPPES</u>
<u>FTIN</u>	<u>All (P,D and H)</u>	1. <u>Required for Type 1 and Type 2 providers</u> 2. <u>Must be 9 digits</u>
<u>Provider Type</u>	<u>All (P,D and H)</u>	3. <u>Legacy provider type must align with Taxonomy code provider type</u>

Table 2: Data fields subject to structural validation

- **NPI and FTIN must be included for each record in order for Symphony to process the data. Records with missing or invalid NPI and/or FTIN will not pass Structural Validation and will be dropped before delivery to Covered California.**
- If 1% or greater of all input records are blank **or invalid** for any one of the above fields or if the input file does not match the number of columns in the input file layout, the Issuer's input file will be rejected. The rejected record counts and reason will be part of communication. Other fields may be added as necessary to this validation step.
- If less than 1% of all input records are blank **or invalid** for any one of the above fields, the Provider Data Submission file will be processed, and the record will be returned in the Detail Discrepancy File. Fields with blanks will be omitted entirely from the online display.

- For the HCAI ID structural validation check, if 1% or greater of all input records for QHPs with 100 or more facilities are blank or have unacceptable “X” or “U” values, the input file will be rejected. If the QHP has 100 or less facilities, one invalid HCAI ID will be allowed. If more than one invalid HCAI ID is found, the input file will be rejected.
- For the Primary Specialty, in addition to checking for the unacceptable values of blank, “X” or “U”, the structural validation check includes validation that the taxonomy code is 10-characters with the first three characters being numeric, next six being alpha and/or numeric and last character = X with a field length = 10.
- The Invalid Visibility structural validation checks ensure that an Issuer’s entire file is not set to Visibility = No. An input file will only fail if the Visibility field = No for 100% of provider types P, D or H.
- Failing structural validation has implications for representation on the online directory as discussed above in the section on timeliness.
 1. If an Issuer fails to submit a structurally valid file by the deadline or if the submitted file fails validation, Covered California will resort to the last usable file submitted by the Issuer if that file is less than 3 months old.
 2. If the last usable file is more than 3 months old, an Issuer’s provider data may be omitted from the online display. The communication process for all such events is detailed below in Section 5.
 3. NOTE: One exception to this process is for the February submission, for which there cannot be a last useable file because of the transition to new plan year values in the February submission.
- Issuers can re-submit files up to the deadline if there is a problem with the file structure or structural validation causing a failed submission.

Figure 2 shows the process workflow for structural validation and file acceptance/rejection.



D. Accuracy:

This pertains to how closely submitted data mirrors the actual real-world status of the networks it purports to represent. Ensuring accuracy has always been a top priority for Covered California due to the implication inaccuracies have on consumer choice, continuity of care and

providing a clear representation of Issuer products. Covered California has classified accuracy errors into three distinct tiers depending on their severity and impact on the consumer shopping experience as follows:

Tier 1 Discrepancies: These are high priority potential errors that could severely impact and undermine consumer choice. Covered California will suppress provider records with discrepancies in this category until resolved or verified to be accurate. The table below lists all the Tier 1 discrepancy types and the corresponding client integration code (the code you use to find the specific provider records with these discrepancies in the Detail Discrepancy File.)

Tier1 Discrepancies		
Rule #	Global Validation Rule	List of Sub Validation
SYMCCA-Tier1-B&C-001	Tier 1 Balance and Control errors	Description:- Critical attributes missing 1. Field Length Incorrect 2. Incorrect Data Type 3. Invalid or Inactive Data 4. Mismatch Data 5. Missing Required Field 6. Invalid Value 7. Invalid Type Code 8. Invalid CodeSet Value The above listed Sub Validations are standard error types that can be used across tiers. The validation functions will work the same in each tier but the outcome could change based on severity.
SYMCCA-Tier1-002	Provider inactive	1. Deceased 2. Retired 3. Deactivated NPI 4. Deactivated License 5. License Expired
SYMCCA-Tier1-003	HCAI ID is not valid or doesn't appear within HCAI	
SYMCCA-Tier1-005	Practice Address is PO Box	1. Invalid or Inactive Data
SYMCCA-Tier1-006	Incorrect NPI	1. Field Length Incorrect 2. Incorrect Data Type 3. Missing Required Field 4. Invalid or Inactive Data 5. Invalid Type Code
SYMCCA-Tier1-007	State license suspended/revoked	
SYMCCA-Tier1-008	License unverified	
SYMCCA-Tier1-010	License belongs to different provider	
SYMCCA-Tier1-011	Federal sanctions (OIG/LEIE/OPM/CMS)	
SYMCCA-Tier1-013	Visibility is False for 100% of provider types P, D or H	1. Invalid Value
SYMCCA-Tier1-014	Provider type missing or invalid	1. Invalid Type Code

Tier 2 Discrepancies: These are potential errors that could lead to some consumer confusion and therefore need to be flagged, investigated, and verified but will not be suppressed from online display. The table below lists all the Tier 2 discrepancy types and the corresponding code.

Tier2 Discrepancies

Rule #	Global Validation Rule	List of Sub Validation
SYMCCA-Tier2-B&C-001	Tier 2 Balance and Control errors	- Field Exceeds Max Length - Incorrect Data Type - Invalid Character - Invalid CodeSet Value - Invalid Date - Invalid or Inactive Data - Invalid Value - Leading or Trailing Spaces - Missing Required Field - Unexpected Data The above listed Sub Validations are standard error types that can be used across tiers. The validation functions will work the same in each tier but the outcome could change based on severity.
SYMCCA-Tier2-002	Validated Provider Name updates available	- Reference Data update - Invalid value
SYMCCA-Tier2-003	Incorrect gender identification	Mismatch Data with master record
SYMCCA-Tier2-004	Physician affiliated hospitals must be in-network	
SYMCCA-Tier2-005	Physician does not have admitting rights to an in-network hospital	
SYMCCA-Tier2-006	Hospital does not have physicians able to admit to it in the network	
SYMCCA-Tier2-007	DEA license suspended/revoked	
SYMCCA-Tier2-008	Incorrect Phone number	- Field Length Incorrect - Invalid or Inactive Data
SYMCCA-Tier2-009	Invalid String Literal value "Null"	Invalid Value

Tier 3 Discrepancies: These are potential errors that are not expected to impact the consumer plan selection experience but need to be flagged to improve the overall integrity of the data and to improve provider data consolidation from multiple Issuers into one record per provider per location. The table below lists all the Tier 3 discrepancy types and the corresponding code.

Tier3 Discrepancies		
Rule #	Global Validation Rule	List of Sub Validation
SYMCCA-Tier3-B&C-001	Tier 3 Balance and Control errors	1. Exceeds Field Maximum 2. Field Exceeds Max Length 3. Field Length Incorrect 4. Incorrect Data Type 5. Invalid Character 6. Invalid CodeSet Value 7. Invalid Date 8. Invalid or Inactive Data 9. Invalid Value 10. Missing Required Field 11. Unexpected Data The above listed Sub Validations are standard error types that can be used across tiers. The validation functions will work the same in each tier but the outcome could change based on severity.

Covered California will exclude all Tier 1 errors from online display. As detailed above, these are the errors most likely to cause a significant impact on the consumer experience and mislead consumers during the critical plan selection phase of enrollment. Information containing these types of errors will remain suppressed until resolved or verified to be accurate.

Information with Tier 2 and Tier 3 errors will not be excluded from the online display with the understanding that these errors may contribute to consumer confusion and should be addressed in a timely manner by submitting Issuer. The focus initially should be resolving the flagged Tier 1 errors.

Covered California will assess accuracy of provider information every cycle by comparing the incoming input file with the Symphony Directory Files and generate the following accuracy related reports:

1. **Summary Discrepancy Report:** A report that summarizes the discrepancies identified in the data sent to Symphony by a QHP. These are classified into 3 tiers depending on severity and impact to the consumer and provide a digestible understanding of aggregated discrepancies viewed over time.
2. **Detailed Discrepancy Report:** A line-item .csv report that shows record level discrepancies between the data sent to Symphony by each QHP. This report provides a detailed description of each line-item or field discrepancy for QHP to correct source data in future submissions.
1. **CCA Survivorship Report:** A report displaying QHP submitted data and the Symphony data tuning rules included in the Symphony Data Dictionary applied to the data that determines how it is uplifted.

4. General data guidelines when creating and submitting file(s)

A. Record completeness and dealing with missing, unknown, or non-applicable values

- All fields are required if they apply.
- If the information exists on the Issuer's online directory, the expectation is that it will be provided to Covered California.
- Blanks are only permissible if data does not apply to the provider type. An example of this is when it applies to any of the name fields for individual providers: it is permissible to enter First_Name and Last_Name as null for Provider_Type H (Hospitals). These are situational fields i.e.; certain elements apply only to certain provider types. Please refer to the "Detailed Definitions and Specifications of Data Elements", Section 5 of this document, for details on situational data elements.
- "Other" is never an acceptable value.

B. Data Formats, Data Types and Standardizations

- For the purposes of online display, Covered California will standardize the information it receives from the various participating Issuers to the best available authority source. This is vital to ensure adequate consolidation of this data to the goal of one provider per location per row.
- Data element names must be submitted exactly as specified by Covered California if a reference is provided. Alternate or abbreviated names will not be accepted. All provider names will ultimately be standardized for online display.
- Covered California provides several reference lists and crosswalks to create a more standardized controlled input. In addition, there are many data fields in the layout that require a specific data input type. Some of the main data types used in creating the submission file are:
 - **Coded Text:** these fields derive their value from a code table with each acceptable value and its meaning. These tables or lists are available as appendices or in one of the companion documents to this guide e.g., the Covered California Data Dictionary.
 - **Integers:** exact integral numeric values (e.g., number of assigned enrollees).
 - **Unique Identifier:** these fields contain various alpha numeric identifiers for individual elements.
 - **Numeric Strings**
 - **Text:** character strings (with optional language). Unless otherwise constrained by an implementation, can be any combination of alpha, numeric or symbols from the Unicode character set. Sometimes referred to as free text.
 - **Boolean:** these fields have 1 of 2 acceptable values, usually Y or N, X or null, etc. and represent a simple "true" vs "false" switch.
 - **Date:** must be in MM/DD/YYYY format.

C. Row counts, row duplications and included provider types

- Within a provider network for each product, Issuers should limit the number of records per provider to the number of locations for the provider, i.e., if a provider practices in 5 locations it is permissible to list each location as a separate row. However, duplicating records per provider for other data elements such as phone number is discouraged; the best phone number should be chosen for each location listed for the provider. Similarly, the best three languages for the provider should be chosen and no rows per provider should be duplicated by language (if a provider speaks more than three languages). The same applies to other data elements.
- Dental providers included in the Issuer's provider network offering as part of the embedded pediatric dental benefit should be included in the QHP Issuer's input file. Dentists should be marked as Provider_Type = D.
 - Covered California will only assess structural validation if the Type of Licensure field is populated with DMD and DDS for records where Provider_Type = D. Dentists with other types of licensures will be filtered out prior to the structural validation process and will not be displayed in the online directory.
- Issuers should include all network providers in the input file and ensure that all provider locations available to Covered California enrollees are included in the input file.
- Currently certified QHP Issuers and new entrant applicants seeking to use this guide to create a submission file for the purpose of annual certification must, to the extent possible, depict networks for the year they are seeking certification, not for the current plan year (PY). For monthly provider data submissions, Issuers must submit current data for their provider networks. See Appendix IV for details.
- Special attention is recommended when submitting a file for the annual open enrollment period. Issuers should indicate whether a provider is available in the Issuer's network for the current and upcoming PY using the Plan_Year field. For example, if a provider's contract ends on December 31st of the current PY, the Issuer should list the provider as only available in the current PY and not available in the future PY. Please see Section 5 for more details on indicating provider availability for each year.

D. File Format and Naming Conventions

The data should be submitted as a pipe delimited text file. This format will enable use of special characters in the content of the submitted file and reduce the need to scrub the input files for commas and other common characters used in names, addresses, etc.

Issuers must use the following file naming standard for the input files submitted to Symphony.

File	Naming Convention
Medical Provider Roster Files	MM_YYYY_ISSUERID_QHP_CC.TXT
Dental Provider Roster Files	MM_YYYY_ISSUERID_QDP_CC.TXT

ISSUERID = Issuer HIOS ID number. Refer to Appendix I for a list of the HIOS numbers for currently participating QHP and QDP Issuers.

MM_YYYY = Month and year of submission due date as specified by Covered California.

Example: 06_2026_12345_QHP_CC.TXT

Variation from this naming standard may result in file rejection in the automated file transmission process described in the next section. Please note that Trailer records are no longer required as part of the input file and should not be included in the submission.

E. File Transmission Guidelines

Each participating Issuer is required to submit a monthly input file containing complete network data according to the specifications defined in this document. To ensure a timely and smooth submission process, Covered California requires each participating Issuer to set up and host a Secure File Transmission Protocol (sFTP) site with an inbound and outbound directory. Access must be granted to Symphony to “push and pull” files to and from the sFTP. Symphony will automatically retrieve monthly submissions from the outbound directory and deposit any reports or feedback files to the inbound directory. Participating QHPs must provide:

- sFTP URL
- sFTP login information
- Inbound and Outbound directories

Please whitelist the following **Symphony Public IP Address:** [199.116.191.9](#) and [199.116.184.9](#)

F. Communications between Covered California and Participating Issuers

Effective and timely communication is essential for the success of the online Multiplan Provider Directory. Each participating Issuer must notify Covered California and Symphony via email when a file has been deposited on the Issuer-hosted sFTP. Covered California will send communications to Issuers when:

- The Issuer fails to submit a file by the deadline and a usable file from the Issuer is available that is less than 3 months old, notifying the Issuer that the last usable file will be used for the directory.
- The Issuer fails to submit a file by the deadline and a usable file from the Issuer is not available (more than 3 months old), notifying the Issuer that no provider data will be included in the online directory for the cycle.
- A file fails structural validation and is rejected with the option to resubmit up to the identified deadline.
- A file fails structural validation and is rejected without the option to resubmit and where a usable file from the Issuer is available that is less than 3 months old, notifying the Issuer that the last usable file will be used for the directory.
- A file fails structural validation and is rejected without the option to resubmit and where a usable file from the Issuer is not available (more than 3 months old), notifying the Issuer that no provider information will be included in the directory for the cycle.

5. Submission File Layout

The file should consist of two portions: A header row and a number of detail rows. Each portion is described in the sections below.

A. Header record data elements

The header record contains the names of the fields that make up the detail records.

Field No.	Data Element Header Names	Note
1	Last_Name	1 st record only
2	First_Name	1 st record only
3	Middle_Name	1 st record only
4	Provider_Type	1 st record only
5	NPI	1 st record only
6	CA_License	1 st record only
7	Non_CA_License	1 st record only
8	Non_CA_License_State	1 st record only
9	Provider_Gender	1 st record only
10	Provider_Language_1	1 st record only
11	Provider_Language_2	1 st record only
12	Provider_Language_3	1 st record only
13	Facility_Language_1	1 st record only
14	Facility_Language_2	1 st record only
15	Facility_Language_3	1 st record only
16	Type_of_Licensure	1 st record only
17	Location_Address	1 st record only
18	Location_Address_2	1 st record only
19	Location_Zip_Code	1 st record only
20	Location_City	1 st record only
21	Location_County	1 st record only
22	Location_Region	1 st record only
23	Location_State	1 st record only
24	Location_Phone	1 st record only

Field No.	Data Element Header Names	Note
25	Provider_Clinic_Name	1 st record only
26	Provider_Clinic_ID	1 st record only
27	Primary_Specialty	1 st record only
28	Secondary_Specialty	1 st record only
29	Board_Certified	1 st record only
30	Medical_Group_IPA_1	1 st record only
31	Medical_Group_IPA_2	1 st record only
32	Medical_Group_IPA_3	1 st record only
33	Medical_Group_IPA_4	1 st record only
34	Contract_Type	1 st record only
35	Hospital_1	1 st record only
36	Hospital_2	1 st record only
37	Hospital_3	1 st record only
38	Hospital_4	1 st record only
39	Hospital_1_HCAI_ID	1 st record only
40	Hospital_2_HCAI_ID	1 st record only
41	Hospital_3_HCAI_ID	1 st record only
42	Hospital_4_HCAI_ID	1 st record only
43	Hospitalist_(Hosp_1)	1 st record only
44	Hospitalist_(Hosp_2)	1 st record only
45	Hospitalist_(Hosp_3)	1 st record only
46	Hospitalist_(Hosp_4)	1 st record only
47	NPI_Sup_PCP	1 st record only
48	Sup_PCP_Specialty	1 st record only
49	DEA	1 st record only
50	Facility_Name	1 st record only
51	Facility_System	1 st record only
52	HCAI_ID	1 st record only
53	Type_of_Service	1 st record only
54	Tertiary_Care	1 st record only
55	FTIN	1 st record only

Field No.	Data Element Header Names	Note
56	Last_Update	1 st record only
57	Plan_Year	1 st record only
58	Current_Assigned_Enrollees	1 st record only
59	PCP_Flag	1 st record only
60	Network_ID	1 st record only
61	Network_Tier_ID	1 st record only
62	Availability	1 st record only
63	Visibility	1 st record only
64	Covered_California_ID	1 st record only
65	ECP_Flag	1 st record only
66	Accepting_New_Patients	1 st record only
67	Snapshot_Date	1 st record only
68	Issuer_Provider_ID	1 st record only
69	Issuer_PCP_ID	1 st record only
70	Record_Type	1 st record only

B. Detail Record Data Elements

The following specifications pertain to the detail record portion of the submitted set and represent all records between the header and the trailer.

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
1	Last_Name	50	Char	Text	Last name of provider	I
2	First_Name	50	Char	Text	First name of provider	I
3	Middle_Name	50	Char	Text	Middle initial of provider	I
4	Provider_Type	2	Char	Coded Text	Indicates type of individual provider: Physician = P Dental Provider = D Physician Extender = PE Other Individual Provider = OI Hospital = H Clinic = C Other Contracted Provider Facility = OF	B

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
5	NPI	10	Num	Unique ID	National Provider Identification (NPI) number of the individual	B
6	CA_License	15	Char	Unique ID	California License number, applies to all providers and facilities	B
7	Non_CA_License	15	Char	Unique ID	License number for non-CA licensed/Out of state providers	B
8	Non_CA_License_State	2	Char	Coded Text	License state for non-CA licensed/Out of state providers	B
9	Provider_Gender	1	Char	Boolean	Gender of the Provider	I

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
10	Provider_Language_1	20	Char	Coded Text	1st Language spoken by the provider other than English	I
11	Provider_Language_2	20	Char	Coded Text	2nd Language spoken by the provider other than English	I
12	Provider_Language_3	20	Char	Coded Text	3rd Language spoken by the provider other than English	I
13	Facility_Language_1	20	Char	Coded Text	Language spoken by an individual employed at the provider's office or facility but not spoken by the provider other than English	I
14	Facility_Language_2	20	Char	Coded Text	Language spoken by an individual employed at the provider's office or facility but not spoken by the provider other than English	I

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
15	Facility_Language_3	20	Char	Coded Text	Language spoken by an individual employed at the provider's office or facility but not spoken by the provider other than English	I
16	Type_of_Licensure	5	Char	Coded Text	e.g., MD, DO for physicians - Refer to lookup table for remainder of licensed medical professions in CA	I
17	Location_Address	35	Char	Text	1 st line street address for provider or facility location	B
18	Location_Address_2	10	Char	Text	2nd line street address for provider or facility location	B
19	Location_Zip_Code	5	Num	Numeric string	5-digit ZIP code of provider or facility location	B

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
20	Location_City	25	Char	Text	City of provider or facility location	B
21	Location_County	25	Char	Text	County of provider or facility location	B
22	Location_Region	2	Num	Coded Text	Covered California rating region of provider or facility location	B
23	Location_State	2	Char	Coded Text	State of provider or facility location	B
24	Location_Phone	12	Char	String	Phone number of provider or facility location	B

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
25	Provider_Clinic_Name	50	Char	Text	If individual provider works at a clinic, enter the clinic name	I
26	Provider_Clinic_ID	16	Char	Unique ID	If individual provider works at a clinic, enter the clinic ID	I
27	Primary_Specialty	10	Char	Coded Text	Primary specialty of the provider. In case of physicians, this must be highest/latest certification received by the provider, e.g. Neonatologist with a specialty in Pediatrics should be listed as Neonatologist unless it is explicitly known that provider practices primarily as a Pediatrician.	B
28	Secondary_Specialty	10	Char	Coded Text	Secondary specialty of the provider. Should be populated when provider has secondary/base specialty.	B
29	Board_Certified	1	Char	Coded Text	Board certified, eligible or non-certified indicator	I

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
30	Medical_Group_IPA_1	50	Char	Text	Name of first medical group and/or IPA affiliated with contracted provider (if applicable)	I
31	Medical_Group_IPA_2	50	Char	Text	Name of second medical group and/or IPA affiliated with contracted provider (if applicable)	I
32	Medical_Group_IPA_3	50	Char	Text	Name of third medical group and/or IPA affiliated with contracted provider (if applicable)	I
33	Medical_Group_IPA_4	50	Char	Text	Name of fourth medical group and/or IPA affiliated with contracted provider (if applicable)	I
34	Contract_Type	2	Char	Boolean	Delegated vs. Direct Contract	B

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
35	Hospital_1	50	Char	Text	Name of the first hospital with which the provider holds admitting privileges	I
36	Hospital_2	50	Char	Text	Name of the second hospital with which the provider holds admitting privileges	I
37	Hospital_3	50	Char	Text	Name of the third hospital with which the provider holds admitting privileges	I
38	Hospital_4	50	Char	Text	Name of the fourth hospital with which the provider holds admitting privileges	I
39	Hospital_1_HCAI_ID	10	Char	Coded Text	HCAI ID Number for the first hospital with which the provider holds admitting privileges	I

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
40	Hospital_2_HCAI_ID	10	Char	Coded Text	HCAI ID Number for the second hospital with which the provider holds admitting privileges	I
41	Hospital_3_HCAI_ID	10	Char	Coded Text	HCAI ID Number for the third hospital with which the provider holds admitting privileges	I
42	Hospital_4_HCAI_ID	10	Char	Coded Text	HCAI ID Number for the fourth hospital with which the provider holds admitting privileges	I
43	Hospitalist_(Hosp_1)	1	Char	Boolean	Hospitalist Indicator for the first hospital with which the provider holds admitting privileges	I
44	Hospitalist_(Hosp_2)	1	Char	Boolean	Hospitalist Indicator for the second hospital with which the provider holds admitting privileges	I

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
45	Hospitalist_(Hosp_3)	1	Char	Boolean	Hospitalist Indicator for the third hospital with which the provider holds admitting privileges	I
46	Hospitalist_(Hosp_4)	1	Char	Boolean	Hospitalist Indicator for the fourth hospital with which the provider holds admitting privileges	I
47	NPI_Sup_PCP	10	Char	Unique ID	National Provider Identification (NPI) number of the Supervising provider in case of PCP extenders	I
48	Sup_PCP_Specialty	10	Char	Coded Text	Supervising Providers primary specialty	I
49	DEA	12	Char	Alphanumeric	Provider Drug Enforcement Administration (DEA) Number	I

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
50	Facility_Name	50	Char	Text	Legal name of facility utilized by the Plan. In case of hospitals, use name exactly as listed on the Covered California Reference list.	F
51	Facility_System	50	Char	Text	Health system of facility	F
52	HCAI_ID	10	Char	Unique ID	In case of hospitals, use as per Covered California HCAI ID list.	F
53	Type_of_Service	5	Char	Coded Text	Type of Service as defined by the Facility Type	F
54	Tertiary_Care	1	Char	Boolean	Tertiary Care Indicator	F

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
55	FTIN	9	Char	Unique ID	The federal tax ID of the provider	B
56	Last_Update	10	Char	Date	Last time provider data updated	B
57	Plan_Year	4	Num	Coded Text	Year available	B
58	Current_Assigned_Enrollees	6	Num	Numeric String	For Primary Care Clinics & Primary Care Physicians: the total number of patients assigned to the provider	B
59	PCP_Flag	1	Char	Boolean	Provider or Clinic is designated as PCP by issuer	B

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
60	Network_ID	11	Char	Alphanumeric String	Network ID assigned by Covered California	B
61	Network_Tier_ID	1	Num	Coded Text	Network Tier ID	B
62	Availability	1	Char	Boolean	Available directly or with special authorization/referral	B
63	Visibility	1	Char	Boolean	Indicates whether provider is to be displayed on online directory	B
64	Covered_California_ID	16	Char	Unique ID	Used to flag ECP providers	F

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
65	ECP_Flag	1	Char	Boolean	Used to flag ECP providers	B
66	Accepting_New_Patients	1	Char	Boolean	Accepting New Patients Indicator	B
67	Snapshot_Date	10	Char	Date	Date of data extraction for file	B
68	Issuer_Provider_ID	35	Char	Unique ID	Issuer assigned provider ID	B
69	Issuer_PCP_ID	35	Char	Unique ID	Issuer assigned primary care provider ID	I

Guidelines, Standards, and Specifications

Field No.	Field Name	Max Lgth	Format	Type	Data Element Description	Facility Indiv Both
70	Record_Type	1	Char	Hardcoded	Type of Record: D for Detail (non-Header and non-Trailer records)	B

C. Data Element Detail Descriptions

In this section, each data element will be discussed in detail under the context of the following headers:

Header	Description
Technical Specifications	
Definition	Description of the data element
Applicable to	Determines which provider type this data element is relevant to. • Facility Providers, including Hospitals “H”, Clinics “C” or Other Types of Facilities “OF”. • Individual Providers, including Physicians “P”, Dental Providers “D”, Physician Extenders “PE” Certain data elements will only apply/be required for a subset of individual or facility providers.
Max Length	The maximum length a value may have in this field. Values may be equal or less than this number in length.
Data Format and Type	The type of data, either character (Char) or numeric (Num). Data Type is a classification that specifies which type of value a variable has and what type of operations can be applied to it. e.g., Date is a data type that is used to classify date values.
Acceptable Values/Data Value Domain	Description of all acceptable input values for this data element if applicable. Controlled terminology vs non-controlled terminology.
Structural Validation	States if the data element is assessed for structural requirements in the preprocessing validation step, i.e., are there excessive null values in fields critical to the online directory.
Business Context/Specifications	
Relevance to Multi-Plan Directory	Description of relevancy of this data element to Covered California’s Multiplan Directory. Also, specifies if element is visible and/or searchable to consumers online.
Authority Source	Many data elements are issued by or can be obtained from certain authority sources which are typically the issuing agencies or reliable and verified sources for the data. QHPs will be the authority source for some data elements such as Network ID, Panel Status and other elements defined by contract between the Issuer and the provider.
Consistency and Accuracy Validation	Description of the validation checks performed on this data element. This can consist of two main types of validation: • Consistency Validation: Data elements are assessed for consistency across the file (e.g., we would expect Last Name and First Name inputs for individual providers). • Accuracy: Data elements are checked for accuracy against a Master Provider Referential Database.
QHP FAQs	Miscellaneous notes, tips, and additional information to assist in the successful submission of the data element.

Last_Name	
Technical Specifications	
Definition	The last name of an individual provider contracted with the health plan to provide services to enrollees
Applicable to	Individual Providers only (where Provider_Type = "P","D","OI", "PE")
Max Length	50
Format / Type	Char / Text
Acceptable Values	1. Must be full name and not initials 2. "U" and "X" are not acceptable values for provider types "P", "D", "OI" and "PE" and will not be taken to indicate "Not applicable" or "Unknown" 3. Field should be left blank for provider types "H", "C" and "OF"
Structural Validation	Structural validation will be performed on individual providers with provider type = "P" and "D" "U" and "X" are acceptable values for provider types "P" and "D"
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Critical to the search and identification of individual providers (with provider types "P", "D") 2. Visible to consumers and searchable online.
Authority Source/Data Standard	1. Medical Board of California: Covered California will standardize the last name to the name on the MBC license. Medical Board license info can be found at http://www.mbc.ca.gov/ 2. Osteopathic Medical Board of California: Covered California will standardize last name to name on the OMBC license. Medical Board license info can be found at http://www.ombc.ca.gov/ 3. Other provider types will be verified against their respective licensing board information. General information on licensing boards in California can be found at the Department of Consumer Affairs' website at http://www.dca.ca.gov
Data Consistency & Accuracy Validation	1. For provider types "P" and "D", Last Name will be standardized based on the name found in the authority source, if the provider has a California License. 2. Transposition error: Names are checked for potential transposition with transposed names flagged in the detail result file. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File 3. "Formerly known as" validation: Input names are matched to "Formerly Known As" field in NPPES or DEA database. Formerly known as names are flagged in the detail result file. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this error.
QHP FAQs	
Examples	

First_Name	
Technical Specifications	
Definition	The first name of an individual provider contracted with the health plan to provide services to enrollees
Applicable to	Individual Providers only (where Provider_Type = "P","D","OI", "PE")
Max Length	50
Format / Type	Char / Text
Acceptable Values	1. Must be full name and not initials 2. "U" and "X" are not acceptable values for provider types "P", "D", "OI" and "PE" and will not be taken to indicate "Not applicable" or "Unknown" 3. Field should be left blank for provider types "H", "C" and "OF"
Structural Validation	Structural validation will be performed on individual providers with provider type = "P" and "D" "U" and "X" are acceptable values for provider types "P" and "D"
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Critical to the search and identification of individual providers (with provider types "P", "D") 2. Visible to consumers and searchable online
Authority Source/Data Standard	1. Medical Board of California: Covered California will standardize the first name to the name on the MBC license. Medical Board license info can be found at http://www.mbc.ca.gov/ 2. Osteopathic Medical Board of California: Covered California will standardize first name to name on the OMBC license. Medical Board license info can be found at http://www.ombc.ca.gov/ 3. Other provider types will be verified against their respective licensing board information. General information on licensing boards in California can be found at the Department of Consumer Affairs' website at http://www.dca.ca.gov
Data Consistency & Accuracy Validation	1. For provider types "P" and "D", First Name will be standardized based on the name found in the authority source, if the provider has a California License. 2. Transposition error: Names are checked for potential transposition with transposed names flagged in the detail result file. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File 3. "Formerly known as" validation: Input names are matched to "Formerly Known As" field in NPPES or DEA database. Formerly known as names are flagged in the detail result file. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this error.
QHP FAQs	
Examples	

Middle_Name	
Technical Specifications	
Definition	The middle name of an individual provider contracted with the health plan to provide services to enrollees
Applicable to	Individual Providers only (where Provider_Type = “P”, “D”, “OI”, “PE”)
Max Length	50
Format / Type	Char / Text
Acceptable Values	- Can be initial if full name not available to issuer “U” and “X” are not acceptable values for provider types “P”, “D”, “OI” and “PE” and will not be taken to indicate “Not applicable” or “Unknown” - Field should be left blank for provider types “H”, “C” and “OF”
Structural Validation	Not subject to structural validation
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Critical to the search and identification of individual providers (with provider types “P”, “D”) - Visible to consumers online.
Authority Source/Data Standard	Medical Board of California: Covered California will standardize the first name to the name on the MBC license. Medical Board license info can be found at http://www.mbc.ca.gov/ Osteopathic Medical Board of California: Covered California will standardize first name to name on the OMBC license. Medical Board license info can be found at http://www.ombc.ca.gov/ - Other provider types will be verified against their respective licensing board information. General information on licensing boards in California can be found at the Department of Consumer Affairs’ website at http://www.dca.ca.gov
Data Consistency & Accuracy Validation	- For provider types “P” and “D”, First Name will be standardized based on the name found in the authority source, if the provider has a California License. - Transposition error: Names are checked for potential transposition with transposed names flagged in the detail result file. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File “Formerly known as” validation: Input names are matched to “Formerly Known As” field in NPPES or DEA database. Formerly known as names are flagged in the detail result file. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this error
QHP FAQs	
Examples	

Provider_Type	
Technical Specifications	
Definition	- Provider Type classifies individual providers into one of seven categories: - Physicians=" P", Dental Providers=" D", PCP extenders="PE", all other individual provider categories = "OI", Hospitals = "H", Clinics="C", and all other facility provider categories = "OF" Physician (P) is defined as an authorized practitioner of medicine, as one graduated from a college of medicine (MD) or osteopathy (DO) and licensed by the appropriate board. For Provider Type = P, the first two characters of the NUCC taxonomy code should be 20. Dental Provider (D) is defined as: one who is skilled in and licensed to practice the prevention, diagnosis and treatment of diseases, injuries, and malformations of the teeth, jaws and mouth and who makes and inserts false teeth. For Provider Type = D, the first two characters of the NUCC taxonomy code should be 12. PCP Extender (PE) is defined as a healthcare professional specially trained and certified to provide basic medical services under the supervision of a licensed physician. Physician Extenders may order tests and make referrals related to the Member's medical needs. Physician Extenders function as an agent of the physician. They can include, but are not limited to: Nurse Practitioner (NP): Can obtain medical histories and perform physical exams, diagnose and treat acute health problems, chronic diseases, and order, perform or Interpret diagnostic studies within the scope of their practice and license. Nurse Practitioners work in the same practice as a physician (PCP or specialist) and may act as an Assistant surgeon if certified under applicable state law Physician Assistant (PA): Can perform physical examinations, diagnose and treat illnesses, order and interpret lab results, suture wounds and assist in surgery within the scope of their practice and license. Physician Assistants work in the same practice as a physician (PCP or specialist) and may act as an Assistant Surgeon if certified under applicable state law. Other Individual Provider (OI): all other individual, non-facility providers not included in the definitions for Physicians, Dental Providers and PCP extenders. Hospital (H) is defined as having a license type description of hospital as provided by the California Department of Public Health. A list of licensed hospitals can be found in the Covered California Data Dictionary – HCAI List. For Provider Type = H, the first two characters of the NUCC taxonomy code should be 28. Clinic (C) is defined as an organized outpatient health facility that provides direct medical, surgical, dental, optometric, or podiatric advice, services, or treatment to patients who remain less than 24 hours, and that may also provide diagnostic or therapeutic services to patients in the home as an incident to care provided at the clinic facility Other Facility Provider (OF) is defined as: all other non-individual, facility providers not included in the definitions for Hospitals and Clinics. Examples include but are not limited to Pharmacies, Labs, Medical Groups etc.
Applicable To	Every record in the file
Max Length	2
Format / Type	Char / Coded Text
Acceptable Values	1. Physicians=" P", Dental Providers=" D", PCP extenders="PE", all other individual provider categories = "OI", Hospitals = "H", Clinics="C" and all other facility provider categories = "OF"

Provider_Type	
	2. "X" and "U" are <u>not</u> acceptable values
Structural Validation	1. Subject to structural validation 2. "U" and "X" are not acceptable values and will be counted as null values for the purposes of structural validation
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Critical to the search of individual providers and hospitals (Provider Type = P, D and H) (D = DMD and DDS). Providers will be categorized based on provider type and displayed online based on provider type classification. 2. If Provider Type = D, Covered California will only assess structural validation for dentists with a DMD and DDS license (Type of Licensure field populated with DMD and DDS). Dentists with other types of licensure will be filtered out prior to the structural validation process and therefore will not be displayed online.
Authority Sources	N/A
Data Consistency & Accuracy Validation	- Provider type is assessed against taxonomy and licensure where applicable. Covered California supplies a crosswalk of provider type, licensure and taxonomy in the Covered California Data Dictionary - Each provider type has an associated number of fields where input is required. In the future, required fields per provider type will be assessed for completeness
QHP FAQs	Physicians should only be licensed MDs and DOs.
Examples	

NPI	
Technical Specifications	
Definition	National Provider Identifier (NPI) is a unique identification number for covered health care providers. The Federal Government mandated the use of only NPI for electronic healthcare transactions. The NPI number is issued under the direction of the Centers for Medicare & Medicaid Services (CMS)
Applicable to	Individual and Facility Providers (Provider_Type = "P", "D", "OI", "PE", "H", "C", "OF")
Max Length	10
Format / Type	Num / Unique ID
Acceptable Values	- Must be 10 digit numeric with valid checksums. - Null, "X" or "U" values must not exceed 1% of records
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	- N/A – currently NPI is not displayed online - NPI is used by Covered California as a key, unique identifier of individual providers
Authority Sources	National Plan & Provider Enumeration System (NPPES), refer to https://nppes.cms.hhs.gov for more information
Data Consistency & Accuracy Validation	- NPI checksum validation: the 10th digit on the NPI number is a checksum. Each NPI will be assessed for validity via this checksum. Invalid NPIs will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File - NPI type mismatch: NPI numbers are categorized into Type 1 for individuals and Type 2 for organizations. NPI numbers are assessed for category match. Mismatched NPIs will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File - NPI active/deactivated status: NPI numbers are checked against the authority source. Deactivated NPIs are flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File - NPI on NPPES: NPI numbers not verified on the NPPES authority source will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File - Multiple NPIs associated with same CA License for individual providers: both should be unique to each provider - One NPI associated with multiple CA Licenses: NPI has a one to many relationship with multiple CA Licenses for individual providers - NPI registry name mismatch
Input Notes / FAQs	- NPI for individual providers should be individual NPIs and not group or facility NPIs - There should not be multiple NPIs to one CA License or multiple CA Licenses for one NPI. Also, individual NPIs should be associated with one name only
Examples	

CA_License	
Technical Specifications	
Definition	- The professional license number is issued by the relevant licensing authority, e.g. one of the many licensing boards at the CA Department of Consumer Affairs - The CA license is used to assure that health care providers are licensed to practice or to flag any restrictions in practice - Non-CA State licensed providers are accounted for in separate fields
Applicable to	Individual and Facility Providers (Provider_Type = "P","D","OI", "PE", "H","C","OF")
Max Length	15
Format / Type	Char / Unique ID
Acceptable Values	- For physicians (provider type "P" and type of licensure "MD"), the CA license must be in the following: "A","G" or "C" followed by sequence of digits with no spaces or leading zeros - For physicians (provider type "P" and type of licensure "DO"), the CA license must be in the following: "20" followed by "A","G" or "C" followed by sequence of digits with no spaces or leading zeros - License must be provided for all provider types "U" is an acceptable input for provider types "OI", "C" and "OF" (certain individuals or facilities may be certified but not licensed providers) "X" is an acceptable input for California facilities not licensed by the Department of Public Health (e.g. VA Hospitals)
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Critical to identification of individual providers and determining active status, restrictions on practice and other information pertaining to individual providers and facilities - Not displayed or searchable online
Authority Sources	- Medical Board of California. Medical Board license info can be found at http://www.mbc.ca.gov/ - Osteopathic Medical Board of California. Osteopathic Medical Board license info can be found at http://www.ombc.ca.gov/ - Other provider types will be verified against their respective licensing board information. General information on licensing boards in California can be found at the Department of Consumer Affairs' website at http://www.dca.ca.gov
Data Consistency & Accuracy Validation	- Missing License: License missing on input will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Suspended License: License is suspended in CA. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File

CA_License	
	3. Expired License: Input license is expired (beyond grace period) /inactive status. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File 4. License unverified for provider: This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File 5. License- Name mismatch: input license found to belong to a different provider name. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File 6. Restricted Practice License: Input license is verified as active but restricted by the issuing State. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File 7. Multiple Licenses associated with one NPI: License has a many to one relationship with an individual NPI 8. One CA license associated with multiple NPIs: License has one to many relationships with multiple individual NPIs 9. CA License is not in prescribed format: For provider type “P”, license should in format prescribed under “Acceptable Values”.
QHP FAQs	1. Most individual provider license for provider types other than “P” are numeric. 2. Many facility provider licenses have been provided in the Covered California Data Dictionary and the Covered California ECP List (available at the following link: http://hbex.coveredca.com/stakeholders/plan-management/ecp-list/) 3. Many CA license for facility providers can be found on the CA Department of Public Health or the Office of Statewide Health Planning and Development websites 4. Covered California provides a reference list of facility providers in the Covered California Data Dictionary
Examples	Dr. Smith is a Licensed MD. His CA License is G12345 Dr. Brown is a Licensed DO. His CA License is 20A54321

Non_CA_License	
Technical Specifications	
Definition	- The professional license number is issued by the relevant licensing authority in the licensing state if other than California - License is used to assure that health care providers are licensed to practice or to flag any restrictions in practice - This field should be populated with providers who do not have a CA license and are practicing outside the state.
Applicable to	Individual and Facility Providers (Provider_Type = "P","D","OI", "PE", "H","C","OF")
Max Length	15
Format / Type	Char / Unique ID
Acceptable Values	- License must be provided for all provider types "U" is an acceptable input for provider types "OI", "C" and "OF" (certain individuals or facilities may be certified but not licensed providers)
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Critical to identification of individual providers and determining active status, restrictions on practice and other critical information pertaining to individual and facility providers
Authority Sources	The appropriate licensing board of the issuing state
Data Consistency & Accuracy Validation	- Missing License: License missing on input will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Suspended License: License is suspended in issuing state. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Expired License: Input license is expired (beyond grace period) /inactive status. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - License unverified for provider: This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - License- Name mismatch: Input license found to belong to a different provider name. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Restricted practice license: Input license is verified as active but restricted by the issuing State. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Multiple Licenses associated with one NPI: license has a many to one relationship with an individual NPI - One license associated with multiple NPIs: License has a one to many relationship with multiple individual NPIs

Non_CA_License	
	9. Providers without a CA license will be assessed for a non-CA license 10. Providers with service locations outside state boundaries will be assessed for a non-CA license
QHP FAQs	1. This is mainly to identify in-network providers offering services to CA enrollees outside state boundaries, such as providers at the state border with Nevada who provide services to residents living near that border. 2. X is an acceptable input for null values (i.e. where a non-CA license does not exist or if a CA license is supplied) 3. "U" or "X" are not acceptable values in the absence of a CA license
Examples	

Non_CA_License_State

Technical Specifications

Definition	State issuing the non-CA license for a provider
Applicable to	Individual and Facility Providers (Provider_Type = "P", "D", "OI", "PE", "H", "C", "OF")
Max Length	2
Format / Type	Char / Coded Text
Acceptable Values	- Any state other than CA. 2-character abbreviation for state required e.g. NV for Nevada, AZ for Arizona, OR for Oregon - X is an acceptable input for null values (i.e. where a non-CA license does not exist or if a CA license is supplied) "U" or "X" are not acceptable values in the absence of a CA license
Structural Validation	N/A

Business Context / Specifications

Relevance to Multi-Plan Directory	- Critical to identification of individual providers and determining active status, restrictions on practice and other critical information pertaining to individual providers - Not displayed or searchable online
Authority Sources	The appropriate licensing board of the issuing state
Data Consistency & Accuracy Validation	- Missing License: License missing on input will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Suspended License: License is suspended in issuing state. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Expired License: Input license is expired (grace period) /inactive status. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - License unverified for provider: This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - License- Name mismatch: Input license found to belong to a different provider name. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Restricted practice license: Input license is verified as active but restricted by the issuing State. This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Multiple Licenses associated with one NPI: license has a many to one relationship with an individual NPI

Non_CA_License_State

	8. One license associated with multiple NPIs: License has a one to many relationship with multiple individual NPIs 9. Providers without a CA license will be assessed for a non-CA license 10. Providers with service locations outside state boundaries will be assessed for a non-CA license
QHP FAQs	1. This is mainly to identify in-network providers offering services to CA enrollees outside state boundaries, e.g. providers at the state border with Nevada who provide services to residents living near that border.
Examples	

Provider_Gender	
Technical Specifications	
Definition	Gender of the individual provider
Applicable to	Individual Providers (Provider_Types = "P","D","OI", "PE")
Max Length	1
Format / Type	Char / Boolean
Acceptable Values	"M" for Male, "F" for Female, "U" for unknown - Field may be left blank for provider types ("H", "C" and "OF")
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Critical to identification of individual providers - Currently not displayed or searchable online
Authority Sources	N/A
Data Consistency & Accuracy Validation	- Gender is assessed for each row with provider type "P" and "D" - Male Female Blank Input: This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Male Female Bad Format: This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Self-Reported Correction from NPPEs: This will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File
QHP FAQs	The expectation is that if this data is provided on issuer's online directory, it should be provided to Covered California
Examples	

Provider_Language_1	
Technical Specifications	
Definition	The first language spoken by the individual provider, other than English
Applicable to	Individual Providers (Provider_Types = “P”, “D”, “OI”, “PE”)
Max Length	20
Format / Type	Char / Coded Text
Acceptable Values	“U” and “X” are acceptable values for provider types “P”, “D” “PE” and “OI” - Field may be left blank for provider types “H”, “C” and “OF” - If the provider has more than 3 languages listed, please choose the first three for this file - Beginning March 2017, ISO 639-2 codes will be used in place of open text descriptions. ISO 639-2 codes are 3 digits depicting 184 live languages. A code-set has been provided in the Covered California Data Dictionary - American Sign Language is an acceptable input despite absence of code on ISO 639-2 and should be indicated with “ASL”
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Language is not critical to identification of individual providers for purposes of data cleansing - Language is not currently displayed or searchable online to consumers - Language may be added to provider search functionality in future release
Authority Sources	N/A
Data Consistency & Accuracy Validation	- Provider Language is not subject to data consistency / accuracy validation - Language will be standardized using ISO 639-2 language codes
QHP FAQs	- Provider Language is a language spoken by the provider other than English. This must not be languages spoken by office staff, third party translators or language services. - Each record will have 3 input options for provider language
Examples	

Provider_Language_2	
Technical Specifications	
Definition	The second language spoken by the individual provider other than English
Applicable to	Individual Providers (Provider_Types = “P”, “D”, “OI”, “PE”)
Max Length	20
Format / Type	Char / Coded Text
Acceptable Values	“U” and “X” are acceptable values for provider types “P”, “D” “PE” and “OI” - Field may be left blank for provider types “H”, “C” and “OF” - If the provider has more than 3 languages listed, please choose the first three for this file - Beginning March 2017, ISO 639-2 codes will be used in place of open text descriptions. ISO 639-2 codes are 3 digits depicting 184 live languages. A code-set has been provided in the Covered California Data Dictionary - American Sign Language is an acceptable input despite absence of code on ISO 639-2 and should be indicated with “ASL”
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Language is not critical to identification of individual providers for purposes of data cleansing - Language is not currently displayed or searchable online to consumers - Language may be added to provider search functionality in future release
Authority Sources	N/A
Data Consistency & Accuracy Validation	- Provider Language is not subject to data consistency / accuracy validation - Language will be standardized using ISO 639-2 language codes
QHP FAQs	- Provider Language is a language spoken by the provider other than English. This must not be languages spoken by office staff, third party translators or language services. - Each record will have 3 input options for provider language
Examples	

Provider_Language_3	
Technical Specifications	
Definition	The third language spoken by the individual provider other than English
Applicable to	Individual Providers (Provider_Types = “P”, “D”, “OI”, “PE”)
Max Length	20
Format / Type	Char / Coded Text
Acceptable Values	“U” and “X” are acceptable values for provider types “P”, “D” “PE” and “OI” - Field may be left blank for provider types “H”, “C” and “OF” - If the provider has more than 3 languages listed, please choose the first three for this file - Beginning March 2017, ISO 639-2 codes will be used in place of open text descriptions. ISO 639-2 codes are 3 digits depicting 184 live languages. A code-set has been provided in the Covered California Data Dictionary - American Sign Language is an acceptable input despite absence of code on ISO 639-2 and should be indicated with “ASL”
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Language is not critical to identification of individual providers for purposes of data cleansing - Language is not currently displayed or searchable online to consumers. - Language may be added to provider search functionality in future release
Authority Sources	N/A
Data Consistency & Accuracy Validation	- Provider Language is not subject to data consistency / accuracy validation - Language will be standardized using ISO 639-2 language codes
QHP FAQs	- Provider Language is a language spoken by the provider other than English. This must not be languages spoken by office staff, third party translators or language services - Each record will have 3 input options for provider language
Examples	

Facility_Language_1	
Technical Specifications	
Definition	The first language spoken at the facility, office or other practice location other than English
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	20
Format / Type	Char / Coded Text
Acceptable Values	"U" and "X" are acceptable values for all provider types - Beginning March 2017, ISO 639-2 codes will be used in place of open text descriptions. ISO 639-2 codes are 3 digits depicting 184 live languages. A code-set has been provided in the Covered California Data Dictionary - American Sign Language is an acceptable input despite absence of code on ISO 639-2 and should be indicated with "ASL"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Language is not critical to identification of individual providers for purposes of data cleansing - Language is not currently displayed or searchable online to consumers - Language may be added to provider search functionality in future release
Authority Sources	N/A
Data Consistency & Accuracy Validation	- Provider Language is not subject to data consistency / accuracy validation - Language will be standardized using ISO 639-2 language codes
QHP FAQs	Each record will have 3 input options for facility language
Examples	

Facility_Language_2

Technical Specifications

Definition	The second language spoken at the facility, office or other practice location other than English
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	20
Format / Type	Char / Coded Text
Acceptable Values	"U" and "X" are acceptable values for all provider types - Beginning March 2017, ISO 639-2 codes will be used in place of open text descriptions. ISO 639-2 codes are 3 digits depicting 184 live languages. A code-set has been provided in the Covered California Data Dictionary - American Sign Language is an acceptable input despite absence of code on ISO 639-2 and should be indicated with "ASL"
Structural Validation	N/A

Business Context / Specifications

Relevance to Multi-Plan Directory	- Language is not critical to identification of individual providers for purposes of data cleansing - Language is not currently displayed or searchable online to consumers - Language may be added to provider search functionality in future release
Authority Sources	N/A
Data Consistency & Accuracy Validation	- Provider Language is not subject to data consistency / accuracy validation - Language will be standardized using ISO 639-2 language codes
QHP FAQs	Each record will have 3 input options for facility language
Examples	

Facility_Language_3

Technical Specifications

Definition	The third language spoken at the facility, office or other practice location other than English
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	20
Format / Type	Char / Coded Text
Acceptable Values	"U" and "X" are acceptable values for all provider types - Beginning March 2017, ISO 639-2 codes will be used in place of open text descriptions. ISO 639-2 codes are 3 digits depicting 184 live languages. A code-set has been provided in the Covered California Data Dictionary - American Sign Language is an acceptable input despite absence of code on ISO 639-2 and should be indicated with "ASL"
Structural Validation	N/A

Business Context / Specifications

Relevance to Multi-Plan Directory	- Language is not critical to identification of individual providers for purposes of data cleansing - Language is not currently displayed or searchable online to consumers - Language may be added to provider search functionality in future release
Authority Sources	N/A
Data Consistency & Accuracy Validation	- Provider Language is not subject to data consistency / accuracy validation - Language will be standardized using ISO 639-2 language codes
QHP FAQs	Each record will have 3 input options for facility language
Examples	

Type_of_Licensure	
Technical Specifications	
Definition	The type of license acquired by individual provider from the appropriate licensing body to legally practice in the state of CA (or other licensing state for out of state providers)
Applicable to	Individual Providers (Provider_Types = "P","D","OI", "PE")
Max Length	5
Format / Type	Char / Coded Text
Acceptable Values	Covered California supplies a crosswalk of licensure codes mapped with provider type and taxonomy in the Covered California Data Dictionary. Type of Licensure should be mapped to license and be appropriate for listed specialty.
Structural Validation	1. If Provider Type = D, Covered California will only assess structural validation for dentists with a DMD and DDS license. Dentists with other types of licensures will be filtered out prior to the structural validation process and therefore will not be displayed online.
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Critical to identification of individual providers and determining active status, restrictions on practice and other critical information pertaining to individual providers 2. If Provider Type = D, Covered California will only assess structural validation for dentists with a DMD and DDS license. Dentists with other types of licensures will be filtered out prior to the structural validation process and therefore will not be displayed online. 3. Not displayed or searchable online
Authority Sources	1. Medical Board of California. Medical Board license info can be found at http://www.mbc.ca.gov/ 2. Osteopathic Medical Board of California. Osteopathic Medical Board license info can be found at http://www.ombc.ca.gov/ 3. Other provider types will be verified against their respective licensing board information. General information on licensing boards in California can be found at the Department of Consumer Affairs' website at http://www.dca.ca.gov
Data Consistency & Accuracy Validation	1. Type of licensure is validated against the license, taxonomy and provider type for the same record 2. Covered California provides a crosswalk to all the above fields in the Covered California Data Dictionary
QHP FAQs	• An entry must be made for every individual provider practicing in a licensed service category • Not all provider types will have licensure types (certain providers may be certified but not licensed)
Examples	Dr. Smith is a physician and he is licensed as an MD Jane Doe is a licensed vocational nurse and is licensed as an LVN

Location_Address	
Technical Specifications	
Definition	- The physical address of the individual or facility provider's location where services are rendered - The first line address of individual providers practice location where services are rendered
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	35
Format / Type	Char / Text
Acceptable Values	"U" and "X" are not acceptable values - Special characters are allowed except <u>pipe delimiters</u> - Should reflect an actual location where service is rendered, <u>not a billing or mailing address</u> - Should <u>not</u> contain secondary address identifiers such as room, suite, office, building etc.
Structural Validation	Subject to structural validation
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Critical to online directory search functionality. Providers are searchable by ZIP code. User can define search radius - Visible to consumers online
Authority Sources	- Every location where Covered California enrollee can access care through their plan. This includes all practice addresses for individual providers that are <u>contracted</u> by the issuer for the plan. - All addresses will be standardized to USPS standards using USPS approved software for online display
Data Consistency & Accuracy Validation	- Valid Address Status: All addresses will be assessed for inactive status and discrepancies will be flagged in the Detail Discrepancy File. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Non-Postal Secondary Range: If the Address field is populated with "Mailboxes ETC", it will be flagged in the Detail Discrepancy File. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - P.O. Box: Address: If the Address field is populated with a P.O. Box, it will be flagged in the Detail Discrepancy File. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File - Undeliverable address - Multiple locations for same provider in non-adjacent regions/counties - Primary address has a secondary identifier such as office no. suite no. etc.
QHP FAQs	- Panel status and Network affiliation for individual providers can vary for the same provider by location - Providers operating primarily in hospital settings and who do not have a separate address should have the hospital locations listed as their location address.
Examples	

Location_Address_2

Technical Specifications

Definition	The second line address of individual or facility providers practice location where services are rendered
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI","PE","H","C","OF")
Max Length	10
Format / Type	Char / Text
Acceptable Values	1. "U" and "X" are acceptable values 2. Blank is acceptable if there is not a second line address for the record 3. Special characters are allowed except <u>Pipe Delimiters</u> 4. Should reflect an actual location where service is rendered not a billing or mailing address 5. Should not contain the main street address of the provider location
Structural Validation	N/A

Business Context / Specifications

Relevance to Multi-Plan Directory	Not visible to consumers or searchable online.
Authority Sources	All addresses will be standardized to USPS standards using USPS approved software for online display.
Data Consistency & Accuracy Validation	1. Valid Address Status: All addresses will be assessed for inactive status and discrepancies will be flagged in the Detail Discrepancy File. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File 2. Non-Postal Secondary Range: If the Address field is populated with "Mailboxes ETC", it will be flagged in the Detail Discrepancy File. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File 3. P.O. Box: Address: If the Address field is populated with a P.O. Box, it will be flagged in the Detail Discrepancy File. Please refer to the Covered California Data Cleansing Review User Guide for more details on how to locate this discrepancy in the Detail Discrepancy File 4. Undeliverable address 5. Multiple locations in non-adjacent regions/counties 6. Primary address has a secondary identifier such as office no. suite no. etc.
QHP Notes	
Examples	

Location_Zip_Code	
Technical Specifications	
Definition	The 5-digit ZIP code of individual or facility providers practice location where services are rendered
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	5
Format / Type	Num / Numeric string
Acceptable Values	"U" and "X" are not acceptable values - Should reflect an actual location where service is rendered not a billing or mailing address
Structural Validation	Subject to structural validation
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Critical to online directory search functionality. User can define search radius based on ZIP codes. - Visible to consumers online
Authority Source	All addresses will be standardized to USPS standards using USPS approved software for online display
Consistency and Accuracy Validation	Valid Address Status: All addresses will be assessed for inactive status and discrepancies will be flagged
QHP FAQs	
Examples	

Location_City	
Technical Specifications	
Definition	The city for the address of individual or facility providers practice location where services are rendered
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	25
Format / Type	Num / Text
Acceptable Values	"U" and "X" are not acceptable values - Should reflect an actual location where service is rendered not a billing or mailing address
Structural Validation	Subject to structural validation
Business Context / Specifications	
Relevance to Multi-Plan Directory	Visible to consumers online
Authority Sources	All addresses will be standardized to USPS standards using USPS approved software for online display
Data Consistency & Accuracy Validation	Valid Address Status: All addresses will be assessed for inactive status and discrepancies will be flagged
QHP Notes	
Examples	

Location_County	
Technical Specifications	
Definition	The County of the individual providers practice location where services are rendered
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	25
Format / Type	Char / Text
Acceptable Values	"U" and "X" are not acceptable values - Should reflect an actual location where service is rendered not a billing or mailing address
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Sources	All addresses will be standardized to USPS standards using USPS approved software for online display
Data Consistency & Accuracy Validation	Valid Address Status: All addresses will be assessed for inactive status and discrepancies will be flagged
QHP Notes	
Examples	

Location_Region	
Technical Specifications	
Definition	The Covered California rating region of the providers practice location where services are rendered
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	2
Format / Type	Num / Coded Text
Acceptable Values	"U" and "X" are not acceptable values - Should reflect an actual location where service is rendered not a billing or mailing address - Blank is acceptable only for providers located outside of California
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	All addresses will be standardized to USPS standards using USPS approved software for online display.
Consistency and Accuracy Validation	Valid Address Status: All addresses will be assessed for inactive status and discrepancies will be flagged
QHP FAQs	
Examples	

Location_State	
Technical Specifications	
Definition	The state of the individual providers practice location where services are rendered
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	2
Format / Type	Char / Coded Text
Acceptable Values	Should be 2 letter standard state code
Structural Validation	Subject to structural validations
Business Context / Specifications	
Relevance to Multi-Plan Directory	Visible to consumers online
Authority Source	All addresses will be standardized to USPS standards using USPS approved software for online display
Consistency and Accuracy Validation	Valid Address Status: All addresses will be assessed for inactive status and discrepancies will be flagged
QHP FAQs	
Examples	CA is the 2-letter standard code for California, NV for Nevada, AZ for Arizona, OR for Oregon

Location_Phone	
Technical Specifications	
Definition	The phone number of the individual providers practice location where services are rendered
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	12
Format / Type	Char / Text
Acceptable Values	1. Should reflect telephone no. of a location where service is rendered and not a billing or mailing address 2. Should be specific to location where applicable 3. Should be 10-digit number with 3-digit area code and separated area code and first 3 digits with a "-" (e.g. 123-456-7890) 4. Should be a valid number. Entries such as "000000000" or "111-111-1111" etc. are not acceptable
Structural Validation	Not subject to structural validation
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Not visible to consumers or searchable online
Authority Source	QHP
Consistency and Accuracy Validation	
QHP FAQs	
Examples	123-123-1234

Provider_Clinic_Name	
Technical Specifications	
Definition	The name of the clinic where the individual provider renders service
Applicable to	Individual Providers (“P”, “D”, “OI”, “PE”)
Max Length	50
Format / Type	Char / Text
Acceptable Values	1. An entry must be made for every individual provider working in a clinic setting i.e. an FQHC or other type of clinic. This is used to attribute providers to ECP and other clinics. 2. Should reflect name of an actual location where service is rendered and not a billing or mailing address 3. Should refer to actual independent location and not general name of clinic operator
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	QHP
Consistency and Accuracy Validation	
QHP FAQs	This field can be used for the name of the office or private practice if the provider does not provide service in a clinic such as those listed on the ECP list.
Examples	• Ampla Health Arbuckle Medical & Dental

Provider_Clinic_ID	
Technical Specifications	
Definition	The NPI or Covered California ID of the clinic where the individual provider renders service
Applicable to	Individual Providers (“P”, “D”, “OI”, “PE”)
Max Length	16
Format / Type	Char / Unique ID
Acceptable Values	1. Should reflect an actual location where service is rendered and not a billing or mailing address 2. Should refer to actual independent location and not general name of clinic operator 3. Covered California ID should be used if clinic is an ECP, otherwise NPI is acceptable
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	
Consistency and Accuracy Validation	Covered California ECP Reference list or NPPES
QHP FAQs	
Examples	

Primary_Specialty	
Technical Specifications	
Definition	- The primary specialty for which the individual provider or facility is certified or contracted to provide services - For individual providers, this should reflect their highest level/most recent certification unless it is explicitly known that the provider practices primarily in the base or other specialty
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	10
Format / Type	Char / Coded Text
Acceptable Values	Should be a 10-character Taxonomy Code as per the NUCC Taxonomy Code Set
Structural Validation	- Subject to structural validation for Provider Types P, D and H - The code should 10-characters with the first 3 characters being numeric, next 6 being alpha and/or numeric and last character = X. Field length = 10.
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Visible to consumers. - Will display up to 2 primary specialties per provider per location based on the input data across all Issuers. - Covered California will not display certain hospital-based providers in the online directory. Covered California will exclude records where the primary specialty of the provider is one of these 5 classifications: hospitalist, emergency medicine, anesthesiology, pathology, and radiology. A list of hospital-based providers and associated taxonomy codes that will be excluded from the online display is posted to the Provider Directory Resources folder on the Extranet.
Authority Source	NUCC Taxonomy Code Set. Covered California provides a version of this code set cross-walked to Provider Type, Type of Licensure and Type of Service in the Covered California Data Dictionary available in the Provider Directory Resources folder on the Extranet.
Consistency and Accuracy Validation	- Anything other than a taxonomy code will not be accepted. Any other descriptions or specialty codes will be rejected - For Provider Type = P, the first two characters of the NUCC taxonomy code should be 20. - For Provider Type = D, the first two characters of the NUCC taxonomy code should be 12. - For Provider Type = H, the first two characters of the NUCC taxonomy code should be 28.
QHP FAQs	
Examples	Dr. Jones is a Neonatologist. He is also a Pediatrician. He should be listed as a Neonatologist for his primary specialty unless it is known that he practices as a pediatrician for the most part.

Secondary_Specialty	
Technical Specifications	
Definition	The secondary specialty for which the individual provider or facility is certified or contracted to provide services
Applicable to	Individual and Facility Providers (Provider_Types = "P","D","OI", "PE", "H","C","OF")
Max Length	10
Format / Type	Char / Coded Text
Acceptable Values	Should be a 10-character Taxonomy Code as per the NUCC Taxonomy Code Set
Structural Validation	Not subject to structural validation
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online; only primary specialty is displayed to consumers.
Authority Source	NUCC Taxonomy Code Set. Covered California provides a version of this code set cross-walked to Provider Type, Type of Licensure and Type of Service in the Covered California Data Dictionary available at http://hbex.coveredca.com/stakeholders/plan-management/
Consistency and Accuracy Validation	
QHP FAQs	
Examples	Dr. Jones is a Neonatologist. He is also a Pediatrician. He should be listed as a Neonatologist for his primary specialty unless it is known that he practices as a pediatrician for the most part.

Board Certified	
Technical Specifications	
Definition	The board status indicates the level of education/training completed towards a recognized medical specialty certificate
Applicable to	Individual Providers (“P”, “D”, “OI”, “PE”)
Max Length	1
Format / Type	Char
Acceptable Values	- Board certified physicians: Code = Y, Physicians who have passed all the requirements for the certificate. This includes grandfathered individuals - Board eligible physicians: Code = E, Physicians who have met all the educational requirements for a certificate program, completed their accredited residency program but have yet to take the Boards. Physicians who have not received the results of their board exams or physicians who do not plan on taking the boards after completing their accredited residency program - Non-board-certified physicians: Code = N, Physicians who did not complete a residency program or who did not take the boards within a certain time frame and are no longer board eligible “X” is the acceptable value for non-physician individual providers
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	N/A
Consistency and Accuracy Validation	
QHP FAQs	
Examples	

Medical_Group_IPA_1	
Technical Specifications	
Definition	The 1st medical group or IPA that the individual provider is affiliated with or a member of
Applicable to	Individual Providers (Provider_Type= "P","D","PE","OI"))
Max Length	50
Format / Type	Char / Text
Acceptable Values	1. "X" is an acceptable value for providers with no group affiliation 2. "U" is an acceptable value if affiliation unknown
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not currently searchable or displayed online. May be added to future iterations of online search tool
Authority Source	QHP
Consistency and Accuracy Validation	No current validation. Covered California is currently working with other parties to develop a standard list of medical groups.
QHP FAQs	
Examples	

Medical_Group_IPA_2	
Technical Specifications	
Definition	The 2 nd medical group or IPA that the individual provider is affiliated with/a member of
Applicable to	Individual Providers (Provider_Type= "P","D","PE","OI"))
Max Length	50
Format / Type	Char / Text
Acceptable Values	1. "X" is an acceptable value for providers with no group affiliation 2. "U" is an acceptable value if affiliation unknown
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not currently searchable or displayed online. May be added to future iterations of online search tool
Authority Source	QHP
Consistency and Accuracy Validation	No current validation. Covered California is currently working with other parties to develop a standard list of medical groups
QHP FAQs	
Examples	

Medical_Group_IPA_3	
Technical Specifications	
Definition	The 3 rd medical group or IPA that the individual provider is affiliated with/a member of
Applicable to	Individual Providers (Provider_Type= "P","D","PE","OI"))
Max Length	50
Format / Type	Char / Text
Acceptable Values	1. "X" is an acceptable value for providers with no group affiliation 2. "U" is an acceptable value if affiliation unknown
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online. May be added to future iterations of online search tool.
Authority Source	QHP
Consistency and Accuracy Validation	No current validation. Covered California is currently working with other parties to develop a standard list of medical groups.
QHP FAQs	
Examples	

Medical_Group_IPA_4	
Technical Specifications	
Definition	The 4 th medical group or IPA that the individual provider is affiliated with/a member of
Applicable to	Individual Providers (Provider_Type= "P","D","PE","OI"))
Max Length	50
Format / Type	Char / Text
Acceptable Values	1. "X" is an acceptable value for providers with no group affiliation 2. "U" is an acceptable value if affiliation unknown
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online. May be added to future iterations of online search tool.
Authority Source	QHP
Consistency and Accuracy Validation	No current validation. Covered California is currently working with other parties to develop a standard list of medical groups.
QHP FAQs	
Examples	

Contract_Type	
Technical Specifications	
Definition	The type of contract between the individual provider and the issuer. Direct vs delegated through a group
Applicable to	Individual and Facility Providers (Provider_Type = "P","D","OI", "PE", "H","C","OF")
Max Length	2
Format / Type	Char
Acceptable Values	1. "DC"= Direct Contract and "GC"=Group Contract 2. "X" and "U" are not acceptable values
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	QHP - this is dependent on the contractual arrangement between the provider and the QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	1. Direct contract denotes that the provider is contracted directly with the issuer to provide services to the issuer's members 2. Delegated denotes that the provider is available to the issuers members through the issuers contracting with a group
Examples	

Hospital_1	
Technical Specifications	
Definition	Name of the first hospital the provider has an affiliation with or has admitting privileges to
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	100
Format / Type	Char / Text
Acceptable Values	- The Department of Health Care Access and Information (hcai.ca.gov) has worked with Covered California to develop a standard naming convention suitable for online display based on the California Department of Public Health (www.cdph.ca.gov) licensed name for each facility. This can be found in the reference list of facility providers with HCAI IDs in the Covered California Data Dictionary "X" is an acceptable value for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank "X" is also an acceptable value if corresponding hospital affiliation fields are also "X"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	- QHP: Hospital affiliation is dependent on the contractual arrangement between the provider and the QHP - The Department of Health Care Access and Information (hcai.ca.gov) has worked with Covered California to develop a standard naming convention suitable for online display based on the California Department of Public Health (www.cdph.ca.gov) license for each facility. This can be found in the reference list of facility providers with HCAI IDs in the Covered California Data Dictionary. Covered California will standardize all facility names using this reference
Consistency and Accuracy Validation	- Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access - In-Network availability: the hospital recorded in this field must be an in-network hospital reported as a contracted facility - HCAI ID must be a valid 10-digit ID issued by the Office of Statewide Health Planning and Development - Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
QHP FAQs	
Examples	

Hospital_2	
Technical Specifications	
Definition	Name of the second hospital the provider has an affiliation with or has admitting privileges to
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	100
Format / Type	Char / Text
Acceptable Values	- The Department of Health Care Access and Information (hcai.ca.gov) has worked with Covered California to develop a standard naming convention suitable for online display based on the California Department of Public Health (www.cdph.ca.gov) licensed name for each facility. This can be found in the reference list of facility providers with HCAI IDs in the Covered California Data Dictionary "X" is an acceptable value for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank "X" is also an acceptable value if corresponding hospital affiliation fields are also "X"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	- QHP: Hospital affiliation is dependent on the contractual arrangement between the provider and the QHP - The Department of Health Care Access and Information (hcai.ca.gov) has worked with Covered California to develop a standard naming convention suitable for online display based on the California Department of Public Health (www.cdph.ca.gov) license for each facility. This can be found in the reference list of facility providers with HCAI IDs in the Covered California Data Dictionary. Covered California will standardize all facility names using this reference
Consistency and Accuracy Validation	- Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access - In-Network availability: the hospital recorded in this field must be an in-network hospital reported as a contracted facility - HCAI ID must be a valid 10-digit ID issued by the Office of Statewide Health Planning and Development - Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
QHP FAQs	
Examples	

Hospital_3	
Technical Specifications	
Definition	Name of the third hospital the provider has an affiliation with or has admitting privileges to
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	100
Format / Type	Char / Text
Acceptable Values	- The Department of Health Care Access and Information (hcai.ca.gov) has worked with Covered California to develop a standard naming convention suitable for online display based on the California Department of Public Health (www.cdph.ca.gov) licensed name for each facility. This can be found in the reference list of facility providers with HCAI IDs in the Covered California Data Dictionary "X" is an acceptable value for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank "X" is also an acceptable value if corresponding hospital affiliation fields are also "X"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	- QHP: Hospital affiliation is dependent on the contractual arrangement between the provider and the QHP - The Department of Health Care Access and Information (www.HCAI.ca.gov) has worked with Covered California to develop a standard naming convention suitable for online display based on the California Department of Public Health (www.cdph.ca.gov) license for each facility. This can be found in the reference list of facility providers with HCAI IDs in the Covered California Data Dictionary. Covered California will standardize all facility names using this reference
Consistency and Accuracy Validation	- Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access - In-Network availability: the hospital recorded in this field must be an in-network hospital reported as a contracted facility - HCAI ID must be a valid 10-digit ID issued by the Office of Statewide Health Planning and Development - Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
QHP FAQs	
Examples	

Hospital_4	
Technical Specifications	
Definition	Name of the fourth hospital the provider has an affiliation with or has admitting privileges to
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	100
Format / Type	Char / Text
Acceptable Values	- The Department of Health Care Access and Information (hcai.ca.gov) has worked with Covered California to develop a standard naming convention suitable for online display based on the California Department of Public Health (www.cdph.ca.gov) licensed name for each facility. This can be found in the reference list of facility providers with HCAI IDs in the Covered California Data Dictionary "X" is an acceptable value for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank "X" is also an acceptable value if corresponding hospital affiliation fields are also "X"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	- QHP: Hospital affiliation is dependent on the contractual arrangement between the provider and the QHP - The Department of Health Care Access and Information (hcai.ca.gov) has worked with Covered California to develop a standard naming convention suitable for online display based on the California Department of Public Health (www.cdph.ca.gov) license for each facility. This can be found in the reference list of facility providers with HCAI IDs in the Covered California Data Dictionary. Covered California will standardize all facility names using this reference
Consistency and Accuracy Validation	- Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access - In-Network availability: the hospital recorded in this field must be an in-network hospital reported as a contracted facility - HCAI ID must be a valid 10-digit ID issued by the Office of Statewide Health Planning and Development - Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
QHP FAQs	
Examples	

Hospital_1_HCAI_ID	
Technical Specifications	
Definition	The HCAI ID of the first Hospital (Hospital_1) the physician is affiliated with or has admitting privileges to.
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	9
Format / Type	Num / Unique ID
Acceptable Values	1. If provider type ="P" and Hospital_1 is populated, this field must be populated with a valid and corresponding HCAI ID 2. "X" is an acceptable value for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank 3. "X" is also an acceptable value if corresponding hospital affiliation fields are also "X"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	1. QHP. Hospital affiliation is dependent on the contractual arrangement between the provider and the QHP 2. HCAI IDs are issued and maintained by the Department of Health Care Access and Information hcai.ca.gov 3. Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
Consistency and Accuracy Validation	1. Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access 2. In-Network availability: the hospital recorded in this field must be an in-network hospital reported as a contracted facility 3. HCAI ID must be a valid 10-digit ID issued by the Office of Statewide Health Planning and Development 4. Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
QHP FAQs	
Examples	

Hospital_2_HCAI_ID	
Technical Specifications	
Definition	The HCAI ID of the second Hospital (Hospital_2) the physician is affiliated with or has admitting privileges to.
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	9
Format / Type	Num / Unique ID
Acceptable Values	1. If provider type ="P" and Hospital_2 is populated, this field must be populated with a valid and corresponding HCAI ID 2. "X" is an acceptable value for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank 3. "X" is also an acceptable value if corresponding hospital affiliation fields are also "X"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	1. QHP. Hospital affiliation is dependent on the contractual arrangement between the provider and the QHP 2. HCAI IDs are issued and maintained by the Department of Health Care Access and Information hcai.ca.gov 3. Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
Consistency and Accuracy Validation	1. Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access 2. In-Network availability: the hospital recorded in this field must be an in-network hospital reported as a contracted facility 3. HCAI ID must be a valid 10-digit ID issued by the Office of Statewide Health Planning and Development 4. Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
QHP FAQs	
Examples	

Hospital_3_HCAI_ID	
Technical Specifications	
Definition	The HCAI ID of the third Hospital (Hospital_3) the physician is affiliated with or has admitting privileges to.
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	9
Format / Type	Num / Unique ID
Acceptable Values	1. If provider type ="P" and Hospital_3 is populated, this field must be populated with a valid and corresponding HCAI 2. "X" is an acceptable value for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank 3. "X" is also an acceptable value if corresponding hospital affiliation fields are also "X"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	1. QHP. Hospital affiliation is dependent on the contractual arrangement between the provider and the QHP 2. HCAI IDs are issued and maintained by the Department of Health Care Access and Information hcai.ca.gov 3. Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
Consistency and Accuracy Validation	1. Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access 2. In-Network availability: the hospital recorded in this field must be an in-network hospital reported as a contracted facility 3. HCAI ID must be a valid 10-digit ID issued by the Office of Statewide Health Planning and Development 4. Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
QHP FAQs	
Examples	

Hospital_4_HCAI_ID	
Technical Specifications	
Definition	The HCAI ID of the fourth Hospital (Hospital_4) the physician is affiliated with or has admitting privileges to.
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	9
Format / Type	Num / Unique ID
Acceptable Values	1. If provider type ="P" and Hospital_4 is populated, this field must be populated with a valid and corresponding HCAI 2. "X" is an acceptable value for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank 3. "X" is also an acceptable value if corresponding hospital affiliation fields are also "X"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	1. QHP. Hospital affiliation is dependent on the contractual arrangement between the provider and the QHP 2. HCAI IDs are issued and maintained by the Department of Health Care Access and Information hcai.ca.gov 3. Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
Consistency and Accuracy Validation	1. Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access 2. In-Network availability: the hospital recorded in this field must be an in-network hospital reported as a contracted facility 3. HCAI ID must be a valid 10-digit ID issued by the Office of Statewide Health Planning and Development 4. Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary
QHP FAQs	
Examples	

Hospitalist_(Hosp_1)	
Technical Specifications	
Definition	Flag that indicates if a provider requires a hospitalist to admit to his/her first affiliated hospital. Must be reported for every physician with a corresponding hospital affiliation
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	1
Format / Type	Char / Boolean
Acceptable Values	1. "Y" is acceptable if Physician admits to hospital via a hospitalist. "N"= Physician does not admit to hospital via a hospitalist. "X" is also acceptable if corresponding hospital affiliation fields are also "X" 2. "X" is acceptable for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	QHP
Consistency and Accuracy Validation	Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access
QHP FAQs	
Examples	

Hospitalist_(Hosp_2)	
Technical Specifications	
Definition	Flag that indicates if a provider requires a hospitalist to admit to his/her second affiliated hospital. Must be reported for every physician with a corresponding hospital affiliation
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	1
Format / Type	Char / Boolean
Acceptable Values	1. "Y" is acceptable if Physician admits to hospital via a hospitalist. "N"= Physician does not admit to hospital via a hospitalist "X" is also acceptable if corresponding hospital affiliation fields are also "X" 2. "X" is acceptable for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	QHP
Consistency and Accuracy Validation	Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access
QHP FAQs	
Examples	

Hospitalist_(Hosp_3)	
Technical Specifications	
Definition	Flag that indicates if a provider requires a hospitalist to admit to his/her third affiliated hospital. Must be reported for every physician with a corresponding hospital affiliation
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	1
Format / Type	Char / Boolean
1. Acceptable Values	1. "Y" is acceptable if Physician admits to hospital via a hospitalist. "N"= Physician does not admit to hospital via a hospitalist "X" is also acceptable if corresponding hospital affiliation fields are also "X" 2. "X" is acceptable for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	QHP
Consistency and Accuracy Validation	Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access
QHP FAQs	
Examples	

Hospitalist_(Hosp_4)	
Technical Specifications	
Definition	Flag that indicates if a provider requires a hospitalist to admit to his/her fourth affiliated hospital. Must be reported for every physician with a corresponding hospital affiliation
Applicable to	Some Individual Providers (Provider_Type= "P")
Max Length	1
Format / Type	Char / Boolean
Acceptable Values	1. "Y" is acceptable if Physician admits to hospital via a hospitalist. "N"= Physician does not admit to hospital via a hospitalist "X" is also acceptable if corresponding hospital affiliation fields are also "X" 2. "X" is acceptable for provider types "D", "OI", "PE". Provider types "H", "C", "OF" may be left blank
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	QHP
Consistency and Accuracy Validation	Hospital Affiliation: Network hospitals and Physicians will be analyzed across the network to assess access
QHP FAQs	
Examples	

NPI_Sup_PCP	
Technical Specifications	
Definition	The National Provider Identifier (NPI) of a PCP extender's supervising primary care physician
Applicable to	Some Individual Providers (Provider_Type= "PE")
Max Length	10
Format / Type	Num / Unique ID
Acceptable Values	10 digit NPI number "X" is an acceptable value for provider types "P", "D", "OI" - Provider types "H", "C", "OF" may be left blank
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online. PCP Extenders may be added to directory as part of a PCP selection functionality in future iterations of GI interface
Authority Source	- The National Provider Identifier (NPI) is a unique identification number for covered health care providers. The Federal Government mandated the use of only NPI for electronic healthcare transactions - The NPI number is issued under the direction of the Centers for Medicare & Medicaid Services (CMS)

NPI_Sup_PCP	
Consistency and Accuracy Validation	1. NPI checksum validation: the 10th digit on the NPI number is a checksum. Each NPI will be assessed for validity via this checksum. Invalid NPIs will be flagged in the Detail Discrepancy Report and a correction will be supplied if available. Please refer to the Covered California User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File 2. NPI type mismatch: NPI numbers are categorized into Type 1 for individuals and Type 2 for organizations. NPI numbers are assessed for category match. Mismatched NPIs will be flagged in the detail error report and a correction will be supplied if available. Please refer to the Covered California User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File 3. NPI active/deactivated status: NPI numbers are checked against the authority source. Deactivated NPIs are flagged in the detail error report and a correction will be supplied if available. Please refer to the Covered California User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File 4. NPI on NPPES. NPI numbers not verified on the NPPES authority source will be flagged in the detail error report and a correction will be supplied if available. Please refer to the Covered California User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File 5. NPI checked for bad format 6. Multiple NPIs associated with same CA License for individual providers: both should be unique to each individual provider 7. One NPI associated with multiple CA Licenses: NPI has a one to many relationship with multiple CA Licenses for individual providers NPI registry name mismatch
QHP FAQs	PCP selection may be added to CalHEERS in future iterations. This NPI must reflect the supervising physician and not a clinic or group_IPA
Examples	

Sup_PCP_Specialty	
Technical Specifications	
Definition	The National Provider Identifier (NPI) of a PCP extenders supervising primary care physician
Applicable to	Some Individual Providers (Provider_Type= "PE")
Max Length	10
Format / Type	Char / Coded Text
Acceptable Values	10 digit NPI number "X" is an acceptable value for provider types "P", "D", "OI", "H", "C", "OF"
Structural Validation	N/A

Sup_PCP_Specialty	
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Not visible to consumers or searchable online 2. PCP Extenders may be added to directory as part of a PCP selection functionality in future iterations of GI interface
Authority Source	1. The National Provider Identifier (NPI) is a unique identification number for covered health care providers 2. The Federal Government mandated the use of only NPI for electronic healthcare transactions 3. The NPI number is issued under the direction of the Centers for Medicare & Medicaid Services (CMS).
Consistency and Accuracy Validation	1. NPI checksum validation: the 10th digit on the NPI number is a checksum. Each NPI will be assessed for validity via this checksum. Invalid NPIs will be flagged in the detail error report and a correction will be supplied if available. Please refer to the Covered California User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File 2. NPI type mismatch: NPI numbers are categorized into Type 1 for individuals and Type 2 for organizations. NPI numbers are assessed for category match. Mismatched NPIs will be flagged in the detail error report and a correction will be supplied if available. Please refer to the Covered California User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File 3. NPI active/deactivated status: NPI numbers are checked against the authority source. Deactivated NPIs are flagged in the detail error report and a correction will be supplied if available. Please refer to the User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File 4. NPI on NPPES. NPI numbers not verified on the NPPES authority source will be flagged in the detail error report and a correction will be supplied if available. Please refer to the Covered California User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File 5. NPI checked for bad format 6. Multiple NPIs associated with same CA License for individual providers: both should be unique to each individual provider 7. One NPI associated with multiple CA Licenses: NPI has a one to many relationship with multiple CA Licenses for individual providers 8. NPI registry name mismatch
QHP FAQs	• PCP selection may be added to CalHEERS in future iterations. • This NPI must reflect the supervising physician and not a clinic or group_IPA
Examples	

DEA	
Technical Specifications	
Definition	- A number assigned to a health care provider by the U.S. Drug Enforcement Administration allowing them to write prescriptions for controlled substances - Legally, the DEA number is solely to be used for tracking controlled substances. It is often used by the industry, however, as a general "prescriber number" that is a unique identifier for anyone who can prescribe medication
Applicable to	Some Individual Providers (Provider_Type= P,D, PE,OI)
Max Length	9
Format / Type	Char
Acceptable Values	9 character DEA number "X" is an acceptable value for provider types "D","OI","PE" P - Provider Types "H","C","OF" may be left blank
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Critical to identification of individual providers - Not visible to consumers or searchable online
Authority Source	U.S. Drug Enforcement Administration, Diversion Control Division (https://www.deadiversion.usdoj.gov/drugreg/process.htm)
Consistency and Accuracy Validation	- DEA checksum will be assessed for validity - Provider types will be assessed for DEA number assignment
QHP FAQs	- A valid DEA number consists of 2 letters, 6 numbers, and 1 check digit. The first letter is a code identifying the type of registrant. The second letter is the first letter of the registrant's last name - Registrant type (first letter of DEA Number): - A/B/F/G - Hospital/Clinic/Practitioner/Teaching Institution/Pharmacy - M - Mid-Level Practitioner (APN/CNP/PA/OD/ET, etc.) - P/R - Manufacturer/Distributor/Researcher/Analytical Lab/Importer/Exporter/Reverse Distributor/Narcotic Treatment Program
Examples	

Facility_Name	
Technical Specifications	
Definition	Name of facility contracted by issuer
Applicable to	Facility Providers (Provider_Type= "H","C","OF")
Max Length	100
Format / Type	Char
Acceptable Values	1. "U" and "X" are not acceptable values for provider types "H", "C" "OF" 2. Must be full name and not initials 3. Field may be left blank for provider types "P", "D", "PE" and "OI"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Critical to identification of individual providers 2. Critical for members to identify and search for preferred providers 3. Visible to consumers and searchable online.
Authority Source	• The Department of Health Care Access and Information (hcai.ca.gov) has worked with Covered California to develop a standard naming convention suitable for online display based on the California Department of Public Health (www.cdph.ca.gov) license for each facility. This can be found in the reference list of facility providers with HCAI IDs in the Covered California Data Dictionary • Covered California will standardize all facility names using this reference
Consistency and Accuracy Validation	1. Name-Identifier Mismatch: Facility name will be assessed for mismatch with NPI, HCAI, License and any other identifiers submitted as part of the record 2. Name will be standardized to Covered California reference list of facility providers in the Covered California Data Dictionary
QHP FAQs	Should be name of actual location in case of satellite sites and not the name of the system or operator
Examples	

Facility_System	
Technical Specifications	
Definition	The name of the health system/hospital system/corporation the facility is affiliated with or owned/operated by.
Applicable to	Facility Providers (Provider_Type= "H","C","OF")
Max Length	100
Format / Type	Char

Facility_System	
Acceptable Values	“U” and “X” are acceptable values for provider types “H”, “C” “OF” - Must be full name and not initials - Field may be left blank for provider types “P”, “D”, “PE” and “OI”
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Critical to identification of facility providers - Not visible to consumers or searchable online
Authority Source	- The Department of Health Care Access and Information (hcai.ca.gov) has worked with Covered California to develop a standard naming convention suitable for online display based on the California Department of Public Health (www.cdph.ca.gov) license for each facility. This can be found in the reference list of facility providers with HCAI IDs in the Covered California Data Dictionary - Covered California will standardize all facility names using this reference
Consistency and Accuracy Validation	N/A
QHP FAQs	Many hospitals and clinics are stand-alone facilities, not affiliated with a system or group
Examples	UC Davis Medical Center is part of the UC Health System

HCAI_ID	
Technical Specifications	
Definition	A unique identifier assigned to facility locations by the Office of Statewide Health Planning and Development (hcai.ca.gov)
Applicable to	Some Facility Providers (Provider_Type= “H”, “C”, “OF”)
Max Length	9
Format / Type	Num
Acceptable Values	- HCAI ID must be a valid 9-digit ID issued by the Office of Statewide Health Planning and Development. Covered California provides a reference list of facility providers with HCAI IDs in the Covered California Data Dictionary “U” and “X” are not acceptable values for provider type “H” “X” is an acceptable value for provider type “C”, “OF” if there is no HCAI ID in the Covered California Facility Reference List available as part of the Covered California Data Dictionary - Provider Types “P”, “D”, “OI”, “PE” may be left blank

HCAI_ID	
Structural Validation	1. Subject to structural validation. 2. "U" and "X" are not acceptable values for provider type "H" 3. Records with provider type "H" without a correct and valid HCAI ID may be disregarded 4. Provider Types "P","D","OI","PE" may be left blank
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Critical for identification and accurate attribution of facilities to network products 2. Critical for matching to correct standardized name for facility 3. Not visible to consumers or searchable online
Authority Source	• HCAI IDs are issued and maintained by the Department of Health Care Access and Information hcai.ca.gov • Covered California provides a reference list of facility providers with HCAI IDs
Consistency and Accuracy Validation	1. Hospital Affiliation: Hospitals populated in the hospital affiliation fields for physician records will be compared to records of provider type "H" to ensure all affiliated hospitals are contracted and in-network for the product 2. HCAI IDs Validity: HCAI IDs will be assessed against the supplied Covered California Facility Reference List available as part of the Covered California Data Dictionary 3. "U" and "X" are not acceptable values for provider types "C","OF", unless no HCAI ID has been provided in the Covered California Facility Reference List. If a facility does not have an HCAI ID on the reference list, "X" is an acceptable value.
QHP FAQs	N/A
Examples	

Type_of_Service	
Technical Specifications	
Definition	Code that indicates the general service category for facility provider as defined by Covered California
Applicable to	Some Facility Providers (Provider_Type= "H","C", "OF")
Max Length	5
Format / Type	Char
Acceptable Values	1. Appropriate codes can be found in the Covered California HCAI ID List available as part of the Covered California Data Dictionary. 2. "U" and "X" are not acceptable values for provider type "H" 3. "X" is an acceptable value for provider type "C", "OF" if there is no code in the Covered California Facility Reference List available as part of the Covered California Data Dictionary. 4. Provider Types "P","D","OI","PE" may be left blank

Type_of_Service	
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	Defined by Covered California and available in the Covered California Data Dictionary
Consistency and Accuracy Validation	HCAI ID - Type of Service – Taxonomy conformity: - Type of Service will be assessed against HCAI ID and taxonomy - Discrepancies will be flagged in the Detail Discrepancy File and a correction will be supplied if available. Please refer to the Covered California User Guide for Provider Data Discrepancy Review for more details on how to locate this discrepancy in the Detail Discrepancy File
QHP FAQs	N/A
Examples	

Tertiary_Care	
Technical Specifications	
Definition	Indicator for tertiary care services provided at the facility, e.g. organ transplants, advanced cancer Rx, etc.
Applicable to	Facility Providers
Max Length	1
Format / Type	Char / Boolean
Acceptable Values	“Y” is acceptable if Tertiary care provided “N” is acceptable if Tertiary care is not provided
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	
Authority Source	N/A
Consistency and Accuracy Validation	N/A
QHP FAQs	N/A
Examples	

FTIN	
Technical Specifications	
Definition	Federal Tax Identification Number of provider, facility or agency

FTIN	
Applicable to	Individual and Facility Providers (Provider_Type= "P","D","PE","OI","H","C","OF")
Max Length	9
Format / Type	Num / Unique ID
Acceptable Values	1. 9-digit number 2. Should never be Social Security Number (This field is protected from public disclosure) 3. "X" is acceptable if the only available FTIN is a personal SSN
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	
Authority Source	1. IRS 2. Provider supplied to QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	Considered PII and therefore never disclosed published and always redacted for PRA's
Examples	

Last_Update	
Technical Specifications	
Definition	Year, month and day data the provider's record was last updated or modified for record.
Applicable to	Individual and Facility Providers (Provider_Type= "P","D","PE","OI","H","C","OF")
Max Length	10
Format / Type	Char / Date
Acceptable Values	1. Must be in MM/DD/YYYY format 2. "X" and "U" are not acceptable values
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Not visible to consumers or searchable online 2. May be used to determine if QHP information is more recent than verification sources 3. May be modified in the future to reflect date of last outreach/verification to the provider
Authority Source	QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	
Examples	

Plan_Year	
Technical Specifications	
Definition	Year of availability of each provider. This indicator gains importance near the annual open enrollment period and is used to indicate if a provider is available for the current plan year only, the current and upcoming plan year or only available for the upcoming plan year.
Applicable to	Individual and Facility Providers (Provider_Type= "P","D","PE","OI","H","C","OF")
Max Length	4
Format / Type	Num
Acceptable Values	- Can be one of 3 values - CC00 for current plan year only (i.e. "2600")* 00NN for upcoming plan year only (i.e. "0027")* - CCNN for current and upcoming plan year (i.e. "2627")* - The default value is CCNN "X" and "U" are not acceptable values <i>*These are sample values; values should be updated with the February submission for the new current plan year; upcoming plan year providers must be present in data submitted in September to be in place for renewals starting in October</i>
Structural Validation	Subject to structural validation
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Not visible to consumers or searchable online but determines which providers are displayed depending on time of year and purpose of search - May impact consumer experience - The interface can separate providers based on this field and prevent providers no longer offered in the next plan year from showing up for consumers shopping during open enrollment
Authority Source	QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	Issuers should populate the field with the years that the provider is available. If the Issuer's contracts with providers are evergreen, the Issuer should use CCNN as the value.
Examples	Data element should be in a four number form that indicates the plan year for which the provider is available in the Issuer's network i.e., "2627" to signify 2026 - 2027, "2600" for 2026 only and "0027" for 2027 only

Current_Assigned_Enrollees	
Technical Specifications	
Definition	Number of enrollees assigned or matched to individual physician or facility by issuer. Must be granular to the location
Applicable to	Some Individual and Facility Providers (Provider_Type= "P","D","PE","C","OF")
Max Length	10
Format / Type	Num / Numeric String
Acceptable Values	1. Must be actual number of enrollees assigned at the location level, i.e. number of enrollees seen per location for same provider 2. Up to 10 digits 3. If unknown, the field can be left blank
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online
Authority Source	QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	
Examples	

PCP_Flag	
Technical Specifications	
Definition	Flag that indicates if provider is identified as a primary care provider/physician (PCP). A Primary Care Provider/Physician (PCP) is the main provider of care and coordinates all health care services and treatments in HMO products and may be matched to a member in PPO and EPO products. A provider's PCP status may vary by issuer or location.
Applicable to	Some Individual and Facility Providers (Provider_Type= "P","D","PE","C","OF")
Max Length	1
Format / Type	Char
Acceptable Values	1. "Y" for PCP 2. "N" Non PCP 3. "X" is an acceptable value for provider types "D", "OI","PE"
Structural Validation	N/A
Business Context / Specifications	

PCP_Flag	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online. May be added to directory as part of a PCP Selection functionality in the future.
Authority Source	QHP issuer designates PCPs when assigning or matching members
Consistency and Accuracy Validation	N/A
QHP FAQs	
Examples	

Network_ID	
Technical Specifications	
Definition	A unique identifier for each network product offered by each QHP. This important data element ties providers to specific network products by location (same provider may have different locations affiliated with different products or issuers)
Applicable to	Individual and Facility Providers (Provider_Type= "P","D","PE","OI","H","C","OF") All detail records must have a Network ID
Max Length	11
Format / Type	Char / Coded Text
Acceptable Values	- Each network ID is a compilation of: 5-digit HIOS (The Health Insurance Oversight System) number for QHP. Issued by the Center for Consumer Information and Insurance Oversight (CCIIO), a division of the Department of Health and Human Services (HHS) - The character string "CAN" 3-digit numeric sequencer greater than 0 with leading zeros e.g. "001", "002" "X" and "U" are <u>not</u> acceptable values - Please refer to Appendix I for a table of Network IDs for QHPs participating in the Exchange for PY
Structural Validation	- Subject to structural validation "U" and "X" are <u>not</u> acceptable values and will be counted as null values for the purposes of structural validation
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Critical for attribution of providers to specific products and networks at the location level - Critical for members to identify and search for preferred providers affiliated with their chosen networks
Authority Source	QHP

Network_ID	
Consistency and Accuracy Validation	1. Network IDs not included in the Network IDs Appendix I will be considered null and the associated records may be disregarded 2. Special accommodations will be made for new entrant QHPs seeking entry into the marketplace during the annual certification process. See Appendix IV
QHP FAQs	Accurate attribution of providers is imperative and records without a network identifier may be disregarded
Examples	12345CAN003

Network_Tier_ID	
Technical Specifications	
Definition	Flag to indicate if certain providers are offered via special referral with a higher cost share than regular in network providers. This would apply to in-network providers that are on a different tier or that require additional prior authorization. This is at the discretion of the QHP. As of Plan Year 2017, Covered California will no longer allow tiering of network products offered on the Exchange. This field may be repurposed in the future.
Applicable to	Individual and Facility Providers (Provider_Type= "P","D","PE","OI","H","C","OF")
Max Length	1
Format / Type	Num / Coded Text
Acceptable Values	1. "1" = Tier 1 provider 2. "2" = Tier 2 provider offered at a higher cost share than regular in-network providers 3. "X" and "U" are <u>not</u> acceptable values
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Not critical for directory functionality. Not visible to consumers or searchable online. 2. Critical to Covered California for network analysis
Authority Source	QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	N/A
Examples	

Availability	
Technical Specifications	
Definition	Flag to indicate if certain providers are offered via special referral or prior authorization with same cost share as in-network providers. This would apply to in-network providers that are on a different tier or that require additional prior authorization. This is at the discretion of the QHP and is to allow reporting of all network providers while disclosing providers that may not be as readily accessible as others in the network to Covered California.
Applicable to	Individual and Facility Providers (Provider_Type= "P","D","PE","OI","H","C","OF")
Max Length	1
Format / Type	Char / Boolean
Acceptable Values	1. "Y" = Available to Covered California members without any special referral, prior authorization or any other restriction "N" = Special authorization or referral of any kind required 2. "X" and "U" are <u>not</u> acceptable values
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	1. Not critical for directory functionality. Not visible to consumers or searchable online. 2. Critical to Covered California for network analysis
Authority Source	QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	N/A
Examples	

Visibility	
Technical Specifications	
Definition	Flag to indicate if certain providers should not be displayed on the online directory despite being part of the network. This would apply to in-network providers that are on a different tier or that require additional prior authorization. This is at the discretion of the QHP and is aimed to minimize confusion or misrepresentation of availability of providers to consumers
Applicable to	Individual and Facility Providers (Provider_Type= "P","D","PE","OI","H","C","OF")
Max Length	1
Format / Type	Char / Boolean
Acceptable Values	"Y" = Visible on online directory "N" = Not visible on online directory "X" and "U" are <u>not</u> acceptable values
Structural Validation	- Subject to structural validation - The Invalid Visibility structural validation checks ensure that an Issuer's entire file is not set to Visibility = No. An input file will only fail if the Visibility field = No for 100% of provider types P, D or H.
Business Context / Specifications	
Relevance to Multi-Plan Directory	- Critical for defining which providers should be displayed in the online directory. - Not visible to consumers or searchable online.
Authority Source	QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	N/A
Examples	

Covered_California_ID	
Technical Specifications	
Definition	Unique identifier assigned by Covered California to Essential Community Provider (ECP) hospitals and clinics as per Covered California's ECP definition and is listed on the annually updated ECP Reference List
Applicable to	Some Individual and Facility Providers (Provider_Type= "H","C","OF")
Max Length	16
Format / Type	Char / Unique ID
Acceptable Values	1. Unique 16-digit identifier can be found on the reference list for ECPs 2. "X" is an acceptable value for provider types "D", "OI","PE","P"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Critical for QHP contract compliance
Authority Source	Covered California's ECP Reference list which can be found at http://hbex.coveredca.com/stakeholders/plan-management/ecp-list/
Consistency and Accuracy Validation	Must conform with ECP_Flag and Type_of_Service
QHP FAQs	This data element is crucial for identifying ECP facilities in addition to Covered_California_ID and Type_of_Service. All three must be adequately populated for ECPs to be documented as being in-network for an issuer
Examples	

ECP_Flag	
Technical Specifications	
Definition	Flag that indicates if provider is identified as an Essential Community Provider (ECP) as per Covered California's ECP definition and is listed on the annually updated ECP Reference List
Applicable to	Some Individual and Facility Providers (Provider_Type= "P","H","C","OF")
Max Length	1
Format / Type	Char / Boolean
Acceptable Values	1. "Y" for ECP. "N" Non ECP 2. "X" is an acceptable value for provider types "D", "OI","PE"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Critical for QHP contract compliance
Authority Source	Covered California's ECP list http://hbex.coveredca.com/stakeholders/plan-management/ecp-list/
Consistency and Accuracy Validation	Must conform with Covered_California_ID and Type_of_Service
QHP FAQs	This data element is crucial for identifying ECP facilities in addition to Covered_California_ID. Must be adequately populated for ECPs to be documented as being in-network for an issuer
Examples	

Accepting_New_Patients	
Technical Specifications	
Definition	Flag that indicates if primary care provider or matched physician (PPO or EPO products) are accepting new patients for assignment or matching. Panel status may vary by location or network affiliation for the same provider.
Applicable to	Some Individual and Facility Providers (Provider_Type= "P","D","PE","C","OF")
Max Length	1
Format / Type	Char / Boolean
Acceptable Values	"Y" for accepting new patient assignments or matching. "N" for not accepting new patient assignments or matching or accepting patients in a restricted or limited manner "X" is an acceptable value for provider types "H", "OI" "U" is <u>not</u> an acceptable value for provider types "P","D","PE","C","OF"
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Not visible to consumers or searchable online. Likely to be added to provider search functionality in future iterations due to the importance of panel status to member experience.
Authority Source	QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	Panel status may vary by location or network affiliation for the same provider
Examples	

Snapshot_Date	
Technical Specifications	
Definition	Year, month and day data was last cut, extracted or captured for this submission
Applicable to	Individual and Facility Providers (Provider_Type= "P","D","PE","OI","H","C","OF")
Max Length	10
Format / Type	Char / Date
Acceptable Values	- Must be in MM/DD/YYYY format "X" and "U" are <u>not</u> acceptable values
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Critical for comparison and archiving of data over time
Authority Source	QHP
Consistency and Accuracy Validation	This date must coincide with correct snapshot date (Extract Date) defined by Covered California in the submission schedule (distributed separately)
QHP FAQs	N/A
Examples	

Issuer_Provider_ID	
Technical Specifications	
Definition	A QHPs internally assigned identifier for contracted providers
Applicable to	Individual and Facility Providers (Provider_Type= "P","D","PE","OI","H","C","OF")
Max Length	35
Format / Type	Char / Unique ID
Acceptable Values	- Any alphanumeric identifier under 35 characters in length - Special characters other than pipe delimiters are acceptable "X" is an acceptable value in its absence.
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Critical for provider matching and attribution
Authority Source	QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	
Examples	

Issuer_PCP_ID	
Technical Specifications	
Definition	A QHPs internally assigned identifier for primary care providers
Applicable to	Some Individual and Facility Providers (Provider_Type= "P","D","PE","C","OF")
Max Length	35
Format / Type	Char / Unique ID
Acceptable Values	- Any alphanumeric identifier under 35 characters in length. - Special characters other than pipe delimiters are acceptable "X" is an acceptable value in its absence
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	Critical for provider matching and attribution
Authority Source	QHP
Consistency and Accuracy Validation	N/A
QHP FAQs	Only to be supplied for providers assigned patients as a primary care provider or matched primary care physician (for PPO and EPO products) if available.
Examples	

Record_Type	
Technical Specifications	
Definition	Record type identifier
Applicable to	Both Individual and Facility Providers
Max Length	1
Format / Type	Char / Hardcoded
Acceptable Values	Hardcoded to “D”
Structural Validation	N/A
Business Context / Specifications	
Relevance to Multi-Plan Directory	N/A
Authority Source	N/A
Consistency and Accuracy Validation	N/A
QHP FAQs	Must be attached to each record
Examples	

Appendix I:

A. QHP Network IDs

Network ID is a combination of 5-digit HIOS number for issuer + CAN00# sequence. A different sequence number is generated for each product offered on the Exchange. This ID specifies the product that each provider participates in for a given QHP Issuer.

QHP Issuer	Product	Market	Network ID
Anthem Blue Cross	EPO	Individual	27603CAN001
Anthem Blue Cross	HMO	Individual	27603CAN003
Blue Shield of California	PPO	Individual	70285CAN001
Blue Shield of California	HMO	Individual	70285CAN011
Blue Shield of California	PPO	CCSB	70285CAN009
Blue Shield of California	HMO	CCSB	70285CAN010
CalOptima Health	HMO	Individual	17115CAN001
CCHP	HMO	Individual	47579CAN001
Health Net CA	HMO	Individual	67138CAN001
Health Net CA	PPO	Individual	67138CAN003
Inland Empire Health Plan	HMO	Individual	51396CAN001
Kaiser Permanente	HMO	Individual	40513CAN001
Kaiser Permanente	HMO	CCSB	40513CAN001
L.A. Care Health Plan	HMO	Individual	92815CAN001
Molina Health Care	HMO	Individual	18126CAN001
Sharp Health Plan	HMO	Individual	92499CAN001
Sharp Health Plan	HMO	Individual	92499CAN002
Sharp Health Plan	HMO	CCSB	92499CAN001
Sharp Health Plan	HMO	CCSB	92499CAN002
Valley Health Plan	HMO	Individual	84014CAN001
Western Health Advantage	HMO	Individual	93689CAN001

B. QDP Network IDs

Network ID is a combination of 5-digit HIOS number for issuer + CAN00# sequence. A different sequence number is generated for each product offered on the Exchange. This ID specifies the product that each provider participates in for a given QDP issuer.

QDP Issuer	Product	Market	Network ID
Anthem Blue Cross Dental	DPPO	Individual (F)	27603CAN004
Anthem Blue Cross Dental	DHMO	Individual (F)	27603CAN005
Blue Shield of California	DPPO	Individual (F)	70285CAN002
Blue Shield of California	DHMO	Individual (F)	70285CAN003
DentaQuest	DHMO	Individual (C+F)	97389CAN001
DentaQuest	DHMO	CCSB (C+F)	97389CAN001
Delta Dental	DPPO	Individual (F)	62683CAN001
Delta Dental	DHMO	Individual (F)	62683CAN003
Delta Dental	DPPO	CCSB (C+F)	62683CAN002
Delta Dental	DHMO	CCSB (C+F)	62683CAN004
Humana	DPPO	Individual (F)	68744CAN001

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Appendix II:

Covered California Rating Regions and Associated Counties

To assign a Rating Region to a record, use the County-ZIP code combinations within the ZIP Code Reference List in the Covered California Data Dictionary.

Rating Region	County	Rating Region	County
Region 1	Alpine	Region 4	San Francisco
	Amador	Region 5	Contra Costa
	Butte	Region 6	Alameda
	Calaveras	Region 7	Santa Clara
	Colusa	Region 8	San Mateo
	Del Norte	Region 9	Monterey
	Glenn		San Benito
	Humboldt		Santa Cruz
	Lake	Region 10	Mariposa
	Lassen		Merced
	Mendocino		San Joaquin
	Modoc		Stanislaus
	Nevada	Region 11	Tulare
	Plumas		Fresno
	Shasta		Kings
	Sierra	Region 12	Madera
	Siskiyou		San Luis Obispo
	Sutter		Santa Barbara
	Tehama		Ventura
	Trinity	Region 13	Imperial
	Tuolumne		Inyo
	Yuba		Mono
Region 2	Marin	Region 14	Kern
	Napa	Region 15	Los Angeles (east)
	Solano	Region 16	Los Angeles (west)
	Sonoma	Region 17	Riverside
Region 3	El Dorado		San Bernardino
	Placer	Region 18	Orange
	Sacramento	Region 19	San Diego
	Yolo		

Appendix III: Definition of terms used in this document

- **Data Dictionary:** A centralized repository of information about data such as meaning, relationships to other data, origin, usage, and format.
- **Data Element:** A unit of data for which the definition, identification, representation, and permissible values are specified by means of a set of attributes. Equivalent in this context to a field in a table.
- **Data Field:** Commonly used to refer to a column in a database or a field in a data entry form or web form. The field may contain data to be entered as well as data to be displayed.
- **Data Type:** A data storage format that can contain a specific type or range of values. e.g., coded text, numeric string, unique identifier, integer, Boolean, etc.
- **DEA:** Drug Enforcement Administration www.dea.gov
- **Doctor of Medicine (MD or DM):** Or in Latin: Medicinae Doctor, meaning "Teacher of Medicine", is a terminal degree for physicians and surgeons. A Doctor of Medicine (MD) has attended and graduated from a conventional (allopathic) medical school. In countries that follow the tradition of the United States, it is a first professional graduate degree awarded upon graduation from medical school.
- **Doctor of Osteopathic Medicine (DO):** A fully trained and licensed doctor who has attended and graduated from a United States osteopathic medical school.
- **ECP (Essential Community Provider):** Providers that serve predominantly low-income, medically underserved individuals, and specifically include providers described in section 340B of the Public Health Service Act and the Social Security Act. Covered California may have ECP criteria that differ from the Federal Marketplace.
- **EPO (Exclusive Provider Organization):** A type of health insurance plan that offers a full array of covered benefits from a single network of participating doctors and hospitals. A PCP is usually not required (but encouraged), and members can see a specialist without a referral from a PCP. Out of network services are not covered except in the case of emergency.
- **HIOS:** Health Insurance Oversight System, the federal government's primary data collection vehicle for health insurance "Exchanges" Marketplaces. One function of HIOS is to collect data from health plan issuers that want to become certified qualified health plan issuers.
- **HMO (Health Maintenance Organization):** A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness. Members are required to have a primary care physician (PCP), and a referral is required to see a specialist.
- **Hospital Based Physician:** A physician who provides clinical support for patient management, performing medical services within a hospital and includes Radiologists, Pathologists, Emergency Department Physicians, Intensivists, those specializing in Nuclear Medicine, and Hospitalists.
- **Hospitalist:** A dedicated in-patient physician who works exclusively in a hospital and whose primary professional focus is the general medical care of hospitalized patients. Hospitalists generally specialize in Internal Medicine, Family Medicine.
- **Issuer:** An insurance company, insurance service, or insurance organization (including a health maintenance organization, which is licensed to engage in the business of insurance in a State and which is subject to State law which regulates insurance).

- **MPRD (Master Provider Referential Database):** A database containing all data pertaining to providers used to conduct verification, de-duplication, and augment provider files.
- **Network:** List of providers, facilities contracted to provide health care services to plan members. These providers have agreed to see members under certain rules, including billing at contracted rates.
- **Network Tier:** Providers and facilities associated with a particular cost-sharing level in a network in which different providers and facilities are associated with different cost-sharing levels within a single network. **NUCC (National Unified Claims Committee):** www.nucc.org A Committee created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers.
- **HCAI (Department of Health Care Access and Information):** hcai.ca.gov (Formerly Office of Statewide Health Planning and Development) The collection of data and disseminating information about California's healthcare infrastructure.
- **PCP (Primary Care Physician):** A primary care physician is a specialist in Family Medicine, Internal Medicine, Gynecology, General Practice, or Pediatrics, who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient's comprehensive care. This care may include chronic, preventive, and acute care in both inpatient and outpatient settings.
- **PPO (Preferred Provider Organization):** A type of health insurance plan that contracts with participating doctors and hospitals to create a network. You pay less if you use doctors and hospitals that belong to the plan's network. You can use doctors, hospitals and others outside the network for an additional cost. A PCP is usually not required (but encouraged), and members can see a specialist without a referral from a PCP.
- **Product:** A discrete package of health insurance coverage benefits that are offered using a particular product network type (such as health maintenance organization, preferred provider organization, exclusive provider organization, point of service, or indemnity) within a service area.
- **QDP (Qualified Dental Plan):** An insurance plan that is certified by the Health Insurance Marketplace, meets Affordable Care Act requirements, and provides dental benefits.
- **QHP (Qualified Health Plan):** An insurance plan that is certified by the Health Insurance Marketplace and meets Affordable Care Act requirements such as coverage of essential health benefits.
- **Record:** A basic data structure. A record is a collection of fields, possibly of different data types, typically in fixed number and sequence. Equivalent to a row on a table.
- **Specialty:** A branch of medical practice. After completing medical school, physicians or surgeons usually further their medical education in a specific specialty of medicine by completing a multiple year residency to become a medical specialist.
- **Taxonomy:** In the context of this document, taxonomy refers to a hierarchical code set that consists of codes, descriptions, and definitions. Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers. Each taxonomy code is a 10-character alphanumeric string.

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Appendix IV: Using the Provider Data Submission Guide for Application and Certification

Covered California requires all current and prospective Issuers to submit a provider roster file for the coming PY as part of an annual certification process. Currently certified QHP Issuers and new entrants should use the Covered California Provider Data Submission Guide to create a submission file with the same data fields for annual certification. However, there are a few key differences between the monthly Provider Data Submission file and the annual certification provider roster file:

- The annual certification file should be for the coming plan year and not the current month. Issuers should consider any service area and network changes for the coming PY in the certification file.
- The annual certification file is not submitted via the regular Issuer-hosted SFTP or the Covered California Extranet. Please refer to the certification instructions for the appropriate channel to submit the certification provider roster file.
- The Network IDs in the annual certification file must match the Network ID submitted in the applicants SERFF Network templates and the Network IDs in your monthly data submissions. Guidelines for assigning Network IDs in the SERFF template are below:

Issuers new to Covered California should use a combination of the 5 digit HIOS number and one of the following sequences to create a Network ID. Current Issuers seeking approval to offer new network products through Covered California during the annual certification process should create Network IDs and submit them to Covered California for approval. The Network ID is an important data element that defines a provider's network participation and once approved, has to be included in every submitted provider record.

Type of Network-Product	Sequence
Individual Market Medical PPO or Dental PPO Network	CAN001
Individual Market Medical EPO or Dental EPO Network	CAN002
Individual Market Medical HMO or Dental HMO Network	CAN003
CCSB Market Medical PPO or Dental PPO Network	CAN001
CCSB Market Medical EPO or Dental EPO Network	CAN002
CCSB Market Medical HMO or Dental HMO Network	CAN003

An example network ID would be 12345CAN001. If the Issuer intends to offer two or more products with the same network design in the same area, the sequential number can be extended to CAN007, CAN008 and beyond, up to the required number. If the Issuer offers the same product and provider network in both the Individual and Small Business market, the same Network ID should be used.

A list of Network IDs approved to offer coverage through Covered California can be found in Appendix I. This list will be updated annually post certification to accommodate changes in the network offerings.

The following file naming standard should be followed by Issuers on the input files submitted to Covered California for certification purposes only:

File	Certification Naming Convention
Medical Provider Roster Files	CE_MM_YYYY_ISSUERID_QHP_CC.TXT
Dental Provider Roster Files	CE_MM_YYYY_ISSUERID_QDP_CC.TXT

ISSUERID = Issuer HIOS number.

MM_YYYY = Month and year of submission for certification application.

Example: CE_05_2026_12345_QHP_CC.TXT

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