



Provider Network Verification

File Specification – Version 1.1

Date Updated: 6/18/2013

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Document Change History

Date	Version	Description
9/5/2012	0.1	Initial Draft
9/18/2012	0.11	Added Start and End Dates; Removed IsLeavingNetwork; Increased provider type length to 3 digits; Added sample records; Reordered fields.
9/21/2012	0.12	Added Record Tracking Number field; Changed End Date to not required; Added description to End Date on how to mark record as "cancelled"; Updated sample records to match changes.
11/08/2012	0.13	Made changes to the file naming convention to distinguish LTC files from Reform/Options; Split data into two separate files to help distinguish individual provider/group data from multiple locations of service; Updated examples to reflect the change in the file specification.
11/14/2012	0.14	Removed Primary Specialty Location Tracking Number; Removed Board Certification indicator from Specialties field; Added 'Location Name' field; Changed 'Primary Specialty' to required; Changed 'Hospital Affiliations' to conditionally required; Added 'Plan Benefit Codes' field to SL File and Appendix D; Updated example records;
11/14/2012	0.15	Added additional record type to PG file for specifying hospital affiliation; Added Bed Count to SL file (used for certain reporting requirements);
1/22/2013	0.16	Allowed 'Location Name' for record type 4; Added response file specification; Added response file error codes; Clarified requirements for 'Contracted Bed Count' and 'Beds in Use';
2/4/2013	0.17	Field 'Provider ID / Registration #' is now required for record type 3 on the PG file (used instead of Hospital Affiliations field); 'Hospital Affiliations' field can no longer be used for record type 3;
2/21/2013	0.18	Increased length of Record Tracking Number fields from 13 to 20; Changed Record Tracking Number field to alpha-numeric to represent the fact that letters are allowed;
3/8/2013	0.19	Changed 'County' field on the SL file to accept multiple values;
4/17/2013	0.20	Added 'Level 2' error codes; Changed 'Hospital Affiliations' on PG file to conditionally required instead of required; Updated submission and response file times;
5/13/2013	1.0	Officially changed specification from Draft to Final version 1.0;
6/18/2013	1.1	Removed 'IsWarning' column from Appendix E, use the Rule Status report on the portal to get the latest status of all system rules;

Document Conventions

The conventions used in this document are described below:

Field Delimiters

All files are pipe “|” delimited, with no header row. Within each field, use the tilde “~” symbol to separate multiple values.

Example: 1234567|JOHN|SMITH|001~002~003 (Note that the last field has 3 separate values)

Formatting Conventions

Symbol	Description
@	Any Unicode character
#	Any numeric character (0-9)
B	Bit field: Y if true, N if false.
D	Date field: All dates should be 8 digits long: YYYYMMDD. E.g. 20080306.
~...	This field may contain more than 1 value. Each separate value within the field is delimited with a tilde symbol “~”. No limit to number of records.

Columns and Miscellaneous Explanations

- A. **“Applies To”** column: Used to identify which record types the field applies to. If a field does not apply to the type of record being submitted it should be left blank.
- B. **“Required”** column: C = Conditional (Maybe required; conditions defined in the description field)
- C. **“Format (Max)”** column: The number in parentheses is the maximum length accepted for this field. If no max is specified then there is no restriction on the length of the field. **Note:** This is a maximum length and data that is less than the maximum **should not** be padded in any way to make it equal to the maximum length.

File Naming Convention

Position	Format	Description
1-2	@ (2)	PG = Provider / Group File
		SL = Service Location File
		EN = End of Transmission File
3-5	@ (3)	The three letter code for the health plan submitting the file.
6-13	D (8)	The date of the file submission in YYYYMMDD format.
14-23	@ (9)	Files submitted by the plans should have a .dat extension. Files created by AHS in response to plan submissions will have a .response extension.

All files from the plans should be submitted by 5:00 PM. Response files from AHS to the plans will be ready by 9:00 AM the following day.

Example Plan Provider/Group File Submission: PGAHS20121107.dat
 Example AHS Response: PGAHS20121107.response

Example Plan Service Location File Submission: SLAHS20121107.dat
 Example AHS Response: SLAHS20121107.response

Example End of Transmission File Submission: ENAHS20121107.dat
 Example AHS End of Transmission File: ENAHS20121107.response

Sample Records

Scenario 1: Group PCP record

This is an example of a Group PCP submission. This group is available for members in MyHealthPlan (MHP) in Area 1(123456789) and Area 2 (234567890). The Medicaid ID assigned to this group is 111111111, the license number is 123456, and the SSN/FEIN number is 222222222. This group has been available with MyHealthPlan since 2/1/2011.

PG File:

MHP2000000001|111111111||My Demo Health Group|123456|222222222||20110201||025|009||

SL File:

MHP5000000001|123456789~234567890|MHP2000000001|||20110201||989 Example Blvd. |Tallahassee|FL|32301|37|1115551212|Y|Y|N|B||06M||Y|N|Y|009||5000|2231|||

Scenario 2: Physician record that is part of a Group

This is an example of a physician that is linked to the Group PCP from Scenario 1. The Medicaid ID assigned to this physician is 888888888, the license number is 234567, and the SSN/FEIN is 999999999. This physician participates in the same areas and has the same restrictions as the group.

PG File:

MHP1000000001|888888888|John|Smith|234567|999999999||20120301||025|009||M

SL File:

MHP6000000001|123456789~234567890|MHP1000000001|MHP5000000001||20120301|||||||||N|||||||||009|||||

Scenario 3: Physician PCP record that is not part of a Group (individual practitioner)

This is an example of a physician that is not linked to a group. The Medicaid ID assigned to this physician is 666666666. This physician is marked as accepting existing patients only. However, this physician will not be able to accept any new enrollments because they have an end date (2/1/2013) which indicates that they are leaving the network. The SL record does not need to be end dated because putting an end date on the provider will end all provider locations for that provider.

PG File:

MHP1000000002|666666666|Jane|Doe|345678|555555555||20030401|20130201|025|009|00100254|F

SL File:

MHP4000000002|123456789|MHP1000000002|||20030401||678 Demo Ln.|Suite 112|Tallahassee|FL|32301|37|1115551234|Y|Y|Y|F||12Y|55Y|N|N|Y|009||2000|1456|||

Scenario 4: Submitting a contracted Hospital

This is an example of a hospital that the health plan is contracted with. The Medicaid ID # for this hospital is 123123123.

PG File:

MHP3000000001|123123123|||20080901||001|||

File: Provider/Group/Hospital (PG)

This file contains individual records of Providers and Groups. Records here are not location-specific; each individual record here may have 0 or more service locations in the SL file. These are the record types in this file:

- 1) Provider: Individual Provider data.
- 2) Group: Group (including Facilities and Pharmacies) data. Do not include hospitals.
- 3) Hospital: A hospital that the plan is contracted with.

Field Name	Format (Max)	Applies To	Required	Description
Record Tracking Number	@(20)	1,2,3	Yes	Unique record tracking number assigned by the plan. The same tracking number should be used as the key updating records in the future. Should be composed of the plans unique three letter identifier plus the record type (1 or 2) plus a unique identifier number up to 9 digits in length. Ex. AHS1123456789.
Provider ID / Registration #	#(9)	1,2,3	Yes	The 9 digit Medicaid ID number provided by FMMIS when a provider is either enrolled or registered with Florida Medicaid.
First Name	@(50)	1	C	If an individual this field is required and should be the first name of the provider.
Last Name / Group Name	@(100)	1,2	Yes	The last name of an individual provider or the group name of a group.
License Number	@(12)	1,2	Yes	The license number for this provider.
SSN or FEIN	#(9)	1,2	Yes	Social Security Number of Federal Identification Number for the provider/group at this location.
NPI Number	#(10)	1,2	No	National Provider Identifier number for the Provider or Group.
Start Date	D(8)	1,2,3	Yes	The start date of this record, it must match the effective date of the contract.
End Date	D(8)	1,2,3	No	The end date of this record, aka the termination date of the contract. PCP with end date will no longer be assignable. (Note: If the End Date is prior to the Start Date, AHS will assume that the record should be cancelled / nullified. AHS will treat the record as "deleted".)
Provider Type	#(3)	1,2,3	Yes	The type of the provider being submitted. See Appendix A
Primary Specialty	#(3)	1,2	Yes	The primary specialty provided by this provider. See Appendix B
Hospital Affiliations	#(8)~...	1	C	The 8 digit AHCA ID # of the hospital(s) with which this provider is affiliated. At least one required if the provider is going to be used as a PCP.
Gender	@(1)	1	No	The gender of the provider (M = Male, F = Female)

File: Service Location (SL)

This file contains records of a Provider at a Location, a Group Location, or a Provider at a Group Location. These are the record types in this file:

- 4) Provider Location: A Provider working at a Location. The location cannot be a Group practice or Health Center.
- 5) Group Location: A Group working at a Location. (also for Facility/Pharmacy location)
- 6) Provider-Group Location: A Provider working at a Group Location. Specify the Provider Tracking Number from PG file and the Group Location Tracking Number from the SL file to link a Provider to a Group Location.

Field Name	Format (Max)	Applies To	Required	Description
Record Tracking Number	@(20)	4,5,6	Yes	Unique record tracking number assigned by the plan. The same tracking number should be used as the key updating records in the future. Should be composed of the plans unique three letter identifier plus the record type (4, 5, or 6) plus a unique identifier number up to 9 digits in length. Ex. AHS4123456789.
Plan Medicaid ID	#(9)~...	4,5,6	Yes	A list of the plan's 9 digit Medicaid ID #'s that this provider is available for.
Provider / Group Tracking Number	@(20)	4,5,6	Yes	Use Tracking Number from the PG File for the Provider or Group that practices at this location.
Group Location Tracking Number	@(20)	6	Yes	Use a Group Location Tracking Number to indicate that the provider in the "Provider Tracking Number" field is practicing at the specified Group Location.
NPI Number	#(10)	4,5,6	No	National Provider Identifier number for this location. Only list NPI if this location has a different NPI than the provider or group.
Start Date	D(8)	4,5,6	Yes	The start date of this record, aka the effective date of the contract.
End Date	D(8)	4,5,6	No	The end date of this record, aka the termination date of the contract. PCP with end date will no longer be assignable. (Note: If the End Date is prior to the Start Date, AHS will assume that the record should be cancelled / nullified. AHS will treat the record as "deleted".)
Location Name	@(100)	4,5	No	If used, this will override the name provided in the PG file for this group. This can be useful if you have a group that has multiple locations (ex. My Test Group of Tallahassee and My Test Group of Miami).
Address Line 1	@(100)	4,5	Yes	
Address Line 2	@(100)	4,5	No	
City	@(30)	4,5	Yes	
State	@(2)	4,5	Yes	
Zip Code	#(5)	4,5	Yes	
County Code	#(2)~...	4,5	Yes	The county this location is physically located in followed by any additional counties the location will provide service for. Please make sure the first county is the county where the location is physically located.
Phone Number	#(10)	4,5	No	The 10 digit phone number (do not use any characters or a leading '1').
Phone Extension	#(10)	4,5	No	The phone number extension to dial (if applicable).
Is PCP	B(1)	4,5,6	Yes	Is this provider or group a Primary Care Provider? If record type 6, the provider can only be a PCP if the group they are being linked to is not a PCP.
Accepting Patients	B(1)	4,5,6	C	Is the provider accepting any patients? Required for PCPs.
Current Patients Only	B(1)	4,5,6	C	Is the provider accepting only current patients? Required for PCPs
Gender Accepted	@(1)	4,5,6	No	B = Both, M = Male, F = Female (blank = unknown)
Is Restricted Provider	B(1)	4,5,6	C	HMO/PSN can use the field to indicate to the member they must contact HMO/PSN member services to enroll with this PCP. For MediPass this indicates a restricted provider. This field is required for MediPass only.
Age Restriction Low	@(3)	4,5,6	No	The youngest patient a provider is willing to see. Leave blank if no restriction. Format: ##A where ## is a number from 0-99 and A is a code for the length of time (D=Days, W=Weeks, M=Months, Y=Years)
Age Restriction High	@(3)	4,5,6	No	The oldest patient a provider is willing to see. Leave blank if no restriction. Format: ##A where ## is a number from 0-99 and A is a code for the length of time (D=Days, W=Weeks, M=Months, Y=Years)
Has Evening Hours	B(1)	4,5,6	No	Does this provider offer hours after 5 PM?
Has Saturday Hours	B(1)	4,5,6	No	Does this provider offer hours on Saturday?

Has Wheelchair Access	B(1)	4,5,6	No	Is this provider accessible by wheelchair?
Specialties	#(3)~...	4,5,6	No	3-digit Specialty code for this Service Location. See appendix B.
Languages	#(2)~...	4,5	No	Languages spoken at this provider in addition to English. See Appendix C
Enrolled Patient Load	#(5)	4,5,6	C	The total number of patients that are enrolled with this provider on this plan. Required for PCPs.
Active Patient Load	#(5)	4,5,6	C	The total number of enrolled patients on this plan that have been seen by this provider in the last year. Required for PCPs.
MP/CMS (MediPass/CMS) Indicator	@(1)	4,5,6	C	Required for MediPass/CMS only. Should be left blank for all other plans. Indicates if the provider participates with MediPass, CMS, or both. M = MediPass Only S = CMS Only B = Both
MPCMS Maximum AA per Month	#(5)	4,5,6	N	Optional for MediPass/CMS only. Should be left blank for all other plans. The maximum number of patients that can be assigned to this provider in any given month.
Plan Benefit Codes	#(5)~...	4,5,6	C	The services that the location is contracted to provide for the plan. Required for Long Term Care. See Appendix D.
Contracted Bed Count	#(4)	4,5	C	The number of beds the health plan is contracted for at this facility. Required when the location has the following specialties: 121-126, 901, 904, 909-916, 924.
Beds In Use	#(4)	4,5	C	The number of contracted beds in use by members of this plan. Required when the location has the following specialties: 121-126, 901, 904, 909-916, 924.

File: End of Transmission (EN)

This is a 0 byte file that is used to indicate the end of file transmission for the day. This is a precaution to prevent AHS or MCP from processing any Daily or Weekly files before the complete set of files have been transmitted fully. After all other files have been transmitted, the EN file will be sent last. Both MCP and AHS will use this to indicate end of transmission. Please refer to the File Naming Convention on how to name this file.

File: Response Files

Response files will be an exact copy of the file that you sent to us, plus the addition of one column at the end of each line containing any error codes that are applicable to that record. If the additional column is empty or only contains warnings (see Appendix E) then the record was submitted successfully.

Do not process response files until the “EN” response file is available. This indicates that our process is complete and that the response files are completely ready.

The absence of a response file after the “EN” response file is available indicates that there was a problem with the formatting of your file and the entire file could not be processed. You should receive an email notification when this scenario occurs.

Field Name	Format (Max)	Applies To	Required	Description
Error Codes	#{4}~...	All	No	Contains all error/warning codes that apply to the record. See Appendix E and Appendix F.

Appendix A – Provider Types

001 - GENERAL HOSPITAL
004 - STATE MENTAL HOSPITAL
005 - COMMUNITY BEHAVIORIAL HEALTH SERVICES
006 - AMBULATORY SURGERY CENTER
007 - SPECIALIZED MENTAL HEALTH PRACTITIONER
008 - SCHOOL DISTRICT
009 - SKILLED NURSING UNIT HOSPITAL BASED
010 - SKILLED NURSING FACILITY
011 - STATE ICF/DD FACILITY
012 - PRIVATE ICF/DD FACILITY
013 - SWING BED FACILITY
014 - ASSISTIVE CARE SERVICES
015 - HOSPICE
016 - STATE INPATIENT PSYCHIATRIC PROGRAM
020 - PHARMACY
023 - MEDICAL FOSTER CARE/ PERSONAL CARE PROVIDER
024 - PRESCRIBED MEDICAL REHAB SERVICES (PPEC)
025 - PHYSICIAN (M.D.)
026 - PHYSICIAN (D.O.)
027 - PODIATRIST
028 - CHIROPRACTOR
029 - PHYSICIAN ASSISTANT
030 - NURSE PRACTITIONER (ARNP)
031 – REG. NURSE/REG. NURSE FIRST ASSISTANT
032 - SOCIAL WORKER/CASE MANAGER
033 - APPROVAL AGENCY
034 - LICENSED MIDWIFE
035 - DENTIST
036 - MEDICAL ASSISTANT
040 - AMBULANCE
041 - NON-EMERGENCY TRANSPORT
042 - AIR AMBULANCE
043 - TAXICAB COMPANY
044 - GOVERNMENT/MUNICIPAL TRANSPORT
045 - PRIVATE TRANSPORTATION
046 - NON-PROFIT TRANSPORTATION
047 - MULTI-LOAD PRIVATE TRANSPORT
050 - INDEPENDENT LABORATORY
051 - PORTABLE X-RAY COMPANY
060 - AUDIOLOGIST
061 - HEARING AID SPECIALIST
062 - OPTOMETRIST
063 - OPTICIAN
065 - HOME HEALTH AGENCY
066 - RURAL HEALTH CLINIC
067 - HOME & COMMUNITY-BASED SERVICES WAIVER
068 - FEDERALLY QUALIFIED HEALTH CENTER
069 - BIRTH CENTER
070 - HMO
072 - PREPAID MENTAL HEALTH SERVICES
073 - PREPAID DENTAL
074 - NURSING HOME DIVERSION - CNHDP
075 - VOCATIONAL REHABILITATION AGENCY
076 - DEVELOPMENTAL DISABILITY AGENCY
077 - COUNTY HEALTH DEPARTMENT
078 - CHILDREN'S MEDICAL SERVICES
079 - BUREAU OF BLIND SERVICES
080 - AGING & ADULT SERVICES
081 - PROFESSIONAL EARLY INTERVENTION SERVICES
082 - PARAPROFESSIONAL EARLY INTERVENTION SERVICES
083 - THERAPIST (PT, OT, ST, RT)
086 - NON-PROVIDER MAIL LIST ONLY
087 - FLORIDA SENIOR CARE
089 - DIALYSIS CENTER
090 - DURABLE MED EQUIPT/ MEDICAL SUPPLIES
091 - CASE MANAGEMENT AGENCY
096 - OBSOLETE PROVIDER TYPE
097 - MANAGED CARE TREATING PROVIDER - NON-MEDICAID
099 - BILLING AGENT

Appendix B – Specialty Codes

001 - ADOLESCENT MEDICINE	061 - SURGERY, THORACIC
002 - ALLERGY	062 - SURGERY, TRAUMATIC
003 - ANESTHESIOLOGY	063 - SURGERY, UROLOGICAL
004 - CARDIOVASCULAR MEDICINE	065 - MATERNAL/FETAL
005 - DERMATOLOGY	066 - COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT
006 - DIABETES	067 - SPECIALIZED THERAPEUTIC FOSTER CARE
007 - EMERGENCY MEDICINE	068 - CONSUMER DIRECTED CARE
008 - ENDOCRINOLOGY	069 - MEDICAL OXYGEN RETAILER
009 - FAMILY PRACTICE	070 - ADULT DENTURES ONLY
010 - GASTROENTEROLOGY	071 - GENERAL DENTISTRY
011 - GENERAL PRACTICE (DEFAULT SPEC FOR PHYS)	072 - ORAL SURGERY (DENTIST)
012 - PREVENTIVE MEDICINE	073 - PEDODONTIST
013 - GERIATRICS	074 - OTHER DENTIST
014 - GYNECOLOGY	075 - ADULT PRIMARY CARE
015 - HEMATOLOGY	076 - CLINICAL NURSE SPECIALIST PSYCH. MENTAL HEALTH
016 - IMMUNOLOGY	077 - COLLEGE HEALTH NURSE
017 - INFECTIOUS DISEASES	078 - DIABETIC NURSE PRACTITIONER
018 - INTERNAL MEDICINE	079 - TRAUMATIC BRAIN INJURY AND SPINAL CORD INJURY
019 - NEONATAL/PERINATAL	080 - FAMILY NURSE
020 - NEOPLASTIC DISEASES	081 - FAMILY PLANNING
021 - NEPHROLOGY	082 - GERIATRIC
022 - NEUROLOGY	083 - MATERNAL/CHILD HEALTH FAMILY PLANNING
023 - NEUROLOGY/CHILDREN	084 - CERTIFIED REGISTERED NURSE ANESTHETIST
024 - NEUROPATHOLOGY	085 - CERTIFIED REGISTERED NURSE MIDWIFE
026 - OBSTETRICS	086 - OB/GYN NURSE
027 - OB-GYN	087 - PEDIATRIC NURSE
028 - OCCUPATIONAL MEDICINE	088 - ORTHODONTIST
029 - ONCOLOGY	089 - ASSISTED LIVING FOR THE ELDERLY
030 - OPHTHALMOLOGY	090 - OCCUPATIONAL THERAPIST
031 - OTOLARYNGOLOGY	091 - PHYSICAL THERAPIST
032 - PATHOLOGY	092 - SPEECH THERAPIST
033 - PATHOLOGY, CLINICAL	093 - RESPIRATORY THERAPIST
034 - PATHOLOGY, FORENSIC	094 - MODEL
035 - PEDIATRICS	095 - AGED/DISABLED ADULTS
036 - PEDIATRICS, ALLERGY	096 - DEVELOPMENTAL DISABILITY
037 - PEDIATRICS, CARDIOLOGY	097 - CHANNELING
038 - PEDIATRICS, ONCOLOGY/HEMATOLOGY	098 - COMMUNITY SUPPORTED LIVING ARRANGEMENT
039 - PEDIATRICS, NEPHROLOGY	099 - PROJECT AIDS CARE
041 - PHYSICAL MEDICINE AND REHAB	100 - GENETICS
042 - PSYCHIATRY	101 - PEDIATRICS, CRITICAL CARE
043 - PSYCHIATRY, CHILD	102 - PEDIATRICS, EMERGENCY CARE
044 - PSYCHOANALYSIS	104 - SURGERY, UROLOGIC - NON-BOARD CERTIFIED
045 - PUBLIC HEALTH	110 - FAMILIAL DYSANTONOMIA
046 - PULMONARY DISEASES	111 - ALZHEIMER'S
047 - RADIOLOGY	112 - ADULT CYSTIC FIBROSIS
048 - RADIOLOGY, DIAGNOSTIC	113 - ADULT DAY CARE
049 - RADIOLOGY, PEDIATRIC	114 - PERSONAL CARE
050 - RADIOLOGY, THERAPEUTIC	115 - ABA FOR AUTISM SPECTRUM DISORDER
051 - RHEUMATOLOGY	121 - ASSISTED LIVING
052 - SURGERY, ABDOMINAL	122 - EXTENDED CONGREGATE CARE
053 - SURGERY, CARDIOVASCULAR	123 - LIMITED NURSING SPECIALTY LICENSE
054 - SURGERY, COLON/RECTAL	124 - LIMITED MENTAL HEALTH SPECIALTY LICENSE
055 - SURGERY, GENERAL	125 - ADULT FAMILY CARE HOME
056 - SURGERY, HAND	126 - RESIDENTIAL TREATMENT FACILITY
057 - SURGERY, NEUROLOGICAL	130 - ANESTHESIOLOGY ASSISTANT
058 - SURGERY, ORTHOPEDIC	140 - HOSPITALIST
059 - SURGERY, PEDIATRIC	150 - COMMUNITY PHARMACY
060 - SURGERY, PLASTIC	151 - INFUSION PHARMACY

152 - LTC - NON COMMUNITY
 153 - INSTITUTIONAL CLASS I PHARMACY (HOSPITAL/NH)
 154 - TAX SUPPORTED
 155 - 340B PHARMACY
 156 - DISPENSING PRACTITIONER
 158 - SPECIAL PHARMACY (PARENTERAL, ALF, CLSD SYS, ESRD)
 160 - RETAIL HEALTH CLINIC
 172 - RNFA
 173 - COUNTY HEALTH DEPARTMENT CERT. MATCH RN/LPN
 174 - MENTAL HEALTH TCM
 175 - TCM FOR CHILDREN AT RISK OF ABUSE AND NEGLECT
 176 - DOH/CMS TCM
 178 - PROVIDER SERVICE NETWORK
 800 - MANAGED CARE TREATING PROVIDER - ACUPUNCTURIST
 801 - MANAGED CARE TREATING PROVIDER - NUTRITIONIST
 802 - MANAGED CARE TREATING PROVIDER - INDPDT DIAG.
 803 - MANAGED CARE TREATING PROVIDER - OTHER
 901 - GENERAL HOSPITAL
 904 - STATE MENTAL HOSPITAL
 905 - COMMUNITY MENTAL HEALTH SERVICES
 906 - AMBULATORY SURGERY CENTER
 907 - SPECIALIZED MENTAL HEALTH PRACTITIONER
 908 - SCHOOL DISTRICT
 909 - SKILLED NURSING UNIT HOSPITAL BASED
 910 - SKILLED NURSING FACILITY
 911 - STATE ICF/DD FACILITY
 912 - PRIVATE ICF/DD FACILITY
 913 - SWING BED FACILITY
 914 - ASSISTIVE CARE SERVICES
 915 - HOSPICE
 916 - SIPP
 923 - MEDICAL FOSTER CARE/ PERSONAL CARE PROVIDER
 924 - PRESCRIBED PEDIATRIC EXTENDED CARE
 927 - PODIATRIST
 928 - CHIROPRACTOR
 929 - PHYSICIAN ASSISTANT
 930 - NURSE PRACTITIONER (ARNP) - GROUP
 931 - REGISTERED NURSE FIRST ASSISTANT
 932 - SOCIAL WORKER/CASE MANAGER
 933 - APPROVAL AGENCY
 934 - LICENSED MIDWIFE
 940 - AMBULANCE
 941 - NON-EMERGENCY TRANSPORT
 942 - AIR AMBULANCE
 943 - TAXICAB COMPANY
 944 - GOVERNMENT/MUNICIPAL TRANSPORT
 945 - PRIVATE TRANSPORTATION
 946 - NON-PROFIT TRANSPORTATION
 947 - MULTI-LOAD PRIVATE TRANSPORT
 950 - INDEPENDENT LABORATORY
 951 - PORTABLE X-RAY COMPANY
 960 - AUDIOLOGIST
 961 - HEARING AID SPECIALIST
 962 - OPTOMETRIST
 963 - OPTICIAN
 965 - HOME HEALTH AGENCY
 966 - RURAL HEALTH CLINIC
 967 - HOME & COMMUNITY-BASED SERVICES WAIVER
 968 - FEDERALLY QUALIFIED HEALTH CENTER
 969 - BIRTH CENTER
 970 - HMO
 972 - PREPAID MENTAL HEALTH SERVICES
 973 - PREPAID DENTAL
 974 - NURSING HOME DIVERSION
 975 - VOCATIONAL REHABILITATION AGENCY
 976 - DEVELOPMENTAL DISABILITY AGENCY
 977 - COUNTY HEALTH DEPARTMENT
 978 - CHILDREN'S MEDICAL SERVICES
 979 - BUREAU OF BLIND SERVICES
 980 - AGING & ADULT SERVICES
 981 - PROFESSIONAL EARLY INTERVENTION SERVICES
 982 - PARAPROFESSIONAL EARLY INTERVENTION SERVICES
 983 - THERAPIST (PT, OT, ST, RT) - GROUP
 986 - NON-PROVIDER MAIL LIST ONLY
 987 - FL SENIOR CARE
 989 - DIALYSIS CENTER
 990 - DURABLE MED EQUIPT/ MEDICAL SUPPLIES
 991 - CASE MANAGEMENT AGENCY
 996 - OBSOLETE PROVIDER SPECIALTY
 999 - BILLING AGENT

Appendix C – Language Codes

- 02 – Spanish
- 03 – Haitian Creole
- 04 – Vietnamese
- 05 – Cambodian
- 06 – Russian
- 07 – Laotian
- 08 – Polish
- 09 – French

Appendix D – Plan Benefit Codes

00001 - Adult Companion
00002 - Adult Day Care (Adult Day Health Care)
00003 - Assisted Living Facility Services
00004 - Assistive Care Services
00005 - Attendant Care
00006 - Behavior Management
00007 - Caregiver Training
00008 - Case Management
00009 - Home Accessibility Adaptation
00010 - Home Delivered Meals
00011 - Homemaker
00012 - Hospice
00013 - Intermittent and Skilled Nursing
00014 - Medicaid Administration
00015 - Medication Management
00016 - Medical Equipment & Supplies
00017 - Nutritional Assessment and Risk Reduction
00018 - Nursing Facility Care
00019 - Personal Care
00020 - Personal Emergency Response System
00021 - Respite Care
00022 - Transportation
00023 - Occupational Therapy
00024 - Physical Therapy
00025 - Respiratory Therapy
00026 - Speech Therapy

Appendix E – Level 1 Error / Warning Codes

Code	Error Message
0001	Record Tracking Number: Invalid Format
0002	Record Tracking Number: Required For This Record Type
0003	Provider ID / Registration #: Invalid Format
0004	Provider ID / Registration #: Required For This Record Type
0006	Last Name / Group Name: Required For This Record Type
0007	License Number: Required For This Record Type
0008	SSN or FEIN: Invalid Format
0009	SSN or FEIN: Required For This Record Type
0010	Start Date: Required For This Record Type
0011	Start Date: Invalid Format
0012	End Date: Invalid Format
0013	Provider Type: Invalid Format
0014	Provider Type: Required For This Record Type
0015	Provider Type: No Match Found
0016	Primary Specialty: Invalid Format
0017	Primary Specialty: Required For This Record Type
0018	Primary Specialty: No Match Found
0019	Hospital Affiliations: Invalid Format
0020	IsPCP: PCP Providers must have at least one Hospital Affiliation
0021	Hospital Affiliations: Required For This Record Type
0022	Hospital Affiliations: No Match Found
0023	Gender: Invalid Format
0024	Plan Medicaid ID: Invalid Format
0025	Plan Medicaid ID: Required For This Record Type
0026	Plan Medicaid ID: No Match Found
0027	Provider / Group Tracking Number: Invalid Format
0028	Provider / Group Tracking Number: Required For This Record Type
0029	Provider / Group Tracking Number: No Match Found
0030	NPI: Invalid Format
0031	Address Line 1: Required For This Record Type
0032	City: Required For This Record Type
0033	State: Invalid Format
0034	State: Required For This Record Type
0035	State: No Match Found
0036	Zip Code: Invalid Format
0037	Zip Code: Required For This Record Type
0038	County Code: Invalid Format
0039	County Code: Required For This Record Type
0040	County Code: No Match Found
0041	Phone Number: Invalid Format
0042	IsPCP: Invalid Format
0043	IsPCP: Required For This Record Type
0044	Accepting Patients: Required For PCPs
0045	Accepting Patients: Invalid Format
0046	Current Patients Only: Required For PCPs
0047	Current Patients Only: Invalid Format
0048	Gender Accepted: Invalid Format
0049	Is Restricted Provider: Invalid Format
0050	Is Restricted Provider: Required For MediPass
0051	Age Restriction Low: Invalid Format
0052	Age Restriction High: Invalid Format
0053	Has Evening Hours: Invalid Format

0054	Has Saturday Hours: Invalid Format
0055	Has Wheelchair Access: Invalid Format
0056	Specialties: Invalid Format
0057	Specialties: No Match Found
0058	Languages: Invalid Format
0059	Languages: No Match Found
0060	Enrolled Patient Load: Invalid Format
0061	Enrolled Patient Load: Required For PCPs
0062	Active Patient Load: Invalid Format
0063	Active Patient Load: Required For PCPs
0064	MP/CMS Indicator: Required for MediPass / CMS
0065	MP/CMS Indicator: Invalid Format
0066	MP/CMS Maximum AA per Month: Invalid Format
0067	MP/CMS Maximum AA per Month: Only Allowed For MediPass/CMS
0068	MP/CMS Indicator: Only Allowed For MediPass/CMS
0069	Plan Benefit Codes: Invalid Format
0070	Plan Benefit Codes: Required When ?
0071	Plan Benefit Codes: No Match Found
0072	Contracted Bed Count: Invalid Format
0073	Contracted Bed Count: Required For Certain Specialties
0074	Beds In Use: Invalid Format
0075	Beds In Use: Required For Certain Specialties
0076	Provider ID / Registration #: Does Not Apply To This Record Type
0077	First Name: Does Not Apply To This Record Type
0078	Last Name / Group Name: Does Not Apply To This Record Type
0079	License Number: Does Not Apply To This Record Type
0080	SSN or FEIN: Does Not Apply To This Record Type
0081	NPI: Does Not Apply To This Record Type
0082	Primary Specialty: Does Not Apply To This Record Type
0083	Hospital Affiliations: Does Not Apply To This Record Type
0084	Gender: Does Not Apply To This Record Type
0085	Group Location Tracking Number: Does Not Apply To This Record Type
0086	Location Name: Does Not Apply To This Record Type
0087	Address Line 1: Does Not Apply To This Record Type
0088	Address Line 2: Does Not Apply To This Record Type
0089	City: Does Not Apply To This Record Type
0090	State: Does Not Apply To This Record Type
0091	Zip Code: Does Not Apply To This Record Type
0092	County Code: Does Not Apply To This Record Type
0093	Phone Number: Does Not Apply To This Record Type
0094	Phone Extension: Does Not Apply To This Record Type
0095	Languages: Does Not Apply To This Record Type
0096	Contracted Bed Count: Does Not Apply To This Record Type
0097	Beds In Use: Does Not Apply To This Record Type
0098	Record Tracking Number: Duplicate
0099	Group Location Tracking Number: Invalid Format
0100	Group Location Tracking Number: No Match Found
0101	Age Restriction High: Cannot be lower than Age Restriction Low
0102	Group Location Tracking Number: Required For This Record Type

Appendix F – Level 2 Error / Warning Codes

5001	No matching active Medicaid ID in the Provider Master File.
5002	No matching active License Number in the Provider License File.
5003	No matching active License Number in the Facility License File.
5004	Did not pass background screening process.
5005	Span is not active.
5007	Case managers Enrolled Patient Load and Active Patient Load must match.
5008	Provider must have at least one hospital affiliation to be a PCP.
5009	Provider cannot be marked as a PCP at Group Location that is a PCP.
5010	PG Record is not active
5011	Group Location Record is not active
5012	Provider Type / Specialty combination is not valid for Adult Companion plan benefit.
5013	Provider Type / Specialty combination is not valid for Adult Day Care plan benefit.
5014	Provider Type / Specialty combination is not valid for Assisted Living Facility plan benefit.
5015	Provider Type / Specialty combination is not valid for Assistive Care plan benefit.
5016	Provider Type / Specialty combination is not valid for Attendant Care plan benefit.
5017	Provider Type / Specialty combination is not valid for Behavior Management plan benefit.
5018	Provider Type / Specialty combination is not valid for Caregiver Training plan benefit.
5019	Provider Type / Specialty combination is not valid for Case Management plan benefit.
5020	Provider Type / Specialty combination is not valid for Home Accessibility Adaptation plan benefit.
5021	Provider Type / Specialty combination is not valid for Home Delivered Meals plan benefit.
5022	Provider Type / Specialty combination is not valid for Homemaker plan benefit.
5023	Provider Type / Specialty combination is not valid for Hospice plan benefit.
5024	Provider Type / Specialty combination is not valid for Intermittent and Skilled Nursing plan benefit.
5025	Provider Type / Specialty combination is not valid for Medication Administration plan benefit.
5026	Provider Type / Specialty combination is not valid for Medication Management plan benefit.
5027	Provider Type / Specialty combination is not valid for Medical Equipment & Supplies plan benefit.
5028	Provider Type / Specialty combination is not valid for Nutritional Assessment & Risk Reduction plan benefit.
5029	Provider Type / Specialty combination is not valid for Nursing Facility Care plan benefit.
5030	Provider Type / Specialty combination is not valid for Personal Care plan benefit.
5031	Provider Type / Specialty combination is not valid for Personal Emergency Response System plan benefit.
5032	Provider Type / Specialty combination is not valid for Respite Care plan benefit.
5033	Provider Type / Specialty combination is not valid for Transportation plan benefit.
5034	Provider Type / Specialty combination is not valid for Occupational Therapy plan benefit.
5035	Provider Type / Specialty combination is not valid for Physical Therapy plan benefit.
5036	Provider Type / Specialty combination is not valid for Respiratory Therapy plan benefit.
5037	Provider Type / Specialty combination is not valid for Speech Therapy plan benefit.
5038	Provider must be an enrolled Medicaid Provider for LTCF.
5039	Medicaid Number cannot be active on more than one record at a time.
5040	Tax Number cannot be active on more than one record at a time.
5041	License Number cannot be active on more than one record at a time.