

Uniform Directory Template

Explanation of Pages

Provider Roster Pages	This is for individual health care professionals who are part of a medical group, facility, or hospital.
Facility Location Pages	This includes all facilities and hospitals. This is for the practice location. If there are multiple locations for a facility or hospital, the questions will apply to each location.
Medical Group Pages	These pages are for the medical groups that have multiple health care professionals. If there are multiple locations, each location will fill out the questions.
Independent Provider Pages	These pages are for solo practitioners. This combines the questions from the provider roster and the facility location tab and eliminates the redundant questions.
Practice Limitation Page	This page lists the practice limitation options in the facility and medical group tab.
Taxonomy, Individuals	These pages list types and subtypes of health care professionals.
Taxonomy, Non-Individuals	These pages list types and subtypes of hospitals and other facilities.

Provider Roster

	IAMHP Data Field	All Other products offered by the Plan (Medicare Advantage, Medicare Complete, Commercial)	Comments
Provider Status	New/No Change/ Update/ Term	Required	
	Update Requested-Term from Service location, Add to Group	Required	
	Reason for termination	Required	"Reason provider is no longer with the group or tin listed for termination. 44 - Deceased 45 - Retired 46 - Left Group 74 - Involuntary for Loss of License, License restriction, state or federal sanction Default to Provider Left Group if omitted in the submission"
	Provider Reassignment or Recommendation	If Applicable	Identifies the provider the members should be reassigned to.
	Effective Date	Required	
	Change Effective Date	Required	
	Attested Date	Required	The last date the Practitioner or the Practitioner's representative attested to their Provider Data Profile data (YYYYMMDD).
Practitioner Information	NPI	Required	
	Last Name	Required	
	First Name	Required	
	Middle Name	If Applicable	
	Suffix	If Applicable	
	Degree	Required	
	Date of Birth	Required	
	SSN	Required	
	Race/Ethnicity	Required	
	Gender	Required	
	Practice As	Required	
	Medicare ID	If Applicable	
	Medicaid ID	If Applicable	
	CAQH ID	If Applicable	
	Medical College Name (MD or DO only)	If Applicable	
	Medical College Start Date (MD or DO only)	If Applicable	
	Medical College Graduation Date (MD or DO only)	If Applicable	
	Residency Hospital Name (MD or DO only)	If Applicable	
	Residency Hospital Start Date (MD or DO only)	If Applicable	
	Residency Hospital End Date (MD or DO only)	If Applicable	

Provider Roster

Practitioner License Information	State License	Required	
	State License Issuing State	Required	
	State License Expiration Date	Required	
	DEA	Required	
	DEA Expiration Date	Required	
	Controlled Substance	Required	
	Controlled Substance Expiration Date	Required	
	CLIA Certificate	If Applicable	
	CLIA Certificate Expiration Date	If Applicable	
	X-Ray License	If Applicable	
	X-Ray License Expiration Date	If Applicable	
Practitioner Specialty and Board Information	Primary Specialty	Required	
	Primary Specialty Board Certified	If Applicable	
	Primary Specialty Board Certification Name	If Applicable	
	Primary Board Certificate Number	If Applicable	
	Primary Board Certification Expiration Date	If Applicable	
	Primary Board Lifetime Certified	If Applicable	
	Primary Specialty Taxonomy	Required	Use taxonomy from Individuals taxonomy tab
	Secondary Specialty	If Applicable	
	Secondary Specialty Board Certified	If Applicable	
	Secondary Specialty Board Certification Name	If Applicable	
	Secondary Board Certificate Number	If Applicable	
	Board Certification Effective Date	If Applicable	"The effective date the provider became certified by ABMS or approved acceptable Board as listed in the Credentialing Plan If Board Certification Status of Certified or Lifetime is provided, the effective date of certification is required."
	Secondary Board Certification Expiration Date	If Applicable	
	Secondary Board Lifetime Certified	If Applicable	
	Secondary Specialty Taxonomy	If Applicable	Use taxonomy from Individuals taxonomy tab
	Additional Specialty	If Applicable	
	Additional Specialty Board Certified	If Applicable	
	Additional Specialty Board Certification Name	If Applicable	
	Additional Board Certificate Number	If Applicable	
	Additional Board Certification Expiration Date	If Applicable	
	Additional Board Lifetime Certified	If Applicable	
	Additional Specialty Taxonomy	If Applicable	Use taxonomy from Individuals taxonomy tab

Provider Roster

Supervising Practitioner	Supervising Provider First Name	If Applicable	
	Supervising Provider Middle Name	If Applicable	
	Supervising Provider Last Name	If Applicable	
	Supervising Provider Degree	If Applicable	
	Advanced Practice Clinicians (aka Midlevel) Supervising Specialty (provide the specialty, not provider name)	If Applicable	Specialty of the Advanced Practice Clinician's supervising physicians practicing specialty. For Advanced Practice Clinicians that do not require supervision, provide the primary specialty of the practice. For Advanced Practice Clinicians that do require supervision, provide the specialty of the supervising physician, not the name. If Supervising Provider is classified as HBP for the Tax ID, the Mid-Level classification should match.
	Supervising Provider License Number	If Applicable	
	Supervising Provider License Issue State	If Applicable	
	Supervising Provider NPI	If Applicable	
Malpractice Information	Malpractice Carrier Name	Preferred	
	Malpractice Coverage Claim Amount	Preferred	
	Malpractice Coverage Aggregate Amount	Preferred	
	Malpractice Coverage Effective Date	Preferred	
	Malpractice Coverage End Date	Preferred	
Specialized Training and Experience in Treating	Specialized Training and Experience in Treating	If Applicable	
	Specialized Training and Experience in Treating 2	If Applicable	
	Specialized Training and Experience in Treating 3	If Applicable	
	Specialized Training and Experience in Treating 4	If Applicable	
Provider Language	Primary Provider Languages	Required	
	Secondary Provider Language	If Applicable	
	Additional Provider Language	If Applicable	
Hospital Affiliation	Primary Hospital Affiliation	If Applicable	
	Primary Hospital Affiliation Appointment Type	If Applicable	
	Primary Hospital Affiliation Appointment Date	If Applicable	
	Secondary Hospital Affiliation	If Applicable	
	Secondary Hospital Affiliation Appointment Type	If Applicable	
	Secondary Hospital Affiliation Appointment Date	If Applicable	
	Additional Hospital Affiliation	If Applicable	
	Additional Hospital Affiliation Appointment Type	If Applicable	
	Additional Hospital Affiliation Appointment Date	If Applicable	
	Additional Hospital Affiliation	If Applicable	
	Additional Hospital Affiliation Appointment Type 2	If Applicable	
	Additional Hospital Affiliation Appointment Date 2	If Applicable	

Provider Roster

Practitioner Location Information	Medical Group Practice Name	Required	
	Effective Date In Group	Required	
	Office Manager First Name	If Applicable	
	Office Manager Last Name	If Applicable	
	Office Manager Email	If Applicable	
	Office Manager Phone	If Applicable	Contact Phone Number
	End Date In Group	If Applicable	
	Location Type	Required	
	Is this your primary practice?	Required	When field=TRUE, the practice location is the primary practice location for the Practitioner. If field=FALSE, the practice location can be Administrative, Research, or Neither.
	Please describe your affiliation with this location.	Required	For each provider's place of service address listed, select the applicable option to identify the provider's appointment availability for the listed address. Option 1: I see new patients by appointment at least one day per month, but less than one day per week on a regular basis Option 2: I see patients by appointment at least one day per week on a regular basis Option 3: I cover or fill-in for colleagues within the same medical group on an as needed basis Option 4: I do not practice here, but the location is within the medical group with which I am employed
Location Name	Required		
Address Type P = Practice C = Billing and Practice M = Mail Only F = Facility Address	Required	Required for Practice and Combination addresses; Address type for the listed practice location P = is the Practice address where a member can schedule and be seen by appointment. Practice address may also include locations where the provider does not see patients by appointment on a regular schedule such as an on call/covering location, however, such address locations should always be suppressed from the directories. C = is an address type where the practice and billing address are the same M = is the address type where the provider will only receive mail. F = is the Facility place of service address where a Hospital Based Provider provides service one or more days per month and may bill for service. Facilities includes, but not limited to hospitals, surgery centers, nursing homes, etc.)	

Provider Roster

	Address 1	Required	
	Address 2	Required	
	City	Required	
	State	Required	
	Zip Code	Required	
	County	Required	
	Location Phone	Required	
	Location Fax	Required	
	Appointment Phone (If Different than Location Phone)	If Applicable	
	Provider Fax (If different than Location Fax)	If Applicable	
	Call Coverage Phone (if Different than location)	If Applicable	
	Include Location in Directory	Required	
	Accepts New Patients	Required	
	Medicare Accepting New & Existing Patients	If Applicable	Identifies if the provider accepting new and existing patients for Medicare members. Only required if the providers panel status is unique by lines of business. Provider's with closed or who limit accepting new patient status to existing patients will still appear in the directory with their accepting new patient status limitations. O = Open C = Closed E = Existing Only
	Gender Accepted	If Applicable	
	Accepts Minimum Patient Age	If Applicable	
	Accepts Maximum Patient Age	If Applicable	
Practice Capacity Minimum Enrollees	If Applicable		
Practice Capacity Maximum Enrollees	If Applicable		
Practice Email	If Applicable		
Consent to publish Individual Provider Email Address (Y or N)	Required	Does the provider permit to publish the providers email address in the directory? (Yes or No)	
(Publication of Provider Email Address will default to No, unless otherwise noted)			
Practice Web Address (URL) Type: T = Capable of accessing URL to schedule telehealth appointments I = Capable of accessing URL to schedule in-person appointments S = Single Sign-On portal where patients login to interface with the provider office "Blank" indicates the practice web address is a general site that does not have appointment scheduling capabilities.	Required	Identifies if the Practice Web Address (URL) includes functionality for patients to schedule Telehealth and/or in-person appointments, a single sign-on portal that the member logs in to interface with the providers office or is a general website without the ability to schedule appointments.	

Provider Roster

Billing Information	Group Billing NPI	Required	
	Tax Identification Number	Required	
	Primary Tax Identification Number	Required	
	Legal Business Name	Required	
	Remittance Address 1	Required	
	Remittance Address 2	Required	
	Remittance City	Required	
	Remittance State	Required	
	Remittance Zip	Required	
	Billing Fax Number	If Applicable	Fax number used for billing correspondence
	Billing Phone Number	If Applicable	Phone number used for billing correspondence
Practitioner Office Hours	Provider Hours Open: SUN	Required	
	Provider Hours Close: SUN	Required	
	Provider Hours Open: MON	Required	
	Provider Hours Close: MON	Required	
	Provider Hours Open: TUE	Required	
	Provider Hours Close: TUE	Required	
	Provider Hours Open: WED	Required	
	Provider Hours Close: WED	Required	
	Provider Hours Open: THURS	Required	
	Provider Hours Close: THURS	Required	
	Provider Hours Open: FRI	Required	
	Provider Hours Close: FRI	Required	
	Provider Hours Open: SAT	Required	
	Provider Hours Close: SAT	Required	
Practice Limitation	Primary Practice Limitation	If Applicable	
	Secondary Practice Limitation	If Applicable	
	Additional Practice Limitation	If Applicable	
Provider Training	Effective/Completion Date of Cultural Competency Training	Required	
	Completion of Cultural Competency	Required	
	Completion of Annual FWA Training	Required	
	Completion of the Model Of Care Training	Required	
	Completion of Critical Incident Training	Required	
Credentialing Contact Information	Credentialing Contact First Name	Required	
	Credentialing Contact Last Name	Required	
	Credentialing Contact Phone	Required	
	Credentialing Contact Fax	Required	
	Credentialing Contact Email	Required	
Language Information	Primary Language Spoken at Location by Provider	Required	
	Secondary Language Spoken at Location by Provider	If Applicable	
	Additional Language Spoken at Location by Provider	If Applicable	
	Additional Language Spoken at Location by Provider	If Applicable	
	Secondary Language Spoken at Location by Provider	If Applicable	

Provider Roster

	Additional Language Spoken at Location by Provider	If Applicable	
	Additional Language Spoken at Location by Provider	If Applicable	
	Location offers American Sign Language by Provider	Required	
	Telecommunication Device for Deaf (TDD) Number	If Applicable	
	Text Telephony (TTY) Number	If Applicable	
Language Spoken By Staff or Interpreter Information	Language Spoken by staff at Location	Required	
	Language Spoken by interpreter at Location	If Applicable	
	Additional Language Spoken at Location	If Applicable	
	Additional Language Spoken by interpreter at Location	If Applicable	
	Secondary Language Spoken by staff at Location	If Applicable	
	Additional Language Spoken by interpreter at Location	If Applicable	
	Additional Language Spoken by staff at Location	If Applicable	
	Location offers American Sign Language	Required	
Access to Public Transportation	Access to Public Transportation Bus	Required	
	Access to Public Transportation Rail/Regional Train	Required	
	Access to Public Transportation Taxicab	Required	
Location Services	Primary Location Service	If Applicable	
	Secondary Location Service	If Applicable	
	Additional Location Service	If Applicable	
	Additional Location Service	If Applicable	
	Additional Location Service	If Applicable	
	Language Line Available	Required	
	Qualified Onsite Medical Interpreter Available	Required	
	Call Ahead for Onsite Interpreter	Required	
	Documents Available in Languages Other than English	Required	
Credentialing Contact	Credentialing Contact First Name	Required	
	Credentialing Contact Last Name	Required	
	Credentialing Contact Phone	Required	
	Credentialing Contact Fax	Required	
	Credentialing Contact Email	Required	
	Original Credentialing Committee Date	Required	Date on which the group first credentialed/approved the provider
	Latest Re-Appointment / Re-Credentialing Committee Approval Date	If Applicable	Date on which the group last recredentialed the provider; Delegate is required to report the most recent recredentialed events within 30 days of credentialing committee's approval.
Required Training	Completion of Cultural Competency	Required	
	Completion of Annual FWA Training	Required	
	Completion of the Model Of Care Training	Required	
	Completion of Critical Incident Training	Required	

Provider Roster

Telemedicine	Audio Only	Required	
	Audio and Video	Required	
	Family Caregiver Allowed	Required	
	Remote patient monitoring device	Required	
	Texting/Chatting	Required	
	Online adaptive interviews	Required	
	None/Not Offered	Required	
	Medical Care	Required	
	Consultation	Required	
	Other Medical Items or Services	Required	
	Hospice	Required	
	Hearing Items and Services	Required	
	Vision Items and Services	Required	
	Outpatient Mental Health Treatment	Required	
	Occupational Therapy	Required	
	Physical Therapy	Required	
	Veterans Affairs Community Care Network ("VA CCN") Provider?	Required (if applicable)	Notifies insurer if the provider opts in to a VA CCN line of business. This is broader question on whether this is something all insurers must know. VA CCN is the VA's system for connecting eligible Veterans with community healthcare providers for care they can't get at VA facilities, ensuring timely access to services like urgent care, dental, mental health, and specialized treatments, managed regionally by Third-Party Administrators (TPAs) like Optum and TriWest.

Facility Location

	Data Field	Required for All Other products offered by the Plan (Medicare Advantage, Medicare Complete, Commercial)	Comments
Provider Status	New/No Change/ Update/ Term	Required	
	Update Requested-Term from Service location, Add to Group	Required	
	Effective Date	Required	
	Change Effective Date	Required	
	Attested Date	Required	The last date the Practitioner or the Practitioner's representative attested to their Provider Data Profile data (YYYYMMDD).
Practice Information	Group NPI	Required	
	Medical Group Practice Name	Required	
	Legal Business Name	Required	
	Primary Taxonomy	Required	Use taxonomy from Non-Individual Taxonomy tab
	Secondary Taxonomy	If Applicable	Use taxonomy from Non-Individual Taxonomy tab
	Additional Taxonomy	If Applicable	Use taxonomy from Non-Individual Taxonomy tab
	Illinois Medicaid ID	If Applicable	
Location Information	Location Type	Required	
	Location Name	Required	
	Address Type	Required	Required for Practice and Combination addresses; Address type for the listed practice location
	P = Practice C = Billing and Practice M = Mail Only F= Facility Address		P = is the Practice address where a member can schedule and be seen by appointment. Practice address may also include locations where the provider does not see patients by appointment on a regular schedule such as an on call/covering location, however, such address locations should always be suppressed from the directories. C = is an address type where the practice and billing address are the same M = is the address type where the provider will only receive mail. F = is the Facility place of service address where a Hospital Based Provider provides service one or more days per month and may bill for service. Facilities includes, but not limited to hospitals, surgery centers, nursing homes, etc.)

Facility Location

	Address 1	Required	
	Address 2	Required	
	City	Required	
	State	Required	
	Zip Code	Required	
	County	Required	
	Location Phone	Required	
	Location Fax	Required	
	Appointment Phone (If Different than Location Phone)	If Applicable	
	Provider Fax (If different than Location Fax)	If Applicable	
	Call Coverage Phone (If Different than Location)	If Applicable	
	Website	Required	
	Practice Web Address (URL) Type: T = Capable of accessing URL to schedule telehealth appointments I = Capable of accessing URL to schedule in-person appointments S = Single Sign-On portal where patients login to interface with the provider office "Blank" indicates the practice web address is a general site that does not have appointment scheduling capabilities.	If Applicable	Identifies if the Practice Web Address (URL) includes functionality for patients to schedule Telehealth and/or in-person appointments, a single sign-on portal that the member logs in to interface with the providers office or is a general website without the ability to schedule appointments.
	Email	If Applicable	
	Consent to publish Individual Provider Email Address (Y or N) (Publication of Provider Email Address will default to No, unless otherwise noted)	Required	Does the provider permit to publish the providers email address in the directory? (Yes or No)
	Office Manager First Name	Not Required	
	Office Manager Last Name	Not Required	
	Office Manager Email	Not Required	
	Office Manager Phone	Suggested	
BEP Information	BEP Provider Certified	If Applicable	
	Minority Business Enterprise MBE (Y/N)	If Applicable	
	Women's Business Enterprise WBE (Y/N)	If Applicable	
Billing Information	Tax Identification Number	Required	
	Primary Tax Identification Number	Required	
	Legal Business Name	Required	
	Remittance Address 1	Required	
	Remittance Address 2	Required	
	Remittance City	Required	
	Remittance State	Required	
	Remittance Zip	Required	
	Billing Fax Number	If Applicable	
Billing Phone Number	If Applicable		

Facility Location

Location Hours	Provider Hours Open: SUN	If Applicable	
	Provider Hours Close: SUN	If Applicable	
	Provider Hours Open: MON	Required	
	Provider Hours Close: MON	Required	
	Provider Hours Open: TUE	Required	
	Provider Hours Close: TUE	Required	
	Provider Hours Open: WED	Required	
	Provider Hours Close: WED	Required	
	Provider Hours Open: THURS	Required	
	Provider Hours Close: THURS	Required	
	Provider Hours Open: FRI	Required	
	Provider Hours Close: FRI	Required	
	Provider Hours Open: SAT	Required	
	Provider Hours Close: SAT	Required	
Language Information	Primary Language Spoken at Location	Required	
	Secondary Language Spoken at Location	If Applicable	
	Additional Language Spoken at Location	If Applicable	
	Additional Language Spoken at Location	If Applicable	
	Secondary Language Spoken at Location	If Applicable	
	Additional Language Spoken at Location	If Applicable	
	Additional Language Spoken at Location	If Applicable	
	Location offers American Sign Language	Required	
	Telecommunication Device for Deaf (TDD) Number	If Applicable	
	Text Telephony (TTY) Number	If Applicable	
Access to Public Transportation	Access to Public Transportation Bus	Required	
	Access to Public Transportation Rail/Regional Train	Required	
	Access to Public Transportation Taxicab	Required	
Practice Limitations	Practice Limitations	If Applicable	
	Practice Limitations	If Applicable	
	Practice Limitations	If Applicable	
Location Services	Primary Location Service	If Applicable	
	Secondary Location Service	If Applicable	
	Additional Location Service	If Applicable	
	Additional Location Service	If Applicable	
	Additional Location Service	If Applicable	
	Language Line Available	Required	
	Qualified Onsite Medical Interpreter Available	Required	
	Call Ahead for Onsite Interpreter	Required	
	Documents Available in Languages Other than English	Required	
Credentialing Contact	Credentialing Contact First Name	Required	
	Credentialing Contact Last Name	Required	
	Credentialing Contact Phone	Required	
	Credentialing Contact Fax	Required	
	Credentialing Contact Email	Required	

Facility Location

Required Training	Completion of Cultural Competency	Required	
	Completion of Annual FWA Training	Required	
	Completion of the Model Of Care Training	Required	
	Completion of Critical Incident Training	Required	
ADA - Programmatic Access	Do you provide accessible communication for those who are deaf or hard of hearing?	Required	
	Do you provide accessible communication for individuals with cognitive disabilities?	Required	
	Do you allow service animals to accompany individuals in waiting and examination rooms?	Required	
	Are nurses and medical staff trained to safely assist or lift patients from wheelchairs to examination tables or other equipment? Alternatively, is a Hoyer lift available?	Required	
	Are doctors, nurses and other staff trained in operating accessible medical equipment such as height exam tables, mammography machines and weight scales?	Required	
	During the appointment scheduling process, are members with disabilities asked if they will need assistance?	Required	
	Are alternative Media Formats available?	Required	
ADA - Parking	Does every accessible parking space have a vertical sign posted with the International Symbol of Accessibility?	Required	
	Are accessible parking spaces including access aisles wide enough?	Required	
	Are the correct number of accessible parking spaces provided?	Required	
ADA - Exterior Route	Is the route of travel to the building clear and accessible?	Required	
	Curb route from Parking to the accessible entrance?	Required	
	Curb Route from Public Transportation to accessible entrance?	Required	
	Curb Route from Public Sidewalk to accessible entrance?	Required	
ADA - Ramps	Is each run (leg) of the ramp no longer than 30 feet between landings?	Required	
	And no steeper than 1 foot rise for every 12 feet long?	Required	
	Are 60 inches (5 feet) long, level landings provided at the top and bottom of each ramp run?	Required	
	Are handrails provided on both sides of the ramp?	Required	
	Are all ramps at least 36 inches wide?	Required	

Facility Location

ADA - Building Entrance	Is there an entrance to the building that has zero steps?	Required	
	Is there an entrance, which has a ramp or lift?	Required	
	If a main entrance is not accessible, is there directional signage indicating the location of the accessible entrance?	Required	
	Does the accessible entry door open to at least 32" wide?	Required	
	Do entrance doors have handles that can be opened without grasping, pinching, or twisting of the wrist?	Required	
	Is space available for a wheelchair user to approach, maneuver, and open the door?	Required	
ADA - Elevators	Is the elevator equipped with both visible and audible door opening/closing and floor indicators?	Required	
	Is there a raised letter and Braille sign on each side of each elevator jamb?	Required	
	Are the hall call buttons for the elevator no higher than 42" above the floor?	Required	
	Is the elevator car large enough for a wheelchair or scooter user to enter, turn to reach the controls, and exit?	Required	
	Do the buttons on the control panel inside the elevator have Braille and raised characters/symbols near the buttons?	Required	
ADA - Interior Route	Are all interior paths of travel at least 36 Inches wide?	Required	
	Do all rooms accessed from a public hallway include signage with raised letters and Braille?	Required	
	If there are stairs on the accessible route, are there handrails on each side?	Required	
	If a platform lift is used, can it be used without assistance?	Required	
ADA - Restrooms	If a single user toilet room is provided, is it accessible for a person who uses a wheelchair or scooter?	Required	
	Do toilet room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees, measured between the face of the door and the opposite stop?	Required	
	Are grab bars provided, one on the wall behind the toilet and one on the wall next to the toilet? Are Horizontal Grab bars provided on the wall behind and the wall next to the toilet?	Required	
	Are toilet stalls and approaches accessible to individuals who use wheelchairs and scooters?	Required	

Facility Location

	Is a vertical grab bar provided on the wall next to the toilet?	Required	
	In a toilet room with stalls, is there a 60-inch diameter turning circle or a 60 inch x 60 inch "T"-shaped space inside the toilet room with stalls to allow a turnaround for wheelchair and scooter users?	Required	
	Is the top of the toilet seat 17-19" from the floor?	Required	
	Is the toilet paper dispenser between 7 inches and 9 inches in front of the toilet and at least 15 inches above the floor?	Required	
	Is there a space that is at least 30 inches wide and 48 inches deep to allow wheelchair users to approach and use the sink?	Required	
	Are the soap and towel dispensers 48" or less from the floor?	Required	
	Are faucet handles operable with one hand and without grasping, pinching, or twisting?	Required	
ADA - Exam/Treatment Room	Do exam room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees?	Required	
	Is there a 60 inch diameter turning circle or a 60 inch x 60 inch "T"-shaped space so that a wheelchair or scooter user can make a 180° turn?	Required	
	Is there a height adjustable exam and procedure table?	Required	
	Is a weight scale available that can accommodate an individual that use a wheel chair or scooter?	Required	
	Is there space next to the height adjustable exam table for a wheelchair or scooter user to approach, park, and transfer or be assisted to transfer onto the table?	Required	
ADA - Equipment	Does your practice have a Hoyer-type lift available to transfer a patient onto an exam table?	Required	
	Is there height adjustable equipment (chairs and tables) that lowers between 17 inches and 19 inches from the floor to the top of the cushion for various pieces of equipment?	Required	
	Can mammography machine accommodate wheelchair users? Is a Mammography chair available for those who must be seated?	Required	

Facility Location

Telemedicine	Audio Only	Required	
	Audio and Video	Required	
	Family Caregiver Allowed	Required	
	Remote patient monitoring device	Required	
	Texting/Chatting	Required	
	Online adaptive interviews	Required	
	None/Not Offered	Required	
	Medical Care	Required	
	Consultation	Required	
	Other Medical Items or Services	Required	
	Hospice	Required	
	Hearing Items and Services	Required	
	Vision Items and Services	Required	
	Outpatient Mental Health Treatment	Required	
	Occupational Therapy	Required	
	Physical Therapy	Required	
	Veterans Affairs Community Care Network (“VA CCN”) Provider?	Required (if applicable)	Notifies insurer if the provider opts in to a VA CCN line of business. This is broader question on whether this is something all insurers must know. VA CCN is the VA's system for connecting eligible Veterans with community healthcare providers for care they can't get at VA facilities, ensuring timely access to services like urgent care, dental, mental health, and specialized treatments, managed regionally by Third-Party Administrators (TPAs) like Optum and TriWest.

Medical Group Location

	Data Field	Required for All Other products offered by the Plan (Medicare Advantage, Medicare Complete, Commercial)	Comments
Provider Status	New/No Change/ Update/ Term	Required	
	Update Requested-Term from Service location, Add to Group	Required	
	Effective Date	Required	
	Change Effective Date	Required	
	Attested Date	Required	The last date the Practitioner or the Practitioner's representative attested to their Provider Data Profile data (YYYYMMDD).
Practice Information	Group NPI	Required	
	Medical Group Practice Name	Required	
	Legal Business Name	Required	
	Primary Taxonomy	Required	Use taxonomy from Non-Individual Taxonomy tab
	Secondary Taxonomy	If Applicable	Use taxonomy from Non-Individual Taxonomy tab
	Additional Taxonomy	If Applicable	Use taxonomy from Non-Individual Taxonomy tab
	Illinois Medicaid ID	If Applicable	
Location Information	Location Type	Required	
	Location Name	Required	
	Address Type	Required	Required for Practice and Combination addresses; Address type for the listed practice location
	P = Practice C = Billing and Practice M = Mail Only F= Facility Address		P = is the Practice address where a member can schedule and be seen by appointment. Practice address may also include locations where the provider does not see patients by appointment on a regular schedule such as an on call/covering location, however, such address locations should always be suppressed from the directories. C = is an address type where the practice and billing address are the same M = is the address type where the provider will only receive mail. F = is the Facility place of service address where a Hospital Based Provider provides service one or more days per month and may bill for service. Facilities includes, but not limited to hospitals, surgery centers, nursing homes, etc.)

Medical Group Location

	Address 1	Required	
	Address 2	Required	
	City	Required	
	State	Required	
	Zip Code	Required	
	County	Required	
	Location Phone	Required	
	Location Fax	Required	
	Appointment Phone (If Different than Location Phone)	If Applicable	
	Provider Fax (If different than Location Fax)	If Applicable	
	Call Coverage Phone (If Different than Location)	If Applicable	
	Website	Required	
	Practice Web Address (URL) Type: T = Capable of accessing URL to schedule telehealth appointments I = Capable of accessing URL to schedule in-person appointments S = Single Sign-On portal where patients login to interface with the provider office "Blank" indicates the practice web address is a general site that does not have appointment scheduling capabilities.	If Applicable	Identifies if the Practice Web Address (URL) includes functionality for patients to schedule Telehealth and/or in-person appointments, a single sign-on portal that the member logs in to interface with the providers office or is a general website without the ability to schedule appointments.
	Email	If Applicable	
	Consent to publish Individual Provider Email Address (Y or N) (Publication of Provider Email Address will default to No, unless otherwise noted)	Required	Does the provider permit to publish the providers email address in the directory? (Yes or No)
	Office Manager First Name	Not Required	
	Office Manager Last Name	Not Required	
	Office Manager Email	Not Required	
Office Manager Phone	Suggested		
BEP Information	BEP Provider Certified	If Applicable	
	Minority Business Enterprise MBE (Y/N)	If Applicable	
	Women's Business Enterprise WBE (Y/N)	If Applicable	
Billing Information	Tax Identification Number	Required	
	Primary Tax Identification Number	Required	
	Legal Business Name	Required	
	Remittance Address 1	Required	
	Remittance Address 2	Required	
	Remittance City	Required	
	Remittance State	Required	
	Remittance Zip	Required	
	Billing Fax Number	If Applicable	
Billing Phone Number	If Applicable		

Medical Group Location

Location Hours	Provider Hours Open: SUN	If Applicable	
	Provider Hours Close: SUN	If Applicable	
	Provider Hours Open: MON	Required	
	Provider Hours Close: MON	Required	
	Provider Hours Open: TUE	Required	
	Provider Hours Close: TUE	Required	
	Provider Hours Open: WED	Required	
	Provider Hours Close: WED	Required	
	Provider Hours Open: THURS	Required	
	Provider Hours Close: THURS	Required	
	Provider Hours Open: FRI	Required	
	Provider Hours Close: FRI	Required	
	Provider Hours Open: SAT	Required	
	Provider Hours Close: SAT	Required	
	Language Information	Primary Language Spoken at Location	Required
Secondary Language Spoken at Location		If Applicable	
Additional Language Spoken at Location		If Applicable	
Additional Language Spoken at Location		If Applicable	
Secondary Language Spoken at Location		If Applicable	
Additional Language Spoken at Location		If Applicable	
Additional Language Spoken at Location		If Applicable	
Location offers American Sign Language		Required	
Telecommunication Device for Deaf (TDD) Number		If Applicable	
Text Telephony (TTY) Number		If Applicable	
Access to Public Transportation	Access to Public Transportation Bus	Required	
	Access to Public Transportation Rail/Regional Train	Required	
	Access to Public Transportation Taxicab	Required	
Practice Limitations	Practice Limitations	If Applicable	
	Practice Limitations	If Applicable	
	Practice Limitations	If Applicable	
Location Services	Primary Location Service	If Applicable	
	Secondary Location Service	If Applicable	
	Additional Location Service	If Applicable	
	Additional Location Service	If Applicable	
	Additional Location Service	If Applicable	
	Language Line Available	Required	
	Qualified Onsite Medical Interpreter Available	Required	
	Call Ahead for Onsite Interpreter	Required	
	Documents Available in Languages Other than English	Required	
	Credentialing Contact	Credentialing Contact First Name	Required
Credentialing Contact Last Name		Required	
Credentialing Contact Phone		Required	
Credentialing Contact Fax		Required	
Credentialing Contact Email		Required	

Medical Group Location

Required Training	Completion of Cultural Competency	Required	
	Completion of Annual FWA Training	Required	
	Completion of the Model Of Care Training	Required	
	Completion of Critical Incident Training	Required	
ADA - Programmatic Access	Do you provide accessible communication for those who are deaf or hard of hearing?	Required	
	Do you provide accessible communication for individuals with cognitive disabilities?	Required	
	Do you allow service animals to accompany individuals in waiting and examination rooms?	Required	
	Are nurses and medical staff trained to safely assist or lift patients from wheelchairs to examination tables or other equipment? Alternatively, is a Hoyer lift available?	Required	
	Are doctors, nurses and other staff trained in operating accessible medical equipment such as height exam tables, mammography machines and weight scales?	Required	
	During the appointment scheduling process, are members with disabilities asked if they will need assistance?	Required	
	Are alternative Media Formats available?	Required	
ADA - Parking	Does every accessible parking space have a vertical sign posted with the International Symbol of Accessibility?	Required	
	Are accessible parking spaces including access aisles wide enough?	Required	
	Are the correct number of accessible parking spaces provided?	Required	
ADA - Exterior Route	Is the route of travel to the building clear and accessible?	Required	
	Curb route from Parking to the accessible entrance?	Required	
	Curb Route from Public Transportation to accessible entrance?	Required	
	Curb Route from Public Sidewalk to accessible entrance?	Required	
ADA - Ramps	Is each run (leg) of the ramp no longer than 30 feet between landings?	Required	
	And no steeper than 1 foot rise for every 12 feet long?	Required	
	Are 60 inches (5 feet) long, level landings provided at the top and bottom of each ramp run?	Required	
	Are handrails provided on both sides of the ramp?	Required	
	Are all ramps at least 36 inches wide?	Required	

Medical Group Location

ADA - Building Entrance	Is there an entrance to the building that has zero steps?	Required	
	Is there an entrance, which has a ramp or lift?	Required	
	If a main entrance is not accessible, is there directional signage indicating the location of the accessible entrance?	Required	
	Does the accessible entry door open to at least 32" wide?	Required	
	Do entrance doors have handles that can be opened without grasping, pinching, or twisting of the wrist?	Required	
	Is space available for a wheelchair user to approach, maneuver, and open the door?	Required	
ADA - Elevators	Is the elevator equipped with both visible and audible door opening/closing and floor indicators?	Required	
	Is there a raised letter and Braille sign on each side of each elevator jamb?	Required	
	Are the hall call buttons for the elevator no higher than 42" above the floor?	Required	
	Is the elevator car large enough for a wheelchair or scooter user to enter, turn to reach the controls, and exit?	Required	
	Do the buttons on the control panel inside the elevator have Braille and raised characters/symbols near the buttons?	Required	
ADA - Interior Route	Are all interior paths of travel at least 36 Inches wide?	Required	
	Do all rooms accessed from a public hallway include signage with raised letters and Braille?	Required	
	If there are stairs on the accessible route, are there handrails on each side?	Required	
	If a platform lift is used, can it be used without assistance?	Required	
ADA - Restrooms	If a single user toilet room is provided, is it accessible for a person who uses a wheelchair or scooter?	Required	
	Do toilet room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees, measured between the face of the door and the opposite stop?	Required	
	Are grab bars provided, one on the wall behind the toilet and one on the wall next to the toilet? Are Horizontal Grab bars provided on the wall behind and the wall next to the toilet?	Required	
	Are toilet stalls and approaches accessible to individuals who use wheelchairs and scooters?	Required	

Medical Group Location

	Is a vertical grab bar provided on the wall next to the toilet?	Required	
	In a toilet room with stalls, is there a 60-inch diameter turning circle or a 60 inch x 60 inch "T"-shaped space inside the toilet room with stalls to allow a turnaround for wheelchair and scooter users?	Required	
	Is the top of the toilet seat 17-19" from the floor?	Required	
	Is the toilet paper dispenser between 7 inches and 9 inches in front of the toilet and at least 15 inches above the floor?	Required	
	Is there a space that is at least 30 inches wide and 48 inches deep to allow wheelchair users to approach and use the sink?	Required	
	Are the soap and towel dispensers 48" or less from the floor?	Required	
	Are faucet handles operable with one hand and without grasping, pinching, or twisting?	Required	
ADA - Exam/Treatment Room	Do exam room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees?	Required	
	Is there a 60 inch diameter turning circle or a 60 inch x 60 inch "T"-shaped space so that a wheelchair or scooter user can make a 180° turn?	Required	
	Is there a height adjustable exam and procedure table?	Required	
	Is a weight scale available that can accommodate an individual that use a wheel chair or scooter?	Required	
	Is there space next to the height adjustable exam table for a wheelchair or scooter user to approach, park, and transfer or be assisted to transfer onto the table?	Required	
ADA - Equipment	Does your practice have a Hoyer-type lift available to transfer a patient onto an exam table?	Required	
	Is there height adjustable equipment (chairs and tables) that lowers between 17 inches and 19 inches from the floor to the top of the cushion for various pieces of equipment?	Required	
	Can mammography machine accommodate wheelchair users? Is a Mammography chair available for those who must be seated?	Required	

Medical Group Location

Telemedicine	Audio Only	Required	
	Audio and Video	Required	
	Family Caregiver Allowed	Required	
	Remote patient monitoring device	Required	
	Texting/Chatting	Required	
	Online adaptive interviews	Required	
	None/Not Offered	Required	
	Medical Care	Required	
	Consultation	Required	
	Other Medical Items or Services	Required	
	Hospice	Required	
	Hearing Items and Services	Required	
	Vision Items and Services	Required	
	Outpatient Mental Health Treatment	Required	
	Occupational Therapy	Required	
	Physical Therapy	Required	
	Veterans Affairs Community Care Network ("VA CCN") Provider?	Required (if applicable)	Notifies insurer if the provider opts in to a VA CCN line of business. This is broader question on whether this is something all insurers must know. VA CCN is the VA's system for connecting eligible Veterans with community healthcare providers for care they can't get at VA facilities, ensuring timely access to services like urgent care, dental, mental health, and specialized treatments, managed regionally by Third-Party Administrators (TPAs) like Optum and TriWest.

Independent Provider

	IAMHP Data Field	All Other products offered by the Plan (Medicare Advantage, Medicare Complete, Commercial)	Comments
Provider Status	New/No Change/ Update/ Term	Required	
	Update Requested-Term from Service location, Add to Group	Required	
	Reason for termination	Required	Reason provider is no longer with the group or tin listed for termination. 44 - Deceased 45 - Retired 46 - Left Group 74 - Involuntary for Loss of License, License restriction, state or federal sanction Default to Provider Left Group if omitted in the submission
	Provider Reassignment or Recommendation	If Applicable	Identifies the provider the members should be reassigned to.
	Effective Date	Required	
	Change Effective Date	Required	
	Attested Date	Required	The last date the Practitioner or the Practitioner's representative attested to their Provider Data Profile data (YYYYMMDD).
Practitioner Information	NPI	Required	
	Last Name	Required	
	First Name	Required	
	Middle Name	If Applicable	
	Suffix	If Applicable	
	Degree	Required	
	Date of Birth	Required	
	SSN	Required	
	Race/Ethnicity	Required	
	Gender	Required	
	Practice As	Required	
	Medicare ID	If Applicable	
	Medicaid ID	If Applicable	
	CAQH ID	If Applicable	
	Medical College Name (MD or DO only)	If Applicable	
	Medical College Start Date (MD or DO only)	If Applicable	
	Medical College Graduation Date (MD or DO only)	If Applicable	
	Residency Hospital Name (MD or DO only)	If Applicable	
	Residency Hospital Start Date (MD or DO only)	If Applicable	
	Residency Hospital End Date (MD or DO only)	If Applicable	

Independent Provider

Practitioner License Information	State License	Required	
	State License Issuing State	Required	
	State License Expiration Date	Required	
	DEA	Required	
	DEA Expiration Date	Required	
	Controlled Substance	Required	
	Controlled Substance Expiration Date	Required	
	CLIA Certificate	If Applicable	
	CLIA Certificate Expiration Date	If Applicable	
	X-Ray License	If Applicable	
	X-Ray License Expiration Date	If Applicable	
Practitioner Specialty and Board Information	Primary Specialty	Required	
	Primary Specialty Board Certified	If Applicable	
	Primary Specialty Board Certification Name	If Applicable	
	Primary Board Certificate Number	If Applicable	
	Primary Board Certification Expiration Date	If Applicable	
	Primary Board Lifetime Certified	If Applicable	
	Primary Specialty Taxonomy	Required	Use taxonomy from Individuals taxonomy tab
	Secondary Specialty	If Applicable	
	Secondary Specialty Board Certified	If Applicable	
	Secondary Specialty Board Certification Name	If Applicable	
	Secondary Board Certificate Number	If Applicable	
	Board Certification Effective Date	If Applicable	The effective date the provider became certified by ABMS or approved acceptable Board as listed in the Credentialing Plan If Board Certification Status of Certified or Lifetime is provided, the effective date of certification is required.
	Secondary Board Certification Expiration Date	If Applicable	
	Secondary Board Lifetime Certified	If Applicable	
	Secondary Specialty Taxonomy	If Applicable	Use taxonomy from Individuals taxonomy tab
	Additional Specialty	If Applicable	
	Additional Specialty Board Certified	If Applicable	
	Additional Specialty Board Certification Name	If Applicable	
	Additional Board Certificate Number	If Applicable	
	Additional Board Certification Expiration Date	If Applicable	
	Additional Board Lifetime Certified	If Applicable	
	Additional Specialty Taxonomy	If Applicable	Use taxonomy from Individuals taxonomy tab

Independent Provider

Supervising Practitioner	Supervising Provider First Name	If Applicable	
	Supervising Provider Middle Name	If Applicable	
	Supervising Provider Last Name	If Applicable	
	Supervising Provider Degree	If Applicable	
	Advanced Practice Clinicians (aka Midlevel) Supervising Specialty (provide the specialty, not provider name)	If Applicable	Specialty of the Advanced Practice Clinician's supervising physicians practicing specialty. For Advanced Practice Clinicians that do not require supervision, provide the primary specialty of the practice. For Advanced Practice Clinicians that do require supervision, provide the specialty of the supervising physician, not the name. If Supervising Provider is classified as HBP for the Tax ID, the Mid-Level classification should match.
	Supervising Provider License Number	If Applicable	
	Supervising Provider License Issue State	If Applicable	
	Supervising Provider NPI	If Applicable	
	Malpractice Information	Malpractice Carrier Name	Preferred
Malpractice Coverage Claim Amount		Preferred	
Malpractice Coverage Aggregate Amount		Preferred	
Malpractice Coverage Effective Date		Preferred	
Malpractice Coverage End Date		Preferred	
Specialized Training and Experience in Treating	Specialized Training and Experience in Treating	If Applicable	
	Specialized Training and Experience in Treating 2	If Applicable	
	Specialized Training and Experience in Treating 3	If Applicable	
	Specialized Training and Experience in Treating 4	If Applicable	
Provider Language	Primary Provider Languages	Required	
	Secondary Provider Language	If Applicable	
	Additional Provider Language	If Applicable	

Independent Provider

Hospital Affiliation	Primary Hospital Affiliation	If Applicable	
	Primary Hospital Affiliation Appointment Type	If Applicable	
	Primary Hospital Affiliation Appointment Date	If Applicable If Applicable	
	Secondary Hospital Affiliation	If Applicable	
	Secondary Hospital Affiliation Appointment Type	If Applicable	
	Secondary Hospital Affiliation Appointment Date	If Applicable	
	Additional Hospital Affiliation	If Applicable	
	Additional Hospital Affiliation Appointment Type	If Applicable	
	Additional Hospital Affiliation Appointment Date	If Applicable	
	Additional Hospital Affiliation	If Applicable	
	Additional Hospital Affiliation Appointment Type 2	If Applicable	
	Additional Hospital Affiliation Appointment Date 2	If Applicable	
Practitioner Location Information	Medical Group Practice Name	Required	
	Effective Date In Group	Required	
	Office Manager First Name	If Applicable	
	Office Manager Last Name	If Applicable	
	Office Manager Email	If Applicable	
	Office Manager Phone	If Applicable	
	End Date In Group	If Applicable	
	Location Type	Required	
	Is this your primary practice?	Required	When Yes, the practice location is the primary practice location for the Practitioner. If No, the practice location can be Administrative, Research, or Neither.
	Please describe your affiliation with this location.	Required	For each provider's place of service address listed, select the applicable option to identify the provider's appointment availability for the listed address. Yes (Y) = Yes, Provider does accept appointments at least once a month at this service location No (N) = No, Provider does not accept appointments at least once a month at this service location
	Location Name	Required	

Independent Provider

	Address Type P = Practice C = Billing and Practice M = Mail Only F= Facility Address	Required	Required for Practice and Combination addresses; Address type for the listed practice location P = is the Practice address where a member can schedule and be seen by appointment. Practice address may also include locations where the provider does not see patients by appointment on a regular schedule such as an on call/covering location, however, such address locations should always be suppressed from the directories. C = is an address type where the practice and billing address are the same M = is the address type where the provider will only receive mail. F = is the Facility place of service address where a Hospital Based Provider provides service one or more days per month and may bill for service. Facilities includes, but not limited to hospitals, surgery centers, nursing homes, etc.)
	Address 1	Required	
	Address 2	Required	
	City	Required	
	State	Required	
	Zip Code	Required	
	County	Required	
	Location Phone	Required	
	Location Fax	Required	
	Appointment Phone (If Different than Location Phone)	If Applicable	
	Provider Fax (If different than Location Fax)	If Applicable	
	Call Coverage Phone (if Different than location)	If Applicable	
	Include Location in Directory	Required	
	Accepts New Patients	Required	

Independent Provider

	Medicare Accepting New & Existing Patients	If Applicable	Identifies if the provider accepting new and existing patients for Medicare members. Only required if the providers panel status is unique by lines of business. Provider's with closed or who limit accepting new patient status to existing patients will still appear in the directory with their accepting new patient status limitations. O = Open C = Closed E = Existing Only
	Gender Accepted	If Applicable	
	Accepts Minimum Patient Age	If Applicable	
	Accepts Maximum Patient Age	If Applicable	
	Practice Capacity Minimum Enrollees	If Applicable	
	Practice Capacity Maximum Enrollees	If Applicable	
	Practice Email	If Applicable	
	Consent to publish Individual Provider Email Address (Y or N) (Publication of Provider Email Address will default to No, unless otherwise noted)	Required	Does the provider permit to publish the providers email address in the directory? (Yes or No)
	Website for Independent Providers	Required	
	Practice Web Address (URL) Type: T = Capable of accessing URL to schedule telehealth appointments I = Capable of accessing URL to schedule in-person appointments S = Single Sign-On portal where patients login to interface with the provider office "Blank" indicates the practice web address is a general site that does not have appointment scheduling capabilities.	If Applicable	Identifies if the Practice Web Address (URL) includes functionality for patients to schedule Telehealth and/or in-person appointments, a single sign-on portal that the member logs in to interface with the providers office or is a general website without the ability to schedule appointments.
Billing Information	Group Billing NPI	Required	
	Tax Identification Number	Required	
	Primary Tax Identification Number	Required	
	Legal Business Name	Required	
	Remittance Address 1	Required	
	Remittance Address 2	Required	
	Remittance City	Required	
	Remittance State	Required	
	Remittance Zip	Required	
	Billing Fax Number	If Applicable	
	Billing Phone Number	If Applicable	

Independent Provider

Practitioner Office Hours	Provider Hours Open: SUN	Required	
	Provider Hours Close: SUN	Required	
	Provider Hours Open: MON	Required	
	Provider Hours Close: MON	Required	
	Provider Hours Open: TUE	Required	
	Provider Hours Close: TUE	Required	
	Provider Hours Open: WED	Required	
	Provider Hours Close: WED	Required	
	Provider Hours Open: THURS	Required	
	Provider Hours Close: THURS	Required	
	Provider Hours Open: FRI	Required	
	Provider Hours Close: FRI	Required	
	Provider Hours Open: SAT	Required	
	Provider Hours Close: SAT	Required	
	How often do I see patients in this location	Required	
	Option 1: I see new patients by appointment at least one day per month, but less than one day per week on a regular basis		
Option 2: I see patients by appointment at least one day per week on a regular basis			
Option 3: I cover or fill-in for colleagues within the same medical group on an as needed basis			
Option 4: I do not practice here, but the location is within the medical group with which I am employed	Required		
Primary Practice Limitation	If Applicable		
Secondary Practice Limitation	If Applicable		
Additional Practice Limitation	If Applicable		
Practice Limitation	Effective/Completion Date of Cultural Competency Training	Required	
	Completion of Cultural Competency	Required	
	Completion of Annual FWA Training	Required	
Provider Training	Completion of the Model Of Care Training	Required	
	Completion of Critical Incident Training	Required	
	Credentialing Contact First Name	Required	
	Credentialing Contact Last Name	Required	
	Credentialing Contact Phone	Required	
Credentialing Contact Information	Credentialing Contact Fax	Required	
	Credentialing Contact Email	Required	
	Primary Language Spoken at Location by Provider	Required	
	Secondary Language Spoken at Location by Provider	If Applicable	
	Additional Language Spoken at Location by Provider	If Applicable	

Independent Provider

Language Information	Additional Language Spoken at Location by Provider	If Applicable	
	Secondary Language Spoken at Location by Provider	If Applicable	
	Additional Language Spoken at Location by Provider	If Applicable	
	Additional Language Spoken at Location by Provider	If Applicable	
	Location offers American Sign Language by Provider	Required	
	Telecommunication Device for Deaf (TDD) Number	If Applicable	
	Text Telephony (TTY) Number	If Applicable	
	Language Spoken by staff at Location	Required	
	Language Spoken by interpreter at Location	If Applicable	
	Additional Language Spoken at Location	If Applicable	
Language Spoken By Staff or Interpreter Information	Additional Language Spoken by interpreter at Location	If Applicable	
	Secondary Language Spoken by staff at Location	If Applicable	
	Additional Language Spoken by interpreter at Location	If Applicable	
	Additional Language Spoken by staff at Location	If Applicable	
	Location offers American Sign Language	Required	
	Access to Public Transportation Bus	Required	
	Access to Public Transportation Rail/Regional Train	Required	
	Access to Public Transportation Taxicab	Required	
Access to Public Transportation	Primary Location Service	If Applicable	
	Secondary Location Service	If Applicable	
	Additional Location Service	If Applicable	
Location Services	Additional Location Service	If Applicable	
	Additional Location Service	If Applicable	
	Language Line Available	Required	
	Qualified Onsite Medical Interpreter Available	Required	
	Call Ahead for Onsite Interpreter	Required	
	Documents Available in Languages Other than English	Required	
	Credentialing Contact First Name	Required	
	Credentialing Contact Last Name	Required	
	Credentialing Contact Phone	Required	

Independent Provider

Credentialing Contact	Credentialing Contact Fax	Required	
	Credentialing Contact Email	Required	
	Original Credentialing Committee Date	Required	
	Latest Re-Appointment/ Re-Credentialing Committee Approval Date	If Applicable	
	Completion of Cultural Competency	Required	
	Completion of Annual FWA Training	Required	Date on which the group first credentialed/approved the provider
	Completion of the Model Of Care Training	Required	Date on which the group last recertified the provider; Delegate is required to report the most recent recertifying events within 30 days of credentialing committee's approval.
Required Training	Completion of Critical Incident Training	Required	
	Do you provide accessible communication for those who are deaf or hard of hearing?	Required	
	Do you provide accessible communication for individuals with cognitive disabilities?	Required	
	Do you allow service animals to accompany individuals in waiting and examination rooms?	Required	
ADA - Programmatic Access	Are nurses and medical staff trained to safely assist or lift patients from wheelchairs to examination tables or other equipment? Alternatively, is a Hoyer lift available?	Required	
	Are doctors, nurses and other staff trained in operating accessible medical equipment such as height exam tables, mammography machines and weight scales?	Required	
	During the appointment scheduling process, are members with disabilities asked if they will need assistance?	Required	
	Are alternative Media Formats available?	Required	
	Does every accessible parking space have a vertical sign posted with the International Symbol of Accessibility?	Required	
	Are accessible parking spaces including access aisles wide enough?	Required	
	Are the correct number of accessible parking spaces provided?	Required	
ADA - Parking	Is the route of travel to the building clear and accessible?	Required	
	Curb route from Parking to the accessible entrance?	Required	
	Curb Route from Public Transportation to accessible entrance?	Required	

Independent Provider

ADA - Exterior Route	Curb Route from Public Sidewalk to accessible entrance?	Required	
	Is each run (leg) of the ramp no longer than 30 feet between landings?	Required	
	And no steeper than 1 foot rise for every 12 feet long?	Required	
	Are 60 inches (5 feet) long, level landings provided at the top and bottom of each ramp run?	Required	
ADA - Ramps	Are handrails provided on both sides of the ramp?	Required	
	Are all ramps at least 36 inches wide?	Required	
	Is there an entrance to the building that has zero steps?	Required	
	Is there an entrance, which has a ramp or lift?	Required	
	If a main entrance is not accessible, is there directional signage indicating the location of the accessible entrance?	Required	
ADA - Building Entrance	Does the accessible entry door open to at least 32" wide?	Required	
	Do entrance doors have handles that can be opened without grasping, pinching, or twisting of the wrist?	Required	
	Is space available for a wheelchair user to approach, maneuver, and open the door?	Required	
	Is the elevator equipped with both visible and audible door opening/closing and floor indicators?	Required	
	Is there a raised letter and Braille sign on each side of each elevator jamb?	Required	
	Are the hall call buttons for the elevator no higher than 42" above the floor?	Required	
ADA - Elevators	Is the elevator car large enough for a wheelchair or scooter user to enter, turn to reach the controls, and exit?	Required	
	Do the buttons on the control panel inside the elevator have Braille and raised characters/symbols near the buttons?	Required	
	Are all interior paths of travel at least 36 Inches wide?	Required	
	Do all rooms accessed from a public hallway include signage with raised letters and Braille?	Required	
	If there are stairs on the accessible route, are there handrails on each side?	Required	

Independent Provider

ADA - Interior Route	If a platform lift is used, can it be used without assistance?	Required	
	If a single user toilet room is provided, is it accessible for a person who uses a wheelchair or scooter?	Required	
	Do toilet room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees, measured between the face of the door and the opposite stop?	Required	
	Are grab bars provided, one on the wall behind the toilet and one on the wall next to the toilet? Are Horizontal Grab bars provided on the wall behind and the wall next to the toilet?	Required	
ADA - Restrooms	Are toilet stalls and approaches accessible to individuals who use wheelchairs and scooters?	Required	
	Is a vertical grab bar provided on the wall next to the toilet?	Required	
	In a toilet room with stalls, is there a 60-inch diameter turning circle or a 60 inch x 60 inch "T"-shaped space inside the toilet room with stalls to allow a turnaround for wheelchair and scooter users?	Required	
	Is the top of the toilet seat 17-19" from the floor?	Required	
	Is the toilet paper dispenser between 7 inches and 9 inches in front of the toilet and at least 15 inches above the floor?	Required	
	Is there a space that is at least 30 inches wide and 48 inches deep to allow wheelchair users to approach and use the sink?	Required	
	Are the soap and towel dispensers 48" or less from the floor?	Required	
	Are faucet handles operable with one hand and without grasping, pinching, or twisting?	Required	
	Do exam room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees?	Required	
	Is there a 60 inch diameter turning circle or a 60 inch x 60 inch "T"-shaped space so that a wheelchair or scooter user can make a 180° turn?	Required	
	Is there a height adjustable exam and procedure table?	Required	

Independent Provider

ADA - Exam/Treatment Room	Is a weight scale available that can accommodate an individual that use a wheel chair or scooter?	Required	
	Is there space next to the height adjustable exam table for a wheelchair or scooter user to approach, park, and transfer or be assisted to transfer onto the table?	Required	
	Does your practice have a Hoyer-type lift available to transfer a patient onto an exam table?	Required	
	Is there height adjustable equipment (chairs and tables) that lowers between 17 inches and 19 inches from the floor to the top of the cushion for various pieces of equipment?	Required	
	Can mammography machine accommodate wheelchair users? Is a Mammography chair available for those who must be seated?	Required	
ADA - Equipment	Audio Only	Required	
	Audio and Video	Required	
	Family Caregiver Allowed	Required	
Telemedicine	Remote patient monitoring device	Required	
	Texting/Chatting	Required	
	Online adaptive interviews	Required	
	None/Not Offered	Required	
	Medical Care	Required	
	Consultation	Required	
	Other Medical Items or Services	Required	
	Hospice	Required	
	Hearing Items and Services	Required	
	Vision Items and Services	Required	
	Outpatient Mental Health Treatment	Required	
	Occupational Therapy	Required	
	Physical Therapy	Required	
	Veterans Affairs Community Care Network ("VA CCN") Provider?	Required (if applicable)	Notifies insurer if the provider opts in to a VA CCN line of business. This is broader question on whether this is something all insurers must know. VA CCN is the VA's system for connecting eligible Veterans with community healthcare providers for care they can't get at VA facilities, ensuring timely access to services like urgent care, dental, mental health, and specialized treatments, managed regionally by Third-Party Administrators (TPAs) like Optum and TriWest.

Practice Limitations

Hospital Based Services Only

In Home Services Only

Indian Health Service Only

Minute Clinic Services Only

Nursing Home Services Only

Pediatric Medicare Eligible Enrollees Only

Skilled Nursing Services Only

Telemedicine Services Only

Urgent Care Services Only

Veteran Affairs Only

Virtual Visit Services Only

Taxonomy, Individuals

Group

- Multi Specialty
- Single Specialty
- Allopathic and Osteopathic Physicians
 - Allergy and Immunology
 - Allergy
 - Clinical and Laboratory Immunology
 - Anesthesiology
 - Adult Cardiothoracic
 - Addiction Medicine
 - Clinical Informatics
 - Critical Care Medicine
 - Hospice and Palliative Medicine
 - Obstetric Anesthesiology
 - Pain Medicine
 - Pediatric Anesthesiology
 - Pediatric Cardiac Anesthesiology
 - Physician Nutrition Specialist
 - Regional Anesthesiology and Acute Pain Medicine
 - Clinical Pharmacology
 - Colon and Rectal Surgery
 - Dermatology
 - Clinical and Laboratory Dermatological Immunology
 - Dermatopathology
 - MOHS-Micrographic Surgery
 - Pediatric Dermatology
 - Procedural Dermatology
 - Electrodiagnostic Medicine
 - Emergency Medicine
 - Addiction Medicine
 - Clinical Informatics
 - Emergency Medical Services
 - Hospice and Palliative Medicine
 - Medical Toxicology
 - Pediatric Emergency Medicine
 - Sports Medicine
 - Undersea and Hyperbaric Medicine
 - Family Medicine
 - Addiction Medicine
 - Adolescent Medicine
 - Adult Medicine
 - Diabetology
 - Geriatric Medicine
 - Hospice and Palliative Medicine
 - Obesity Medicine
 - Physician Nutrition Specialist
 - Sleep Medicine
 - Sports Medicine
 - General Practice
 - Hospitalist
 - Independent Medical Examiner
 - Integrative Medicine
 - Internal Medicine
 - Addiction Medicine
 - Adolescent Medicine
 - Adult Congenital Heart Disease
 - Advanced Heart Failure and Transplant Cardiology
 - Allergy and Immunology
 - Cardiovascular Disease
 - Clinical and Laboratory Immunology

Taxonomy, Individuals

- Clinical Cardiac Electrophysiology
- Clinical Informatics
- Critical Care Medicine
- Diabetology
- Endocrinology, Diabetes, and Metabolism
- Gastroenterology
- Geriatric Medicine
- Hematology
- Hematology and Oncology
- Hepatology
- Hospice and Palliative Medicine
- Hypertension Specialist
- Infectious Disease
- Interventional Cardiology
- Interventional Pulmonology
- Magnetic Resonance Imaging (MRI)
- Medical Oncology
- Nephrology
- Obesity Medicine
- Physician Nutrition Specialist
- Pulmonary Disease and Critical Care Medicine
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Transplant Hepatology
- Transplant Nephrology
- Legal Medicine
- Medical Genetics and Genomics
 - Clinical Biochemical Genetics
 - Clinical Cytogenetics
 - Clinical Genetics (MD)
 - Clinical Informatics
 - Clinical Molecular Genetics
 - Laboratory Genetics and Genomics
 - Medical Biochemical Genetics
 - Molecular Genetic Pathology
 - Ph.D. Medical Genetics
- Neurological Surgery
- Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine
- Nuclear Medicine
 - In Vivo an In Vitro Nuclear Medicine
 - Nuclear Cardiology
 - Nuclear Imaging and Therapy
- Neurology
 - Brain Injury and Medicine
 - Behavioral Neurology and Neuropsychiatry
 - Clinical Neurophysiology
 - Epilepsy
 - Neurocritical Care
 - Neurodevelopmental Disabilities
 - Neuroendovascular Intervention
 - Neuroimaging
 - Neuromuscular Medicine
 - Pain Medicine
 - Sleep Medicine
 - Vascular Neurology
- Obstetrics and Gynecology
 - Addiction Medicine
 - Complex Family Planning
 - Critical Care Medicine

Taxonomy, Individuals

- Urogynecology and Reconstructive Pelvic Surgery
- Gynecologic Oncology
- Gynecology
- Hospice and Palliative Medicine
- Maternal and Fetal Medicine
- Obesity Medicine
- Obstetrics
- Reproductive Endocrinology
- Ophthalmology
 - Cornea and External Diseases Specialist
 - Glaucoma Specialist
 - Neuro-ophthalmology
 - Ophthalmic Plastic and Reconstructive Surgery
 - Pediatric Ophthalmology and Strabismus Specialist
 - Retina Specialist
 - Uveitis and Ocular Inflammatory Disease
- Oral & Maxillofacial Surgery
- Orthopedic Surgery
 - Adult Reconstructive Orthopedic Surgery
 - Musculoskeletal Oncology
 - Orthopedic Foot and Ankle Surgery
 - Orthopedic Hand Surgery
 - Orthopedic Surgery of the Spine
 - Orthopedic Trauma
 - Pediatric Orthopedic Surgery
 - Sports Medicine
- Otolaryngology
 - Facial Plastic Surgery
 - Otolaryngic Allergy
 - Otolaryngology/Facial Plastic Surgery
 - Otology and Neurotology
 - Pediatric Otolaryngology
 - Plastic Surgery within the Head and Neck
 - Sleep Medicine
- Pain Medicine
 - Interventional Pain Medicine
 - Pain Medicine
- Pathology
 - Anatomic Pathology
 - Anatomic Pathology & Clinical Pathology
 - Blood Banking & Transfusion Medicine
 - Chemical Pathology
 - Clinical Informatics
 - Clinical Pathology
 - Clinical Pathology/Laboratory Medicine
 - Cytopathology
 - Dermatopathology
 - Forensic Pathology
 - Hematology
 - Immunopathology
 - Medical Microbiology
 - Medical Microbiology
 - Molecular Genetic Pathology
 - Neuropathology
 - Pediatric Pathology
 - Selective Pathology
- Pediatrics
 - Adolescent Medicine
 - Child Abuse Pediatrics
 - Clinical and Laboratory Immunology

Taxonomy, Individuals

- Clinical Informatics
- Developmental - Behavioral Pediatrics
- Hospice and Palliative Medicine
- Medical Toxicology
- Neonatal-Perinatal Medicine
- Neurodevelopmental Disabilities
- Obesity Medicine
- Pediatric Allergy/Immunology
- Pediatric Cardiology
- Pediatric Critical Care Medicine
- Pediatric Emergency Medicine
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Hematology & Oncology
- Pediatric Hospital Medicine
- Pediatric Infectious Diseases
- Pediatric Nephrology
- Pediatric Pulmonology
- Pediatric Rheumatology
- Pediatric Transplant Hepatology
- Pediatrics Nutrition Specialist
- Pediatrics Sleep Medicine
- Pediatrics Sports Medicine
- Phlebology
- Physical Medicine and Rehabilitation
 - Brain Injury Medicine
 - Hospice and Palliative Medicine
 - Neuromuscular Medicine
 - Pain Medicine
 - Pediatric Rehabilitation Medicine
 - Spinal Cord Injury Medicine
 - Sports Medicine
- Plastic Surgery
 - Plastic Surgery Within the Head and Neck
 - Surgery of the Hand
- Preventive Medicine
 - Addiction Medicine
 - Aerospace Medicine
 - Clinical Informatics
 - Medical Toxicology
 - Obesity Medicine
 - Occupational Medicine
 - Preventive Medicine/Occupational Environmental
 - Public Health & General Preventive Medicine
 - Sports Medicine
 - Undersea and Hyperbaric Medicine
- Psychiatry
 - Addiction Medicine
 - Addiction Psychiatry
 - Brain Injury Medicine
 - Behavioral Neurology and Neuropsychiatry
 - Child and Adolescent Psychiatry
 - Consultation-Liaison Psychiatry
 - Forensic Psychiatry
 - Geriatric Psychiatry
 - Hospice and Palliative Medicine
 - Sleep Medicine
- Radiology
 - Abdominal Radiology
 - Body Imaging

Taxonomy, Individuals

- Clinical Informatics
- Diagnostic Neuroimaging
- Diagnostic Radiology
- Diagnostic Ultrasound
- Interventional Radiology
- Musculoskeletal Radiology
- Neuroendovascular Intervention
- Neuroradiology
- Nuclear Radiology
- Pediatric Radiology
- Radiological Physics
- Therapeutic Radiology
- Radiation Oncology
 - Hospice and Palliative Medicine
- Surgery
 - Hospice and Palliative Medicine
 - Pediatric Surgery
 - Physician Nutrition Specialist
 - Plastic and Reconstructive Surgery
 - Surgery of the Hand
 - Surgical Critical Care
 - Surgical Oncology
 - Trauma Surgery
 - Vascular Surgery
- Thoracic Surgery
 - Congenital Cardiac Surgery
- Transplant Surgery
- Urology
 - Urogynecology and Reconstructive Pelvic Surgery
 - Pediatric Urology
- Behavioral Health & Social Service Providers
 - Assistant Behavior Analyst
 - Behavior Technician
 - Behavior Analyst
 - Clinical Neuropsychologist
 - Counselor
 - Addiction (Substance Use Disorder)
 - Mental Health
 - Pastoral
 - Professional
 - School
 - Drama Therapist
 - Marriage and Family Therapist
 - Poetry Therapist
 - Psychoanalyst
 - Psychologist
 - Addiction (Substance Use Disorder)
 - Adult Development and Ageing
 - Clinical
 - Clinical Child and Adolescent
 - Cognitive and Behavioral
 - Counseling
 - Exercise and Sports
 - Family
 - Forensic
 - Group Psychotherapy
 - Health
 - Health Service
 - Intellectual and Developmental Disabilities
 - Prescribing (Medical)

Taxonomy, Individuals

- Psychoanalysis
- Rehabilitation
- School
- Social Worker
 - Clinical
 - School
- Chiropractic Providers
 - Chiropractor
 - Independent Medical Examiner
 - Internist
 - Neurology
 - Nutrition
 - Occupational Health
 - Orthopedic
 - Pediatric Chiropractor
 - Radiology
 - Rehabilitation
 - Sports Physician
- Dental Providers
 - Advanced Practice Dental Therapist
 - Dental Assistant
 - Dental Hygienist
 - Dental Laboratory Technician
 - Dental Therapist
 - Dentist
 - Dental Anesthesiology
 - Dental Public Health
 - Endodontics
 - General Practice
 - Oral and Maxillofacial Pathology
 - Oral and Maxillofacial Radiology
 - Oral and Maxillofacial Surgery
 - Oral Medicine
 - Orofacial Pain
 - Orthodontics and Dentofacial Orthopedics
 - Pediatric Dentistry
 - Periodontics
 - Prosthodontics
 - Denturist
- Dietary & Nutritional Service Providers
 - Dietary Manager
 - Registered Dietetic Technician
 - Registered Dietitian
 - Gerontological Nutrition Registered Dietitian
 - Metabolic Nutrition Registered Dietitian
 - Obesity and Weight Management Nutrition Registered Dietitian
 - Oncology Nutrition Registered Dietitian
 - Pediatric Nutrition Registered Dietitian
 - Pediatric Critical Care Nutrition Registered Dietitian
 - Renal Nutrition Registered Dietitian
 - Sports Dietetics Nutrition Registered Dietitian
 - Nutritionist
 - Nutrition Education Nutritionist
- Emergency Medical Service Providers
 - Community Paramedic
 - Basic Emergency Medical Technician
 - Intermediate Emergency Medical Technician
 - Paramedic
 - Personal Emergency Response Attendant
- Eye and Vision Services Providers

Taxonomy, Individuals

Optometrist

- Corneal and Contact Management Optometrist
- Low Vision Rehabilitation Optometrist
- Occupational Vision Optometrist
- Pediatric Optometrist
- Sports Vision Optometrist
- Vision Therapy Optometrist

Technician/Technologist

- Contact Lens
- Contact Lens Fitter
- Ocularist
- Ophthalmic
- Ophthalmic Assistant
- Optician
- Optometric Assistant
- Optometric
- Orthoptist

Nursing Service Providers

- Licensed Practical Nurse
- Licensed Psychiatric Technician
- Licensed Vocational Nurse
- Registered Nurse
 - Addiction (Substance Use Disorder)
 - Administrator Registered Nurse
 - Ambulatory Care
 - Cardiac Rehabilitation
 - Case Management
 - College Health
 - Community Health
 - Continence Care
 - Continuing Education/Staff Development
 - Critical Care Medicine
 - Diabetes Educator
 - Peritoneal Dialysis
 - Emergency Registered Nur
 - Enterostomal Therapy
 - Flight Registered Nurse
 - Gastroenterology
 - General Practice
 - Gerontology
 - Hemodialysis
 - Home Health
 - Hospice
 - Infection Control
 - Infusion Therapy
 - Lactation Consultant
 - Maternal Newborn
 - Medical-Surgical
 - Neonatal Intensive
 - Neonatal, Low-Risk
 - Nephrology
 - Neuroscience
 - Nurse Massage Therapist (NMT)
 - Nutrition Support
 - Obstetric, High-Risk
 - Obstetric, Inpatient
 - Occupational Health
 - Oncology
 - Ophthalmic
 - Orthopedic

Taxonomy, Individuals

- Ostomy Care
- Otorhinolaryngology & Head-Neck
- Pain Management
- Pediatric Oncology
- Pediatric
- Perinatal
- Plastic Surgery
- Psychiatric/Mental Health
- Psychiatric/Mental Health, Adult
- Psychiatric/Mental Health, Child and Adolescent
- Registered Nurse First Assistant
- Rehabilitation
- Reproductive Endocrinology/Infertility
- School Registered Nurse
- Urology Registered Nurse
- Women's Health Care, Ambulator
- Wound Care

Nursing Service Related Providers

- Adult Companion
- Chore Provider
- Day Training/Habilitation Specialist
- Doula
- Home Health Aide
- Homemaker
- Nurse's Aide
- Nursing Home Administrator
- Religious Nonmedical Nursing Personnel
- Religious Nonmedical Practitioner

Technician

- Attendant Care Provider
- Personal Care Attendant

Other Service Providers

- Acupuncturist
- Case Manager/Care Coordinator
- Clinical Ethicist
- Community Health Worker

Contractor

- Home Modifications Contractor
- Vehicle Modifications Contractor

Driver

- Funeral Director
- Genetic Counselor (M.S.)
- Health & Wellness Coach
- Health Educator
- Homeopath
- Interpreter
- Lactation Consultant (Non-RN)
- Lay Midwife
- Legal Medicine
- Mechanotherapist
- Midwife
- Military Health Care Provider
 - Independent Duty Corpsman
 - Independent Duty Medical Technicians
- Naprapathy
- Naturopath
- Peer Specialist
- Ph.D. Medical Genetics
- Prevention Professional
- Reflexologist

Taxonomy, Individuals

- Sleep Specialist (PhD)
- Specialist
 - Prosthetics Case Management
- Veterinarian
- Pharmacy Service Providers
 - Pharmacist
 - Ambulatory Care
 - Cardiology
 - Compounded Sterile Preparations
 - Critical Care
 - Emergency Medicine
 - Geriatric
 - Infectious Diseases
 - Nuclear
 - Nutrition Support
 - Oncology
 - Pain Management
 - Pediatric
 - Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist
 - Pharmacotherapy
 - Psychiatric
 - Solid Organ Transplant
 - Pharmacy Technician
- Physician Assistants & Advanced Practice Nursing Providers
 - Advanced Practice Midwife
 - Anesthesiologist Assistant
 - Clinical Nurse Specialist
 - Acute Care
 - Adult Care
 - Community Health/Public Health
 - Critical Care Medicine
 - Ethics Clinical Nurse
 - Emergency Clinical Nurse Specialist
 - Family Health Clinical Nurse Specialist
 - Gerontology Clinical Nurse Specialist
 - Holistic Clinical Nurse Specialist
 - Home Health Clinical Nurse Specialist
 - Informatics Clinical Nurse Specialist
 - Long-Term Care Clinical Nurse Specialist
 - Medical-Surgical Clinical Nurse Specialist
 - Neonatal Clinical Nurse Specialist
 - Neuroscience Clinical Nurse Specialist
 - Occupational Health Clinical Nurse Specialist
 - Oncology Clinical Nurse Specialist
 - Pediatric Oncology Clinical Nurse Specialist
 - Pediatric Clinical Nurse Specialist
 - Perinatal Clinical Nurse Specialist
 - Perioperative Clinical Nurse Specialist
 - Psychiatric/Mental Health Clinical Nurse Specialist
 - Psychiatric/Mental Health Clinical Nurse Specialist, Adul
 - Psychiatric/Mental Health Clinical Nurse Specialist, Child and Adolescent
 - Psychiatric/Mental Health Clinical Nurse Specialist, Child and Family
 - Psychiatric/Mental Health Clinical Nurse Specialist, Chronically Ill
 - Psychiatric/Mental Health Clinical Nurse Specialist, Community
 - Psychiatric/Mental Health Clinical Nurse Specialist, Geropsychiatry
 - Rehabilitation Clinical Nurse Specialist
 - School Clinical Nurse Specialist
 - Transplantation Clinical Nurse Specialist
 - Women's Health Clinical Nurse Specialist
 - Chronic Care Clinical Nurse Specialist

Taxonomy, Individuals

- Certified Registered Nurse Anesthetist
- Nurse Practitioner
 - Acute Care
 - Adult Health
 - Community Health/Public Health
 - Critical Care Medicine
 - Family Nurse Practitioner
 - Gerontology Nurse Practitioner
 - Critical Care Neonatal Nurse Practitioner
 - Obstetrics & Gynecology Nurse Practitioner
 - Occupational Health Nurse Practitioner
 - Pediatric Nurse Practitioner
 - Pediatric Nurse Practitioner, Critical Car
 - Perinatal Nurse Practitioner
 - Primary Care Nurse Practitioner
 - Psychiatric/Mental Health Nurse Practitioner
 - School Nurse Practitioner
 - Women's Health Nurse Practitioner
- Physician Assistant
 - Medical
 - Surgical
- Podiatric Medicine & Surgery Service Providers
 - Podiatric Assistant
 - Podiatrist
 - Foot & Ankle Surgery Podiatrist
 - Foot Surgery Podiatrist
 - Primary Podiatric Medicine
 - Public Medicine
 - Radiology
 - Sports Medicine
- Respiratory, Developmental, Rehabilitative and Restorative Service Providers
 - Anaplastologist
 - Art Therapist
 - Clinical Exercise Physiologist
 - Dance Therapist
 - Developmental Therapist
 - Kinesiotherapist
 - Massage Therapist
 - Mastectomy Fitter
 - Music Therapist
 - Occupational Therapist
 - Driving and Community Mobility
 - Environmental Modification
 - Feeding, Eating & Swallowing
 - Gerontology
 - Hand
 - Human Factors
 - Low Vision
 - Mental Health
 - Neurorehabilitation
 - Pediatric
 - Physical Rehabilitation
 - Occupational Therapy Assistant
 - Driving and Community Mobility Occupational Therapy Assistant
 - Environmental Modification Occupational Therapy Assistant
 - Environmental Modification Occupational Therapy Assistant
 - Feeding, Eating & Swallowing Occupational Therapy Assistant
 - Low Vision Occupational Therapy Assistant
 - Orthotic Fitter
 - Orthotist

Taxonomy, Individuals

- Pedorthist
- Physical Therapist
 - Cardiopulmonary Physical Therapist
 - Clinical Electrophysiology Physical Therapist
 - Ergonomics Physical Therapist
 - Geriatric Physical Therapist
 - Hand Physical Therapist
 - Human Factors Physical Therapist
 - Neurology Physical Therapist
 - Orthopedic Physical Therapist
 - Pediatric Physical Therapist
 - Sports Physical Therapist
- Physical Therapy Assistant
- Prosthetist
- Pulmonary Function Technologist
- Recreation Therapist
- Recreational Therapist Assistant
- Rehabilitation Counselor
 - Assistive Technology Practitioner Rehabilitation Counselor
 - Assistive Technology Supplier Rehabilitation Counselor
 - Orientation and Mobility Training Rehabilitation Counselor
- Rehabilitation Practitioner
- Certified Respiratory Therapist
 - Critical Care Certified Respiratory Therapist
 - Educational Certified Respiratory Therapist
 - Emergency Care Certified Respiratory Therapist
 - General Care Certified Respiratory Therapist
 - Geriatric Care Certified Respiratory Therapist
 - Home Health Certified Respiratory Therapist
 - Neonatal/Pediatric Certified Respiratory Therapist
 - Palliative/Hospice Certified Respiratory Therapist
 - Patient Transport Certified Respiratory Therapist
 - Pulmonary Diagnostics Certified Respiratory Therapist
 - Pulmonary Function Technologist Certified Respiratory Therapist
 - Pulmonary Rehabilitation Certified Respiratory Therapist
 - SNF/Subacute Care Certified Respiratory Therapist
- Registered Respiratory Therapist
 - Critical Care Registered Respiratory Therapist
 - Educational Registered Respiratory Therapist
 - Emergency Care Registered Respiratory Therapist
 - General Care Registered Respiratory Therapist
 - Geriatric Care Registered Respiratory Therapist
 - Home Health Registered Respiratory Therapist
 - Neonatal/Pediatric Registered Respiratory Therapist
 - Palliative/Hospice Registered Respiratory Therapist
 - Patient Transport Registered Respiratory Therapist
 - Pulmonary Diagnostics Registered Respiratory Therapist
 - Pulmonary Function Technologist Registered Respiratory Therapist
 - Pulmonary Rehabilitation Registered Respiratory Therapist
 - SNF/Subacute Care Registered Respiratory Therapist
- Respiratory/Developmental/Rehabilitative Specialist/Technologist
- Athletic Trainer
- Blind Rehabilitation Specialist/Technologist
- Speech, Language and Hearing Service Providers
 - Audiologist
 - Assistive Technology Practitioner Audiologist
 - Assistive Technology Supplier Audiologist
 - Audiologist-Hearing Aid Fitter
 - Hearing Instrument Specialist
 - Speech/Language/Hearing Specialist/Technologist

Taxonomy, Individuals

- Audiology Assistant
- Speech-Language Assistant
- Speech-Language Pathologist
- Student, Health Care
 - Student in an Organized Health Care Education/Training Program
- Technologists, Technicians & Other Technical Service Providers
 - Perfusionist
 - Radiologic Technologist
 - Bone Densitometry Radiologic Technologist
 - Cardiac-Interventional Technology Radiologic Technologist
 - Cardiovascular-Interventional Technology Radiologic Technologist
 - Computed Tomography Radiologic Technologist
 - Magnetic Resonance Imaging Radiologic Technologist
 - Mammography Radiologic Technologist
 - Nuclear Medicine Technology Radiologic Technologist
 - Quality Management Radiologic Technologist
 - Radiation Therapy Radiologic Technologist
 - Radiography Radiologic Technologist
 - Sonography Radiologic Technologist
 - Vascular Sonography Radiologic Technologist
 - Vascular-Interventional Technology Radiologic Technologist
 - Radiology Practitioner Assistant
 - Cardiovascular Specialist/Technologist
 - Cardiovascular Invasive Specialist/Technologist
 - Sonography Specialist/Technologist Cardiovascular
 - Vascular Specialist/Technologist Cardiovascular
 - Health Information Specialist/Technologist
 - Other Specialist/Technologist
 - EEG Specialist/Technologist
 - Medical Geneticist (PhD) Specialist/Technologist
 - Nephrology Specialist/Technologist
 - Orthopedic Assistant
 - Surgical Assistant
 - Surgical Technologist
 - Pathology Specialist/Technologist
 - Blood Banking Specialist/Technologist
 - Chemistry Pathology Specialist/Technologist
 - Cytotechnology Specialist/Technologist
 - Hemapheresis Practitioner
 - Hematology Specialist/Technologist
 - Histology Specialist/Technologist
 - Immunology Pathology Specialist/Technologist
 - Laboratory Management Specialist/Technologist
 - Diplomate Laboratory Management Specialist/Technologist
 - Medical Technologist
 - Microbiology Specialist/Technologist
 - Cardiology Technician
 - Health Information Technician
 - Assistant Health Information Record Technician
 - Technician, Other
 - EEG Technician
 - Renal Dialysis Technician
 - Technician, Pathology
 - Clinical Laboratory Director, Non-physician
 - Histology Technician
 - Medical Laboratory Technician
 - Phlebotomy Technician

Taxonomy - Non-Individuals

Agencies

- Case Management Agency
- Community/Behavioral Health Agency
- Developmentally Disabled Services Day Training Agency
- Early Intervention Provider Agency
- Foster Care Agency
- Home Health Agency
- Home Infusion Agency
- Community Based Hospice Care Agency
- In Home Supportive Care Agency
- Local Education Agency (LEA)
- Nursing Care Agency
- Program of All-Inclusive Care for the Elderly (PACE) Provider Organization
- Public Health or Welfare Agency
- Supports Brokerage Agency
- Voluntary or Charitable Agency

Ambulatory Health Care Facilities

Clinic/Center

- Adolescent and Children Mental Health Clinic/Center
- Adult Day Care Clinic/Center
- Adult Mental Health Clinic/Center
- Ambulatory Family Planning Facility
- Ambulatory Fertility Facility
- Ambulatory Surgical Clinic/Center
- Amputee Clinic/Center
- Augmentative Communication Clinic/Center
- Birthing Clinic/Center
- Community Health Clinic/Center
- Corporate Health Clinic/Center
- Critical Access Hospital Clinic/Center
- Dental Clinic/Center
- Developmental Disabilities Clinic/Center
- Emergency Care Clinic/Center
- End-Stage Renal Disease (ESRD) Treatment Clinic/Center
- Endoscopy Clinic/Center
- Non-Surgical Family Planning Clinic/Center
- Federally Qualified Health Center (FQHC)
- Genetics Clinic/Center
- Health Service Clinic/Center
- Hearing and Speech Clinic/Center
- Infusion Therapy Clinic/Center
- Lithotripsy Clinic/Center
- Magnetic Resonance Imaging (MRI) Clinic/Center
- Medical Specialty Clinic/Center
- Medically Fragile Infants and Children Day Care
- Mental Health Clinic/Center (Including Community Mental Health Center)
- Methadone Clinic
- Migrant Health Clinic/Center
- Military Ambulatory Procedure Visits Operational (Transportable) Clinic/Center
- Military and U.S. Coast Guard Ambulatory Procedure Clinic/Center
- Military Outpatient Operational (Transportable) Component Clinic/Center
- Military/U.S. Coast Guard Outpatient Clinic/Center
- Multi-Specialty Clinic/Center
- Occupational Medicine Clinic/Center
- Oncology Clinic/Center
- Radiation Oncology Clinic/Center
- Ophthalmologic Surgery Clinic/Center
- Oral and Maxillofacial Surgery Clinic/Center
- Pain Clinic/Center
- Physical Therapy Clinic/Center

- Podiatric Clinic/Center
- Primary Care Clinic/Center
- Prison Health Clinic/Center
- Federal Public Health Clinic/Center
- State or Local Public Health Clinic/Center
- Radiology Clinic/Center
- Mammography Clinic/Center
- Mobile Radiology Clinic/Center
- Mobile Mammography Clinic/Center
- Recovery Care Clinic/Center
- Rehabilitation Clinic/Center
- Cardiac Rehabilitation Clinic/Center
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Substance Use Disorder Rehabilitation Clinic/Center
- Research Clinic/Center
- Rural Health Clinic/Center
- Sleep Disorder Diagnostic Clinic/Center
- Student Health Clinic/Center
- Urgent Care Clinic/Center
- VA Clinic/Center

Hospital Units

- Epilepsy Hospital Unit
- Medicare Defined Swing Bed Hospital Unit
- Psychiatric Hospital Unit
- Rehabilitation Hospital Unit
- Substance Use Disorder Rehabilitation Hospital Unit

Hospitals

- Chronic Disease Hospital
 - Children's Chronic Disease Hospital
- General Acute Care Hospital
 - Children's Hospital
 - Critical Access Hospital
 - Rural Acute Care Hospital
 - Women's Hospital
- Long Term Care Hospital
- Military Hospital
 - Military General Acute Care Hospital
 - Operational (Transportable) Military General Acute Care Hospital
- Psychiatric Hospital
- Rehabilitation Hospital
 - Children's Rehabilitation Hospital
- Religious Nonmedical Health Care Institution
- Special Hospital

Laboratories

- Clinical Medical Laboratory
- Dental Laboratory
- Military Clinical Medical Laboratory
- Physiological Laboratory

Managed Care Organizations

- Exclusive Provider Organization
- Health Maintenance Organization
- Point of Service
- Preferred Provider Organization

Nursing & Custodial Care Facilities

- Alzheimer Center (Dementia Center)
- Assisted Living Facility
 - Assisted Living Facility (Behavioral Disturbances)
 - Assisted Living Facility (Mental Illness)
- Custodial Care Facility
 - Adult Care Home Facility
- Inpatient Hospice
- Intellectual Disabilities Intermediate Care Facility

- Mental Illness Intermediate Care Facility
- Nursing Facility/Intermediate Care Facility
- Skilled Nursing Facility
 - Pediatric Skilled Nursing Facility
- Other Service Providers
 - Lodging Provider
 - Meals Provider
- Residential Treatment Facilities
 - Mental Illness Community Based Residential Treatment Facility
 - Intellectual and/or Developmental Disabilities Community Based Residential Treatment Facility
 - Psychiatric Residential Treatment Facility
 - Emotionally Disturbed Children's Residential Treatment Facility
 - Intellectual and/or Developmental Disabilities Residential Treatment Facility
 - Physical Disabilities Residential Treatment Facility
 - Substance Abuse Rehabilitation Facility
 - Children's Substance Abuse Rehabilitation Facility
- Respite Care Facility
 - Respite Care
 - Respite Care Camp
 - Child Mental Illness Respite Care
 - Child Intellectual and/or Developmental Disabilities Respite Care
 - Child Physical Disabilities Respite Care
- Suppliers
 - Blood Bank
 - Department of Veterans Affairs (VA) Pharmacy
 - Durable Medical Equipment & Medical Supplies
 - Customized Equipment (DME)
 - Dialysis Equipment & Supplies (DME)
 - Nursing Facility Supplies (DME)
 - Oxygen Equipment & Supplies (DME)
 - Parenteral & Enteral Nutrition Supplies (DME)
 - Emergency Response System Companies
 - Eye Bank
 - Eyewear Supplier
 - Hearing Aid Equipment
 - Home Delivered Meals
 - Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy
 - Medical Foods Supplier
 - Military/U.S. Coast Guard Pharmacy
 - Non-Pharmacy Dispensing Site
 - Organ Procurement Organization
 - Pharmacy
 - Clinic Pharmacy
 - Community/Retail Pharmacy
 - Compounding Pharmacy
 - Home Infusion Therapy Pharmacy
 - Institutional Pharmacy
 - Long Term Care Pharmacy
 - Mail Order Pharmacy
 - Managed Care Organization Pharmacy
 - Nuclear Pharmacy
 - Specialty Pharmacy
 - Portable X-ray and/or Other Portable Diagnostic Imaging Supplier
 - Prosthetic/Orthotic Supplier
- Transportation Services
 - Air Carrier
 - Ambulance
 - Air Ambulance
 - Land Ambulance
 - Water Ambulance
 - Bus

Military/U.S. Coast Guard Transport
Military or U.S. Coast Guard Air Transport Ambulance
Military or U.S. Coast Guard Ground Transport Ambulance
Military or U.S. Coast Guard Water Transport Ambulance
Non-emergency Medical Transport (VAN)
Private Vehicle
Secured Medical Transport (VAN)
Taxi
Train
Transportation Broker
Transportation Network Company