

Solutions PROVIEW

CAQH ProView[®]

Practice Manager Bulk Upload Submission Instructions

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Bulk Upload

The purpose of the Bulk Upload functionality is to assist large practices with the data entry process of the common data profile sections.

How to Request Access to the "Bulk Upload" Feature in the Practice Manager Portal

Here's how to obtain access to the Bulk Upload feature in the PM portal.

PM admin user requesting for access:

- 1. Log in to your CAQH ProView PM account.
- 2. Click Manage Users> Manage Account.

		НОМЕ	MANAGE USERS 👻	MANAGE PRACTICE	MANAGE LIST 👻	EXPORT -
ADD USER			Manage Account Update Personal User Ac	ccount Information		0
SEARCH FOR USER	Edit User	(Manage Users Add new users to your a Edit user roles and privil Search and view user pr	ccount. leges. ofiles.		
	Basic Information					
	First Name*	М	iddle Name	Last Nam	e*	
	Tina		Allorde	Dipay		
	Title		Dep	artment		

3. If there are multiple users on the account, select the account that you'd like to have access to the bulk upload feature.

		HOME MANAGE USERS	 MANAGE PRACTICE 	MANAGE LIST 👻 EX	PORT -
ADD USER				2 Users	0
SEARCH FOR USER	Manage Users			2 PM Admin User Chua, Ronald Dipay, Tina	
	User Name	User Roles	User Status		
	Chua, Ronald	PM Admin User	Pending		
(Dipay, Tina	PM Admin User	Active		
			1 of 1 pages (2 items)		
	Download	d to Excel			

4. On the Account Information at the bottom of the page, click the checkbox for *Please select check box if this user needs Bulk Upload functionality.*

User Account Information
USER TYPE*
PM Admin User 🗘 Please select check box if this user needs Bulk Upload functionality
BULK UPLOAD STATUS
Status:
USER STATUS*
Pending
Active
Suspended
SAVE

- 5. Click Save.
- 6. The request will be processed within 3 business days. You will receive an email notification advising access has been granted to the bulk upload functionality.

Bulk Upload Notifications

Once the file is submitted and processed, you will receive an e-mail notifying you of whether the file is accepted or rejected.



We are pleased to notify you that your recent file submission - ProviderBulkUpload_2017_11_16_04_59.txt - has been accepted and processed.

If you have questions, please refer to the online help at <u>Public Help page</u> You may also contact the Help Desk at <u>providerhelp@proview.caqh.org</u> or toll-free at 888-600-9802.

Thank you for participating in the CAQH ProView.

• Bulk Upload Submission Failed

 Wed 10/25/2017 10:01 PM

 ProView Administrator

 ProView Administrator

 Bulk Upload Submission Failed

 To

 Dipay, Cristina A.

Organization Name : Tina Dee Administrator : TinaDee Jones, Tina Dee

There is an issue with the file that was submitted - $ProviderBulkUpload_2017_10_25_09_50.txt$, and we were unable to process it successfully. Please review the exception report for details on this error, and resubmit your file.

If you have questions, please refer to the online help at <u>public help page</u>. You may also contact the Help Desk at <u>providerhelp@proview.caqh.org</u> or toll-free at 888-600-9802.

Thank you for participating in the CAQH ProView.

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A rejected bulk upload file also generates an "exception" report that identifies errors on the submission file. You will be able to view the 'Exception' report from the 'Bulk Upload' page.

	НОМЕ	MANAGE USERS 👻	MANAGE PRACTICE	MANAGE LIST 👻	EXPORT -
Bulk Upload					0
built oplotte					
Upload your Bulk provider data file					
Browse to select a file for upload			Brows	e	
Add Description here					
	SUBMI	п			
Bulk Upload Exceptions					
File Name	Processed Date	Submission	Date	Status	
BulkUploadException_2017_11_17_03_24.txt	11/17/2017 03:31 AM	11/17/2017 0	13:25 AM	Downloaded	
BulkUploadException_2017_11_16_01_05.txt	11/16/2017 01:11 AM	11/16/2017 0	01:08 AM	Downloaded	
BulkUploadException_2017_10_06_03_45.txt	10/06/2017 03:55 AM	10/06/2017 0	13:49 AM	Downloaded	
				1 of	1 pages (3 items)

Sample Exception Report:

The sample exception report below shows the error details. Correct the errors and, re-submit an updated file.

BulkUploadException_2017_11_16_01_05 - Notepad	_		×
File Edit Format View Help			
File Edit Format View Help Professional_Liability_Insurance_Carrier_Address2 Professional_Liability_Insurance_Carrier_Professional_Liability_Insurance_Carrier_Country Professional_Liability_Insurance_Carrier_Contact_First_Name Professional_Liability_Insurance_Carrier_Contact_Last_Name Professional_Liability_Insurance_Carrier_Contact_Last_Name Professional_Liability_Insurance_Carrier_Phone_number Professional_Liability_Insurance_Carrier_Fax_number Professional_Liability_Insurance_Pol: Professional_Liability_Insurance_Carrier_Fax_number Professional_Liability_Insurance_Pol: Professional_Liability_Insurance_Carrier_Fax_number Professional_Liability_Insurance_Pol: Professional_Liability_Insurance_Carrier_Fax_number Professional_Liability_Insurance_Pol: Professional_Liability_Insurance_Amount_Coverage Professional_Liability_Insurance_Amount_Coverage_per_Occurrence Professional_Liability_Insurance_Amount_Coverage_Aggregate CAQH_Provider_ID A Daniel Test Gewirtz Male 5091965 New York NY 789045637 DMD 743 Short Street New 6465 cristina.a.dipay@accenture.com 4536792345 CA 9302018 Active 411 1234567890 Missouri Western University 4525 Downs Drive Saint Joseph MK 8162714200 1651982 5151986	r_City /ipcode icy_num :ive_Da :tive_D 3678903) 64507 'ace Sc go IL L_05.tx Se Expi	/ ate Date] Date_ 34 71 outh (t] 	
Date; Invalid Value in field: Undergraduate School Start Date; Invalid Value in field: Under School End Date; Invalid Value in field: Professional Lightlity Insurance Effective Date:	ergradu Invalid	uate H Valuv	
School End Date; Invalid Value in field: Professional Liability Insurance Effective Date;	Invalid	d Value	2
			_

Note: If you are trying to add a Provider who does not yet have a CAQH ProView account, a new account will be created for the Provider. Details included on the Bulk Upload file will automatically be entered in the provider account. The provider does not need to import information into the profile.

Conversely, if you are trying to add a provider who has an existing CAQH ProView account, an exception report will be generated indicating that the provider is already on Practice Provider List.

BulkUploadException_2017_11_17_03_24 - Notepad	_		×
<u>F</u> ile <u>E</u> dit F <u>o</u> rmat <u>V</u> iew <u>H</u> elp			
Professional_Liability_Insurance_Carrier_Contact_First_Name			^
Professional_Liability_Insurance_Carrier_Contact_Last_Name			
Professional_Liability_Insurance_Carrier_Phone_number			
Professional_Liability_Insurance_Carrier_Fax_number			
Professional_Liability_Insurance_Policy_number			
Professional_Liability_Insurance_Type_of_Coverage			
Professional_Liability_Insurance_Effective_Date			
Professional_Liability_Insurance_Expiration_Date			
Professional_Liability_Insurance_Retroactive_Date_(if_applicable)			
Professional_Liability_Insurance_Amount_Coverage_per_Occurrence			
Professional_Liability_Insurance_Amount_Coverage_Aggregate[CAQH_Provider_ID		lugi	
A Dawson lest Cole Male 0524195/ Ames IA 29829292/ DMD /03 Short Street L	athrop	p[MO]	
64465 Cristina.a.dipay@accenture.com 2982922 CA 09302018 Active		LIC-1-	
1249/46493 126356/419 MISSOURI WESTERN UNIVERSITY 4525 DOWNS	Urive	Sain	2
Joseph MU 64507 6162714200 01051962 05151966	at Squ	uarej	
10010 C. 57th Terrace South Independence m0			.
04037			
Chicago TI 60604 3128225000 0647172355 1 06012017 06012018 1 0000 3 0000	II Avei	luell	
ProviderBulkUnload 2017 11 17 03 24 txt Add Failed: Provider already on Practice	Prov	ider	
list (exact duplicate): 1111/16/2017 2:31:09 PM		Luci	
			\sim

There are some cases when a bulk upload submission is accepted but an exception report is also generated.



Wed 11/29/2017 12:30 AM

ProView Administrator < ProviewSystemAdministrator@proview.caqh.org>

Bulk Upload Submission Accepted

Dipay, Cristina A.

Organization Name : Tina Dee Administrator : TinaDee Jones, Tina Dee

We are pleased to notify you that your recent file submission - ProviderBulkUpload_2017_11_29_12_23.txt - has been accepted and processed.

If you have questions, please refer to the online help at <u>Public Help page</u> You may also contact the Help Desk at <u>providerhelp@proview.caqh.org</u> or toll-free at 888-600-9802.

Thank you for participating in the CAQH ProView.

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In the scenario above, the bulk upload file was accepted and processed successfully and new accounts have been created for both providers. However, the exception report notifies the PM user that one of more of the Provider IDs are invalid but a record was created using the other valid IDs provided.

How to complete a Bulk Upload file

A Practice Manager can submit multiple Bulk Upload files; however, the files will be processed in the order in which they are received. If a provider record is in multiple Bulk Upload files, the information in subsequent Bulk Upload files will be exported multiple times.

1. Enter the details of the provider/s on the PM Bulk Upload Headers.

Note: Columns highlighted in yellow need to be filled out. These are the details required for a successful bulk upload.

- 2. The records within a Bulk Upload file should correspond to the unique providers.
- 3. CAQH ProView will process each record detecting any changes based on the 'Action Flag' (reflected on Column A in the template).
 - a. "A" flag works only if the provider is not an existing provider on the practice manager list
 - b. If the provider is already on the PM list, use "U" (Update) flag
 Note: If "U" flag is used, the Provider CAQH provider ID is required. Please be advised that the Update (U) feature is currently not working. Updates will be posted on the Status Updates page as soon as this feature is fixed.

- 4. The first record in the Bulk Upload file should correspond to the field names as specified in the "PM Bulk Upload Specifications" file below.
- 5. Refer to the "Domain_Table_Effective_09252017" by clicking this <u>link</u> to assist with identifying the appropriate data values to use for certain fields as applicable.
- 6. If there is an absence of data in the table, ensure those fields are left blank, please do *NOT* insert 'null' as a value.
- 7. The header columns and provider records should not be in the same line.
- 8. The following columns must be filled with details to avoid errors when the file is being processed:
 - a. Action Flag ("A" for Add or "U" for Update)
 - b. Provider First Name
 - c. Provider Last Name
 - d. Date of Birth (MMDDYYYY)
 - e. Provider Type
 - f. Provider Address Line1
 - g. Provider Address City
 - h. Provider Address State
 - i. Provider Address Zip code
 - j. Provider E-mail
 - k. Provider Practice State
 - I. Primary Practice State
 - m. At least one of the ID fields (NPI, DEA, UPIN, Tax ID, License State/License Number, SSN)
 - n. CAQH Provider ID (required only for providers with existing CAQH Provider ID number and for Action Flag U Update)
- 9. Practice Managers are required to submit their Bulk Upload data in a pipe '|' delimited ASCII text file format.
- 10. The Bulk Upload file must be named using this format:

ProviderBulkUpload_YYYY_MM_DD_HH_MM.txt

File Name	Description	Frequency	Delimiter
ProviderBulkUpload_YYYY_MM_DD_HH _MM.txt	The file name is required when submitted by PM user.	Ad hoc	Pipe delimited

How to Convert a Bulk Upload File Template to Pipe '|' Delimited ASCII Text Tile Format

Follow the steps below to save the bulk upload file into pipe delimited ASCII text file format:

1. The bulk upload file in MS Excel format should first be converted to tab-delimited text file by following the steps below:

4	A	8	с	D	E
1	Action_Flag	Provider_First_Name	Provider_Middle_Name	Provider_Last_Name	Provider_Name_Suffix
2	A	Lakesha	Test	Peters	
3	A	Andy	Test	Sparks	
4	A	Riyanna	Test	Santos	
5	A	Alyssa	Test	Coleman	
6	A	Lauren	Test	Hunter	
7	A	Valen	Test	Valmont	
8	A	Tony	Test	Spark IV	
9	A	Hannah	Test	Green	
10	A	Jeffrey	Test	Bustos	
11	A	Kimberly	Test	Rozen	
12	A	Geronimo	Test	Camposano	
13	A	Bruce	Test	Wayne	
14	A	Marteena	Test	Banks	
15	A	Dawson	Test	Cole	
16	A	Joseph	Test	Shelton	
17	A	Ann	Test	Timberlake	
18	A	Teresa	Test	Tom	
19	A	Chloe	Test	Walker	
20					
21					
	$\leftarrow \rightarrow$	PM_Bulk Upload Tem	iplate (+)		
	a du				

a. Open the bulk upload file in MS Excel format.

- b. Click File>Save As then select the location where you would like to save the file.
- c. In the 'Save As Type field', select Text (Tab delimited).



To convert a tab-delimited text file to a pipe-delimited text file, follow the steps below:
 a. Open the tab-delimited file in Notepad

Organize 🔻 🧾 Open	▼ Share with ▼ Print Ne	w folder	H 🕶 🚺 🔞
🔆 Favorites	Name	Date modified	Туре
E Desktop Downloads E Recent Places	Open Print Edit & SkyDrive Pro	2/2/2016 2:06 AM	Text Document
潯 Libraries 📄 Documents	Scan for Viruses	Notenad	
 J Music ■ Pictures ■ Videos 	Share with WinZip Restore previous versions	WordPad	ogram

b. Go to Edit --> Replace

Rosters	.v1 - Notepad						
<u>F</u> ile <u>E</u> dit	Format View	<u>H</u> elp					
Org Pro	Undo	Ctrl+Z ri	zation_F PO Prov	lag ider ID	Provide CAOH Pr	r_Status ovider I	D
Pro	Cut	Ctrl+X	Provide	r_Middle	Name	Provide	r_Last_Name
Pro	Сору	_{Ctrl+C} de	r_Addres	sl n Address	Provide	r_Addres	s2
Pro	Paste	Ctrl+V	Provide	r_Licens	e_Number	FIOVICE	I_Address_zip
Pro	Delete	Del e	Provide	r_UPIN	Provide	r_DEA	Provider_NPI
Ros	Find	Ctrl+F	ponder_F Provide	lag r Practio	Delegat ce State	ion_Flag Anniver	sarv Date
585	Find Next	F3 es	tation	2015121	4		13595017
Bru 197	Replace	Ctrl+H 49	MD 2	он		EB09527	04
197	Go To	Ctrl+G E	N.		NA	OH	20151106
585 Cri	Select All	Ctrl+A es	tation Dipav	2016011 DDS	5 499 F.	Hampden	13500013 Suite 420
Eng	Time/Date	F5	80113	1964043	0	38784	CO
G12	2015060		1992819	130	ACTIVE	N	NA
CO 585	2015060	J) Peatter	tation	2015111	6		13515114
Diane	j	Hall	MD	730 N P	awnee St		Tavlorville
IL	62568	1929081	0	1800621	60	IL	
137662	4502	ACTIVE	N		NA	IL	20150521
585	Y	Expired	Attesta	tion	2015060	4	
11820/	/ 0	Marteen	a	110	Banks	DMD 25.801	111 Longwood
PTP-00	3W 33-0706c	Δ1	R61929	i ie	1447269	105	
. 11 00	NA	AL	2015041	7	111/200	105	ACTIVE IN
585	Y	Reattes	tation	2015111	0		13594711
Lakesh	na		Peters	PC	400 Fai	rhope Av	enue
Suite	2A	Fairhop	e	AL	36532	1985071	1
AKS895	64512	AL		KS98653	21	11341/4	402
ACITVE	. N	Destter	NA	AL	2015043	0	12505011
Andy	r	Snarke		5875 Br	emo Road	Suite 1	04
Richmo	ond	VA	23226	1980073		tx13232	321 VA
	AS87654	65	1538895	368	ACTIVE	N	NA
VA	2015052	21					-

c. Enter the tab character (select, copy, and paste the tab character) in the 'Find what' textbox and enter '|' in the 'replace with' textbox

Posterr v1 Natanad				
Eile Edit Fermat View He	alıs			
rie con roman view re			<u> </u>	
Organization_ID Au	uthorization_Fi	ag Provide	r_Status	<u>*</u>
Provider_Status_Da	ate PO_Provi	derCAQH_Pr	ovider_ID	Lock Name
Provider_First_Nar	me provider	_MIGGIE_Name	Provider.	_Last_Name
Provider_Type Pr	rovider_Address	I Provide	r_Address	Adduses Zin
Provider_Address_C	City Provider	_Address_State	Provider.	_Address_zip
Provider License	State Provider	UPTN Provide	r DEA	Provider NPT
Roster Status No	on Responder Fl	ag Delegat	ion Flag	
Affiliation_Flag	Provider	Practice State	Annivers	arv_Date
585 Y Re	eattestation	20151214		13595017
Bruce T Wa	ayne MD			
19780905 36	6003492	OH	FB095270	4
1972767234 AC	CTIVE N	NA	OH	20151106
585 Y Re	eattestation	20160115		13500013
Cristina A	Dipay	DDS 499 E.	Hampden	Suite 420
Englewood CC	0 80113	19640430	38784	CO
G12695 BK4597134	19928191	.30 ACTIVE	N	NA
CO 20150605		20151116		
585 Y Re	eattestation	20151116		13515114
Diane J Ha	all MD	/30 N Pawnee St		Taylorville
1276624502	9290810	180002100	IL .	20150521
13/0024302 AC	VNIVE N	ion 2015060		20130321
11826776 M	antoona	T Papks		111 Longwood
	Huntevil		35801	10470630
PTP-0033-0706C AL	R61929	1447269	105	
NA AI	20150417	1447205	105	
585 Y Re	eattestation	20151110		13594711
Lakesha	Peters	PC 400 Fai	rhope Ave	nue
Suite 2A Fa	airhope	AL 36532	19850711	
AKS89564512 AL	L ·	KS9865321	11341744	02
ACTIVE N	NA	AL 2015043	0	
585 Y Re	eattestation	20151022		13595011
Andy Sp	parks CP	5875 Bremo Road	Suite 10	4
Richmond V/	A 23226	19800730	tx132323	21 VA
AS8765465	15388953	68 ACTIVE	N	NA
VA 20150521				-
Rosters.v1 - Notepad				
	1			

Kosters.vi - Notepad		
<u>File E</u> dit F <u>o</u> rmat <u>V</u> iew <u>H</u> elp		
Organization_ID Authoriz Provider_Status_Date Provider_First_Name Provider_Type Provider	zation_Flag Provider_Status PO_Provider_ID CAQH_Provider_ Provider_Middle_Name Provide r_Address1 Provider_Addres	D er_Last_Name ss2
Provi Replace	Number	Audi ess_zip
Provi Roste Affil Benlace with	End Next Replace	Provider_NPI
Bruce 19780 19727	Replace All FB09527 Cancel A OH	704 20151106
285 Crist Engle G12695 <u>BK4597134</u>	99 E. Hampden 38784 1992819130 ACTIVE N	Suite 420 CO NA
CO 20150605 585 Y Reattes Diane J Hall TI 62568 10200810	tation 20151116 MD 730 N Pawnee St 180062160 T	13515114 Taylorville
1376624502 ACTIVE	N NA IL	20150521
11826776 Marteena Drive SW PIP-0033-0706C AL	Actes Callon 2015004 a T Banks DMD Huntsville AL 35801 R61929 1447269105 20150417	111 Longwood 19470630 ACTIVE N
585 Y Reattes Lakesha Suite 2A Fairhop AKS89564512 AL	Edition 20151110 Peters PC 400 Fairhope AV e AL 36532 1985071 KS9865321 1134174	13594711 venue 11 1402
Andy Sparks Richmond VA	tation 20151022 CP 5875 Bremo Road Suite 1 23226 19800730 tx13232	13595011 04 2321 VA
AS8/65465 VA 20150521	1038890308 ACTIVE N	NA

d. Click 'Replace All'

e. Save the file
CneDrive
This PC
Network
File name: ProviderBulkUpload 2017 09 26 06 28.txt
Save as type: Text Documents (*.txt)

Note: Use the correct file naming convention; details found on page 9 of this document.

How to Upload a Bulk Upload File

You can submit the Bulk Upload File to an "Incoming" folder in the CAQH ProView secure FTP server or through the Bulk Upload page on the portal.

For users with access to the "Bulk Upload" feature, you can access the bulk upload feature on the portal by clicking on "Bulk Upload" from the "Manage List" navigation menu.

Solution	NS M M UAT.021 (1)	OVIE	. V V 114			Virginia Poirier
				HOME	MANAGE USERS - MANAGE PRACTIC	MANAGE LIST - EXPORT
						Manage Provider List View the Practice provider list
XPORTS				VIEW REPORT	MESSAGE CENTER	Edit/Delete Provider List
Туре	Provider(s)	Section(s)	User	Date	Provider Import Update	Search for a Provider Search for a provider from the
					Provider Import Update	the provider list
Portal	Mike Smith	Multiple Sections	basic user	01/24/2015	Provider Import Update	Bulk Upload
Portal	Leonard Plotkin	Multiple Sections	Virginia Poirier	12/22/2014	Provider Import Update	Upload provider data file
Portal	Judith Tapper	Multiple Sections	basic user	12/16/2014	Provider Import Update	
Portal	Multiple Providers	Multiple Sections	Virginia Poirier	12/11/2014	View All >	
A CALLER		Multiple			ACTIVITY LOG	

- 1. Click on "Browse" to select the file you would like to upload.
- 2. If desired, you can add a text description of your file.

				HELP CONTACT	caqh sign out lanager 🔅
	HOME	MANAGE USERS 👻	MANAGE PRACTICE	MANAGE LIST 👻	EXPORT -
Bulk Upload					0
Upload your Bulk provider data file					
ProviderBulkUpload_2015_01_26_3_00.xlsx Add Description here			Browse	e	
Sample Upload					
	SUBMIT				
Bulk Upload Exceptions					
File Name	Processed Date	Submission I	Date	Status	
No records to display					
				0 of 0 p	pages (0 items)

- 3. Select "Submit" to start the processing of the uploaded bulk provider data file
 - a. Once the file is submitted via portal or FTP and cleared, the CAQH ProView system will create an export to the provider when the system determines that a provider already exists in the system.
 - b. For a provider that is new to the CAQH ProView system, it will create a new provider contact record (when no provider ID matches the submitted provider). This new provider will be added to the practice provider list and the system will create an export file for the provider which will be available to him/her once they have successfully setup a new account on the ProView portal.
 - c. A successfully submitted bulk upload data file will appear as an export list item on the 'Export Records' page.
 - d. You can submit multiple Bulk Upload files; however, the files will be processed in the order in which they were received.
- 4. When a Bulk Upload file is submitted that does not meet basic validations, the system creates a bulk upload exceptions report. This report will include any provider data that could not be processed because the file format did not meet the required file specifications.
- 5. If the file fails completely upon upload, no exception report will be posted.

Data Transfer

Aside from uploading a Bulk Upload file through the Bulk Upload page on the portal, Practice Managers may also submit their Bulk Upload File to an "Incoming" folder in the CAQH ProView secure FTP server. CAQH ProView will pull the files from the FTP server and process the Bulk Upload file. The file must meet the CAQH basic standards, which are covered in the succeeding sections.

1. Follow the steps below to complete the Bulk Upload via SFTP. Log in to SFTP User using SFTP client like WinSCP or FileZilla. Suggested download links for the SFTP client- WinSCP or FileZilla

Note: User must have permission from his/her organization to access above client and validate any suspicious malware before download.

- 2. Give Host name: sftp.proview.caqh.org
- 3. Port number: 22
- 4. Provide login credentials and go on for login.

🌆 Login × _ Session 💣 New Site File protocol: SFTP \sim Host name: Port number: 22 🚔 sftp.proview.caqh.org Password: User name: butterscotch 1227 Advanced... Save **|**•| l▼. 🔁 Login ┳ Tools Ŧ Manage Ŧ Close Help

Rejected Files

The submitted Bulk Upload file will be rejected in its entirety if the following criteria are not satisfied:

- File name does not meet naming standards
- File contains incorrect layout
- File does not contain all required columns
- File contains invalid delimiter

Appendix

Bulk Upload Specifications

Bulk Upload Field Name	Required	Format	Other
Provider First Name	Y		Field used in matching
Provider Middle Name	N		Field used in matching
Provider Last Name	Y		Field used in matching
Provider Name Suffix			Field used in matching
Gender			Field used in matching
Date of Birth	Y	MM/DD/YYY	Field used in matching
City of Birth			
State of Birth			
Country of Birth			
Ethnicity			
SSN	N		Field used in matching
Provider Type	Y		Field used in matching
Foreign National Identification Number (FNIN)			
FNIN Country of Issue			
Provider Language Code			Multiple – separated by semi- colons
Provider Address Line1	Y		Field used in matching
Provider Address Line2	N		Field used in matching
Provider Address City	Y		Field used in matching
Provider Address State	Y		Field used in matching
Provider Address Zipcode	Y		Field used in matching
Provider Telephone	N		Field used in matching
Provider Email	Y		Field used in matching
Provider Fax	N		Field used in matching
Provider Correspondence Address Line1 (if different from above)			
Provider Correspondence Address Line2			
Provider Correspondence Address State			
Provider Correspondence Address Zipcode			
Provider Correspondence Telephone			
Provider Correspondence Fax			
License Number	N		Field used in matching
License State	N		Field used in matching

Bulk Upload Field Name	Required	Format	Other
License Issue Date		MMDDYYY	
License Expiration Date		MMDDYYY	
License Status			
License Type			
Provider Tax ID	N		Field used in matching
Provider DEA number	N		Field used in matching
DEA State of Registration			
DEA Issue Date		MMDDYYY	
DEA Expiration Date		MMDDYYY	
State Controlled Substance Registration Certificate Number			
State Controlled Substance State of Registration			
State Controlled Substance Registration Certificate Issue Date			
State Controlled Substance Registration Certificate Expiration Date			
Medicare Provider Number			
Medicaid Provider Number			
Medicaid State			
Provider UPIN	N		Field used in matching
Provider NPI	N		Field used in matching
Educational Commission for Foreign Medical Graduates (ECFMG)Number			
ECFMG Issue Date		MMDDYYY	
United States Medical Licensing Examination (USMLE) Number			
Workers Compensation Number			
Graduate Type			
Provider's Professional School Name			
Professional School Address			
Professional School Address2			
Professional School City			
Professional School State			(if US or Canadian)
Professional School Zipcode			
Professional School Country			
Professional School Phone			
Professional School Fax			
Degree Awarded			
Professional School Start Date		MMDDYYYY	
Professional School End Date (Graduation Date)		MMDDYYYY	

Bulk Upload Field Name	Required	Format	Other
Undergraduate School Name			
Undergraduate School Address			
Undergraduate School Address2			
Undergraduate School City			
Undergraduate School State			
Undergraduate School Zipcode			
Undergraduate School Country			
Undergraduate School Phone			
Undergraduate School Fax			
Undergraduate School Start Date		MMDDYYYY	
Undergraduate School End Date (Graduation Date)		MMDDYYYY	
Internship or Residency Institution Name			
Internship or Residency Institution Department Name			
Internship or Residency Institution Address1			
Internship or Residency Institution Address2			
Internship or Residency Institution City			
Internship or Residency Institution State			
Internship or Residency Institution Zipcode			
Internship or Residency Institution County Code			
Internship or Residency Institution Phone Number			
Internship or Residency Start Date		MMDDYYYY	
Internship or Residency End Date		MMDDYYYY	
Primary Specialty			
Primary Specialty Certifying Board			
Primary Specialty Initial Certification Date		MMDDYYYY	
Primary Specialty Last Recertification Date		MMDDYYYY	
Primary Specialty Expiration Date (if Applicable)		MMDDYYYY	
Basic Life Support (BLS) Certification Expiration Date		MMDDYYYY	
Advanced Cardiac Life Support (ACLS) Certification Expiration Date		MMDDYYYY	
Advanced Life Support in OB (ALSO) Certification Expiration Date		MMDDYYYY	

Bulk Upload Field Name	Required	Format	Other
Credentialing Contact First Name			
Credentialing Contact Last Name			
Credentialing Contact Middle			
Credentialing Contact Address1			
Credentialing Contact Address2			
Credentialing Contact City			
Credentialing Contact State			
Credentialing Contact Zipcode			
Credentialing Contact Phone			
Credentialing Contact Fax			
Credentialing Contact Email			
Primary Practice Name			
Primary Practice Address1			
Primary Practice Address2			
Primary Practice City			
Primary Practice County			
Primary Practice State	Y		
Primary Practice Zipcode			
Primary Practice Phone			
Primary Practice Fax			
Primary Practice Email			
Primary Practice Type			
Primary Practice Tax ID			Multiple - separated by semi- colons
Name Associated with Primary Practice Tax ID			
Primary Practice Start Date		MMDDYYYY	
Office hours Monday Start Time			24-hour clock
Office hours Monday End Time			24-hour clock
Office hours Tuesday Start Time			24-hour clock
Office hours Tuesday End Time			24-hour clock
Office hours Wednesday Start Time			24-hour clock
Office hours Wednesday End Time			24-hour clock
Office hours Thursday Start Time			24-hour clock
Office hours Thursday End Time			24-hour clock
Office hours Friday Start Time			24-hour clock
Office hours Friday End Time			24-hour clock
Office hours Saturday Start Time			24-hour clock
Office hours Saturday End Time			24-hour clock
Office hours Sunday Start Time			24-hour clock
Office hours Sunday End Time			24-hour clock
After hours Phone Number			

Bulk Upload Field Name	Required	Format	Other
Primary Practice Partner/Associate First Name			
Primary Practice Partner/Associate Last Name			
Primary Practice Partner/Associate Middle Name			
Primary Practice Partner/Associate Specialty			
Primary Practice Partner/Associate Provider Type			
Primary Practice Covering Colleague First Name			
Colleague Last Name			
Colleague Middle Name			
Colleague Specialty			
Colleague Provider Type			
Type Primary Practice Office Manager			
First Name Primary Practice Office Manager			
Last Name Primary Practice Office Manager			
Middle Name Primary Practice Office Manager			
Phone Number Primary Practice Office Manager			
Fax Number Primary Practice Office Manager			
Email Primary Practice Billing Contact			
First Name Primary Practice Billing Contact			
Last Name Primary Practice Billing Contact			
Middle Name Primary Practice Billing Contact			
Address1 Primary Practice Billing Contact			
Address2 Primary Practice Billing Contact			
City Primary Practice Billing Contact			
State Primary Practice Billing Contact			
Zipcode			

Bulk Upload Field Name	Required	Format	Other
Primary Practice Billing Contact Phone Number			
Primary Practice Billing Contact Fax Number			
Primary Practice Billing Contact Email			
Primary Practice Credentialing Contact First Name			
Primary Practice Credentialing Contact Last Name			
Primary Practice Credentialing Contact Middle Name			
Primary Practice Credentialing Contact Address1			
Primary Practice Credentialing Contact Address2			
Contact City			
Contact State			
Contact Zipcode			
Contact Phone Number			
Contact Fax Number			
Contact Email			
Remittance Contact First Name			
Remittance Contact Last Name			
Remittance Contact Middle Name			
Remittance Contact Address1			
Remittance Contact Address2			
Remittance Contact City			
Remittance Contact State			
Remittance Contact Zipcode			
Remittance Contact Phone number			
Remittance Contact Fax number			
Remittance Contact Email			

Bulk Upload Field Name	Required	Format	Other
Primary Practice Billing Department name (if Hospital based)			
Primary Practice Check Payable To			
Primary Practice Minimum Age limitation (if any)			
Primary Practice Maximum Age limitation (if any)			
Primary Practice Gender limitation (if any)			
Primary Practice Mid Level Practitioner First Name			
Primary Practice Mid Level Practitioner Last Name			
Primary Practice Mid Level Practitioner Middle Name			
Primary Practice Mid Level Practitioner State License Number			
Primary Practice Mid Level Practitioner License State			
Primary Practice Mid Level Practitioner Practitioner Type			
Primary Practice Language			Multiple - separated by semi- colons
Accrediting/Certifying Program (e.g. CLIA, COLA, MLE, AAFP, CAP, etc.) (if any)			
X-Ray Certification Type (if any)			
Class/category of anesthesia used (if any)			
Anesthesia Administered by First Name			
Anesthesia Administered by Last Name			
Hospital Name			
Hospital Address1			
Hospital Address2			
Hospital Address City			
Hospital Address State			
Hospital Address Zipcode			
Hospital Address Phone number			
Hospital Address Fax number			
Hospital Affiliation Start Date		MMDDYYYY	
Hospital Affiliation End Date		MMDDYYYY	
Hospital Department Name			
Hospital Department Director's First Name			

Bulk Upload Field Name	Required	Format	Other
Hospital Department Director's Middle Name			
Hospital Department Director's Last Name			
Hospital Admitting Privilege Status			
Professional Liability Insurance Carrier Name			
Professional Liability Insurance Carrier Address1			
Professional Liability Insurance Carrier Address2			
Professional Liability Insurance Carrier City			
Professional Liability Insurance Carrier State			
Professional Liability Insurance Carrier Zipcode			
Professional Liability Insurance Carrier Country			
Professional Liability Insurance Carrier Contact First Name			
Professional Liability Insurance Carrier Contact Last Name			
Professional Liability Insurance Carrier Phone number			
Professional Liability Insurance Carrier Fax number			
Professional Liability Insurance Policy number			
Professional Liability Insurance Type of Coverage			None, Claims made, Occurrence
Professional Liability Insurance Effective Date		MMDDYYYY	
Professional Liability Insurance Expiration Date		MMDDYYYY	
Professional Liability Insurance Retroactive Date (if applicable)		MMDDYYYY	
Professional Liability Insurance Amount Coverage per Occurrence			
Professional Liability Insurance Amount Coverage Aggregate			



Revision Log

<u>Version</u>	<u>Updates</u>
Version 1.0	Original
Version 1.1	 Removed reference to the requirement for practices to have more than 50 providers to utilize Bulk Upload. Added reference to the Domain_Tables_11.0.xls on page 2 to assist with development of the Bulk Upload data file.
Version 1.2	 Updated the domain table document Added screenshots for converting bulk upload template to pipe delimited format Moved the steps for requesting access at the beginning of the document Added number 5 under How to Upload a Bulk Upload File
Version 1.3	 Updated the steps on how to complete the bulk upload headers/template Added steps on how to complete the bulk upload via SFTP