

Addendum: Provider Network

Provider: Table 4

	Identifier	Definition	Instruction
1	LastName	health provider's last name	required
2	FirstName	health provider's first name, or initials	required
3	MiddleName	Health provider's middle name or initial	optional
4	Suffix	Examples: DO, MD, RN, Jr. III, etc	optional
5	FEINNo (13 digit)	Federal Employer ID Number	required
6	ProviderNPINo (10 digit)	Federal National Provider ID Number	required
7	MAProvNo	State Medical Assistance (MA) provider Number	optional
8	GroupName	If provider is member of medical group practice, name of that group practice	required
9	GroupNPINo (10 digit)	Federal National Provider ID Number of the group named on line 7	required
10 X	FacilityName	Facility type or institution that provider is on staff of, has admitting privileges to..	required
11 X	FacilityNPINo (10 digit)	Federal National Provider ID Number of facility of the facility named on line 9	required
12	MedicalSpecialty	Medical Specialty	required
13	BoardCertSpec	ABMS or DO Certified specialty	Include if available
14	Subspecialty		Include if available
15	Adr1	Example: 123 Plainview Ave,	<u>Primary Address of the health provider, required</u>
16	Adr2	Example: Suite #87	optional
17	City	Example: Pittsburgh	required
18 XX	State	Example: PA	required
19	Zip (5 digit)	99999	required
20	PhoneNo (10 digit)	999-999-9999	required
21	County	Example: Allegheny	required
22	Longitude	(west) -162.7389	<u>REQUIRED in decimal degree</u>
23	Latitude	(north) 54.4281	<u>REQUIRED in decimal degree</u>
24	MedicareProv (Yes/No)	Does provider serve Medicare recipients	Choose yes or no
25	MedicaidProv (Yes/No)	Does provider serve Medicaid recipients	Choose yes or no
26	CHIPProv (Yes/No)	Does provider serve CHIP recipients	Choose yes or no
27	AdultBasic (Yes/No)	Does provider serve AdultBasic recipients	Choose yes or no

X Facility Name / Facility NPI #- must list multiple facility names and NPI # individually. If health provider is on staff at multiple facilities, must list health provider's name multiple times with facility addresses/sites.

XX State- Pennsylvania or adjoining states where plan members access network services. Please do NOT provide entire national provider directory.

Group: Table 5

	Identifier	Definition	Instruction
1	GroupName	Name of group practice	REQUIRED must list group name with EACH site address
2	GroupNPINo (10 digit)	Federal National Provider ID Number of the group named on line #1	Include if available
3	FEINNo (13 digit)	Federal Employer ID Number	required , unless NPI is provided
4 X	Adr1	Example: 123 Planview Ave,	required
5 X	Adr2	Example: Suite #87	optional
6	City	Example: Pittsburgh	required
7 XX	State	Example: PA	required
8	Zip (5 digit)	99999	required
9	PhoneNo (10 digit)	999-999-9999	required
10	County	Example: Allegheny	required
11	Longitude	(west) -162.7389	REQUIRED in decimal degree
12	Latitude	(north) 54.4281	REQUIRED in decimal degree

X Adr1 / Adr2- must list group name with each site address. If a group has multiple addresses/sites, each site must be listed, with full address and group name.

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Facility: Table 6

	Identifier	Definition	Instruction
1	FacilityName	Name of Facility	required
2	FacilityNPINo (10 digit)	Federal National Provider ID Number of facility of the facility named on line 1	required
3	FEINNo (13 digit)	Federal Employer ID Number	required, unless NPI is provided
4 X	Type of Facility	Type of facility example: hospital, ambulatory surgery, outpatient unit, pharmacy, free-standing lab etc	required
5	Adr1	Example: 123 Planview Ave,	required
6	Adr2	Example: Suite #87	optional
7	City	Example: Pittsburgh	required
8 XX	State	Example: PA	required
9	Zip (5 digit)	99999	required
10	Phone No (10 digit)	999-999-9999	required
11	County	Example: Allegheny	required
12	Longitude	(west) -162.7389	<u>REQUIRED</u> in decimal degree
13	Latitude	(north) 54.4281	<u>REQUIRED</u> in decimal degree

X Type of facility- includes all institutional providers, ancillary providers and contractors. Examples include: hospitals, ambulatory care centers, ambulatory surgery canter, dialysis centers, urgent care centers, hospice providers/facilities, home health, durable medical equipment providers, freestanding MRI, labs, radiology, rehabilitation (outpt and inpt) facilities, skilled nursing care facilities, and pharmacies.

Ambulance providers- ground and air- do **NOT** need to be included.

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