

Provider Network Form A

DATA FILE SPECIFICATION & FILING INSTRUCTIONS

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Overview of the Transfer Process

Summary

Network Access and the Office of the Insurance Commissioner (OIC) Information Technology team revised and automated the process of transferring Provider Network Form A files to the OIC effective March 2017. This was necessary to ensure data reliability and security.

The transfer method uses the Secure File Transfer Protocol (SFTP), and the Secure File Transfer Server (SFTS) that is administered through Washington Technology Solutions (WaTech). This document details the transfer and file specifications.

Setting Up a Secure File Server Account

The technology used by WaTech is the Axway Secure Transport Server. This is the state standard for secure file transfer. Secure file transfer supports a number of clients and security profiles including SFTP, and HTTPS. The OIC will work with WaTech to set up the health carrier accounts. Account and authentication information will be sent separately.

The server supports many SFTP clients including Axway's client, which can be controlled through its command line interface and file transfers can be executed from a batch file. Axway clients are available for Windows and UNIX operating systems. We use Eldos' SecureBlackbox (<https://www.eldos.com/sbb/desc-sftp.php>) but any good SFTP client should work.

For more information see WaTech's website on secure file transfer services:

<http://watech.wa.gov/solutions/it-services/secure-file-transfer>

Folder Organization

Initially your SFTS account gives you access to a single folder: **ToOIC**. Health carriers will SFTP files directly to this location. Files will only remain in this folder for a short time before they are moved into another location for processing. Instructions on specifying the folder will be included with your account and authentication information.

Loading Secure File Transfer Data

Health carriers can send data using SFTP, or manually using the web interface, at <https://sft.wa.gov>. If manually using the web interface, do not use Internet Explorer as your browser. Our load process is run as a regularly scheduled job. Data files are validated, bulk-copied to work tables, and then loaded into the Network Access database. Validation assures the files correctness and each successful load is recorded.

If a file was previously loaded for the current month and year, the data is replaced by the newly loaded file – existing data is removed and the new data is inserted.

Data Load Exception Procedure

Where possible, errors detected by the load and validation are written to a log.

If errors exist, the file is bypassed and not loaded, an email detailing the problem is sent to the health carrier, and the load process continues to process the next file.

If the file is successful, an email confirmation is also sent to the health carrier.

Network Access Contact – Health carrier Designee

Each health carrier is required to designate a Network Form A Submission contact. The Network Form A Submission contact is issued user credentials to access the SFT site to upload the monthly Provider Network Form A. To register or change your organization's Network Form A Submission contact, please send an email to: OICNetworkAccess@oic.wa.gov. Your email must include the following information:

- a. Carrier Name
- b. WAOIC#
- c. Contact name
- d. Organization street address
- e. City
- f. State
- g. Zip code
- h. Phone #
- i. Email
- j. Alternate Phone # (optional)
- k. Fax # (optional)

If you receive a notification to reset your password, please do so as soon as possible. If your password expires or you forget it, email OICNetworkAccess@oic.wa.gov and include the carrier name and WAOIC# with your request. It can take several business days to receive a new password.

Adding, deleting, or changing a network name

Health carriers are required to register each network name it uses [record type 3.2] to provide access to the covered services in a health plan with the OIC. The network name must match the network name stated in the product filing and in the individual and small group market must match the nomenclature reported on the SERFF Binder Network Template. For more information about how to report networks, see [How to report networks in Form A](#).

To add, delete, change or verify networks send an email to: OICNetworkAccess@oic.wa.gov. Your email must include the following information:

- Network:
 - SERFF Tracker ID(s) for the provider/leasing agreements:
- Carrier Name:
- WAOIC:
- Provider Network Type (single or tiered):
- Market Network Type (Exchange, Outside, or Both):
- Network Line of Business (Medical, Medical and Vision, Dental, or Vision):
- Start Date:
- Sub-networks (if any):
 - SERFF Tracker ID(s) for the provider/leasing agreements:

File Name Specification

The file name was picked to uniquely identify a file even when multiple files from various health carriers are stored in the same directory.

The file name must have the following format: 'WANA' + WAOIC + '-' + YYYYMM.TXT

Where	WANA	Stands for <u>W</u> ashington <u>N</u> etwork <u>A</u> ccess
	WAOIC	Washington OIC number assigned to the Health carrier.
	"-"	A hyphen, required to indicate the end of the WAOIC number.
	YYYY	Four digit Reporting year of file data.
	MM	Two digit Reporting month of file data. (Leading digits are required)

Example: WANA2342-201512.TXT

If the name does not match the correct file naming structure, our system will not process it and it will be automatically deleted after 14 days.

Validation Email

The *Network Access* contact and *Network Form A Submission* contact will receive a success or failure email after the file is processed.

We process files at 3:40 pm Monday – Saturday and files are picked up 10 minutes before they're processed. For example, if you upload your Form A at 3:35 pm on Monday, it will be processed on Tuesday.

File Rejection Criteria

When loaded, the files are validated against the criteria listed below. Most fields are required. Some fields are conditional and will only be required when applicable. As an example, if a contract has been terminated, then the *ContractTerminationDate* is required, but should not be included otherwise. Some data will require the word "None" where not providing data leads to ambiguity.

The file will be rejected if the information contained within them are not correct. The system will send an email both on validation success and failure. If the file fails the validation process, the email will include the first 20 errors that occurred.

The file will be rejected in the following situations:

1. An invalid filename.
 - a. If the name does not match the correct file naming structure, our system will not process it and it will be automatically deleted after 14 days. You will *not* receive a failure email.
2. An invalid network. An invalid network is a network name not found in OIC's database.

3. An invalid National Provider Identifier (NPI). An invalid individual NPI (*INPI*) number or organization NPI (*ONPI*) number is encountered. This data will be checked against the monthly NPPES NPI download.
4. A date is in an invalid format. Example: Not in MM-DD-YYYY format.
5. A value is outside of a required list. Examples include *ProviderTier*, *PCPSpecialistBoth*, *County*, *State*, *LanguagesSpoken*, *InstitutionalAffiliations*.
6. A pattern is not followed. Examples: *PrimaryLicenseNumbers* for WA must be WA + 8 chars, *Zip Codes* 99999, *Latitude* 99.9999 and *Longitude* -999.9999.
7. Values that are required do not have a value. If none apply, make sure to include the word "None" where appropriate. See *InstitutionalAffiliations*, *AccessibilityRestrictions*, and *PracticeLimitations*; *LanguagesSpoken* must have at least one language.

If you have a question about the error email you received, send an email to:

OICNetworkAccess@oic.wa.gov.

File Organization

The file is organized by its record (row) type and may contain multiple record types. The record types indicate the type of data to be found within the line preceded by the record type and ending with a \r\n (CRLF) line ending. Every valid line must be preceded with a record type indicating the purpose for the data within the line. The file may have no blank rows and ends with an end-of-line (\r\n) (CRLF) and a valid end of file marker. The first two record types list all practitioners and all organizations the health carrier has within all of its networks. The following three record types are repeated for each network the health carrier operates.

Note: The file must include all active networks that the health carrier has on file with OIC. Do not include deactivated networks.

The file is organized as follows:

Record Structure within a File

	Record Type	Row Type	Description
List for all networks.	1	Individual Practitioner Data Records	One or more rows containing the record type and a tab followed by 9 fields related to the Individual Practitioner with each field separated by a tab. Each row must be uniquely determined by the NPI number. Duplicate or invalid INPI numbers will cause the file to be rejected.
	2	Organization Data Records	One or more rows containing the record type and a tab followed by 12 fields related to the organization with each field separated by a tab. Each row must be uniquely determined by the NPI number. Duplicate or invalid ONPI numbers will cause the file to be rejected.
Repeat for each network	3	Network Data Record	A single row containing the record type and a tab followed by 3 fields related to the reported network delimited by tabs.
	4	Individual Practitioner Contract Data Records	One or more rows containing the record type and a tab followed by 20 fields related to the contract with the Individual Practitioner separated by tabs. Each row must be uniquely determined by the INPI and ONPI combination for the given network.
	5	Organization Contract Data Records	One or more rows containing the record type and a tab followed by 11 fields related to the contract with the organization separated by tabs. Each row is uniquely determined by the ONPI for the given network.

Sample File

WANA979-201604.txt

1	1003000100	Glen John		AA00012263	WA	MD,DO	EN	None						
1	1003000126	Baghdadi Tom		Maris AA00261111	WA	MD	EN,FR	None						
1	1003000134	Proprietor Sammy		Sole AA00263331	WA	MD	EN	None						
2	1003000134	Sammy Proprietor		123 Any Street			Tumwater	WA	98501	Thurston	-110.2601	47.3442		
	2062236411	None												
2	1003000118	Virginia Mason Medical Center		925 Seneca Street		Suite 2	Seattle	WA	98191	King	-122.3601			
	47.6561	206223660		None										
2	1003000217	Mark Mason Medical Center		933 S Street		Olympia	WA	98315	Thurston	-110.2601	47.3442			
	2062236411	No Elevator												
3	1	Uber Healthy Options		979										
4	1	1003000134	1003000134	A34565-88900	01-01-2012	12-31-2016		2000	1	S	207Q00000X	1	0	0
	0	0	0	None	Adults Only									
4	1	1003000100	1003000118	163-183738-88900	01-01-2016	12-31-2016		2000	1	S	207Q00000X	1	0	0
	0	0	0	0	0	5654343254, 5664393254	no support for aichmophobic							
4	1	1003000126	1003000118	163-183738-88901	01-01-2016	12-31-2016		1000	1	B	208600000X,390200000X	0		
	0	1	1	0	0	5654343254	Adults Only							
5	1	1003000134	A34565-88900	01-01-2012	12-31-2016	18000	207Q00000X	1	0	0				
5	1	1003000118	163-183738-88902	01-01-2016	12-31-2016	10000	305S00000X	1	1	0				
3	2	Untraditional H		979										
4	2	1003000100	1003000217	163-183738-88900	01-01-2016	12-31-2016		2000	1	S	225700000X	1	0	0
	0	0	0	0	0	5654343254, 5664393254	no support for aichmophobic							
4	2	1003000126	1003000217	163-183738-88901	01-01-2016	12-31-2016		1000	1	B	208600000X,225700000X	0		
	0	1	1	0	0	5654343254	Adults Only							
5	2	1003000217	163-183738-88902	01-01-2016	12-31-2016	10000	261QP2000X	1	1	0				

The highlighted section is repeated for each Network

Termination date does not apply. Two tabs next to each other.

Field Descriptions by Record Type

Individual Practitioner Data Records

Record Type	Ordinal Field Number	Field Name	Type	Max Length	Description	Validation
1	1	INPI	Number	10 digits	Enter the Individual's National Provider Identifier (NPI) as registered with NPPES.	Required <ul style="list-style-type: none"> • Must be a valid NPI • NPI must be an Individual • NPI is Active • NPI cannot be duplicated in Record Type 1
1	2	LastName	Text	35	Enter the individual's full legal last name.	Required Do not include suffix.
1	3	FirstName	Text	25	Enter the individual's full legal first name.	Required
1	4	MiddleName	Text	25	Enter the individual's middle name. Leave field empty if the individual does not have a middle name.	
1	5	PrimaryLicenseNumber	Text	20	Enter the professional license number in the format issued by the State of Washington, Oregon, or Idaho.	Required Washington License: <ul style="list-style-type: none"> • Valid 2 char prefix where PrimaryLicenseNumberIssuingState is Washington followed by 8 digits • 2 char prefix is value in list. • Maximum 10 characters. Non-Washington License: <ul style="list-style-type: none"> • Maximum 20 characters. Validation Source: License Number Prefix .
1	6	PrimaryLicenseNumberIssuingState	Text	2	Enter the state issuing the professional license. Use only the two character abbreviations: WA, OR, or ID.	Required <ul style="list-style-type: none"> • Value in (WA, OR, ID). Validation Source: States
1	7	Professional Designations	Text	200	Enter the individual's professional title as listed on their licenses (e.g. MD, DO, ARNP, PA, LM, CNM etc.)	Required <ul style="list-style-type: none"> • One or more sets of alpha characters only (A-Z, a-z) separated by commas. • No numbers or special characters • Each designation must be 10 characters or less.

1	8	LanguagesSpoken	Text	200	Enter language(s) the individual speaks using the abbreviations listed on the attached table. Include English if applicable.	<p>Required</p> <ul style="list-style-type: none"> Multiple comma separated acronyms. Must be as specified in the supplied list. Must have at least one entry, like EN for English. <p>Validation Source: Languages</p>
1	9	AccessibilityRestrictions	Text	1000	Enter information about the individual that restricts an enrollee's access to medically necessary services. For example, the individual does not perform all women's health care services [ACA 1557]. If there are no accessibility restrictions, enter "None".	<p>Required</p> <p>Free text – no tabs allowed. Enter “None” if none apply.</p>

Organization Data Records

Record Type	Ordinal Field Number	Field Name	Type	Max Length	Description	Validation
2	1	ONPI	Number	10 digits	Enter the organization's National Provider Identifier (NPI) as registered with NPPES. Enter the individual's National Provider Identifier (NPI) if registered with NPPES as a sole proprietor.	Required <ul style="list-style-type: none"> • Must be a valid NPI • NPI must be an Organization or NPI is an Individual and is identified as a Sole Proprietor. • NPI is Active • NPI cannot be duplicated in Record Type 2
2	2	OrganizationName	Text	300	Enter the organization name as listed on the NPI Registry.	Required
2	3	StreetAddress	Text	200	Enter the "Provider First Line Business Practice Location Address" of the organization. DO NOT enter Post Office Box numbers or separate billing addresses	Required
2	4	StreetAddress2	Text	200	Enter the "Provider Second Line Business Practice Location Address" of the organization. DO NOT enter Post Office Box numbers or separate billing addresses	
2	5	City	Text	50	Enter the "Provider Business Practice Location Address City Name". No abbreviations are accepted.	Required
2	6	State	Text	2	Enter the "Provider Business Practice Location Address State Name". Use only the abbreviations	Required <ul style="list-style-type: none"> • Valid state abbreviation. Validation Source: States
2	7	Zip	Number	5	Enter the "Provider Business Practice Location Address Postal Code". This includes the five digit zip code.	Required <ul style="list-style-type: none"> • 99999
2	8	County	Text	40	Enter the full name of the County in which the organization is physically located.	Required if State in (WA, OR, ID) <ul style="list-style-type: none"> • Valid county name if State in (WA, OR, ID) Validation Source: County

2	9	Latitude	Number	(9,6)	<p>Enter the angular distance north to south. Latitude is presumed a positive sign for north of the equator. Data must be reported at a minimum to the fourth decimal degree. For example "XX.XXXX" (Harborview Medical Center "47.6040")</p> <p>Latitude range for the 48 contiguous states is: +48.9873 is the northern most latitude +18.0056 is the southern most latitude</p>	<p>Required</p> <ul style="list-style-type: none"> • Must be a number • Minimum accuracy of four decimals • Latitude is greater than 18 and less than 49.1000.
2	10	Longitude	Number	(9,6)	<p>Enter the angular distance east or west. Longitude is preceded by a minus sign if it is west of the prime meridian. Data must be reported at a minimum to the fourth decimal degree. For example: "-XXX.XXXX" (Harborview Medical Center "-122.3239")</p> <p>Longitude range for the 48 contiguous states is: -124.6260 is the western most longitude -62.3610 is an eastern most longitude</p>	<p>Required</p> <ul style="list-style-type: none"> • Must be a number • Minimum accuracy of four decimals. • Longitude is greater than -125 and less than -62
2	11	DaytimePhoneNumber	Text	10	Enter the "Provider Business Practice Location Address Telephone Number" for the organizations physical location.	<p>Required</p> <ul style="list-style-type: none"> • 9999999999
2	12	AccessibilityRestrictions	Text	1000	Enter information about the organization that restricts an enrollee's access to medically necessary services. For example, the organization is not wheelchair accessible [ACA 1557]. If there are no accessibility restrictions enter "None".	Free text – no tabs allowed. Enter "None" if none apply.

Network Data Record

Record Type	Ordinal Field Number	Field Name	Type	Max Length	Description	Validation
3	1	NetworkNumber	Number	10	Enter a unique sequential number that will be used to link the network to the associated Individual and Organization contracts in record types 4 and 5. E.g. If this is the first network in sequential order enter 1, the next network enter 2 and continue increasing the number for remaining networks.	Required
3	2	NetworkName	Text	200	Enter the specific name used by the health carrier to identify the network.	Required Validated against agency records.
3	3	WAOIC	Number	10	Enter the WAOIC # assigned to the health carrier.	Required Validated against agency records.

Individual Practitioner Contract Data Records

Note: INPI and ONPI combination can only exist once per network.

Record Type	Ordinal Field Number	Field Name	Type	Max Length	Description	Validation
4	1	NetworkNumber	Number	10	Enter the Network Number from the corresponding record type 3.	Required <ul style="list-style-type: none"> Must match the NetworkNumber in record type 3.
4	2	INPI	Number	10	Enter the Individual's National Provider Identifier (NPI).	Required <ul style="list-style-type: none"> Must match a value supplied in record type 1.
4	3	ONPI	Number	10	Enter the organization's National Provider Identifier (NPI) or the individual's (NPI) that is identified as a Sole Proprietor.	Required <ul style="list-style-type: none"> Must match a value supplied in Record Type 2.
4	4	IndividualProviderContractNumber	Text	200	Enter the approved provider contract number listed in the lower left hand corner of the contract and issued to the individual.	Required
4	5	ContractStartDate	Date	10	Enter the individual provider contract start date.	Required <ul style="list-style-type: none"> MM-DD-YYYY
4	6	ContractEndDate	Date	10	Enter the individual provider contract end date.	Required <ul style="list-style-type: none"> MM-DD-YYYY
4	7	IndividualTerminatedFromNetworkDate	Date	10	Enter the date the individual is terminated from the network for "with or without cause" justification. Report this date the month prior to the termination date. E.g. Party has 180 day notice requirement. If notified 1/1 of termination effective 7/1, report termination date (07-01-2017) in June report.	Required if applies <ul style="list-style-type: none"> MM-DD-YYYY, else do not include an entry.
4	8	Capacity	Number	Integer	Enter either the maximum number of enrollee lives the individual will be assigned or the individuals imposed practice limitation number for accepting new patients.	Required <ul style="list-style-type: none"> Valid integer

4	9	ProviderTier	Number	1	Enter "1" if this individual is classified as a tier 1 provider in this tiered network. Enter "2" if this individual is not classified as a tier 1 provider in this tiered network. Do not enter a value if network is not tiered.	Required if the provider network is tiered, else do not include an entry. <ul style="list-style-type: none"> Values in (1, 2, no entry). Tier 1=1, Tier 2=2, else do not include an entry. Validation Source: Network Tiers
4	10	PCPSpecialistBoth	Char	1	Enter P = Primary Care Provider, S = Specialist, or B = Both	Required <ul style="list-style-type: none"> Single value in (P, S, B) Validation Source: Practitioner Types
4	11	Taxonomy	Text	200	Enter the valid taxonomy code(s) from the "Health Care Provider Taxonomy Codes Set" issued by the National Uniform Claim Committee.	Required <ul style="list-style-type: none"> Valid list of Taxonomy values separated by commas.
4	12	Telemedicine	Boolean	1	Enter 1 if this individual is available through a telemedicine service. Otherwise, enter 0.	Required <ul style="list-style-type: none"> Values in (1, 0) 1=true, 0 = false
4	13	ProvidesObstetricsCare	Boolean	1	Enter 1 if the individual offers obstetric services, including birthing. Enter 0 if they do not offer these services.	Required <ul style="list-style-type: none"> Values in (1, 0) 1=true, 0 = false
4	14	ProvidesPediatricCare	Boolean	1	Enter 1 if the individual offers pediatric services. Enter 0 if they do not offer these services.	Required <ul style="list-style-type: none"> Values in (1, 0) 1=true, 0 = false
4	15	ProvidesBehavioralHealthServices	Boolean	1	Enter 1 if the individual offers behavioral health services. Enter 0 if they do not offer these services.	Required <ul style="list-style-type: none"> Values in (1, 0) 1=true, 0 = false
4	16	ProvidesWomenHealthCareServices	Boolean	1	Enter 1 if the individual offers women healthcare services. Enter 0 if they do not offer these services.	Required <ul style="list-style-type: none"> Values in (1, 0) 1=true, 0 = false
4	17	EssentialCommunityProvider	Boolean	1	If network is in the Exchange, enter 1 if the individual is an ECP per WAC 284-170-300, enter 0 if they are not an ECP. Do not enter a value if the network is not in the Exchange.	Required on and after reporting period starting January 1, 2018 if the network is in the Exchange, else do not include an entry. <ul style="list-style-type: none"> Values in (1, 0, no value). Yes =1, No =0.
4	18	IndianHealthCareProvider	Boolean	1	If ECP= Yes, enter 1 if the individual is an IHCP per WAC 284-43-0160(16), otherwise	Required on and after reporting period starting January 1, 2018 if Essential Community Provider is Yes, else do not include an entry.

					enter 0. Do not enter a value if ECP=No or no value.	<ul style="list-style-type: none"> Values in (1, 0, no value). Yes =1, No =0.
4	19	InstitutionalAffiliations	Text	400	Enter the ONPI for any in-network affiliations the individual has admitting privileges with or medical group with which the individual is a member separated by a comma. If the individual has no affiliations enter "None".	<p>Required</p> <ul style="list-style-type: none"> Valid NPI numbers from Record Type 2 separated by commas, or 'None' if it doesn't apply.
4	20	PracticeLimitations	Text	None	Enter the practice limitations the individual places on his/her services (e.g. age 0-19, treats only adults, open 2 days a week). If no limits, state "None".	<p>Required</p> <p>Free text – no tabs allowed. Enter “None” if none apply.</p>

Organization Contract Data Records

Record Type	Ordinal Field Number	Field Name	Type	Max Length	Description	Validation
5	1	NetworkNumber	Number	10	Enter the Network Number from the corresponding record type 3.	<p>Required</p> <ul style="list-style-type: none"> Must match the NetworkNumber in record type 3.
5	2	ONPI	Number	10	Enter the organization's National Provider Identifier (NPI) or the individual's (NPI) that is identified as a Sole Proprietor.	<p>Required</p> <ul style="list-style-type: none"> Must match a value supplied in Record Type 2.
5	3	ProviderContract Number	Text	200	Enter the approved provider agreement number listed in the lower left hand corner of the contract and issued to the organization.	<p>Required</p>
5	4	ContractStartDate	Date	10	Enter the organization's provider contract start date.	<p>Required</p> <ul style="list-style-type: none"> MM-DD-YYYY
5	5	ContractEndDate	Date	10	Enter the organization's provider contract end date.	<p>Required</p> <ul style="list-style-type: none"> MM-DD-YYYY

5	6	OrganizationTerminatedFromNetworkDate	Date	10	Enter the date the organization is terminated from the network for "with or without cause" justification. Report this date the month prior to the termination date. E.g. Party has 180 day notice requirement. If notified 1/1 of termination effective 7/1, report termination date (07-01-2017) in June report.	Required if applies, else do not include an entry. <ul style="list-style-type: none"> MM-DD-YYYY,
5	7	Capacity	Number	Integer	Enter either the maximum number of enrollee lives the organization will be assigned or the organizations bed supply per capita.	Required <ul style="list-style-type: none"> Valid integer
5	8	Taxonomy	Text	200	Enter the valid taxonomy code(s) from the "Health Care Provider Taxonomy Codes Set" issued by the National Uniform Claim Committee.	Required <ul style="list-style-type: none"> Valid list of Taxonomy values separated by commas.
5	9	ProviderTier	Number	1	Enter "1" if this organization is classified as a tier 1 provider in this tiered network. Enter "2" if this organization is not classified as a tier 1 provider in this tiered network. Do not enter a value if network is not tiered.	Required if the provider network is tiered, else do not include an entry. <ul style="list-style-type: none"> Values in (1, 2, no entry). Tier 1=1, Tier 2=2. Validation Source: Network Tiers
5	10	EssentialCommunityProvider	Boolean	1	Enter 1 if the organization is an ECP per WAC 284-170-300, otherwise enter 0. Do not enter a value if the network is not in the Exchange.	Required if the network is in the Exchange, else do not include an entry. <ul style="list-style-type: none"> Values in (1, 0, no value). Yes =1, No =0.
5	11	IndianHealthCareProvider	Boolean	1	If ECP= Yes, enter 1 if the organization is an IHCP per WAC 284-43-160(16), otherwise enter 0. Do not enter a value if ECP=No or no value.	Required if Essential Community Provider is Yes, else do not include an entry. <ul style="list-style-type: none"> Values in (1, 0, no value). Yes =1, No =0.

Counties

Fields: County

County	State
Adams	WA
Asotin	WA
Benton	WA
Chelan	WA
Clallam	WA
Clark	WA
Columbia	WA
Cowlitz	WA
Douglas	WA
Ferry	WA
Franklin	WA
Garfield	WA
Grant	WA
Grays Harbor	WA
Island	WA
Jefferson	WA
King	WA
Kitsap	WA
Kittitas	WA
Klickitat	WA
Lewis	WA
Lincoln	WA
Mason	WA
Okanogan	WA
Pacific	WA
Pend Oreille	WA
Pierce	WA
San Juan	WA
Skagit	WA
Skamania	WA
Snohomish	WA
Spokane	WA
Stevens	WA
Thurston	WA
Wahkiakum	WA
Walla Walla	WA
Whatcom	WA
Whitman	WA
Yakima	WA
Baker	OR

Benton	OR
Clackamas	OR
Clatsop	OR
Columbia	OR
Coos	OR
Crook	OR
Curry	OR
Deschutes	OR
Douglas	OR
Gilliam	OR
Grant	OR
Harney	OR
Hood River	OR
Jackson	OR
Jefferson	OR
Josephine	OR
Klamath	OR
Lake	OR
Lane	OR
Lincoln	OR
Linn	OR
Malheur	OR
Marion	OR
Morrow	OR
Multnomah	OR
Polk	OR
Sherman	OR
Tillamook	OR
Umatilla	OR
Union	OR
Wallowa	OR
Wasco	OR
Washington	OR
Wheeler	OR
Yamhill	OR
Ada	ID
Adams	ID
Bannock	ID
Bear Lake	ID
Benewah	ID
Bingham	ID
Blaine	ID
Boise	ID
Bonner	ID
Bonneville	ID
Boundary	ID
Butte	ID

Camas	ID
Canyon	ID
Caribou	ID
Cassia	ID
Clark	ID
Clearwater	ID
Custer	ID
Elmore	ID
Franklin	ID
Fremont	ID
Gem	ID
Gooding	ID
Idaho	ID
Jefferson	ID
Jerome	ID
Kootenai	ID
Latah	ID
Lemhi	ID
Lewis	ID
Lincoln	ID
Madison	ID
Minidoka	ID
Nez Perce	ID
Oneida	ID
Owyhee	ID
Payette	ID
Power	ID
Shoshone	ID
Teton	ID
Twin Falls	ID
Valley	ID
Washington	ID

States

Fields: PrimaryLicenseNumberIssuingState, State

State Code	State Description
AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee

TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

License Number Prefixes (Updated 3/31/2020)

Field: PrimaryLicenseNumber

License Prefix	License Prefix Description
AA	Dental Anesthesia Assistant Certification
AB	Licensed Assistant Behavior Analyst
AC	East Asian Medicine Practitioner License
AF	Sex Offender Treatment Provider Affiliate Certification
AI	Audiologist Interim Permit
AL	Denturist Alternate Location
AP	Advanced Registered Nurse Practitioner License
BA	Licensed Behavior Analyst
BC	Physician and Surgeon Temporary Permit
BG	Physician Assistant Temporary Permit
CB	Certified Behavior Technician
CD	Audiologist Certificate
CF	Pharmacy License
CG	Counselor Agency Affiliated Registration
CH	Chiropractor License
CJ	Chiropractor Preceptor Approval
CK	Chiropractic Preceptorship Senior Year Student or Postgraduate Trainee
CL	Speech Language Pathologist Certificate
CM	Medical Assistant Certification
CO	Chemical Dependency Professional Trainee Certification
CP	Chemical Dependency Professional Certification
CR	Respiratory Care Practitioner Certificate
CS	Dentist Moderate Sedation with Parenteral Agents Permit
CT	Respiratory Care Practitioner Temporary Permit
CV	Counselor Certified Adviser Certification

License Prefix	License Prefix Description
CX	Chiropractic X-Ray Technician Registration
CZ	Counselor Affiliated Supervising Agency
DA	Dental Assistant Endorsement
DE	Dentist License
DF	Dentist Faculty UW License
DH	Dental Hygiene License
DI	Dietitian Certification
DN	Denturist License
DO	Optician Dispensing License
DP	Hearing Instrument Fitter/Dispenser Permit
DR	Dentist Resident Postdoctoral License
DT	Optician Dispensing Apprentice Registration
EP	Emergency Nurse Permit (new) Advanced Registered Nurse Practitioner Emergency Interim Permit Licensed Practical Nurse Emergency Interim Permit Registered Nurse Emergency Interim Permit
ES	Emergency Medical
FC	Sex Offender Treatment Provider Certification
FE	Physician And Surgeon Fellowship License
FO	Pharmacy Non Resident License
FX	Pharmacy
GA	Dentist General Anesthesia Permit
GP	Genetic Counselor Provisional License
GT	Genetic Counselor License
HA	Hearing Aid Specialist License
HC	Health Care Assistant Certification
HH	Hearing Aid Fitter Dispenser Temporary Permit
HL	Dental Hygiene Renewable Limited License

License Prefix	License Prefix Description
HM	Home Care Aide Certification
HP	Hypnotherapist Registration
HR	Hearing Aid Fitter Dispenser Trainee
HT	Medical Assistant Hemodialysis Technician Certification
IC	Medical Assistant Interim Certification
IL	Dental Hygiene Initial Limited License
IN	Practical Nurse Interim Permit
IO	Osteopathic Physician Assistant Interim Permit
IP	Nurse Graduate Registered Practitioner Interim Permit
IR	Pharmacist Intern Registration
IS	Cardiovascular Invasive Specialist Certification
LA	Occupational Therapy Assistant Limited Permit
LD	Audiologist License
LF	Marriage and Family Therapist License
LH	Mental Health Counselor License
LL	Speech Language Pathologist License
LP	Licensed Practical Nurse
LR	Respiratory Care Practitioner License
LT	Occupational Therapy Assistant Temporary Permit
LW	Social Worker Advanced License
MA	Massage Practitioner License
MC	Mental Health Counselor Associate License
MD	Physician And Surgeon License
ME	Medication Assistant Endorsement
MF	Marriage & Family Counselor Certificate
MG	Marriage and Family Therapist Associate License
MH	Mental Health Counselor Certificate

License Prefix	License Prefix Description
ML	Physician And Surgeon License
MR	Medical Assistant Registration
MT	Midwife In Training
MW	Midwife License
NA	Nursing Assistant Registration
NC	Nursing Assistant Certification
NG	Nursing Home Administrator In Training Approval
NH	Nursing Home Administrator License
NN	Audiologist Non Dispensing Certificate
NR	Nursing Pool Registration
NS	Nursing Technician Registration
NT	Naturopathic Physician License
NU	Nutritionist Certification
OA	Osteopathic Physician Assistant License
OC	Occupational Therapy Assistant License
OD	Optometrist License
OI	Orthotist License
OL	Osteopathic Physician & Surgeon Limited License
OP	Osteopathic Physician & Surgeon License
OR	Ocularist Apprentice Registration
OS	Ocularist License
OT	Occupational Therapist License
PA	Physician Assistant License
PC	Medical Assistant Phlebotomist Certification
PH	Pharmacist License
PL	Podiatric Physician And Surgeon Limited License
PO	Podiatric Physician And Surgeon License

License Prefix	License Prefix Description
PQ	Psychological Assistant/Affiliate Certificate
PS	Prosthetist License
PT	Physical Therapist License
PU	Physical Therapist Interim Permit
PV	Home Care Aide Provisional Certification
PY	Psychologist License
RA	Radiologist Assistant Certification
RC	Counselor Registration
RE	Recreational Therapist Registration
RF	Reflexologist Certification
RN	Registered Nurse License
RR	Dentist Resident Community License
RT	Radiologic Technologist Certification
SA	Social Worker Associate Advanced License
SC	Social Worker Associate Independent Clinical License
SI	Speech Language Pathologist Interim Permit
SM	Midwife Student Permit
SP	Speech Language Pathology Assistant Certification
ST	Surgical Technologist Registration
SW	Social Worker Certificate
TA	Physician Assistant Interim Permit
TC	Chiropractor Thirty Day Registration
TD	Physician And Surgeon Temporary Permit
TE	Psychologist Temporary Permit
TL	Occupational Therapist Limited Permit
TN	Nursing Home Administrator Temporary Permit
TO	Osteopathic Physician & Surgeon Temporary Permit

License Prefix	License Prefix Description
TP	Dental Hygiene Initial Limited Temporary Practice Permit
TR	Physician And Surgeon Teaching Research License
TS	Podiatric Physician And Surgeon Temporary Permit
TT	Temporary Permit (Chiropractors and Ocularist)
TX	Physical Therapist Temporary Permit
TY	Psychologist Ninety Day Permit
VA	Pharmacy Technician Certification
VB	Pharmacy Assistant License
VR	Retired Primary and Specialty Care Provider
XT	X-Ray Technician Registration

Languages

Field: LanguagesSpoken

Languages Spoken	Languages Spoken Description
AE	Armenian
AF	Afrikaans
AG	Afghan
AI	American Indian (General)
AL	Albanian
AM	Amharic
AN	Assyrian Neo-Aramaic
AR	Arabic
AS	Asian Indian
AU	Aleut
AZ	Azerbaijani
BA	Balochi
BB	Bambara
BE	Berber
BH	Bhojpuri
BI	Belarusian
BK	Bikol
BL	Bulgarian
BN	Bengali
BO	Bosnian
BR	Braille (English)
BS	Burmese
BU	Bantu
CA	Cambodian
CB	Cebuano
CC	Chiu Chow (Chinese dialect)
CD	Chaldean Neo-Aramaic
CE	Creole
CF	Chechen
CG	Croatian
CH	Chinese (General)
CI	Circassian
CM	Cham
CN	Cantonese (Chinese dialect)
CR	Chamorro
CS	Castilian
CT	Catalan
CZ	Czech
DA	Dari
DH	Dholuo
DI	Dinka
DK	Dakota
DN	Danish
DU	Dutch
EG	Egyptian
EN	English

Languages Spoken	Languages Spoken Description
ES	Estonian
EW	Ewe
FA	Farsi
FC	French Creole
FI	Finnish
FJ	Fijian
FK	Fukien
FL	Flemish
FP	Filipino
FR	French
GA	Gaelic
GE	German
GJ	Gujarati
GN	Georgian
GR	Greek
GU	Guarani
HA	Haida
HC	Haitian Creole
HE	Hebrew
HI	Hindi
HK	Hakka (Chinese dialect)
HM	Hmong
HU	Hungarian
IB	Ibo
IC	Icelandic
IG	Igbo
IL	Ilocano
IN	Indonesian
IO	Ilonggo
IR	Iranian
IT	Italian
JA	Japanese
KA	Kanarese
KK	Konkani
KM	Kmhmu
KN	Kannada
KO	Korean
KT	Kituba
KU	Kurdish
KY	Kikuyu
KZ	Kyrgyz
LA	Laotian
LK	Lakota
LN	Latin
LP	Large Print English
LT	Lithuanian
LV	Latvian
MA	Mandarin (Chinese dialect)
MC	Macedonian
ME	Maltese

Languages Spoken	Languages Spoken Description
MG	Malagasy
MI	Mien
ML	Malay (Malaysian)
MM	Malayalam
MO	Moldavian
MR	Marathi
MS	Marshallese
NA	Navajo
NE	Nepali Bhasa
NH	Nahua
NI	Nigerian
NO	Norwegian
OI	Otomi
OJ	Ojibwe
OM	Oromo
OR	Oranin
OS	Osage
OT	Other language
PA	Pashto
PE	Persian
PG	Portuguese
PJ	Punjabi
PK	Pakistani
PN	Panjabi
PO	Polish
PR	Parathi
PS	Pashai
PU	Puyallup
QU	Quechua
RA	Rajasthani
RO	Romanian
RU	Russian
S	Scandinavian
SA	Samoan
SB	Serbian
SC	Serbo-Croatian
SD	Sudanese
SE	Shanghainese
SF	Sindi
SG	Sango
SH	Salish
SI	Swahili
SL	American Sign Language
SM	Somali
SN	Shona
SO	Slovenian
SP	Spanish
SS	Sinhalese
ST	Setswana
SV	Slovak

Languages Spoken	Languages Spoken Description
SW	Swedish
SY	Syrian
TA	Tagalog
TB	Tibetan
TC	Twi
TE	Telugu
TH	Thai
TI	Tigrigna
TJ	Tajik
TK	Turkish
TL	Talian
TM	Tamil
TN	Tongan
TO	Tosk
TR	Trukese
TS	Taishanese (Chinese dialect)
TW	Taiwanese
UK	Ukrainian
UN	Unknown
UR	Urdu
UZ	Uzbek
VI	Vietnamese
VS	Visayan
YA	Yakima
YD	Yiddish
YR	Yoruba
YU	Yugoslav
ZA	Zapotec
ZU	Zulu

Practitioner Types

Field: PCPSpecialistBoth

PCP Specialist Both Code	PCP Specialist Both Description
P	Primary Care Provider
S	Specialist
B	Both

Network Tiers

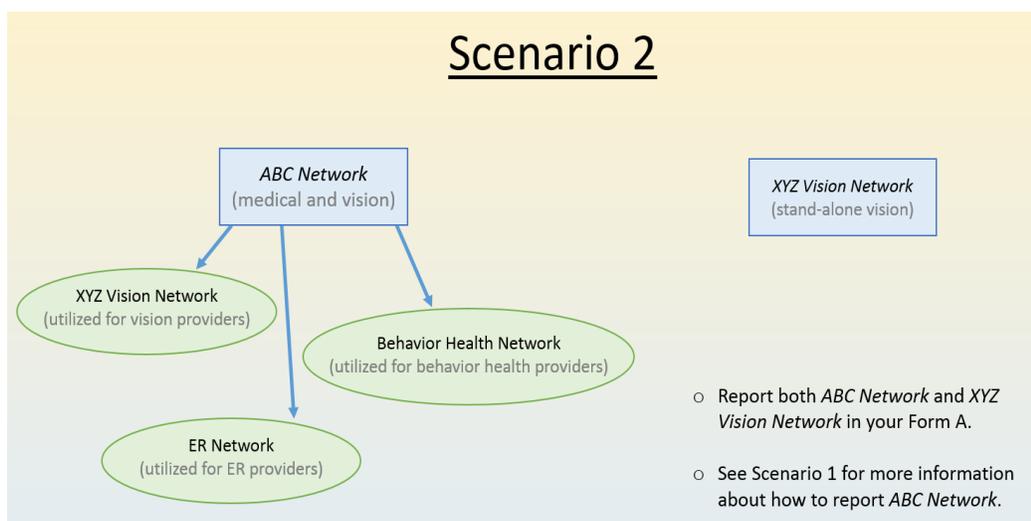
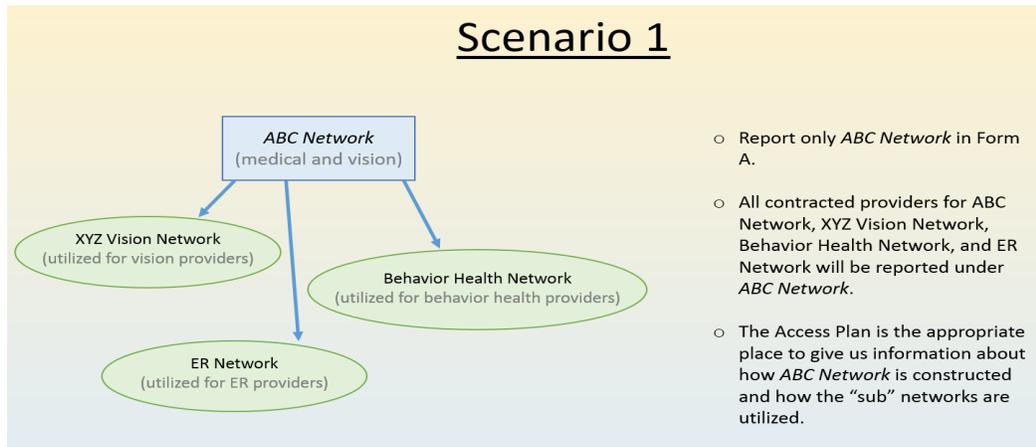
Field: ProviderTier

Provider Tier Code	Provider Tier Description
1	Tier 1 Provider
2	Tier 2 Provider
No data (null)	Part of a Single Network

How to report networks in Form A

- The Form A is intended to give us information about your network as it is marketed.
- Your network(s) must have an approved or deemed provider contract filed with us and it must be added to your OIC carrier profile before you can report it in your Form A.
- A network name can only be used by one issuer.
- The network name is also what must be listed in your product filing(s) and the individual/small group network templates (if applicable). It is the same network name that the enrollee will use to find in-network providers in your provider directory.
- You cannot use the same network name for different network structures. For example, if *ABC Network* uses a tiered pharmacy structure in one product filing but not in another, those would be two different networks and must be filed as such. Another example is if *XYZ Network* includes *Sub-network A* in one product but not in another, those would also be two different networks.

Examples:



Ready to add a network to your carrier profile? Please see: [Adding, deleting, or changing a network name.](#)