

# California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS)

---

FINAL Provider Directory Output File

**7/19/2013**

## Table of Contents

1. Revision History .....	2
2. Introduction .....	3
Input file layout.....	3
3. Business Process Flow.....	9
Process flow to prepare a provider directory for the Exchange .....	9
4. Business Rules.....	11
5. Getting Started.....	12
Working with CalHEERS and Issuers .....	12
6. Testing.....	12
7. File Rejection Reasons .....	13
8. Batch Schedule.....	13
9. File Naming Standard.....	14
10. Key Action Dates .....	14
11. Provider Data Load Frequency.....	14
12. Output file layout .....	16
13. Appendices.....	21
Appendix A.....	21
Appendix B .....	22
Requirement List.....	22

## 1. Revision History

Date	Version	Description	Author
02/22/2013	1.0	Initial Draft	Mekdes Getahun
03/22/2013	1.2	Added Network Tier ID and Indian Health Service Provider	Mekdes Getahun
03/21/2013	1.3	Grammar and punctuation by Sue Oliver	Sue Oliver
03/21/2013	1.4	Updated Acronyms	Mekdes Getahun
04/4/2013	1.5	Updated the numbering and field size on the input file layout	Mekdes getahun
5/29/2013	1.6	<ul style="list-style-type: none"> <li>Removed SSN Field from Input and output file layout</li> <li>Updated Network ID field. Network ID field is now combination of ISSUER ID and NETWORK_ID (e.g. 12345CA001)</li> <li>Combined Language and Language location field as one.(e.g. Spanish-Doctor Only)</li> <li>Added language list as appendix</li> <li>Added Batch Schedule session</li> <li>Added CalHEERS file naming convention</li> <li>Removed Specialty name from the input and output layout</li> </ul>	Mekdes Getahun
6/17/2013	1.7	<ul style="list-style-type: none"> <li>Removed Specialty name from the input and output layout</li> </ul>	Mekdes Getahun
7/8/2013	1.8	<ul style="list-style-type: none"> <li>Minor changes file to/from section 9.0</li> <li>Change Location ID size</li> <li>Considered English at default Language</li> </ul>	Mekdes Getahun

## 2. Introduction

The Provider Directory contains current information on professional and institutional medical providers contracted with Issuers offering Covered California Plans (CCP) through Covered California and Med-Cal Plans. The Provider Directories will provide our Covered California members the ability to conduct a provider search, and filter their Covered California Plans selection based upon their provider preferences. Types of providers include PCPs, Specialists, Hospitals, Skilled Nursing Facilities, Outpatient Mental Health Providers, Dental and Vision care.

The following table specifies the draft standard Provider Network Input file layout. The format of the file is going to be comma delimited file. Null fields shall be passed with two adjust commas.

### Input file layout

#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>1</sup>	Comments
1	Issuer Provider ID	Issuer identifier for the provider.	Varchar(30)	R	Issuer's internal data ID number for reference, data integrity, not for consumer display.
2	Facility Type Indicator	Flag to indicate a Facility, Dental, Vision vs. and Medical Facilities.	Varchar(1)	S	"M", "V" or "D" Should be null for individuals/practitioners, and only Required to be populated for facilities.
3	Provider Type Indicator	Flag to indicate a Facility, Dental, Vision vs. and Medical provider.	Varchar(1)	S	"M", "V" or "D" Should be null for facilities, and only required to be populated for individuals/practitioners.
4	NPI	National Provider Identifier (NPI) for Provider.	Numeric(10)	S	Should be null for facilities and Vision and Dental providers, and only required populated for Medical Providers.
5	Network ID	Provider Network ID provided by Issuer. Network ID on Provider layout is combination of <b>HIOS ISSUER_ID</b> and <b>SERFF NetworkID</b> .	Varchar(25)	R	" " separated list of Network IDs. Pass ISSUER_IDNetworkID (e.g. 12345CAN001). Plan Code value for Medi-Cal will be populated in Network ID

- R<sup>1</sup> Required Field  
 O<sup>1</sup> Optional  
 S<sup>1</sup> Situational based on the data source

#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>1</sup>	Comments
					field
6	Network Tier ID	Provider Tier ID by Issuer.	Varchar(27)	S	Tier ID will be combination of network ID and sequence number (eg. NetworkID_TierID 12345CAN001_01). " " separated list of Tier IDs.
7	UPIN	Unique Physician Identification Number (UPIN) of Provider.	Varchar(60)	O	
8	DEA Number	Drug Enforcement Administration (DEA) Number of Provider.	Numeric(9)	O	
9	Licensing State	State code of Provider license.	Varchar(2)	R	Two character state code preferred.
10	State License Number	License Number corresponding to Licensing State.	Varchar(10)	R	Numeric portion of license number expected, separators (such as "-", ".", "/") and character or numeric license type designators at the beginning or end (such as XXX99999) without separators. Best results expected when State is in the Licensing State field.
11	Professional Title of Provider	Professional Title of Provider.	Varchar(25)	S	Null for facilities, but required for individuals, Examples: "MD", "DDS", "RN", Optional but not required.
12	Provider First Name	First Name of Provider.	Varchar(25)	S	Should be null for facilities and only populated for individuals/practitioners.
13	Provider Middle Name	Middle Name of Provider.	Varchar(25)	O	Should be null for facilities and only populated for individuals/practitioners.
14	Provider Last Name	Last Name of Provider.	Varchar(25)	S	Should be null for facilities and only populated for individuals/practitioners.

#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>1</sup>	Comments
15	Suffix	Name Suffix of Provider.	Varchar(10)	O	For example: Jr., Sr. Should be null for facilities and only populated for individuals/practitioners.
16	Gender	Gender of the Provider.	Varchar(1)	O	"M", "F" should be null for facilities and only populated for individuals/practitioners.
17	Medical School	Medical School where Provider received their education.	Varchar(60)	O	Should be null for facilities and only populated for individuals/practitioners.
18	Medical School Graduation Year	Year when Provider received degree from Medical School.	Numeric(4)	O	CCYY
19	Medical School Residency		Varchar(60)	O	
20	Medical School Internship		Varchar(60)	O	
21	Taxonomy Code	Taxonomy Code for the Provider.	Varchar(10)	S	Standard Taxonomy Codes required " " separated list of specialties. A
22	Specialty code	Physician Specialty Code.	TEXT	S	Map to CMS Specialty Code Standard. " " separated list of specialties. Should be populated for individuals/practitioners
23	Board Certified		Varchar(1)	O	"Y", "N", or "U" for unknown.
24	Facility Name	Facility Name.	Varchar(60)	S	Should be null for individuals/practitioners, and required only populated for facilities.
25	Years of Experience		Numeric	O	
26	Status		Varchar(25)	O	Retired, Active, Deceased, Inactive. Display only Active one.
27	Facility Type	No standard values, but examples are: Physician, PCP, Specialist, Hospital, Clinic, Lab, Pharmacy, Skilled Nursing Facility, Hospice, DME.	TEXT	S	Should be null for individuals/practitioners, and only populated for facilities. Use " " to delimit facility types.
28	Indian Health Service Provider	This will identify Indian Health Service Provider for which no cost sharing is allowed for Indians or	Char (1)	O	"Y", "N", or "U" for unknown.

#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>1</sup>	Comments
		Alaska's natives.			
29	Medical Group Affiliation		TEXT	O	" " separated list of Medical Group Affiliation.
30	Hospital Affiliation		TEXT	O	" " separated list of Hospital Affiliation.
31	Practice Address - Address Line 1	First line of Provider Practice Address.	Varchar(60)	R	Practice address. If Physician has multiple addresses, one record per address. Normalized to Primary Address
32	Practice Address - Address Line 2	Second line of Provider Practice Address.	Varchar(60)	O	Practice address. If Physician has multiple addresses, one record per address.
33	Practice Address - City	City line of Provider Practice Address.	Varchar(60)	R	Practice address. If Physician has multiple addresses, one record per address.
34	Practice Address - State	State line of Provider Practice Address.	Varchar(2)	R	Practice address. If Physician has multiple addresses, one record per address.
35	Practice Address - Zip	Zip line of Provider Practice Address.	Numeric(9)	R	Practice address. If Physician has multiple addresses, one record per address. No separator "-".
36	Practice Address – County	County of Provider Practice Address.	Varchar(30)	O	Practice address. If Physician has multiple addresses, one record per address.
37	Practice Address Lat	Address Lat of Provider Practice Address.	TEXT	O	Practice address. If Physician has multiple addresses, one record per address. Street Lat & Long.
38	Practice Address Long	Address Long of Provider Practice Address.	TEXT	O	Practice address. If Physician has multiple addresses, one record per address. Street Lat & Long.
39	Practice Phone Number	Practice Phone Number of Provider.	Numeric(10)	R	Practice phone number preferred. Numeric. without separators ("-", "()"). Eg. 5554443333. " " delimit for multiple numbers.

#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>1</sup>	Comments
40	Practice Fax Number	Practice Fax Number of Provider.	Numeric(10)	O	Practice fax number preferred. Numeric, without separators ("-", "()"). Eg. 5554443333. Use " " delimit for multiple numbers.
41	Practice Email address	Practice Email of Provider.	Varchar(60)	O	
42	Office Hours		Varchar(100)	O	
43	Accepting New Patients		Varchar(1)	O	"Y", "N", or "U" for unknown.
44	Languages Spoken with indicator of who speaks it <sup>2</sup>		TEXT	O	" " separated list of languages spoken Language (other than English) spoken at location , by Provider, or both (e.g. <b>Spanish-Doctor Only, French-Location Only, Korean-Both Location and Doctor</b> ). English is considered as default language
45	AHA ID		Varchar(15)	O	For Hospitals only.
46	Medicare Provider ID		Varchar(15)	O	
47	Medi-Cal Provider ID		Varchar(9)	S	Required for Medi-Cal Plans only.
48	FFS Provider		Varchar(1)	S	"Y", "N", or null.
49	FFS Provider County		Varchar(30)	S	If FFS Provider fields is "Y" then populate FFS Provider County.
50	PCP ID		Varchar(15)	S	Required for Medi-Cal Plans only.
51	State Sanction status	Doctors sanctioned by state Status.	Varchar(1)	O	"Y", "N", or null.
52	Accessibility Code(s)		Varchar(1)	S	Medi-Cal Plans only. Parking(P), Building (B), Reception/Waiting (W), Exam Room(E), Exam Table/Scale (T), Restroom (R) , " " separated.

<sup>2</sup> List of languages listed on Appendix 0

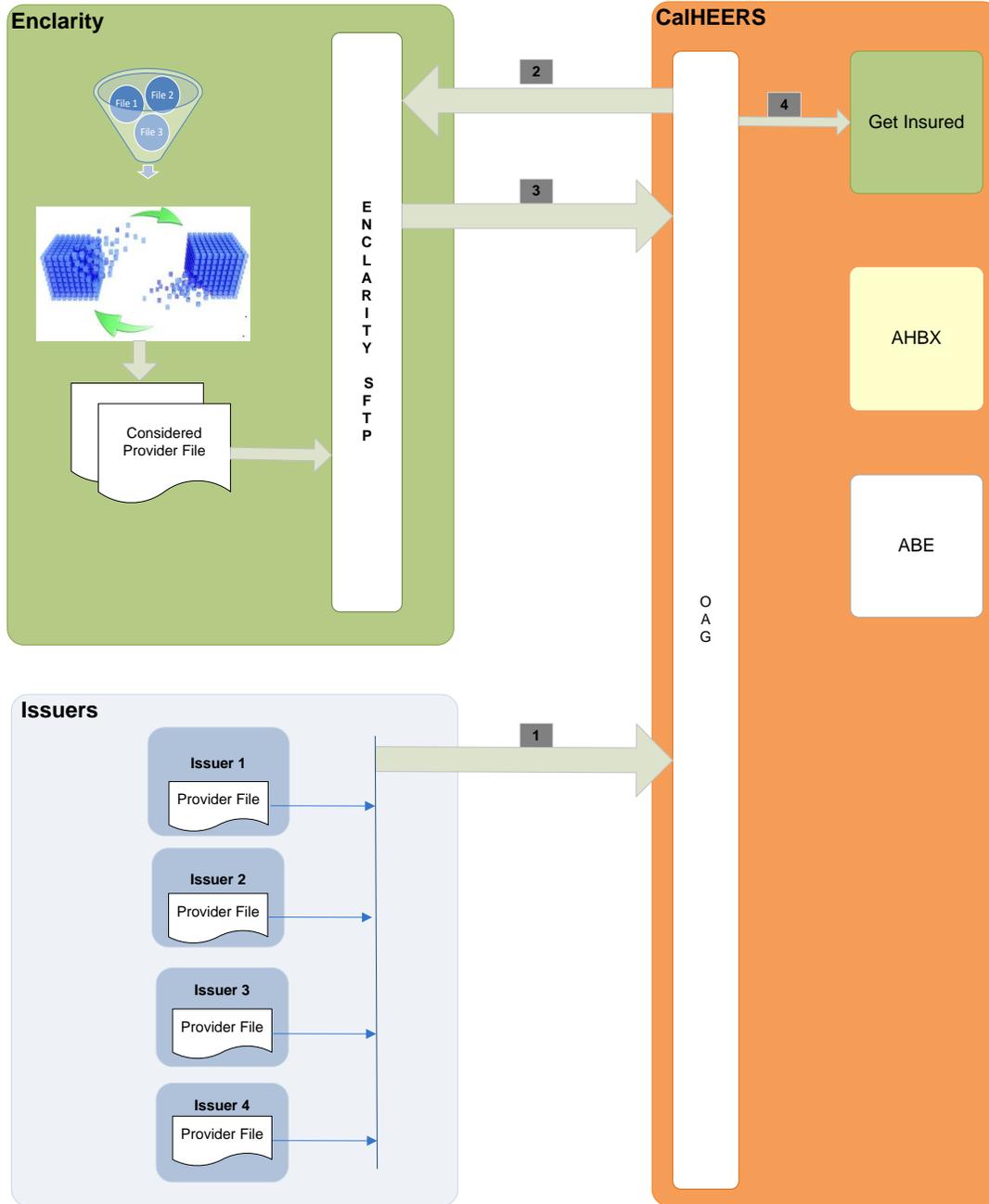
#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>1</sup>	Comments
53	Location ID		Varchar(25)	S	Required for Medi-Cal Plans only. This field should uniquely identify each location for a provider. PCP ID can be used if it uniquely identifies each location for each provider.
54	Data Source	HIOS ISSUER ID	Varchar(30)	R	HIOS ISSUER ID
55	Date Created		Timestamp	R	CCYY-MM-DDHH:MM:SS
56	Date Last Updated		Timestamp	R	CCYY-MM-DDHH:MM:SS

### **3. Business Process Flow**

#### **Process flow to prepare a provider directory for the Exchange**

CalHEERS shall provide a standardized “provider directory data template”.

1. The issuers will upload provider directory file to CalHEERS SFTP site. During subsequent submissions, a full data set of the issuer’s provider directory is submitted each time and not just the changes to an issuer’s directory.
2. CalHEERS shall zip all provider files from each issuer push the file to Enclarity SFTP site.
3. Enclarity will perform Data standardization, normalization and cleansing to ensure that data sets from multiple issuers consistently represent a healthcare provider with a unique provider record.
4. Enclarity will push the centralized provider directory to CalHEERS SFTP site.
5. CalHEERS publishes the healthcare provider directory to the CalHEERS web portal for use by users.



## 4. Business Rules

The business rules will be applied on the data elements below. The Single Record File column indicating “Y” if the field is unique coming from Issuers or Enclarity normalized the field before sending to CalHEERS. The Multi Record File indicates, the fields sent in this file will not necessary unique. Fields listed as single fields file will be displayed Provider Search Result Page.

#	Element	Single Record File	Multi-Record file
1	Enclarity Provider ID	Y	Y
2	Facility Type Indicator	Y	Y
3	Provider Type Indicator	Y	Y
4	NPI	Y	Y
5	Network ID	Y	Y
6	Network Tier ID	Y	Y
7	UPIN	Y	Y
8	DEA Number	Y	Y
9	Licensing State	N	Y
10	State License Number	N	Y
11	Professional Title of Provider	Y	Y
12	Provider First Name	Y	Y
13	Provider Middle Name	Y	Y
14	Provider Last Name	Y	Y
15	Suffix	Y	Y
16	Gender	Y	Y
17	Medical School	N	Y
18	Medical School Graduation Year	N	Y
19	Medical School Residency	N	Y
20	Medical School Internship	N	Y
21	Taxonomy Code	Y	Y
22	Specialty code	Y	Y
23	Board Certified	N	Y
24	Facility Name	Y	Y
25	Years of Experience	N	N
26	Status	N	Y
27	Facility Type	N	Y
28	Indian Health Service Provider	N	Y
29	Medical Group Affiliation	N	Y
30	Hospital Affiliation	N	Y
31	Practice Address - Address Line 1	Y	Y
32	Practice Address - Address Line 2	Y	Y
33	Practice Address – City	Y	Y
34	Practice Address – State	Y	Y
35	Practice Address – Zip	Y	Y

#	Element	Single Record File	Multi-Record file
36	Practice Address – County	Y	Y
37	Practice Address Lat	Y	Y
38	Practice Address Long	Y	Y
39	Practice Phone Number	Y	Y
40	Practice Fax Number	N	Y
41	Practice Email address	N	Y
42	Office Hours	N	Y
43	Accepting New Patients	N	Y
44	Languages Spoken with indicator of who speaks it	Y	Y
45	AHA ID	N	Y
46	Medicare Provider ID	N	Y
47	Medi-Cal Provider ID	N	Y
48	FFS Provider	N	Y
49	FFS Provider County	N	Y
50	PCP ID	N	Y
51	State Sanction status	N	Y
52	Accessibility Code(s)	N	Y
53	Location ID	N	Y
54	Data Source	Y	Y
55	Date Created	Y	Y
56	Date Last Updated	Y	Y

## 5. Getting Started

### Working with CalHEERS and Issuers

The first step for the Issuer and CalHEERS is to establish a Trading Partner Agreement. Establishing a Trading Partner Agreement is a simple process, the Issuers completes and signs a Trading Partner Agreement form and submits it to the CalHEERS team for processing. The CalHEERS team will then configure and test interfaces for the Issuer.

## 6. Testing

All issuers must accomplish the following testing milestones in order to be certified:

- Sign Trading Partner Agreement.
- Complete communication connectivity testing.
- Submit test files electronically using the tested and approved method of connectivity.
- Submit test files for each of the product types (CCP, Medi-Cal).
- Successfully process all test files to both CalHEERS and the Issuers' satisfaction.

CalHEERS shall establish a number of required test cases and scenarios. The detail testing strategy process will be provided at a later date.

## **7. File Rejection Reasons**

The entire submission will be rejected in the following situations:

- Submission of data that is not valid based on the input layout.
- Submission of file does not match the standardized input file format

If a file is rejected due to the above reasons, CalHEERS will inform the issuer via phone call and will use the previously submitted file.

## **8. Batch Schedule**

The batch schedule for Provider Directory from Issuer is produced and submitted monthly on the 10th day of the month (The first production file will be submitted on Sept 10, 2013). If a file is rejected or not submitted based on established SLA, CalHEERS will notify the issuer. CalHEERS will be submitting all provider data from all Issuers to Enclarity on the 15<sup>th</sup> day of the month. Enclarity will perform data cleaning and consolidate all issuer data into two files (provider and facility file). Enclarity will send the consolidated file to CalHEERS on 25<sup>th</sup> day of the month.

## 9. File Naming Standard

The following file naming standard will be followed by the Issuers on the input files and CalHEERS on the output file:

File Type	File Source	File Destination	File Naming Standard
<b>Input File</b>			
Covered California Plans (CCP) Provider input file	Issuers	CalHEERS	CCYY_MM_DD_ISSUERID_CCP.txt
Medi-Cal Provider input file	Issuers	CalHEERS	CCYY_MM_DD_ISSUERID_MMCD.txt
<b>Interim Filename in CalHEERS</b>			
Covered California Plans (CCP) Provider input file	CalHEERS	Enclarity	CCYY_MM_DD_CCP.zip
Medi-Cal Provider input file	CalHEERS	Enclarity	CCYY_MM_DD_MMCD.zip
<b>Output File</b>			
Output CCP Physician file	Enclarity	CalHEERS	CCYY_MM_DD_PHF_CCP.txt
Output Medi-Cal Physician file	Enclarity	CalHEERS	CCYY_MM_DD_PHF_MMCD.txt
Output CCP Facility File	Enclarity	CalHEERS	CCYY_MM_DD_FF_CCP.txt
Output Medi-Cal Facility	Enclarity	CalHEERS	CCYY_MM_DD_FF_MMCD.txt

## 10. Key Action Dates

Milestone	Provider Network Data
Companion Guide Released to Issuers	2/15/2013
Test Data Available from Issuers to CalHEERS	7/24/2013
Production Data	9/15/2013
Certification Period	7/1/2013-8/15/2013

## 11. Provider Data Load Frequency

Issuers shall send Provider data based on the following frequency schedule.

Action	Minimum Submission Frequency
<b>Covered California</b>	
Medical Issuers	Quarterly
Dental Issuers	Quarterly

---

Vision Issuers	Quarterly
Medi-Cal	
Medi-Cal Issuers	Monthly

## 12. Output file layout

Enclarity will provide two output files; Facility and Physician. Both templates are the same as the input template.

#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>3</sup>	Comments
1	Enclarity Provider ID	Enclarity identifier for the provider.	Varchar(30)	R	Enclarity's internal data ID number for reference, data integrity, not for consumer display.
2	Facility Type Indicator	Flag to indicate a Facility, Dental, Vision vs. and Medical Facilities.	Varchar(1)	S	"M", "V" or "D" Should be null for individuals/practitioners, and only Required to be populated for facilities.
3	Provider Type Indicator	Flag to indicate a Facility, Dental, Vision vs. and Medical provider.	Varchar(1)	S	"M", "V" or "D" Should be null for facilities, and only required to be populated for individuals/practitioners.
4	NPI	National Provider Identifier (NPI) for Provider).	Numeric(10)	S	Should be null for facilities and Vision and Dental providers, and only required populated for Medical Providers.
5	Network ID	Provider Network ID provided by Issuer. Network ID on Provider layout is combination of HIOS ISSUER_ID and SERFF NetworkID.	Varchar(25)	R	" " separated list of Network IDs. Pass ISSUER_IDNetworkID (e.g. 12345CA001). Plan Code value for Medi-Cal will be populated in Network ID field.
6	Network Tier ID	Provider Tier ID by Issuer.	Varchar(27)	S	Tier ID will be combination of network ID and sequence number (eg. NetworkID_TierID 12345CA001_01). " " separated list of Tier IDs.
7	UPIN	Unique Physician Identification Number (UPIN) of Provider.	Varchar(60)	O	

<sup>3</sup>R Required Field  
<sup>3</sup>O Optional  
<sup>3</sup>S Situational based on the data source

#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>3</sup>	Comments
8	DEA Number	Drug Enforcement Administration (DEA) Number of Provider.	Numeric(9)	O	
9	Licensing State	State code of Provider license.	Varchar(2)	O	Two character state code preferred.
10	State License Number	License Number corresponding to Licensing State.	Varchar(10)	O	Numeric portion of license number expected, separators (such as "-", ".", "/") and character or numeric license type designators at the beginning or end (such as XXX99999) without separators. Best results expected when State is in the Licensing State field.
11	Professional Title of Provider	Professional Title of Provider.	Varchar(25)	S	Null for facilities, but required for individuals, Examples: "MD", "DDS", "RN", Optional but not required.
12	Provider First Name	First Name of Provider.	Varchar(25)	S	Should be null for facilities and only populated for individuals/practitioners.
13	Provider Middle Name	Middle Name of Provider.	Varchar(25)	O	Should be null for facilities and only populated for individuals/practitioners.
14	Provider Last Name	Last Name of Provider.	Varchar(25)	S	Should be null for facilities and only populated for individuals/practitioners.
15	Suffix	Name Suffix of Provider.	Varchar(10)	O	For example: Jr., Sr. Should be null for facilities and only populated for individuals/practitioners.
16	Gender	Gender of the Provider.	Varchar(1)	O	"M", "F" should be null for facilities and only populated for individuals/practitioners.
17	Medical School	Medical School where Provider received their education.	Varchar(60)	O	Should be null for facilities and only populated for individuals/practitioners.
18	Medical School Graduation Year	Year when Provider received degree from Medical School.	Numeric(4)	O	CCYY
19	Medical School Residency		Varchar(60)	O	

#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>3</sup>	Comments
20	Medical School Internship		Varchar(60)	O	
21	Taxonomy Code	Taxonomy Code for the Provider.	Varchar(10)	O	Standard Taxonomy Codes required " " separated list of specialties.
22	Specialty code	Physician Specialty Code.	TEXT	O	Map to CMS Specialty Code Standard. " " separated list of specialties.
23	Board Certified		Varchar(1)	O	"Y", "N", or "U" for unknown.
24	Facility Name	Facility Name.	Varchar(60)	S	Should be null for individuals/practitioners, and required only populated for facilities.
25	Years of Experience		Numeric	O	
26	Status		Varchar(25)	O	Retired, Active, Deceased, Inactive. Display only Active one
27	Facility Type	No standard values, but examples are: Physician, PCP, Specialist, Hospital, Clinic, Lab, Pharmacy, Skilled Nursing Facility, Hospice, DME.	TEXT	S	Should be null for individuals/practitioners, and only populated for facilities. Use " " to delimit facility types.
28	Indian Health Service Provider	This will identify Indian Health Service Provider for which no cost sharing is allowed for Indians or Alaska's natives.	Char (1)	O	"Y", "N", or "U" for unknown.
29	Medical Group Affiliation		TEXT	O	" " separated list of Medical Group Affiliation.
30	Hospital Affiliation		TEXT	O	" " separated list of Hospital Affiliation
31	Practice Address - Address Line 1	First line of Provider Practice Address.	Varchar(60)	R	Practice address. If Physician has multiple addresses, one record per address. Normalized to Primary Address.
32	Practice Address - Address Line 2	Second line of Provider Practice Address.	Varchar(60)	O	Practice address. If Physician has multiple addresses, one record per address.
33	Practice Address - City	City line of Provider Practice Address.	Varchar(60)	R	Practice address. If Physician has multiple addresses, one record per address.

#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>3</sup>	Comments
34	Practice Address - State	State line of Provider Practice Address.	Varchar(2)	R	Practice address. If Physician has multiple addresses, one record per address.
35	Practice Address - Zip	Zip line of Provider Practice Address.	Numeric(9)	R	Practice address. If Physician has multiple addresses, one record per address. No separator "-"
36	Practice Address – County	County of Provider Practice Address.	Varchar(30)	O	Practice address. If Physician has multiple addresses, one record per address.
37	Practice Address Lat	Address Lat of Provider Practice Address.	TEXT	O	Practice address. If Physician has multiple addresses, one record per address. Street Lat & Long.
38	Practice Address Long	Address Long of Provider Practice Address.	TEXT	O	Practice address. If Physician has multiple addresses, one record per address. Street Lat & Long.
39	Practice Phone Number	Practice Phone Number of Provider.	Numeric(10)	R	Practice phone number preferred. Numeric, without separators ("-", "()"). Eg. 5554443333. " " delimit for multiple numbers.
40	Practice Fax Number	Practice Fax Number of Provider.	Numeric(10)	O	Practice fax number preferred. Numeric. without separators ("-", "()"). Eg. 5554443333. Use " " delimit for multiple numbers.
41	Practice Email address	Practice Email of Provider.	Varchar(60)	O	
42	Office Hours		Varchar (100)	O	
43	Accepting New Patients		Varchar(1)	O	"Y", "N", or "U" for unknown.
44	Languages Spoken with indicator of who speaks it <sup>4</sup>		TEXT	O	" " separated list of languages spoken Language spoken at location , by Provider, or both (e.g. <b>Spanish-Doctor Only, French-Doctor Only, Korean-Both Location and Doctor</b> ).
45	AHA ID		Varchar(15)	O	For Hospitals only.
46	Medicare Provider		Varchar(15)	O	

<sup>4</sup> List of languages listed on Appendix O

#	Element	Description	Data Type	Required on Input file from Issuers? (R, S, O) <sup>3</sup>	Comments
	ID				
47	Medi-Cal Provider ID		Varchar(9)	S	Required for Medi-Cal Plans only.
48	FFS Provider		Varchar(1)	S	"Y", "N", or null.
49	FFS Provider County		Varchar(30)	S	If FFS Provider fields is "Y" then populate FFS Provider County.
50	PCP ID		Varchar(15)	S	Required for Medi-Cal Plans only.
51	State Sanction status	Doctors sanctioned by state Status.	Varchar(1)	O	"Y", "N", or null.
52	Accessibility Code(s)		Varchar(1)	S	Medi-Cal Plans only. Parking(P), Building (B), Reception/Waiting (W), Exam Room(E), Exam Table/Scale (T), Restroom ( R) . " " separated.
53	Location ID		Varchar(10)	S	Required for Medi-Cal Plans only. This field should uniquely identify each location for a provider. PCP ID can be used if it uniquely identifies each location for each provider.
54	Data Source	Enclarity ID	Varchar(30)	R	Enclarity ID
55	Date Created		Timestamp	R	
56	Date Last Updated		Timestamp	R	

### 13. Appendices

#### Appendix A

Languages Spoken
Abnaki
Achinese
Achumawi
African
Afrikaans
Ahtena
Alabama
Albanian
Aleut
Algonquian
American Indian
Amharic
Apache
Arabic
Arapaho
Arawakian
Arikara
Armenian
Assamese
Athapascan
Atsina
Atsugewi
Aymara
Azerbaijani
Aztecán
Balinese
Balochi
Bantu
Basque
Bengali
Berber
Bielorussian
Bihari
Bikol
Bisayan
Blackfoot
Bulgarian
Burmese
Caddo

Languages Spoken
Cahuilla
Cajun
Cambodian
Cantonese
Carolinian
Catalonian
Cayuga
Chadic
Cham
Chamorro
Chasta Costa
Chemehuevi
Cherokee
Chetemacha
Cheyenne
Chibchan
Chinese
Chinook Jargon
Chiricahua
Chiwere
Choctaw
Chumash
Clallam
Cocomaricopa
Coeur D'alene
Columbia
Comanche
Cowlitz
Cree
Croatian
Crow
Cupeno
Cushite
Czech
Dakota
Danish
Delaware
Delta River Yuman
Diegueno

Languages Spoken
Dravidian
Dutch
Efik
English
Eskimo
Estonian
Faroese
Fijian
Finnish
Foothill North Yokuts
Formosan
Fox
French
French Cree
Frisian
Fuchow
Fulani
German
Gilbertese
Gondi
Greek
Gujarati
Gullah
Gur
Haida
Hakka
Havasupai
Hawaiian
Hawaiian Pidgin
Hebrew
Hidatsa
Hindi
Hmong
Hopi
Hungarian
Hupa
Icelandic
Ilocano
Indonesian

Languages Spoken
Ingalit
Inupik
Irish Gaelic
Iroquois
Italian
Jamaican Creole
Japanese
Javanese
Jicarilla
Kachin
Kan, Hsiang
Kannada
Kansa
Karachay
Karen
Karok
Kashmiri
Kazakh
Keres
Khoisan
Kickapoo
Kiowa
Kirghiz
Klamath
Koasati
Korean
Koyukon
Krio
Kru, Ibo, Yoruba
Kuchin
Kurdish
Kusaiean
Kutenai
Kwakiutl
Ladino
Laotian
Lettish
Lithuanian
Luiseno
Lusatian
Luxembourgian
Macedonian
Makah

Languages Spoken
Malagasy
Malay
Malayalam
Mandan
Mandarin
Mande
Maori
Mapuche
Marathi
Marquesan
Marshallese
Mayan languages
Mbum
Melanesian
Menomini
Miami
Miao-yao, Mien
Micmac
Micronesian
Mikasuki
Misumalpan
Mohave
Mohawk
Mokilese
Mongolian
Mono
Mortlockese
Mountain Maidu
Munda
Muskogee
Navajo
Nepali
Nez Perce
Nilo-hamitic
Nilotic
Niuean
Nomlaki
Nootka
Northern Paiute
Northwest Maidu
Norwegian
Nubian
Nukuoro

Languages Spoken
Ojibwa
Okanogan
Omaha
Oneida
Onondaga
Oriya
Osage
Oto - Manguen
Ottawa
Pacific Gulf Yupik
Paiute
Palau
Paleo-siberian
Pampangan
Pangasinan
Panjabi
Papia Mentae
Pashto
Passamaquoddy
Patois
Pawnee
Pennsylvania Dutch
Penobscot
Persian
Pidgin
Pima
Polish
Polynesian
Pomo
Ponapean
Ponca
Portuguese
Potawatomi
Puget Sound Salish
Quechua
Quinault
Rajasthani
Rarotongan
Rhaeto-romanic
Romanian
Romany
Russian
Sahaptian

Languages Spoken
Saharan
Salish
Samoan
Santiam
Saramacca
Scottic Gaelic
Sebuano
Seneca
Serbian
Serbocroatian
Serrano
Shawnee
Shoshoni
Sierra Miwok
Sindhi
Sinhalese
Siuslaw
Slovak
Slovene
Sonoran
Spanish
Spokane
St Lawrence Island Yupik
Sudanic
Swahili
Swedish

Languages Spoken
Syriac
Tachi
Tadzhik
Tagalog
Tamil
Tanaina
Tarascan
Telugu
Tewa
Thai
Tibetan
Tiwa
Tlingit
Tokelauan
Tongan
Tonkawa
Towa
Trukese
Tsimshian
Tungus
Tupi-guarani
Turkish
Turkmen
Tuscarora
Uighur
Ukrainian

Languages Spoken
Ulithian
Upper Chinook
Urdu
Ute
Vietnamese
Walapai
Washo
Welsh
Wichita
Winnebago
Wintun
Woleai-ulithi
Wu
Yapese
Yaqui
Yavapai
Yiddish
Yuchi
Yuma
Yupik
Yurok
Zuni

## Appendix B

### Requirement List

#### [A302](#) **BR101**

The CalHEERS System shall include and keep current a centralized Provider Directory database that contains consumer-centric information on providers (i.e., independent clinicians, medical groups, dentists, specialists, and other health plan-specific providers) in a plan's geographic coverage area. Key functionality of the centralized Provider Directory database includes, but is not limited to, compiling and presenting information on:

- A) Quality rating of providers;
- B) **Provider their being in or out** of network on respective plans or products;
- C) Provider's acceptance of new patients;
- D) Language(s) spoken by the provider; and
- E) The Vendor is encouraged to recommend other elements to be presented as part of the centralized Provider Directory.

#### [A664](#) **SR112**

The CalHEERS System shall provide provider directories for each plan selected for comparison and to search for a specific doctor or facility.

#### [A665](#) **SR113**

The CalHEERS System shall show provider quality information within the provider directory as well as for the selected provider.

#### [A666](#) **SR114**

The CalHEERS System shall provide provider directories for each plan selected for comparison and to search for a specific doctor or facility.

#### [A667](#) **SR115**

The CalHEERS System shall show provider quality information within the provider directory as well as for the selected provider.

#### [S87](#) **DR35**

The Vendor shall prepare and deliver a Centralized Provider Directory Database Plan that describes the approach to delivering the Centralized Provider Directory Database, its contents and how it would be maintained.