Topic	Question	Response
Accessibility Restrictions	Please provide a complete list of all the accessibility restrictions that will be used for validation.	The OIC will not be validating this field against a specified list; therefore the OIC will not provide a list of accessibility restrictions for carriers to use at this time. Carriers should monitor federal guidance in this matter for specific types of accessibility restrictions that should be reported.
Capacity	The provider contract does not specifically state the provider's capacity limit, what do we populate? **– updated 3/15/17**	You will need to provide us with a proposal for how you want to populate this field (formula, algorithm, ratio, etc). We will provide a written response either accepting or declining your proposal. We are open to discussions with any carrier that is having trouble identifying a proper formula or number to meet this requirement.
	We understand the OIC's position that a general default value for that field would not be acceptable. However, would the OIC be willing to accept a default value that is based on the volume of patients that a primary care doctor has when the doctor decides to close his or her practice to new patients?	Yes, the OIC will accept a value that is based on the volume of patients that a primary care doctor has when the doctor decides to close his or her practice to new patients.
Contract Start Date	A start date listed in a contract will often differ from the date the contract actually starts. Should we list the contract start date or the date a practitioner actually starts? What date do we provide for a practitioner added to a group contract?	It is our expectation that carriers are using the effective date listed in the approved provider agreement or in the case of a template, the date the parties agreed to in the contract terms. Carriers should report the contract start date in the contract. In the situation where a practitioner is added to a group contract, use the group contract effective date unless the practitioner has specifically negotiated a different date.

Examples:

- **Question:** Dr. Jones joins ABC network on 1/1/2008. Carrier re-contracted with Dr. Jones on 5/1/2016 on a new template contract. Should carrier report Dr. Jones's original contract start date, as 1/1/2008, or the replacement contract date of 5/1/2016?
  - **Answer:** 5/1/16 is the correct date in this situation

- **Question:** Carrier has a group contract with XYZ Associates effective 3/1/2012. Dr. Smith joins XYZ Associates in 2016 and completes the |

Topic	Question	Response
		credentialing process and can begin providing services to our members on 6/1/2016. Would Dr. Smith's contract record type 4 reflect the 3/1/2012 group contract start date, or Dr. Smith's 6/1/2016 network participation start date? ○ **Answer:** 3/1/12 is the correct date in this situation
Contract End Date	How should we address evergreen contracts?	If the provider agreement has an automatic renewal date, carriers should report this date for evergreen contracts. Update: Carriers have brought to our attention an ongoing issue with renewal and termination dates for evergreen contracts (fields 4.6 and 5.5). To resolve issues around population of these fields the OIC has agreed to implement a uniform date. An approved evergreen contract may populate fields 4.6 and/or 5.5 with the following date: 12-31-9999. The OIC will equate this date to this type of specific provider contract agreement. Please note, contracts that are not evergreen may not be reported using this date.
	To avoid confusion when a provider does not terminate with a carrier and to address providers who terminate immediately in breach of contractually required termination notification, we request to report provider terminations on the Form A next due date after the provider officially terminates.	This field has been added per WAC 284-170-210 and WAC 284-170-230. Carriers are required to notify the OIC when a potential termination will occur. This field is one part of that notification. The OIC will not be confused by the data when it is properly populated as set forth in the Provider Network Form A Data File Specifications document.
	Many contracts in place are executed without a negotiated contract termination date. How should this field be populated for contracts without an end date contracts?	Carriers should report the termination date, renewal date, etc. as set forth in the contract.
	It will be difficult for us to report when a provider terminates a contract because many of our contractors do not give prior notice. Will a retroactive date be acceptable?	**Record types 4.5 and 5.4:** Provider contracts must include an end date or a renewal date. This information is known to both parties at the time they enter into a contract agreement. In this situation a retroactive date is not acceptable.

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Topic	Question	Response
		Record types 4.6 and 5.5 In the case of a with or without cause termination, a without cause termination is specifically required to have at least a 60 day notice period between the parties and requires formal notification. A without cause termination should not be reported retroactively. In the situation of a for cause termination, we recognize the termination will be immediate due to patient safety concerns or other emergent issues. A for cause termination could require the reporting of a retroactive date.
Contract Number	What is the contract number?	The contract number is the number issued to the provider and listed in the lower left hand corner of the contract document.
	If an issuer files templates and a provider or facility is on that template, do issuers use the template form number? Or, should the issuer populate that field with the unique form number from the compensation exhibit?	Carriers will report the template form number in this situation. Do not use the compensation exhibit form number.
	If multiple documents are filed for a contract relationship and the OIC wants only one form number in Form A, which form number should be included in the provider contract field (e.g., template filing, compensation filing, amendment filing)? If the OIC wishes to have multiple form numbers reflected, how should they be listed in the field? (e.g., numbers separated by a comma in the text field?)	Carriers should use the base contract number. Do not report amendment, exhibit, or other form numbers.
	It is common for healthcare plans to house information in multiple systems that may not talk to each other. Some healthcare plan systems do not have an available field in the provider network system of record that could be used to capture and track the contract filing number. System modifications to add this field, or alternatively to create and populate a separate database, will require significant time and financial expense. We request that a reasonable grace period be allowed for health plans to make these changes.	Starting the project discussions with carriers in July 2015 and formally identifying the new fields in October 2015 should have provided sufficient lead time for carriers to begin work to identify how they are going to report data. We have one carrier that started testing files with us in July 2016 and several carriers that started testing in November 2016. We understand that some carriers are not yet ready and are still working on how they will achieve compliance. For those carriers, we will continue to monitor their progress toward solutions.

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Topic	Question	Response
File Name	What if a Form A file is uploaded with an incorrect name?	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.
File Organization	Record types 3, 4, and 5: Would we list Medicaid and commercial networks separately? Are we to list providers more than once?	Carriers will list each network separately. Within a network, the INPI and ONPI must be unique but may be duplicated across networks. (Also see Topic: Medicaid below.)
	Is Organization the Payto provider or the service location?	The organization is the service location. Do not report the Payto provider.
General File Format	In the new system, is the OIC indicating that we would be reporting on the product's network name and that we would be getting an OIC assigned number for that network?	The new reporting requirement will be based upon the product network name or network trade name. The OIC will not be assigning a network number.
	We have registered networks with the OIC's old Form A system. Will we need to go through a new registration process?	The old system's carrier maintenance profile will not be used. Carriers will need to register network names for the new system. We emailed all carriers to request this information prior to the go-live date.
	Would the OIC consider having the Form A file format be pipe delimited instead of tab delimited?	After consideration, we will continue to the tab delimited format as specified in the Provider Network Form A Data File Specifications document.
Indian Health Care Provider	Indian Heath Care Provider fields in record types 4 & 5: We want to confirm – the OIC does not want us to report those Indian Health Care Providers that are not ECP providers.	You want to report all contracted providers in the Form A. I believe you are specifically questioning fields 4.18 and 5.11. If that is correct, the intent of those fields is to indicate if the provider is an Indian Health Care Provider but you only need to answer that if the provider is also an ECP. So if you have a contracted provider that is not an ECP, you would leave fields 4.18 and 5.11 blank.
Institutional Affiliations	We ask that the OIC consider removing the institutional affiliation requirement as it is redundant with information provided through INPI/ ONPI data.	The institutional affiliations field provides important access information. The OIC has decided not to remove this field. The new field will allow for cross verification that contracted practitioners or medical groups have admitting privileges at contracted organizations.

Topic	Question	Response
Latitude and Longitude	Will the OIC require a specific software to be used to determine latitude and longitude?	No, the OIC will not require specific software be used to determine latitude and longitude. For specific requirements please review the Provider Network Form A Data File Specifications document.
	Would the OIC reconsider making these fields optional again (latitude and longitude)?	During the first discovery phase of the project, the OIC proposed this field as optional and requested carrier feedback. Carrier's responded they collect this information for GeoNetwork mapping reports [WAC 284-170-280]. Based upon this information the field was updated to "required".
	We only have latitude and longitude up to 3 decimal places. New Form A specifications require minimum to the 4th decimal. Will adding a '0' to the end be acceptable to the OIC?	No, the latitude and longitude are required to 4 decimal places to ensure precision to individual street/land parcel.
License Format	Form A records were rejected in the old system because Oregon and Idaho license types don't crosswalk. The OIC has indicated that no list/ crosswalk for out-of-state licensure will be provided. Will the OIC change to accept Oregon and Idaho license types when they don't conform to WA license types?	The old Form A did not validate either Oregon or Idaho licensures. If you populate "WA" and report an Oregon or Idaho license number in field 8, it will fail. Only Washington licenses, when identified as such in field 9, are validated against the Washington State 2 alpha prefix list and must be submitted in the 2alph/8numberic format. Please review the Provider Network Form A Data File Specification document.
	Prefix 'P1' is not included in the list of License Number Prefixes (Washington) but it is a valid license number prefix. (record 1.5)	We only collect 2 alpha/8 numeric licensure in Washington.
Medicaid	How do we report Medicaid networks?	We review provider contracts for Medicaid networks. However, you are not required to report Medicaid networks in the Form A because network access for Medicaid products is regulated by Health Care Authority (RCW 48.42.020).
NPI	Will a record reject if an INPI is listed in the ONPI field?	It will depend on if the provider is a sole proprietor. Please review the Provider Network Form A Data File Specification document.
	We do not collect NPI's for all providers. May we exclude them from the report?	No, carriers must report all contracted providers using the appropriate INPI and/or ONPI number(s). The requirement to report NPI's has been in place since 2009.

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Topic	Question	Response
	How should issuers handle sole proprietors who do not have an NPI Type 2 (ONPI)?	Please review the Provider Network Form A Data File Specification document.
	When an ONPI has several subparts, unique to locations, how should we show this in the report? List the ONPI # several times, with different addresses and not show the NPI subpart #? List the subpart # in lieu of the ONPI?	You may list each organization only by its unique ONPI number. A different address is not a unique identifier. Multiple addresses, locations, etc., should not be reported because they are duplicate records. Please note, this is not a new requirement. It has been in place since 2009.
	If carriers report according to ONPI, the same facility at the same location will be reported numerous times, once for each ONPI in the registry.	This requirement is the same as the current system and has been in place since 2009. Carriers should report multiple ONPIs for facility subparts when applicable.
	Please consider making this field optional or allow a default ONPI number (such as 9999999999)? Reason: Some individual practitioners are not employed by or affiliated with an organization.	The appropriate way to report this type of provider depends on if he/she is a sole proprietor. Please review the Provider Network Form A Data File Specification document.
	Which ONPI should a carrier report when multiple ONPI's exist?	All applicable ONPI's should be reported. An applicable ONPI is based upon the carrier having enforce participating provider agreement(s) with the organization. Example: • **Question:** If a specialty care physician (SCP) participates in our network through three different contracts, is the SCP listed in record type 4 on three separate rows; once for each contract he is a party too? o **Answer:** INPI and ONPI are unique identifiers but contract numbers are not. So if the practitioner (INPI) provides contracted services with three unique organizations (ONPI) the practitioner will be reported three times and the organizations will each be reported once. If the practitioner provides services at one organization via multiple contracts, the practitioner would be reported once and organization would be reported once.

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Topic	Question	Response
NPPES records	NPPES address records are often inaccurate and out of date. Individual practitioners often change practice locations and never update the NPPES registry record.	We understand that there is potential for any database to contain inaccurate information due to human error or lag time. This issue would most appropriately be addressed during provider contracting and/or credentialing. (Also see Topic: Validation Errors)
Organization	Could you please advise of the definition of an organization?	For purposes of the Form A, "organizations" are group health care providers eligible for NPI's as Entity Type 2 as set forth in the 2004 NPI Final Rule (45 CFR Part 162).
Organization Name	For the type 2 organization record, the description for the organization name says it needs to match what is listed in the NPPES organization NPI record, however many of us use the more informal dba name in consumer-facing materials. Are we required to use the exact name that is in NPPES?	You are not required to use the exact name that is in NPPES. The new system will not validate the organization name against NPPES.
Primary State Licensure	Our carrier offers a national network of providers. Should a carrier report every participating practitioner located in Oregon or Idaho, or only those located in counties which border Washington State? If a practitioner is licensed by Washington and/or Oregon and/or Idaho, which state license should be reported? If a facility, for example a transplant facility, is located in a state other than Washington, Oregon, or Idaho, should that network facility be included in the report?	A carrier should report its contracted individual providers (INPI) in each network located in Washington, Oregon, and Idaho. If a facility (organization/ONPI) is located in another state and is used to meet network access requirements, it should be reported. For example, if your carrier contracts with Texas Children's Hospital to provide pediatric heart transplants, this organization should be reported.
	We contract with national networks, providing access in states other than Washington, Oregon, and Idaho. Do we exclude these practitioners and organizations from the Form A or should we put "none" in state specific fields such as primary state licensure?	Only individuals (INPI) licensed in Washington, Oregon, and Idaho may be reported in the Provider Network Form A. Reporting of other state licensures will cause the file to fail.
	It is not uncommon for a provider to have more than one active license. By way of example, many providers maintain licenses in Washington and in Oregon. Also, some alternative care providers hold dual licenses (e.g., acupuncturists and massage therapists) issued in the same state. Please clarify OIC expectation for how healthcare plans should populate this field when a provider has multiple active licenses.	If a provider has more than one active license then reporting should be: (1) Washington licensure, (2) if no Washington licensure, report Oregon or Idaho. Regarding providers that have multiple active licenses in the same state, the data has been required to be reported in this same manner since 1997, so it is unclear why this is a new issue now. That being said, we recommend

Topic	Question	Response
		you report the license number that is associated with the provider's primary taxonomy with NPPES.
Provides _____ Care/Services (Fields 4.13 – 4.16)	Please identify which specialties we should consider when identifying if a provider does or does not provide these services.	Fields 4.13 – 4.16 are for you to identify to us who provides these services – it is up to you how you set up the requirements or identify which practitioners provide those services. For example, you may have a contracted family medicine practitioner that provides pediatric services but doesn't identify as a pediatrician. You would identify this to us in field 4.14. An example of how we might use these fields is if we get a complaint that says ABC Carrier has no contracted pediatricians. We would start our analysis by reviewing the Form A to see which providers have been identified as providing pediatric services and continue from there.
Provider Tier	Please provide a definition - we want to make sure we understand what is meant by "tiered".	A "tiered provider network" means a network that identifies and groups providers and facilities into groups to which different provider reimbursement, enrollee cost-sharing, or provider access requirements, or any combination thereof, apply as a means to manage cost, utilization, quality, or to otherwise incentivize enrollee or provider behavior. [WAC 284-170-330]
Street Address	We have contracts for professional services in which the main office we contract with has an ONPI, but all the associated locations share that same NPI (according to NPPES). Are issuers expected to suppress the additional 15 service locations we have under the contract or is it going to be possible to duplicate that ONPI for those additional sites? (An example would be Lifeworks NW which has an ONPI 1467408013. https://npiregistry.cms.hhs.gov/registry/provider-view/1467408013) Will issuers need to reach out to each facility with this issue and require them to obtain unique ONPIs?	Using the example provided in the question, a carrier will report Lifeworks NW as an ONPI one time under its unique ONPI number. Service area locations are not unique identifiers. Carriers are not required to request organizations obtain additional ONPI numbers. Please note, this filing requirement has not changed since 2009.

Topic	Question	Response
	We understand that each organization will only be listed by its unique ONPI, and that multiple addresses should not be reported. Additionally, we understood that the address reported should match with the provider's NPPES record.	Please see the instructions for fields 2.3 and 2.4 for additional information about how to populate street address information. We will not be validating provider addresses against NPPES.
	Could you please advise why an address is being requested for an organization in Record Type 2, but not for providers in Record Type 1?	The address is specific to the location where the provider is rendering the service. This is the information we gather through record type 2.
Submission Requirement	When are carriers required to submit an initial Form A for a brand-new network? In previous years, OIC asked that carriers hold off until October to submit an initial Form A for a brand-new network for plans effective 1/1. Is this still the case?	A carrier must begin submitting the Form A when it has executed contracts with an effective date in the prior month. What may have been confusing over the last few years is that many carriers have been developing new networks while QHP and QDP plans were being reviewed. Carrier's requested to report Form A filings to support those networks late in the fall as many contracts may have a letter of agreement between the parties but were not executed provider contracts or the effective date of those executed contracts was synced to the new plan year. In these situations, a carrier cannot report an in-network provider who did not have an effective contract. The October 1 date aligns itself for the above scenarios in addition to the requirement to advertise (provider directory) requirements for Open Enrollment. It probably appeared we were asking carrier's to hold Form A submissions when in reality it was the contract effective dates and carrier requirements to have networks available to support new product offerings and advertise the new networks.
Telemedicine	Is this a required field? Is so, how do we populate it?	Telemedicine is a required field. Please review the Provider Network Form A Data File Specification document.

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Topic	Question	Response
Type 5 Records	At this time we do not contract at an organizational level, we want to confirm that it is ok not to send any type 5 record types (organizational information).	All carriers must report both the INPI and ONPI numbers, except for sole proprietors. A carrier cannot choose to report only certain record types or fields. You must report type 5 records. Please review the Provider Network Form A Data File Specification document.
Validation	Could the OIC provide more detailed information in the Form A data definitions manual about what types of items will cause the field to error out? (e.g. including any number other than 0-9 or letters a-z; no special symbols; no hyphens; a specific field must have exactly XX characters) In other words, what is the OIC validation tool looking for when it analyzes a file to find the errors? **– updated 3/15/17**	We don't expect a validation tool to be required. The file definition document contains all field validation as well as the reference to external validation sources. Assuming carriers have clean data, once the extract process is built and passes our validation, there should not be a need to update the extract logic. The test environment was available starting October 2016 and will be available for at least several months after the go-live date. We will notify carriers prior to turning it off.
	What is the expected response time from the system to issuers so that they know if the file was successful or rejected? **– updated 3/23/17**	The new system will not require manual validation to occur. The system will be automated and sweep the file on a regular basis, validate, and generate a response email.

PRODUCTION: Files processed at 3:30 pm Monday – Saturday*

TEST: Files processed every 2 hours from 9 am – 1 am PST*

*Files are picked up 20 minutes before processing. For example, if you upload your Form A in production at 3:15 pm on Monday, it won't be processed until Tuesday. |
| **Validation Errors** | Row -1 Error | Anytime the error is a Row -1 error, then errors following it should not be considered until the Row -1 error is resolved.

Example:

Row -1: Field: ONPI Error: Record Type 2 contains duplicate ONPI's. This may cause unexpected errors in corresponding type 4 and 5 records. Only the first duplicate is displayed. |

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Topic	Question	Response
	Sole Proprietor/ONPI Error	Carriers are reporting they are receiving the below type of error for valid sole proprietors listed in record type 2: *Row 5150: Field: Onpi Error: 1234567890 is not a registered NPI number, or it's not of the correct type. RawData: 2* This error is triggered when the Organization NPI entered does not exist in NPPES as an organization OR it is an Individual NPI and the Sole Proprietor is marked "No". It is showing up more frequently than expected because of lag time between when the OIC updates its database with NPI data from NPPES and when sole proprietors are correcting their NPPES records. The OIC receives an updated monthly NPPES file around the 10th of each month and our database is updated by the end of that same month. Due to this, there is a period where the NPPES database and our system will not match. *For example:* The OIC uploaded the monthly NPPES file on January 11, 2017. A sole proprietor updates their NPPES record on January 13th. A carrier submits their test file on January 18th. The carrier file submitted on January 18th failed validation because the NPPES information reported in the file does not match the data available in the NPPES 1/11/17 download. The Form A file uploaded on March 5 2017 should include provider information as of the 1st day of the prior month or February 1, 2017. Sole proprietors whose NPPES information is updated prior to NPPES regular monthly posting (on or around February 10th) should be reflected in your report and pass this validation requirement. If a sole proprietor's NPPES information is updated after OIC has received the monthly NPPES file, the validation will fail.

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