Please use the Names in Column B for your flat file header.

If a Provider is associated with more than one Provider Group, Network and/or Site, there will be additional records for each affiliation combination.

An Underscore (e.g. N201_1) indicates Sub Elements separated by semi-colons.

*When marked by asterisk, Required/Situational/Optional differs from the specific word in the DHCS Companion Guide, but is based on interpretation of the field's actual requirements.

File is .xlsx format

Field#	Header Column Name	Field Name	Required/Optional	Notes/Comments
1.0 Provider Network Detail				
1	ProviderNetworkName	Provider Network Name	Required	Full Name of Provider Network **Network Name data as follows:** **LA County Medi-Cal** **Individual MAPD** **LA County Medi-Connect** **San Diego County Medi-Cal** **San Diego County Medi-Connect** **Please note: Individual MAPD is Medicare**
2	UsageIndicator	**Usage Indicator**	**Required**	**T=Test P=Production**
1.1 Provider Group Detail				
3	ProviderGroupName	Provider Group Name	Required	**Group Legal Full Name**
4	ProviderGroupDBAName	**Provider Group DBA Name**	**Requested***	**Group "Doing Business As" Name**
5	GroupNPI	Group NPI	**Situational**	NPI of the Provider Group. Providers registered on NPPES as Individual should populate their Practitioner NPI. Required if an NPI exists for the Provider Group or individual provider, otherwise leave blank.
6	GroupTaxIDNumber	Group Tax ID Number	Required	Required - Group Tax ID Number **(with hyphens)**. Provider's registered on NPPES as Individual should populate their EIN or SSN if they do not have an EIN. **Data Format : 99-9999999 or 999-99-9999**
7	GroupContractEffectiveDate	Group Contract Effective Date	Optional*	Contract Effective Date is requested. **Date format will be CCYYMMDD - No time stamp(Example "20181213" for Dec, 13 2018)**
8	GroupContractExpirationDate	Group Contract Expiration Date	Situational	Contract Expiration Date is required if the contract/business relationship was terminated **and the termination was not reported in a previous submission.** **Date format will be CCYYMMDD - No time stamp(Example "20181213" for Dec, 13 2018)**
9	GroupContractTerminationReason	**Group Contract Termination Reason**	**Optional***	**Examples of Termination Reasons: Contract Terminated, Deceased, Group/Site Out of Business, Moved Out of County or State, Retired, Site Closed, Other**
10	GroupTaxonomyCode	Group Taxonomy Code	**Situational**	
1.2 Site Detail				
11	SiteName	Site Name	Required	**First, Middle, Last Name will be displayed or group site name**
12	SiteNPI	Site NPI	Required	Required - Populate the NPI associated with the site. If the site does not have an NPI, populate the Group NPI. Provider's registered on NPPES as Individual should populate their Practitioner NPI.
13	SiteTaxIDNumber	Site Tax ID Number	Required	If Site does not have a Site tax ID, populate with the Group Tax ID. Provider's registered on NPPES as Individual should populate their EIN or SSN.**Tax ID Number (with hyphens)** **Data Format : 99-9999999 or 999-99-9999**
14	SiteFacilityType	Site Facility Type	Required	Choose one from Appendix B.2
15	SiteInstitutionalFacilityType	Site Institutional Facility Type	Situational*	Choose one from Appendix B.3
16	SiteCountyCode	Site County Code	Required	Choose one from Appendix B.10
17	LicensedBedCount	Licensed Bed Count	Optional*	Requested if Site Facility Type is 27, 28, 31, 32, or 38.
18	AvailableBedCount	Available Bed Count	Situational*	Required if Site Facility Type is 27 or 28. Requested if 31, 32, or 38.
19	StaffedBedCount	Staffed Bed Count	Optional*	Requested if Site Facility Type is 27, 28, 31, 32, or 38.
20	TeachingFacilityIndicator	Teaching Facility Indicator	Required	1 = Yes, 0 = No
21	SiteMediCalmembersMaxAcceptableCount	**Maximum Medi-Cal Members at the Site**	Situational*	Required if Providers at this site are PCPs.

22	SiteMediCalmembersCurrentAssignedTotalCount	**Count of Medi-Cal Members at Site**	Situational*	Required if Providers at this site are PCPs. Health Plan may complete this field.
23	OSHPDID	OSHPD ID	Situational	Required if Site Facility Type is 27 or 28. Or, Required if you have this ID for another reason.
24	TertiaryIndicator	Tertiary Indicator	Situational	**If unknown, please provide a "U" for this field.** Otherwise, provide a Y or N.
25	TypeofService	Type of Service	Situational	Choose one from Appendix B.4.
26	OtherTypeofService	Other Type of Service	Situational*	Required when Type of Service equals either OTO or OTI. Max 30 characters
27	AccessibilityLevel	Accessibility Level	N/A	Health Plan will populate this information for medical groups, leave this field blank.
28	SiteContactPhoneNumber	Site Contact Phone Number	Required	Primary contact telephone
29	SiteContactEmail	Site Contact Email	Required	Primary contact email; Required to update field 341, if field 29 is populated.
30	SiteContactFax	Site Contact Fax	Situational	Primary contact fax, if available
31	EnglishspokenAtSite	English spoken at Site	Required*	Y or N. Plan will report LUI05 = '4' for Non-English if your response is N.
32	SiteForeignLanguagesIdentificationCode1	1st Foreign Language Identification Code	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
33	SiteForeignLanguagesProficiencyIndicator1	1st Language Proficiency Indicator	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
34	SiteForeignLanguagesIdentificationCode2	**2nd Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
35	SiteForeignLanguagesProficiencyIndicator2	**2nd Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
36	SiteForeignLanguagesIdentificationCode3	**3rd Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
37	SiteForeignLanguagesProficiencyIndicator3	**3rd Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
38	SiteForeignLanguagesIdentificationCode4	**4th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
39	SiteForeignLanguagesProficiencyIndicator4	**4th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
40	SiteForeignLanguagesIdentificationCode5	**5th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
41	SiteForeignLanguagesProficiencyIndicator5	**5th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.

42	SiteForeignLanguagesIdentificationCode6	**6th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
43	SiteForeignLanguagesProficiencyIndicator6	**6th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
44	SiteForeignLanguagesIdentificationCode7	**7th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
45	SiteForeignLanguagesProficiencyIndicator7	**7th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
46	SiteForeignLanguagesIdentificationCode8	**8th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
47	SiteForeignLanguagesProficiencyIndicator8	**8th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
48	SiteForeignLanguagesIdentificationCode9	**9th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
49	SiteForeignLanguagesProficiencyIndicator9	**9th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
50	SiteForeignLanguagesIdentificationCode10	**10th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
51	SiteForeignLanguagesProficiencyIndicator10	**10th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
52	SiteForeignLanguagesIdentificationCode11	**11th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
53	SiteForeignLanguagesProficiencyIndicator11	**11th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.

54	SiteForeignLanguagesIdentificationCode12	**12th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
55	SiteForeignLanguagesProficiencyIndicator12	**12th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
56	SiteForeignLanguagesIdentificationCode13	**13th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
57	SiteForeignLanguagesProficiencyIndicator13	**13th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
58	SiteForeignLanguagesIdentificationCode14	**14th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
59	SiteForeignLanguagesProficiencyIndicator14	**14th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
60	SiteForeignLanguagesIdentificationCode15	**15th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
61	SiteForeignLanguagesProficiencyIndicator15	**15th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
62	SiteForeignLanguagesIdentificationCode16	**16th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
63	SiteForeignLanguagesProficiencyIndicator16	**16th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
64	SiteForeignLanguagesIdentificationCode17	**17th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
65	SiteForeignLanguagesProficiencyIndicator17	**17th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.

66	SiteForeignLanguagesIdentificationCode18	**18th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
67	SiteForeignLanguagesProficiencyIndicator18	**18th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
68	SiteForeignLanguagesIdentificationCode19	**19th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
69	SiteForeignLanguagesProficiencyIndicator19	**19th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
70	SiteForeignLanguagesIdentificationCode20	**20th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
71	SiteForeignLanguagesProficiencyIndicator20	**20th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
72	SiteForeignLanguagesIdentificationCode21	**21st Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
73	SiteForeignLanguagesProficiencyIndicator21	**21st Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
74	SiteForeignLanguagesIdentificationCode22	**22nd Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
75	SiteForeignLanguagesProficiencyIndicator22	**22nd Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
76	SiteForeignLanguagesIdentificationCode23	**23rd Foreign Language Identification Code**	Situati+C92onal	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
77	SiteForeignLanguagesProficiencyIndicator23	**23rd Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.

78	SiteForeignLanguagesIdentificationCode24	**24th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
79	SiteForeignLanguagesProficiencyIndicator24	**24th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
80	SiteForeignLanguagesIdentificationCode25	**25th Foreign Language Identification Code**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
81	SiteForeignLanguagesProficiencyIndicator25	**25th Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
82	SiteContractEffectiveDate	Site Contract Effective Date	Optional*	Contract Effective date is requested. **Date format will be CCYYMMDD - No time stamp(Example "20181213" for Dec, 13 2018)**
83	SiteContractExpirationDate	Site Contract Expiration Date	Situational	Contract Expiration Date is required if the contract/business relationship was terminated **and the termination was not reported in a previous submission** **Date format will be CCYYMMDD - No time stamp(Example "20181213" for Dec, 13 2018)**
84	SiteContractTerminationReason	**Site Contract Termination Reason**	**Optional***	**Examples of Termination Reasons: Contract Terminated, Deceased, Group/Site Out of Business, Moved Out of County or State, Retired, Site Closed, Other**
85	ServiceDaySiteStartScheduleSunday	**Sunday Start Time**	**Situational***	**Opening time on Sundays. Required if office is open this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
86	ServiceDaySiteEndScheduleSunday	**Sunday End Time**	**Situational***	**Closing time on Sundays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
87	ServiceDaySiteStartScheduleMonday	**Monday Start Time**	**Situational***	**Opening time on Mondays Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
88	ServiceDaySiteEndScheduleMonday	**Monday End Time**	**Situational***	**Closing time on Mondays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
89	ServiceDaySiteStartScheduleTuesday	**Tuesday Start Time**	**Situational***	**Opening time on Tuesdays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
90	ServiceDaySiteEndScheduleTuesday	**Tuesday End Time**	**Situational***	**Closing time on Tuesdays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
91	ServiceDaySiteStartScheduleWednesday	**Wednesday Start Time**	**Situational***	**Opening time on Wednesdays Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
92	ServiceDaySiteEndScheduleWednesday	**Wednesday End Time**	**Situational***	**Closing time on Wednesdays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
93	ServiceDaySiteStartScheduleThursday	**Thursday Start Time**	**Situational***	**Opening time on Thursdays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
94	ServiceDaySiteEndScheduleThursday	**Thursday End Time**	**Situational***	**Closing time on Thursdays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
95	ServiceDaySiteStartScheduleFriday	**Friday Start Time**	**Situational***	**Opening time on Fridays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
96	ServiceDaySiteEndScheduleFriday	**Friday End Time**	**Situational***	**Closing time on Fridays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
97	ServiceDaySiteStartScheduleSaturday	**Saturday Start Time**	**Situational***	**Opening time on Saturdays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').
98	ServiceDaySiteEndScheduleSaturday	**Saturday End Time**	**Situational***	**Closing time on Saturdays. Required if office is open on this day of the week.** Use 24-hour time. Ignore lunch closures (e.g. if open 8-12 and 1-5, use '0800-1700').

99	SitePatientAcceptanceIndicator	**Site** Patient Acceptance Indicator	Situational*	Required if Providers at this site are PCPs. Use one of three: P7 – Accepting Existing Patients P8 – Accepting New Patients BLANK/NULL - Not Accepting
100	HandicappedAccessibleIndicator	Handicapped-Accessible Indicator	N/A	Health Plan will populate this information, leave this field blank
101	ProximitytoPublicTransportationIndicator	Proximity to Public Transportation Indicator	Required*	**If unknown, please provide a "U" for this field** Use one of the following: 1S – This location is less than 1 block from public transportation 1T – This location is less than 5 block from public transportation 1U – This location is less than 1 mile from public transportation 1V – This location is 1 or more miles from public transportation
102	TDDIndicator	TDD Indicator	Required*	**If unknown, please provide a "U" for this field** Y or N; Does this location have Telecommunication Device for the Deaf equipment?
103	LaboratoryServicesIndicator	Laboratory Services Indicator	Required*	**If unknown, please provide a "U" for this field** Y or N; Are laboratory services/testing provided at this location?
104	XRaysIndicator	X-rays Indicator	Required*	**If unknown, please provide a "U" for this field** Y or N; Are x-rays provided at this location?
105	SiteGenderRestrictionCode	**Site Gender Restriction Code**	Situational	F = only Female M = only Male Null = no gender restriction
106	SiteAgeRangeMinimum	Age Range Minimum	Situational	Report minimum age in years
107	SiteAgeRangeMaximum	Age Range Maximum	Situational	Report maximum age in years
108	SiteAddressLine1	Site Address Line 1	N/A	Health Plan does not accept via 274, leave this field blank. Submit profile for address change.
109	SiteAddressLine2	Site Address Line 2	N/A	Health Plan does not accept via 274, leave this field blank. Submit profile for address change.
110	SiteCity	Site City	N/A	Health Plan does not accept via 274, leave this field blank. Submit profile for address change.
111	SiteState	Site State	N/A	Health Plan does not accept via 274, leave this field blank. Submit profile for address change.
112	SiteZipCode	Site Zip Code	N/A	Health Plan does not accept via 274, leave this field blank. Submit profile for address change.
113	SiteTaxonomyCode	Taxonomy Code	Required	At least one taxonomy code is required.
114	ProviderGroupSiteNetworkRoleCode1	**1st** Provider Group Network Role Code	Situational	Use: 3E - PCP; 3G - Specialist
115	ProviderGroupSiteNetworkRoleCode2	**2nd Provider Group Network Role Code**	Situational	Use: 3E - PCP; 3G - Specialist
116	SiteDEANumber	Site DEA Number	Situational	Required if the site has a DEA Number assigned. Required if Facility Type 3P for Pharmacy.
117	FacilityID	Facility ID	N/A	Facility ID assigned by Health Plan, leave this field blank
118	FacilityLocationID	Facility Location ID	N/A	Facility Location ID assigned by Health Plan, leave this field blank
119	FacilityOwnerName1	1st Facility Owner Name/Business Name	Required	The name of the owner described by this instance of the 2100DB loop. Last name or business name (required), First Name (required if applicable) and Middle Name (required if known) separated by a semi-colon. **At least one Owner is required.**
120	FacilityOwnerSSNTaxID1	1st Facility Owner SSN/TAX ID	Required	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** Data Format : 99-9999999 or 999-99-9999
121	OwnershipCode1	1st Ownership Code for this Owner	Situational	See Appendix B.1
122	PercentageOwnership1	**1st Percentage Ownership**	Situational	three-digit numeric
123	FacilityOwnerName2	**2nd Facility Owner Name**	Situational	First name, Middle Name and Last Name of each Owner of this site separated by a semi-colon
124	FacilityOwnerSSNTaxID2	**2nd Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** Data Format : 99-9999999 or 999-99-9999
125	OwnershipCode2	**2nd Ownership Code for this Owner**	Situational	See Appendix B.1
126	PercentageOwnership2	**2nd Percentage Ownership**	Situational	three-digit numeric
127	FacilityOwnerName3	**3rd Facility Owner Name**	Situational	Last name, First Name and Middle Name of each Owner of this site separated by a semi-colon

128	FacilityOwnerSSNTaxID3	**3rd Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** Data Format : 99-9999999 or 999-99-9999
129	OwnershipCode3	**3rd Ownership Code for this Owner**	Situational	See Appendix B.1
130	PercentageOwnership3	**3rd Percentage Ownership**	Situational	three-digit numeric
131	FacilityOwnerName4	**4th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
132	FacilityOwnerSSNTaxID4	**4th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)**
133	OwnershipCode4	**4th Ownership Code for this Owner**	Situational	See Appendix B.1
134	PercentageOwnership4	**4th Percentage Ownership**	Situational	three-digit numeric
135	FacilityOwnerName5	**5th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
136	FacilityOwnerSSNTaxID5	**5th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** Data Format : 99-9999999 or 999-99-9999
137	OwnershipCode5	**5th Ownership Code for this Owner**	Situational	See Appendix B.1
138	PercentageOwnership5	**5th Percentage Ownership**	Situational	three-digit numeric
139	FacilityOwnerName6	**6th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
140	FacilityOwnerSSNTaxID6	**6th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)**
141	OwnershipCode6	**6th Ownership Code for this Owner**	Situational	See Appendix B.1
142	PercentageOwnership6	**6th Percentage Ownership**	Situational	three-digit numeric
143	FacilityOwnerName7	**7th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
144	FacilityOwnerSSNTaxID7	**7th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** Data Format : 99-9999999 or 999-99-9999
145	OwnershipCode7	**7th Ownership Code for this Owner**	Situational	See Appendix B.1
146	PercentageOwnership7	**7th Percentage Ownership**	Situational	three-digit numeric
147	FacilityOwnerName8	**8th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
148	FacilityOwnerSSNTaxID8	**8th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** Data Format : 99-9999999 or 999-99-9999
149	OwnershipCode8	**8th Ownership Code for this Owner**	Situational	See Appendix B.1
150	PercentageOwnership8	**8th Percentage Ownership**	Situational	three-digit numeric
151	FacilityOwnerName9	**9th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
152	FacilityOwnerSSNTaxID9	**9th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** Data Format : 99-9999999 or 999-99-9999
153	OwnershipCode9	**9th Ownership Code for this Owner**	Situational	See Appendix B.1
154	PercentageOwnership9	**9th Percentage Ownership**	Situational	three-digit numeric
155	FacilityOwnerName10	**10th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
156	FacilityOwnerSSNTaxID10	**10th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** Data Format : 99-9999999 or 999-99-9999
157	OwnershipCode10	**10th Ownership Code for this Owner**	Situational	See Appendix B.1
158	PercentageOwnership10	**10th Percentage Ownership**	Situational	three-digit numeric
159	FacilityOwnerName11	**11th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon

160	FacilityOwnerSSNTaxID11	**11th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** Data Format : 99-9999999 or 999-99-9999
161	OwnershipCode11	**11th Ownership Code for this Owner**	Situational	See Appendix B.1
162	PercentageOwnership11	**11th Percentage Ownership**	Situational	three-digit numeric
163	FacilityOwnerName12	**12th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
164	FacilityOwnerSSNTaxID12	**12th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** **Data Format : 99-9999999 or 999-99-9999**
165	OwnershipCode12	**12th Ownership Code for this Owner**	Situational	See Appendix B.1
166	PercentageOwnership12	**12th Percentage Ownership**	Situational	three-digit numeric
167	FacilityOwnerName13	**13th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
168	FacilityOwnerSSNTaxID13	**13th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** **Data Format : 99-9999999 or 999-99-9999**
169	OwnershipCode13	**13th Ownership Code for this Owner**	Situational	See Appendix B.1
170	PercentageOwnership13	**13th Percentage Ownership**	Situational	three-digit numeric
171	FacilityOwnerName14	**14th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
172	FacilityOwnerSSNTaxID14	**14th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** **Data Format : 99-9999999 or 999-99-9999**
173	OwnershipCode14	**14th Ownership Code for this Owner**	Situational	See Appendix B.1
174	PercentageOwnership14	**14th Percentage Ownership**	Situational	three-digit numeric
175	FacilityOwnerName15	**15th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
176	FacilityOwnerSSNTaxID15	**15th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** **Data Format : 99-9999999 or 999-99-9999**
177	OwnershipCode15	**15th Ownership Code for this Owner**	Situational	See Appendix B.1
178	PercentageOwnership15	**15th Percentage Ownership**	Situational	three-digit numeric
179	FacilityOwnerName16	**16th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
180	FacilityOwnerSSNTaxID16	**16th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)**
181	OwnershipCode16	**16th Ownership Code for this Owner**	Situational	See Appendix B.1
182	PercentageOwnership16	**16th Percentage Ownership**	Situational	three-digit numeric
183	FacilityOwnerName17	**17th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
184	FacilityOwnerSSNTaxID17	**17th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** **Data Format : 99-9999999 or 999-99-9999**
185	OwnershipCode17	**17th Ownership Code for this Owner**	Situational	See Appendix B.1
186	PercentageOwnership17	**17th Percentage Ownership**	Situational	three-digit numeric
187	FacilityOwnerName18	**18th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
188	FacilityOwnerSSNTaxID18	**18th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** **Data Format : 99-9999999 or 999-99-9999**
189	OwnershipCode18	**18th Ownership Code for this Owner**	Situational	See Appendix B.1
190	PercentageOwnership18	**18th Percentage Ownership**	Situational	three-digit numeric
191	FacilityOwnerName19	**19th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon

Field#	Header Column Name	Field Name	Required/ Optional	Notes/Comments
192	FacilityOwnerSSNTaxID19	**19th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** **Data Format : 99-9999999 or 999-99-9999**
193	OwnershipCode19	**19th Ownership Code for this Owner**	Situational	See Appendix B.1
194	PercentageOwnership19	**19th Percentage Ownership**	Situational	three-digit numeric
195	FacilityOwnerName20	**20th Facility Owner Name**	Situational	Last Name, First Name and Middle Name of each Owner of this site separated by a semi-colon
196	FacilityOwnerSSNTaxID20	**20th Facility Owner SSN/TAX ID**	Situational	Required - Federal Tax ID or SSN **Tax ID Number (with hyphens)** **Data Format : 99-9999999 or 999-99-9999**
197	OwnershipCode20	**20th Ownership Code for this Owner**	Situational	See Appendix B.1
198	PercentageOwnership20	**20th Percentage Ownership**	Situational	three-digit numeric
199	Phonenumbertocallafternormalbusinesshours	Phone number to call after normal business hours	Optional	If the same number as during normal business hours, leave blank.
200	WebSiteURL	Web Site URL	Optional	Provider Group Website
201	CBASProvider	CBAS Provider	Required	Does provider provide Community-Based Adult Services? Y or N.
				1.3 Provider Detail
Field#	Header Column Name	Field Name	Required/ Optional	Notes/Comments
202	ProviderLastName	Last Name	Required	Last Name must match CA Medical License Board
203	ProviderFirstName	First Name	Situational	First name must match CA Medical License Board
204	ProviderMiddleName	Middle Name	Situational	Required when known. Middle name must match CA Medical License Board
205	ProviderSuffix	Suffix	Situational	Required when known. Suffix name must match CA Medical License Board
206	ProviderNPI	Provider NPI	Situational	Required when known. If provider is not required to have an NPI, must provide an alternate ID like the legacy Medi-Cal Provider Number in Atypical Provider ID field
207	FTEEquivalent	FTE Equivalent	Required	Report percentage as a whole number. e.g. 80% FTE = 080. **Must not be greater than 100.**
208	ProviderGender	Provider Gender	Required	M, F, or U (unknown)
209	ProviderDateofBirth	Provider Date of Birth	Required	Format as CCYYMMDD
210	IHSSIndicator	IHSS Indicator	Required	Does provider provide in-home support services? Y or N.
211	BHTIndicator	BHT Indicator	Situational	Situational – if applicable, indicate the QASP level of the provider. 1 = Qualified Autism Services Paraprofessional 2 = Qualified Autism Services Professional 3 = Qualified Autism Services Provider null = Not a QASP
212	TelehealthIndicator	Telehealth Indicator	Required	Does provider provide telehealth services? Y or N.
213	ProviderProfitStatus	Provider Profit Status	Optional*	Requested – A code denoting the profit status of the provider "01" - 501(c)(3) Non-profit "02" - For profit - closely held "03" - For profit, publicly traded "04" - Other "88" - Not applicable - the individual only practices as part of a group "99" - Unknown
214	MediCalmembersProviderMaxAcceptableCount	**Maximum Medi-Cal Members**	Situational*	Required if **the Practitioner** Provider Group Network Role Code is '3E' = PCP. **Maximum number of Medi-Cal members the Practitioner will accept.**
215	MediCalmembersProviderCurrentAssignedTotalCount	**Count of Medi-Cal Members**	Situational*	Required if **the Practitioner** Provider Group Network Role Code is '3E' = PCP. Count of Medi-Cal members currently assigned to the provider.
216	StateLicenseNumber	State License Number	Required	
217	LicensureType	Type of Licensure	Required	See Appendix B.5 for values.
218	LicensingState	Licensing State	Required	Two-letter abbreviation e.g. CA, AZ, OR, or NV

219	BoardType	Type of Board	Situational	Required if "Board Response Code" is Y. 1 = State, county, or municipality professional or business license 2 = DEA license 3 = Professional society accreditation 4 = CLIA 5 = Other
220	MentalHealthProviderAreaofExpertise	Mental Health Provider Area of Expertise	Situational	Required when the provider is a mental health provider. Report 0-4 letters as appropriate: C = Child/Adolescent A = Adult G = Geriatric S = Substance Abuse Example: "CGS"
221	MentalHealthProviderPracticeFocus	Mental Health Provider Practice Focus	Situational	Required when the provider is a mental health provider. See Appendix B.9 for values. If no practice area is to be reported this field should be left blank. **Example: if the practices areas to be reported are Mood Disorders, Anxiety Disorders, Eating Disorders and Sleep Disorders, the value for Mental Health Provider Practice Focus would be "MDADEDSL"**
222	PrimaryCarePhysicianID	Primary Care Physician ID	N/A	Required if the Practitioner Provider Group Network Role Code is '3E' = PCP. Assigned by the Health Plan **Other than the Medicare Providers all others remain the same.**
223	ProviderEmail	Provider Email	Situational	Individual practitioner contact email; Required to update field 342, if field 223 is populated.
224	Affiliated1NPIType	**1- Affiliated NPI Type**	**Situational**	Any instance after the second is situational. "**CLNC**", "HOSP", "GROUP" or "PROF"
225	Affiliated1NPIType1st	**1 - 1st Provider NPI**	**Situational**	Any instance of N2 after the first N2 is situational. List affiliated NPIs. Required if 87 is populated
226	Affiliated1NPIType2nd	**1 - 2nd Provider NPI**	**Situational**	Affiliation NPI
227	Affiliated1NPIType3rd	**1 - 3rd Provider NPI**	**Situational**	Affiliation NPI
228	Affiliated1NPIType4th	**1- 4th Provider NPI**	**Situational**	Affiliation NPI
229	Affiliated1NPIType5th	**1- 5th Provider NPI**	**Situational**	Affiliation NPI
230	Affiliated1NPIType6th	**1 - 6th Provider NPI**	**Situational**	Affiliation NPI
231	Affiliated1NPIType7th	**1 - 7th Provider NPI**	**Situational**	Affiliation NPI
232	Affiliated1NPIType8th	**1 - 8th Provider NPI**	**Situational**	Affiliation NPI
233	Affiliated1NPIType9th	**1 - 9th Provider NPI**	**Situational**	Affiliation NPI
234	Affiliated1NPIType10th	**1 - 10th Provider NPI**	**Situational**	Affiliation NPI
235	Affiliated2NPIType	**2 - Affiliated NPI Type**	**Situational**	Any instance after the second is situational. "**CLNC**", "HOSP", "GROUP" or "PROF"
236	Affiliated2NPIType1st	**2 - 1st Provider NPI**	**Situational**	Affiliation NPI
237	Affiliated2NPIType2nd	**2 - 2nd Provider NPI**	**Situational**	Affiliation NPI
238	Affiliated2NPIType3rd	**2 - 3rd Provider NPI**	**Situational**	Affiliation NPI
239	Affiliated2NPIType4th	**2- 4th Provider NPI**	**Situational**	Affiliation NPI
240	Affiliated2NPIType5th	**2- 5th Provider NPI**	**Situational**	Affiliation NPI
241	Affiliated2NPIType6th	**2 - 6th Provider NPI**	**Situational**	Affiliation NPI
242	Affiliated2NPIType7th	**2 - 7th Provider NPI**	**Situational**	Affiliation NPI
243	Affiliated2NPIType8th	**2 - 8th Provider NPI**	**Situational**	Affiliation NPI
244	Affiliated2NPIType9th	**2 - 9th Provider NPI**	**Situational**	Affiliation NPI
245	Affiliated2NPIType10th	**2 - 10th Provider NPI**	**Situational**	Affiliation NPI
246	Affiliated3NPIType	**3 - Affiliated NPI Type**	**Situational**	Any instance after the second is situational. "**CLNC**", "HOSP", "GROUP" or "PROF"
247	Affiliated3NPIType1st	**3 - 1st Provider NPI**	**Situational**	Affiliation NPI
248	Affiliated3NPIType2nd	**3 - 2nd Provider NPI**	**Situational**	Affiliation NPI
249	Affiliated3NPIType3rd	**3 - 3rd Provider NPI**	**Situational**	Affiliation NPI
250	Affiliated3NPIType4th	**3- 4th Provider NPI**	**Situational**	Affiliation NPI
251	Affiliated3NPIType5th	**3- 5th Provider NPI**	**Situational**	Affiliation NPI

252	Affiliated3NPIType6th	3 - 6th Provider NPI	Situational	Affiliation NPI
253	Affiliated3NPIType7th	3 - 7th Provider NPI	Situational	Affiliation NPI
254	Affiliated3NPIType8th	3 - 8th Provider NPI	Situational	Affiliation NPI
255	Affiliated3NPIType9th	3 - 9th Provider NPI	Situational	Affiliation NPI
256	Affiliated3NPIType10th	3 - 10th Provider NPI	Situational	Affiliation NPI
257	Affiliated4NPIType	4 - Affiliated NPI Type	Situational	Any instance after the second is situational. "**CLNC**", "HOSP", "GROUP" or "PROF"
258	Affiliated4NPIType1st	4 - 1st Provider NPI	Situational	Affiliation NPI
259	Affiliated4NPIType2nd	4 - 2nd Provider NPI	Situational	Affiliation NPI
260	Affiliated4NPIType3rd	4 - 3rd Provider NPI	Situational	Affiliation NPI
261	Affiliated4NPIType4th	4- 4th Provider NPI	Situational	Affiliation NPI
262	Affiliated4NPIType5th	4- 5th Provider NPI	Situational	Affiliation NPI
263	Affiliated4NPIType6th	4 - 6th Provider NPI	Situational	Affiliation NPI
264	Affiliated4NPIType7th	4 - 7th Provider NPI	Situational	Affiliation NPI
265	Affiliated4NPIType8th	4 - 8th Provider NPI	Situational	Affiliation NPI
266	Affiliated4NPIType9th	4 - 9th Provider NPI	Situational	Affiliation NPI
267	Affiliated4NPIType10th	4 - 10th Provider NPI	Situational	Affiliation NPI
268	AcademicDegreeCode	Academic Degree Code	Situational	**Use code from Degree Code tab**
269	AcademicDegreeDescription	Academic Degree Description	Situational	Required when a provider has a professional abbreviation or designation of academic record **populate Full Degree name**, if the provider has no degree, do not send this segment. (e.g. DO-'Doctor of Osteopathy' etc.)
270	EnglishSpokenbyProvider	English Spoken by Provider	Required*	Y or N
271	ProviderForeignLanguagesSpoken1	1st Provider Foreign Languages Spoken	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
272	ProviderLanguageProfIndicator1	1st **Provider** Language Proficiency Indicator	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
273	ProviderForeignLanguagesSpoken2	2nd Provider Foreign Languages Spoken	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
274	ProviderLanguageProfIndicator2	2nd Provider Language Proficiency Indicator	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
275	ProviderForeignLanguagesSpoken3	3rd Provider Foreign Languages Spoken	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
276	ProviderLanguageProfIndicator3	3rd Provider Language Proficiency Indicator	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
277	ProviderForeignLanguagesSpoken4	4th Provider Foreign Languages Spoken	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp

278	ProviderLanguageProfIndicator4	**4th Provider Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
279	ProviderForeignLanguagesSpoken5	**5th Provider Foreign Languages Spoken**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
280	ProviderLanguageProfIndicator5	**5th Provider Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
281	ProviderForeignLanguagesSpoken6	**6th Provider Foreign Languages Spoken**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
282	ProviderLanguageProfIndicator6	**6th Provider Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
283	ProviderForeignLanguagesSpoken7	**7th Provider Foreign Languages Spoken**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
284	ProviderLanguageProfIndicator7	**7thProvider Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
285	ProviderForeignLanguagesSpoken8	**8th Provider Foreign Languages Spoken**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. Use ISO 639-3 three-letter language codes: http://www-01.sil.org/iso639-3/default.asp
286	ProviderLanguageProfIndicator8	**8th Provider Language Proficiency Indicator**	Situational	Required when languages other than English are spoken at this site, otherwise do not send. A – Fluent B – Good C – Fair D – Poor Plans should estimate the proficiency as best they can.
287	ProviderAffiliationEffectiveDate	Provider's Affiliation Effective Date	Optional*	Contract Effective date is requested.
288	ProviderAffiliationTerminationDate	Provider's Affiliation Termination Date	Situational	Contract Expiration Date is required if the contract/business relationship was terminated **and the termination was not reported in a previous submission.**
289	ProviderContractTermReason	**Provider Contract Termination Reason**	**Optional***	**Examples of Termination Reasons: Contract Terminated, Deceased, Group/Site Out of Business, Left Group, Moved Out of County or State, No Longer at Site Location, Retired, Site Closed, Other**
290	ProviderPrimaryTaxonomy	Provider **Primary** Taxonomy	Required	At least one taxonomy code is required.
291	ProviderSecondaryTaxonomy	**Provider 2nd Taxonomy**	**Situational**	**Need from Vendors**
292	ProviderTertiaryTaxonomy	**Provider 3rd Taxonomy**	**Situational**	**Need from Vendors**
293	PractitionerProviderGroupNetworkRoleCode1	1st **Practitioner** Provider Group Network Role Code	Situational	Use 3E - PCP; 3G - Specialist
294	PractitionerProviderGroupNetworkRoleCode2	2nd **Practitioner** Provider Group Network Role Code	Situational	Use 3E - PCP; 3G - Specialist

295	ProviderBoardCertificationResponseCode	Provider's Board Certification Response Code	Required	Board Certified? Y or N.
296	AtypicalProviderID	Atypical Provider ID	Situational	Legacy Medi-Cal Number, required if NPI cannot be provided. If Provider NPI is provided, leave blank. Example: Medical License Number
297	ProviderLocationID	Provider Location ID	N/A	Assigned by the Health Plan (eg:'99999_99999')
298	ProviderDEANumber	Provider DEA Number	Situational	Supply this information if provider has a DEA number.
299	MedicalSchoolAttended	Medical School Attended	Situational	Required if provider licensure is MD or NPA
300	MedicalSchoolGraduationYear	Medical School Graduation Year	Situational	Required if provider licensure is MD or NPA
301	ResidencyCompletion	Residency Completion	Situational	Required if provider licensure is MD or NPA
302	NPIofSupervisingPhysician	NPI of Supervising Physician	Situational	Required if provider licensure is NPA or NRS
303	ProfessionalPatientAcceptanceIndicator	Patient Acceptance Indicator	Situational	Required if **Practitioner** Provider Group Network Role Code is '3E' - PCP. Use: P7 – Accepting Existing Patients P8 – Accepting New Patients BLANK/NULL - Not Accepting Patients
304	Specialty1	**1st Specialty**	**Situational**	**Required when known**
305	BoardCertification1	**1st Board Certification**	**Situational**	**Required if 1st specialty provided** populated Y or N
306	Specialty2	**2nd Specialty**	**Situational**	**Required when known**
307	BoardCertification2	**2nd Board Certification**	**Situational**	**Required if 2nd specialty provided** populated Y or N
308	Specialty3	**3rd Specialty**	**Situational**	**Required when known**
309	BoardCertification3	**3rd Board Certification**	**Situational**	**Required if 3rd specialty provided** populated Y or N
310	Specialty4	**4th Specialty**	**Situational**	**Required when known**
311	BoardCertification4	**4th Board Certification**	**Situational**	**Required if 4th specialty provided** populated Y or N
312	Specialty5	**5th Specialty**	**Situational**	**Required when known**
313	BoardCertification5	**5th Board Certification**	**Situational**	**Required if 5th specialty provided** populated Y or N
314	Specialty6	**6th Specialty**	**Situational**	**Required when known**
315	BoardCertification6	**6th Board Certification**	**Situational**	**Required if 6th specialty provided** populated Y or N
316	Specialty7	**7th Specialty**	**Situational**	**Required when known**
317	BoardCertification7	**7th Board Certification**	**Situational**	**Required if 7th specialty provided** populated Y or N
318	Specialty8	**8th Specialty**	**Situational**	**Required when known**
319	BoardCertification8	**8th Board Certification**	**Situational**	**Required if 8th specialty provided** populated Y or N
320	Specialty9	**9th Specialty**	**Situational**	**Required when known**
321	BoardCertification9	**9th Board Certification**	**Situational**	**Required if 9th specialty provided** populated Y or N
322	Specialty10	**10th Specialty**	**Situational**	**Required when known**
323	BoardCertification10	**10th Board Certification**	**Situational**	**Required if 10th specialty provided** populated Y or N
324	Specialty11	**11th Specialty**	**Situational**	**Required when known**
325	BoardCertification11	**11th Board Certification**	**Situational**	**Required if 11th specialty provided** populated Y or N
326	Specialty12	**12th Specialty**	**Situational**	**Required when known**
327	BoardCertification12	**12th Board Certification**	**Situational**	**Required if 12th specialty provided** populated Y or N

328	Specialty13	**13th Specialty**	**Situational**	**Required when known**
329	BoardCertification13	**13th Board Certification**	**Situational**	**Required if 13th specialty provided** **populated Y or N**
330	Specialty14	**14th Specialty**	**Situational**	**Required when known**
331	BoardCertification14	**14th Board Certification**	**Situational**	**Required if 14th specialty provided** **populated Y or N**
332	Specialty15	**15th Specialty**	**Situational**	**Required when known**
333	BoardCertification15	**15th Board Certification**	**Situational**	**Required if 15th specialty provided** **populated Y or N**
334	Region No	Submitter ID/Region Number	N/A	Health Plan will populate this information, leave this field blank
335	Sub Region No	Submitter ID/Sub Region Number	N/A	Health Plan will populate this information, leave this field blank
336	Hospital Accred Quality Chk	Hospital Accreditation Quality Check	**Situational**	For Hospital record only www.qualitycheck.org
337	Provider Panel Status	Provider Panel Status	**Situational**	Required for Individual Providers: "R" available by referral only "F" available only through a hospital or facility
338	Group Website	Group Website Address	**Optional***	Provider Group Website
339	Site Website Address	Site Website Address	**Optional***	If field 200 is populated, leave field 339 blank
340	Provider Website	Provider Website	**Optional***	Individual practitioner website
341	Publish Site Email	Publish Site Email	**Situational**	Required if site email address is present in field 29. Permission to publish site email in provider directory for patient communication. Y - Yes N - No
342	Publish Provider Email	Publish Provider Email	**Situational**	Required if provider email address is present in field 223. Permission to publish provider email in provider directory for patient communication. Y - Yes N - No
343	Language Interpreter Services	Language Interpreter Services	**Situational**	Required for CMC. Are Language Interpreter Services provided? Y - Yes N - No
344	Prov Compl Cultural Comp Trng	Provider has completed cultural competence training	**Situational**	Required for CMC. Has the provider completed cultural competence training? Y - Yes N - No
345	Prov Skill Med Int On Site	Provider Access to Skill Medical Interpreters Onsite	**Situational**	Required for CMC. Does the provider have medical interpreters on site? Y - Yes N - No
346	Lang Interpreter Non Eng Lang	Language Interpreter Non-English Language	**Situational**	Required for CMC. Are there any non English language interpreters available? Y - Yes N - No
347	SpecExp Phy Disability	Special Expertise with Physical Disabilities	**Situational**	Required for CMC. Does practitioner have special expertise with physical disabilities? Y - Yes N - No
348	SpecExp Chronic Illness	Special Expertise with Chronic Illness	**Situational**	Required for CMC. Does practitioner have special expertise with chronic illnesses? Y - Yes N - No
349	SpecExp HIV Aids	Special Expertise with HIV/AIDS	**Situational**	Required for CMC. Does practitioner have special expertise with HIV/AIDS? Y - Yes N - No
350	SpecExp Serious Mental Illness	Special Expertise with Serious Mental Illness	**Situational**	Required for CMC. Does practitioner have special expertise with serious mental illness? Y - Yes N - No
351	SpecExp Homelessness	Special Expertise with Homelessness	**Situational**	Required for CMC. Does practitioner have special expertise with homelessness? Y - Yes N - No

352	SpecExp Dn Hard Hearing	Special Expertise with Deafness or Hard Hearing	**Situational**	Required for CMC. Does practitioner have special expertise with deafness or hard of hearing? Y - Yes N - No
353	SpecExp Bl Visual Impair	Special Expertise with Blindness or Visual Impairment	**Situational**	Required for CMC. Does practitioner have special expertise with blindness or visual impairment? Y - Yes N - No
354	SpecExp_Co-occurring Disorders	Special Expertise with Co-Occurring Disorders	**Situational**	Required for CMC. Does practitioner have special expertise with co-occurring disorders? Y - Yes N - No
355	SpecExp If Any Others Pls Ind	Special Expertise with Other Disabilities	**Situational**	Required for CMC. Does practitioner have special expertise with any other disabilities?
356	Accessibility Parking	Accessibility Parking	**Situational**	Required for CMC. Is there handicapped parking? Y - Yes N - No
357	Accessibility Exterior Building	Accessibility Exterior Building	**Situational**	Required for CMC. Is the exterior building handicapped accessible? Y - Yes N - No
358	Accessibility Interior Building	Accessibility Interior Building	**Situational**	Required for CMC. Is the interior building handicapped accessible? Y - Yes N - No
359	Accessibility Exam Room	Accessibility Exam Room	**Situational**	Required for CMC. Is there a handicapped accessible exam room? Y - Yes N - No
360	Accessibility Restroom	Accessibility Restroom	**Situational**	Required for CMC. Is there a handicapped accessible restroom? Y - Yes N - No
361	Accessibility Exam Tablescale	Accessibility Exam Tablescale	**Situational**	Required for CMC. Is there a handicapped accessible exam table scale? Y - Yes N - No
362	Accessibility Wheel Chair	Accessibility Wheel Chair	**Situational**	Required for CMC. Is there a handicapped accessible wheelchair? Y - Yes N - No
363	Accessibility Medical Equipment	Accessibility Medical Equipment	**Situational**	Required for CMC. Is there a handicapped accessible medical equipment? Y - Yes N - No
364	Safety Net Indicator	Safety Net Indicator	**Situational**	Y - Yes N - No
365	Sees Children Indicator	Sees Children Indicator	**Situational**	Y - Yes N - No

Loop 2100DA N201 must be redefined as follows:

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

Data Element	Length	Description
Site Tax ID Number	9	Required – no hyphens
Facility Type	2	Required – see available values in Appendix B
Institutional Facility Type	2	Required if the facility is institutional – see available values in Appendix B – 837I NUBC Bill Type (Facility Code Value).
Site County Code	2	Required – see available values in Appendix B
Licensed Bed Count	6	Requested when Facility Type equals 27, 28, 31, 32, or 38
Available Bed Count	6	Required when Facility Type equals 27 or 28, requested when Facility Type equals 31, 32, or 38
Staffed Bed Count	6	Requested when Facility Type equals 27, 28, 31, 32, or 38
Teaching Facility Indicator	1	Required – a code indicating if this is a teaching facility. Valid values: "Y" or "N".
Maximum number of Medi-Cal members that the site will accept	6	Required if 2120DA TPB01 = "3E"- Numeric only
Count of Medi-Cal members currently assigned to this site	6	Required if 2120DA TPB01 = "3E"- Numeric only

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

Loop 2100DA N202 must be redefined as follows:

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

Data Element	Length	Description
OSHPD ID	20	Required
Tertiary Indicator	1	Situational - Refers to a specialty hospital treatment such as burn, transplant, etc. Valid values: "Y" or "N".
Type of Service	3	Situational. See Appendix B for valid values.
Other Type of Service	30	Required if Type of Service = "OTO" or "OTI"

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

Loop 2140DA REF02 must be redefined as follows:

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

Data Element	Length	Description
Site DEA Number	15	Required if the site has a DEA Number assigned
Facility ID	15	Required - The Facility ID assigned by the plan
Facility Location ID	10	Required - The Facility Location ID assigned by the plan

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

A.2   **Provider Detail**

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

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

Data Element	Field Length	Description
Data Element Tag	5	"FIRST"
FTE Equivalent	3	Required - The percentage of a forty hour work week that this provider is available to see patients, report as a percentage without any decimals. For example if the provider only works Monday through Thursday FTE Equivalent = "080".
Provider Gender	1	Required – valid values are: "M", "F" or "U" (unknown).
Provider Date of Birth	8	Required – Use format CCYYMMDD.
IHSS Indicator	1	Required – does the provider provide In-Home Support Services? Valid values are: "Y" or "N".
BHT Indicator	1	Situational – if applicable, indicate the QASP level of the provider See Appendix B for valid values.
Telehealth Indicator	1	Required – does the provider provide Telehealth services? Valid values are: "Y" or "N".
CBAS Provider	1	Required – does the provider provide Community-Based Adult Services? Health Treatment? Valid values are: "Y" or "N".
Provider Social Security Number	9	Required – Numeric value only, no hyphens.
Provider Profit Status	2	Requested – A code denoting the profit status of the provider. Valid values are: "01" – 501(C)(3) No-profit "02" – For profit – closely held "03" – For profit, publicly traded "04" – Other

			"88" – Not applicable – the individual only practices as part of a group
			"99" - Unknown
Maximum Medi-Cal members that the provider will accept		6	Required if 2120EA TPB01 = "3E"- Numeric only
Count of Medi-Cal members currently assigned to the provider		6	Required if 2120EA TPB01 = "3E"- Numeric only

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

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

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

Data Element	Length	Description
State License Number	15	Required
Type of Licensure	3	Required - See Appendix B for valid values
Licensing State	2	Required - The state that issued the State License Number
Type of Board Certification	1	Situational - Required if 2120EA YNQ has been provided
Mental Health Provider Area of Expertise	4	Situational – Required when the provider is a mental health provider. Up to four different areas of expertise can be provided. See Appendix B for field definitions.
Mental Health Provider Practice Focus	10	Situational – Required when the provider is a mental health provider. Up to five different values for practice focus can be provided. See Appendix B for field definitions.
Primary Care Physician ID	15	Required when TPB01 = "3E". Assigned by the plan.

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

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

Data Element	Field Length	Description
Data Element Tag	5	"EMAIL"

Provider email address		Enter the full email address of the provider.

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

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

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

Data Element	Field Length	Description
Data Element Tag	4 or 5	"CLNC", "HOSP", GROUP" or "PROF"
Affiliated NPI	10	
Additional Affiliated NPI's	10	

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

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

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

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

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

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

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

The order of the type of affiliations does not matter.

Loop 2140EA REF02 must be redefined as follows:

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

Data Element	Length	Description
Atypical Provider ID	15	Required when 2100EA NM109 is not provided. Use the legacy Medi-Cal Provider Number.
Provider Location ID	10	Required - The provider location ID as assigned by the plan.
Provider DEA Number	15	Required if the provider has a DEA number.

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

Appendix B – Data Definitions

B.1   **Ownership Code**

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

B.2   **Facility Type**

Provider Facility Type Code	Provider Facility Type Description
10	Individuals or Groups (of Individuals)
17	Non-Individual - Other Service Providers
25	Non-Individual - Agencies
26	Non-Individual - Ambulatory Health Care Facilities
27	Non-Individual - Hospital Units

28	Non-Individual - Hospitals
29	Non-Individual - Laboratories
30	Non-Individual - Managed Care Organizations
31	Non-Individual - Nursing & Custodial Care Facilities
32	Non-Individual - Residential Treatment Facilities
33	Non-Individual - Suppliers
34	Non-Individual - Transportation Services
38	Non-Individual - Respite Care Facility

B.3   **Institutional Facility Type**

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

76	Clinic - Community Mental Health Center
77	Clinic - Federally Qualified Health Center (FQHC)
78	Licensed Freestanding Emergency Medical Facility
79	Clinic - Other
81	Hospice (non-hospital based)
82	Hospice (hospital based)
83	Ambulatory Surgery Center
84	Free Standing Birthing Center
85	Critical Access Hospital
86	Residential Facility
89	Special Facility - Other
3P	**Pharmacy**

B.4   Type of Service

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

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

B.5   Type of Licensure

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

Value	Type of Licensure
MFT	Marriage and Family Therapist/Licensed Marriage and Family Therapist

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

B.6   Type of Board Certification

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

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

B.7   Behavioral Health Treatment Indicator

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

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

B.8   Mental Health Provider Area of Expertise

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

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

S	Substance Abuse

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

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

B.9   **Mental Health Provider Practice Focus**

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

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

Up to five of these practice area values may be provided.

For example, if the practices areas to be reported are Mood Disorders, Anxiety Disorders, Eating Disorders and Sleep Disorders, the value for Mental Health Provider Practice Area would equal "MDADEDSL."

If no practice area is to be reported, this field should be null.

B.10   Site County Code
This field identifies the California county within which the service facility is located.
This is a two-byte numeric, and is defined by the following table:

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

25	Modoc	55	Tuolumne
26	Mono	56	Ventura
27	Monterey	57	Yolo
28	Napa	58	Yuba
29	Nevada	99	Out of State
30	Orange		

AcademicDegreeCode	Academic Degree Description
DPM	Doctor of Podiatric Medicine
LPT	Licensed Physical Therapist
MD	Medical Doctor
CRNP	Certified Registered Nurse Practitioner
DC	Doctor of Chiropractic
MSW	Master of Social Work
MPS	
CRNA	Certified Registered Nurse Anesthetist
MN	Master of Nursing
RD	Registered Dietitian
LCSW	Licensed Clinical Social Worker
DDS	Doctor of Dental Surgery
OD	Doctor of Optometry
PA	Physician Assistant
DSW	Doctor of Social Work
MSS	Master of Science in Social Work
OT	Occupational Therapist
CNP	Certified Nurse Practitioner
MA	Master of Arts
MBBS	Bachelor of Medicine and Bachelor of Surgery
MS	Master of Science
MSN	Master of Science in Nursing
MSSS	
MSSW	Master of Science in Social Work
RNCS	Registered Nurse Clinical Specialist
EDS	Specialist in Education
SLP.D	Doctorate in Speech-Language Pathology
LPN	Licensed Practical Nurse
DO	Doctor of Osteopathy
MC	Master of Counseling
CRN	Certified Registered Nurse
EDD	Doctor of Education
MED	Master of Education
MSSA	Master of Social Science Administration
PSYD	Doctor of Psychology
DMD	Doctor of Dental Medicine
PT	Physical Therapist
PhD	Doctor of Philosophy
CNM	Certified Nurse Midwife
ND	Naturopathic Medical Doctor
NP	Registered Nurse Practitioner
CSW	Clinical Social Worker
MT	Massage Therapist
RN	Registered Nurse
ACSW	Academy of Certified Social Workers
MD-PhD	Medical Doctor-Doctor of Philosophy
ADM	Advanced Diabetes Management
BS	Bachelor of Science
BC	Board Certified
CO	Certified Orthotist

CP	Certified Prosthetist
CRNM	Certified Registered Nurse Midwife
LAC	Licensed Acupuncturist
MFT	Marriage Family Therapist
OTR	Occupational Therapist Registered
NPF	Registered Nurse Practitioner Furnishing
RPT	Registered Physical Therapist
RRT	Registered Respiratory Therapist
SP	Speech Pathologist
ST	Speech Therapist
PharmD	Advanced Practice Pharmacist
LMT	Licensed Massage Therapist
LPCC	Licensed Professional Clinical Counselor
CNS	Registered Nurse Clinical Specialist

Link to SIL.org Language Code reference

Both Lookup and download lists are available free of charge.
ISO 639-3 Language Codes are preferred, as they are most comprehensive.

For example, Cantonese and Mandarin are common spoken languages in California, and they require IS

YUE	Chinese, Yue (Cantonese and Taishanese are subdialects of Yue Chinese)
CMN	Chinese, Mandarin

O 639-3 to define.