THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

☒ Imperial
☒ Riverside/San Bernardino
☒ Los Angeles
☒ Orange
☒ Sacramento
☒ San Diego

LINES OF BUSINESS:

☒ Molina Medi-Cal Managed Care
☒ Molina Medicare Options Plus
☒ Molina Marketplace (Covered CA)

PROVIDER TYPES:

☒ **Medical Group/ IPA/MSO**

Primary Care
☒ IPA/MSO
☒ Directs

Specialists
☒ Directs
☒ IPA

☒ **Hospitals**

Ancillary
☒ CBAS
☒ SNF/LTC
☒ DME
☒ Home Health
☒ Other

Provider Roster Submission Instructions

This is an advisory notification to Molina Healthcare of California (MHC) network providers to remind participating healthcare providers that they **must validate their provider director information with MHC every 90 days.**

If you are a capitated Medical Group, IPA, or other group that submits rosters to MHC, please see the detailed instructions listed below.

If you are part of the Fee-For-Service Molina Direct Network, or belong to a non-delegated group, please log into your Council for Affordable Quality Healthcare (CAQH) account to verify your information as described in our JTF sent on 12-13-22 which is attached below.

As a reminder, all Medi-Cal providers sent to MHC to load into our system must have completed the Department of Healthcare Services (DHCS) Medi-Cal provider screening and enrollment process.

There are two distinct kinds of provider rosters:

Monthly Provider Roster

- **Send monthly** – Including the months when the Quarterly Roster is sent
  - *Monthly Roster has Adds, Updates and Terms for each month*

Quarterly Provider Roster

- **Send quarterly** – Every 3 months
  - *Quarterly Roster is a full reconciliation file – there will not be any updates from this file*

Provider Roster Template

Please use the ICE Roster Template attached below.

Naming Convention

All provider rosters must follow this file naming convention:

- Provider/GroupName_RosterType_Date.xls

Examples

1. UCDavis_MonthlyRoster_03242023.xlsx
2. UCDavis_QuarterlyRoster_03242023.xlsx

Delivery Method

Send the Rosters and provider updates to the appropriate **County shared mailbox:**

1. MHC Inland Empire Provider Services: MHCIEProviderServices@MolinaHealthCare.com

2. MHC Los Angeles Provider Services: MHC_LAProviderServices@MolinaHealthCare.com
3. MHC Imperial Provider Services: MHCImperialProviderServices@MolinaHealthCare.com
4. MHC Sacramento Provider Services: MHCSacramentoProviderServices@MolinaHealthCare.com
5. MHC San Diego Provider Services: MHCSanDiegoProviderServices@MolinaHealthCare.com

Responses Regarding Roster Submission

Any roster, roster update or data maintenance request that does not contain all required data elements will be returned to the contracted provider entity (submitter) to append the missing information.

1. **Data Required** – When the request does not have the required information or data
   a. The request will be sent back to the sender of the email asking for the required data prior to processing the request
      i. Note: The request will not be processed until all required data is received
2. **Processing Turn Around Time (TAT)** – If all required data is received, the sender of the email will receive a response email letting them know the request is being processed and indicate the TAT this request will be completed
3. **Roster Processing Responses** – If all required data is received and the roster is processed, we will send additional information. When we send this "process completion" email back to the email sender we will indicate:
   a. If any providers have not been processed and the reason why
   b. For Quarterly Rosters (full reconciliation file)
      i. The expectation is all providers are listed
      ii. If providers are not on the "Full" Quarterly reconciliation roster, we will send these back asking you to send us the terms for these on the next Monthly file or indicate why they were not on the roster

Shared Mailbox Update vs. Roster

There are instances where you would send the Provider update in an email to the appropriate **County shared mailbox** rather than send them on the Monthly Roster. The general rule of thumb is to send an email if additional information is needed, or you need to send an attachment. The Roster template does not have the functionality to include attachments. The rosters are processed systematically.

Examples of what would need to be sent in an email to the Shared Mailbox are:

1. PCP Terms: For all PCP terminations, please see the Member Moves form below to attach when member moves are required
2. When the update requires an attachment:
   a. Profile
   b. W9
   c. Etc.
3. Urgent requesting needing to be processed prior to the monthly roster

Requests Other Than Provider Updates

The **County shared mailboxes** are to be used for Provider update (Add/Terms/Changes) requests only. If there are questions regarding Providers, processes, or timeframes, please contact your designated Provider Service Representative.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative. Please refer to the phone numbers listed below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster Shelly Lilly	909-577-4351 858-614-1586	Deletha.Foster@molinahealthcare.com Michelle.Lilly@molinahealthcare.com
Los Angeles	Clemente Arias Christian Diaz	562-517-1014 562-549-3550	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens Carlos Liciaga Salvador Perez	562-549-4403 858-614-1591 562-549-3825	Briana.Givens@molinahealthcare.com Carlos.Liciaga@molinahealthcare.com Salvador.Perez@molinahealthcare.com

If you are not contracted with Molina and wish to opt out of the Just the Fax, email:mhcproviderjustthefax@molinahealthcare.com
Please include provider name and fax number and you will be removed within 30 days.

MOLINA HEALTHCARE

www.molinahealthcare.com

JUST THE FAX

December 13, 2022

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

☒ Imperial
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☒ Los Angeles
☒ Orange
☒ Sacramento
☒ San Diego

LINES OF BUSINESS:

☒ Molina Medi-Cal Managed Care
☒ Molina Medicare Options Plus
☒ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
☒ Molina Marketplace (Covered CA)

PROVIDER TYPES:

☒ **Medical Group/ IPA/MSO**

Primary Care

☒ IPA/MSO
☒ Directs

Specialists

☒ Directs
☒ IPA

☒ **Hospitals**

Ancillary

☒ CBAS
☒ SNF/LTC
☒ DME
☒ Home Health
☒ Other

CORRECTION: Providers Are Now Required to Validate Their Molina Provider Directory Information

This is an advisory notification to Molina Healthcare of California (MHC) network providers.

Please disregard the Just The Fax sent on December 2, 2022. We apologize as it was prematurely sent out and contained errors.

Under new Federal law requirements that went into effect this year, as well as under California law, participating health care providers are required to verify their provider directory information with Molina every 90 days. These requirements ensure that health plan provider directories are accurate and up-to-date so that members can easily access in-network care. The information you must validate each quarter includes your:

- Name
- Address
- Specialty
- Telephone number
- Digital contact information

This information must be provided for each individual health care provider as well as for each medical group, clinic, and health care facility.

If you do not verify your provider directory information each quarter, the law **requires** that you be removed from Molina's online provider directory until such time as you validate your information. In addition, if you do not validate your information and we cannot reach you, we may also need to remove you from our provider network by terminating your provider agreement.

Please also note that California law also requires providers to update their provider directory information with Molina at the following times:

- When the provider begins a network agreement with Molina;
- When the provider terminates a network agreement with Molina;
- When there are material changes to the provider's name, address, specialty, telephone number, or digital contact information; or
- Upon request by Molina.

How to Verify Your Molina Provider Directory Information:

If you are part of the Fee-For-Service Molina Direct Network, please log into your CAQH account to verify that the above information that exists in the CAQH account is accurate for each health care provider and/or health care facility in your practice that is contracted with Molina. If the information is correct, please select the option to attest that the information is correct. If the information is not correct, please update that information in your CAQH account. This must be done within ten (10) business days.

- Log into the Availity Portal
    - Select the Payer Spaces Tab
    - Select Resources
    - Select CAQH
- Log into CAQH. If you are not already rostered for CAQH use the register option, or reach out to your Provider Services Rep and we will get you rostered in CAQH

If you are a capitated Medical Group, IPA, or other group that submits rosters to Molina, please provide a full updated roster to Molina that includes the above information for each health care provider and/or health care facility in your practice that is contracted with Molina. You must provide the updated roster within ten (10) business days. If you are a provider under one of these groups, please send any demographic changes to your group immediately. If you are unable to submit a correction through your Capitated Medical Group, IPA, or other group, please complete and submit the data inaccuracy form in the Provider Online Directory. A Molina Associate will reach out to your office to obtain the updated information.

Log into the Molina Provider Online Directory at:
https://molina.sapphirethreesixtyfive.com/?network_id=12&geo_location=33.9571,-118.4041&locale=en_us&ci=molina

- Select one of the programs you are contracted for and the city your office is located in.
- In the search bar use your NPI to pull up your provider profile
- Review all the sections and if you see any items that require an update please select "See something incorrect? Let us know."
- Select all boxes indicating what types of information are not currently displaying correctly in the provider online directory today.

Provider Resources
CMS, The No Surprises Act's Continuity of Care, Provider Directory, and Public Disclosure Requirements: https://www.cms.gov/files/document/a274577-1b-training-2nsa-disclosure-continuity-care-directoriesfinal-508.pdf.

FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021, Implementation Part 49: https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-49.pdf.

QUESTIONS
If you have any questions regarding the notification, please contact your Molina Provider Services Representative. Please refer to the phone numbers listed below:

Service County Area	Provider Services Representative	Contact Number	Email Address
San Diego/Imperial County	Carlos Liciaga	858-614-1591	Carlos.Liciaga@molinahealthcare.com
Los Angeles/Orange County	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
California Hospital Systems	Deletha Foster	909-577-4351	Deletha.Foster@molinahealthcare.com

If you are not contracted with Molina and wish to opt out of the Just the Fax, email:
mhcproviderjustthefax@molinahealthcare.com
Please include provider name and fax number and you will be removed within 30 days.

Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
Riverside County	Mary Hernandez	562-542-1550	Mary.Hernandez2@molinahealthcare.com
California Hospital Systems	Shelly Lilly	858-614-1586	Michelle.Lilly@molinahealthcare.com
Los Angeles/San Bernardino	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
San Diego	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com
Los Angeles	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com

MOLINA HEALTHCARE

www.molinahealthcare.com

PCP Provider Term – Member Move FORM

Terming or **"Move FROM"** PCP Provider

PCP Provider Name:

PCP Provider Contact Email:

Group Name:

PCP Provider NPI:

Service Location:

LOB:

Description of Request (All details of the PCP Term and Member Move):

"Move To" PCP Provider

Move to PCP Provider Name:

Move to Group Name:

Move to PCP Provider NPI:

Move to Service Location:

Move to PCP Provider Effective Date:

Move to LOB:

NOTE: Please attach any supporting documents for this request

There is a Monthly roster and a Quarterly roster

Monthly Rosters are for any Adds, Terms or changes and Molina will make these updates in our system

- FQHC (Add, Term, Change, MM)
- Provider (Add, Term, Change, MM)
- Service location
- Affiliation
- Panel status
- POD

Quarterly Rosters will have all active providers contracted with Molina

- Molina will do a full compare to our system from the Quarterly Roster
  - We will update New adds
  - We will update demographic information
  - A term by absence report will be generated (Providers in our system but not on the Roster)
    - We will share this list with you and request a Monthly roster with providers that need to be termed

Column	Column Header	Monthly - Explanation/NOTES	Sample
A	**Delegate Comments**	**Adds**: New practitioner, existing practitioner to new location, etc.) all data elements are required as defined, include effective date. **Terms**. Include NPI, GPNI, TIN and location of term, term date. Include PCP reassignment details in Comments(when applicable) **Change**: Include effective date in Comments and clearly identify/complete the NPI, GNPI, TIN and location PLUS the element needing to be updated/changed. (If this is a **Quarterly** - Please leave this **BLANK** - as the Quarterly is a Full roster)	**Add:** New practitioner, effective 01/01/2022 **Term**: Term Service Location, Reassign members to **Change:** License and Specialty eff 05/12/2022
B	**Request Type**	Monthly would be (Add or Term or Change), Quarterly would be "Quarterly" for all	Quarterly - for a full Quarterly roster
C	**Delegated Provider Term Date**	Advance notice of termination required-reference contract. Use MM/DD/YYYY Format	01/01/2022
D	**Delegated Provider Term Reason**	Clear and brief explanation for type of termination (Voluntary, Retirement, Location, Deceased, Never Started etc.)	Retired
E	**Provider Designation** (PCP, SPC, PCP/SPC, Ancillary)	Delegate network category (e.g., PCP, SPC, Ancillary, etc.)	PCP
F	**Name Last**	Providers Last Name	Ackerman
G	**Name First**	Providers First Name	Jenna
H	**Name Middle**	Providers Middle Name or Initial	R
I	**Provider Title**	Usually the provider degree, but sometimes how the provider is licensed and addressed in correspondence (e.g., MD, CNP, PT, LPCC, etc.)	NP
J	**Provider Gender**	Providers Gender	F
K	**Provider DOB**	Used for sanctions/license monitoring checks, or to eliminate duplicate providers with common names	01/01/2022
L	**Provider Individual NPI**	The NPI of the individual, often different than pay-to NPI. Type 1 - consistent with NPPES	9999999999
M	**Provider SSN**	Used for sanctions/license monitoring checks, or to eliminate duplicate providers with common names	123456789
N	**Provider Languages**	**No Blanks**. Required for online directory and OIC Form A. Non-English Languages recommended. English or None if no other languages spoken. (**NCQA:** NET 6 / Element A, Factor 8 - 2016 HP Standards and Guidelines)	Russian
O	**PRIMARY Specialty/Expertise**	Clear and brief explanation for type of termination (Voluntary, Retirement, Location, Deceased, Never Started etc.)	Family Medicine
P	**PRIMARY Specialty Taxonomy**	Practitioner's PRIMARY Taxonomy or Expertise associated with Specialty. Reference tab: NUCC_Taxonomy _July2016	207Q00000X
Q	**PRIMARY Specialty Board Status**	**No Blanks**. Subsequent fields must be populated dependent upon status. Provide board status applicable to specialty only (Board Certified, Board Eligible, Not Board Certified, Not Applicable)	Board Certified
R	**PRIMARY Specialty Board Name**	www.ABMS.org tab is provided as a reference for applicable board entries	American Board of Emergency Medicine
S	**PRIMARY_SpecialtyBoard_Number**	Please provide board number or board information cannot be loaded	123456
T	**PRIMARY Specialty Board Issue Date**	Use MM/DD/YYYY Format	01/01/2022
U	**PRIMARY Specialty Board Expiration Date**	Use MM/DD/YYYY Format. *****Use 12/31/9999 or applicable/appropriate maximum system date for LIFETIME*****	01/01/2022
V	**SECONDARY Specialty/Expertise**	Practitioners SECONDARY Specialty or Expertise.	Obstetrics & Gynecology
W	**SECONDARY Specialty Taxonomy**	Practitioner's SECONDARY Taxonomy or Expertise associated with Specialty. Reference tab: NUCC_Taxonomy _July2016	207V00000X
X	**SECONDARY Specialty Board Status** (Board Certified, Board Eligible, Not Board Certified, Not Applicable)	**No Blanks if there is a Secondary Specialty identified**. Subsequent fields must be populated dependent upon status. Provide board status applicable to specialty only. NCQA: Directory isn't required to list subspecialty, but all applicable	Board Certified
Y	**SECONDARY Specialty Board Name** (reference tab: www.ABMS.org)	NCQA: Directory isn't required to list subspecialty, but all applicable. www.ABMS.org tab is provided as a reference for applicable board entries	American Board of Pediatrics
Z	**SECONDARY Specialty Board Issue Date**	Use MM/DD/YYYY Format	01/01/2022
AA	**SECONDARY Specialty Board Expiration Date**	Use MM/DD/YYYY Format. *****Use 12/31/9999 or applicable/appropriate maximum system date for LIFETIME*****	01/01/2022
AB	**Telehealth Provider (Y/N)**	Please specify if this provider is a telehealth provider	Y
AC	**Supervising Physician Specialty**	Applicable to mid-level practitioners	Internal Medicine
AD	**Supervising Physician Name**	First and Last name	Bob Smith
AE	**Supervising Physician NPI**	Please provider the Supervising NPI	123456789

AF	**Medical School Program Degree**	Please provide the Practitioner's program degree	MD (MSN for Nurse Practitioner)
AG	**DHCS Certified**	Use: Yes, No, or In Process	In Progress
AH	**License Number**	Ensure proper format according to state licensing board(s). EXAMPLE: WA = 2 alpha, 8 digits	AB12345678
AI	**License State**	The state the license was issued	CA
AJ	**License Issue Date**	Use MM/DD/YYYY Format	01/01/2022
AK	**License Expiration Date**	Use MM/DD/YYYY Format	01/01/2022
AL	**DEA Number**	Please provide DEA Number	123456
AM	**DEA State**	Please provide DEA State issued	CA
AN	**DEA_Effective_Date**	Please provide DEA effective date	01/01/2022
AO	**DEA Expiration Date**	Use MM/DD/YYYY Format	01/01/2022
AP	**Group Name - Location of Service**	This would be the name reflected in any public directory publication. - (N/A for IPAs)	North Hill Family Medicine
AQ	**Group TIN - Location of Service**	The group's TIN for groups - (N/A for IPAs)	279513678
AR	**Primary Practitioner Service Location (Y/N)**	Identify location that is the primary service location for the practitioner. This could drive internal process, panel carrying decisions, etc.	Y
AS	**FQHC Location**	Use Yes or No. This is to confirm if the provider will need open panels.	N
AT	**Address/Service Location Group NPI**	Type 2 (Organizational) - consistent with NPPES	9087451632
AU	**Address/Service Location Line 1**	**No PO BOX**. Physical service location address.	557 N. Main Street
AV	**Address/Service Location Line 2**	Suite	102
AW	**Address/Service Location City**	City	Los Angeles
AX	**Address/ Service Location State**	Two letter state abbreviation	CA
AY	**Address/ Service Location Zip Code**	MINIMUM 1st 5 required. Last 4 digits (separated with a dash) are optional	44310-0000
AZ	**Address/ Service Location County**	County	LA
BA	**Address/ Service Location Phone**	Include area code - separate with dashes. NCQA: Net 6 2016 HP Standards and Guidelines	330-376-4545
BB	**Address/ Service Location Fax**	Include area code - separate with dashes	330-376-8077
BC	**Address/ Service Location Email**	office manager/receptionist/etc.	wanda.roberts@akrongeneral.org
BD	**Address/ Service Location Effective Date**	Use MM/DD/YYYY Format	01/01/2022
BE	**Address/Service Location Provider Type at Location** (PCP, SPC, PCP/SPC, Ancillary)	Designation is specific to provider at the specified location - could vary from designation in Column G. EXAMPLE: Practitioner could be both a PCP and a Specialists in Column G (PCP/SPC) but operate as a Specialist (SPC) only at a particular location	SPC
BF	**Address/Service Location List in Directory** (Y/N)	**No Blanks**. Answer as appropriate; however, understand that OIC guidance/transparency regulations require all contracted providers to be listed **for Marketplace/Exchange plans ONLY.** Additional fields should drive education to provider about availability at that location (Accepting New Patients=N and/or Panel Status= Closed	Y
BG	**Accepting New Patients (ALL)** (Y/N)	**No Blanks**. Is provider available on an ongoing, outpatient basis (separate from PCP Panel Status). or one of the N responses to clarify WHY this practitioner is not available to see new patients. EX: No- Float, No-Per Diem, No-Walk-In, No-Hospitalist)	Y
BH	**Address/ Service Location Patient Panel**	**PCP ONLY**. Input Y if a panel is carried by the PCP at specified location, or one of the N responses to clarify WHY a panel would not be carried: No-Float, No-Per Diem, No-Hospitalist) Blanks are discouraged so N/A-Non PCP is appropriate if record line is a Specialist.	N
BI	**Address/Service Location Panel Status** (Open, Close, Established, N/A-Non PCP)	Input current status of PCP Panel: Open, Close, Established, N/A-Non PCP	Established
BJ	**Address/Service Location number of beneficiaries**	UHC requirement	1
BK	**Address/Service Location Age Restrictions**	**No Blanks**. Indicate age range restrictions: 18 & Younger, 19& older, 65 and Over, etc. or **None** if no age restrictions are present	None
BL	**Address/ Service Location Gender Restrictions**	**No Blanks**. Indicate Male, Female or **None** if no gender restrictions are present	None
BM	**Address/ Service Location Accessibility PD = Patient Diagnostic and Treatment Use (Y/N)**	**No Blanks**. (Y) Facility site meets disability accessibility requirement. (N) Facility site access for the members with a disability is missing or is incomplete in one or more features for parking, building, elevator, doctor's office, exam room, and restroom.	Y

BN	**Address/ Service Location Accessibility T = Medical Equipment (Y/N)**	**No Blanks**. (Y) Facility site meets disability accessibility requirement. (N) Facility site access for the members with a disability is missing or is incomplete in one or more features for parking, building, elevator, doctor's office, exam room, and restroom.	Y
BO	**Address/Service Location Office Hours**	Office hours of the location	MON 9:00AM - 5:00PM TUE 9:00AM - 5:00PM WED 9:00AM - 5:00PM THU 9:00AM - 5:00PM FRI 9:00AM - 5:00PM
BP	**Address/Service Location Languages Spoken by Office Staff**	**No Blanks**. Required for online directory and OIC Form A. Non-English Languages recommended. English or None if no other languages spoken. (**NCQA:** NET 6 / Element A, Factor 8 - 2016 HP Standards and Guidelines)	Afar
BQ	**Interpretation Services Available** (Y/N)	**No Blanks**.	Y
BR	**Telemedicine Services Available** (Y/N)	**No Blanks**. This is for practitioner to patient services via telemedicine.	Y
BS	**Telemedicine Services - Described** (Required if CF = Y)	**Required if CF (Telemedicine Services Available) = Y.** Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located.	Individual Behavioral Therapy
BT	**Specify whether they are solely a hospital based provider** (Y/N)	Y for those location records where practitioner is only hospital based	Y
BU	**Medicaid ID/ Provider One ID#**	**No Blanks**. Federal Regulation (42 C.F.R. 455.410(b). "MegaReg". "PENDING" is appropriate if the required application has been made but still in process. Medicaid encounters currently considered "acceptable rejections" for those not properly registered. *Subject to change* .	2952701
BV	**Hospital (Affiliation) Name**	Used for online directory and HEDIS. Please reference "Hospital Affiliations" tab for options - including global arrangements that may not be practitioner specific.	Hunt Regional Hospital; Inpatient Coverage Plan
BW	**Hospital Status/Category**	Specify the type of hospital affiliation for what is reflected in CW (Hospital Affiliation). See tab: Hospital Affiliation. If there is an Admit Plan or admit is done through another group, enter the appropriate category in this column, and specify the name of that group/provider or entity in Column CW. *Only individual Active hospital affiliations with admitting privileges are appropriate for public directory publication*.	Active
BX	**Website Address**	Information for all enrollees of MCOs, PIHPs, PAHPs, and PCCM entities - Provider Directory: Website URL, as appropriate	www.molinahealthcare.com
BY	**Cultural Competency (**Cultural/Linguistic and/or Special Experience/Training)	Federal Regulation aka "MegaReg".	served in Peace Corps, Tanzania, speaks fluent Swahili, LGBTQ friendly

Delegate_Comments	Request_Type	Delegated_Provider_Term Date

Delegated_Provider_Term_Reason	Provider_Designation	Name_Last	Name_First	Name_Middle	Provider_Title	Provider_Gender

Provider_DOB	Provider_Individual_NPI	Provider_SSN	Provider_Languages	PRIMARY_Specialty_Expertise

PRIMARY_Specialty_Taxonomy	PRIMARY_Specialty_Board_Status	PRIMARY_SpecialtyBoard_Name	PRIMARY_SpecialtyBoard_Number

PRIMARY_Specialty_Board_Issue_Date	PRIMARY_Specialty_Board_Expiration_Date	SECONDARY Specialty_Expertise

SECONDARY_Specialty_Taxonomy	SECONDARY_Specialty_Board_Status	SECONDARY_Specialty_Board_Name

SECONDARY_Specialty_Board_Issue_Date	SECONDARY_Specialty_Board_Expiration_Date	Telehealth_Provider

Supervising_Physician_Specialty	Supervising_Physician_Name	Supervising_Physician_NPI	Medical_School_Program_Degree

DHCS_Certified	License_Number	License_State	License_Issue_Date	License_Expiration_Date	DEA_Number	DEA_State

DEA_Effective_Date	DEA_Expiration_Date	Group Name_Location_of_Service	Group_TIN_Location_of_Service

Primary_Practitioner_Service_Location	FQHC_Location	Address_Service_Location_NPI	Address_Service_Location_Line_1

Address_Service_Location_Line_2	Address_Service_Location_City	Address_Service_Location_State	Address_Service_Location_Zip_Code

Address_Service_Location_County	Address_Service_Location_Phone	Address_Service_Location_Fax	Address_Service_Location_Email

Address_Service_Location_Effective_Date	Address_Service_Location_Provider_Type_at_Location

Address_Service Location List in Directory	Accepting New Patients	Address_Service Location Patient Panel

Address_Service Location Panel Status	Address_Service Location number of beneficiaries

Address_Service_Location_Age_Restrictions	Address_Service_Location_Gender_Restrictions	Address_Service_Location_Accessibility

Address_Service_Location_Accessibility2	Address_Service_Location _Office_Hours

Address_Service_Location_Languages_Spoken_by_Office_Staff	Interpretation_Sevices_Available	Telemedicine_Services_Available

Telemedicine Services_Described	Specify_whether_they_are_solely_a_hospital_based_provider	Provider_Medicaid#_Provider_One_ID#

Hospital_Affiliation_Name	Hospital_Status_Category	Website_Address	Cultural_Competency