

## INSTRUCTIONS

### for Preparing and Submitting Provider and Facility Information Files

*Please review and follow these instructions.  
If a file you submit does not meet the following criteria, it will be rejected.*

1. Download the file labeled **OSI-LookUpFields-glossary** from OSI's Life and Health Rate and Form Filing website located at:

<http://www.osi.state.nm.us/LifeHealthFiling/index.aspx>

This file contains a glossary of terms for the fields of required information for Provider Information and Facilities Information forms. Additionally, this file contains a listing of standardized terms for the accessibility features in the Facilities Information Template. Please use the standardized listing for facility types on the Facilities tab in the Facilities Information Template.

2. Download both the **Providers Information** template and the **Facilities Information** template from OSI's Life and Health Rate and Form Filing website.

3. Save the Providers Information and Facilities Information files to your local drive. The filenames must include your carrier name, plan or product name, provider/facility and the last date that the file was updated. For example, the ABC carrier might create the following provider and facility files for its individual HMO for submission on December 15, 2016:

ABCInc\_IndividualHMO\_providers\_20161215

ABCInc\_IndividualHMO\_facilities\_20161215

4. When entering your data into the files, do not change the column names that are displayed in the first row of each template.

5. Within each file, use a single row to enter all of the information for each entry. Complete all of the required fields for each entry.

- a. Enter information for all of your providers into the Providers Information file.
- b. Only include providers that are actively practicing medicine. Do not include providers with an inactive or 'on probation' license status. (Inactive providers and providers with a probationary license status will not be included when calculating the network adequacy percentage.)

- c. If an individual healthcare provider has more than one location, list that healthcare provider in the Providers Information file in a separate row for each location. If you enter multiple location rows for a single provider, the total time at all locations entered cannot exceed 100%.
- d. For the Provider Information file, complete the following template fields for each entry, where ‘\*’ indicates a mandatory entry and ‘+’ indicates an optional entry:

- \*NPI
- \*ProviderFirstName
- \*ProviderMiddleNameInitial
- \*ProviderLastName
- \*ProviderNameSuffix
- \*Title
- \*PracticeName/LocationName
- \*Primary Address y/n (as of December 15, 2016)
- \*PrimaryAddress (as of December 15, 2016)
- \*PracticeNameAddress (as of December 15, 2016)
- \*PracticeNameCity (as of December 15, 2016)
- \*PracticeNameState (as of December 15, 2016)
- \*PracticeNameZip (as of December 15, 2016)
- +TimeAtLocation (given as a percent where 25% is entered as .25)
- \*Type
- \*ContractNetwork
- \*NetworkTier
- \*SpecialtyGroup
- \*ContractedSpecialty1
- +ContractedSpecialty2 (only if applicable)
- +ContractedSpecialty3 (only if applicable)
- \*PhysicalAddressPhone
- \*AcceptingNewPatients y/n
- \*Gender
- \*Languages1
- +Languages2 (only if applicable)
- +Languages3 (only if applicable)

- e. Enter information for all of your contracted facilities and practices into the Facility Information file. Please use the standardized list of Facility types in the OSI Look-Up-Fields glossary for the facility type field.
- f. For the Facility Information file, complete the following template fields for each entry, where ‘\*’ indicates a mandatory entry and ‘+’ indicates an optional entry:

- \*PracticeName/Location
- +FacilityNPI (If available)
- \*ProviderGroupName
- \*FacilityType
- \*PhysicalAddress1
- +PhysicalAddress2 (only if applicable)
- \*PhysicalAddressCity
- \*PhysicalAddressState
- \*PhysicalAddressZipCode

- \*PhysicalAddressCounty
- \*PhysicalAddressPhone
- +NumberIndividualProvidersContracted (REQUIRED FOR Hospitals Only)
- \*EssentialCommunityProvider y/n
- +AccessibilityFeature1
- +AccessibilityFeature2 (only if applicable)
- +AccessibilityFeature3 (only if applicable)
- +AccessibilityFeature4 (only if applicable)
- +AccessibilityFeature5 (only if applicable)
- +AccessibilityFeature6 (only if applicable)
- +AccessibilityFeature7 (only if applicable)
- +AccessibilityFeature8 (only if applicable)
- +AccessibilityFeature9 (only if applicable)

6. Download the file labeled OSI Specialties Cross Walk from OSI's Life and Health Rate and Form Filing website located at:

<http://www.osi.state.nm.us/LifeHealthFiling/index.aspx>

This file contains a list of all of the specialty names provided by carriers in their provider directory data that has been submitted to OSI to date. OSI has compiled these names and created a cross walk tool for standardizing specialties. The column labeled "Specialties As Listed By Carrier" contains the aggregated specialty names, as provided by carriers. The column named "Crosswalk to:" is the standardized name carriers should use, moving forward, to describe provider specialties. OSI requests that carriers submit completed, cross-walked specialty name data by the January 15, 2017 data submission, if not sooner.

Additionally, OSI requests that carriers correct or eliminate entries for specialty names that list facilities (i.e., ambulatory family planning facility in the specialty field) on the Provider Template. OSI also requests that carriers clearly differentiate between a provider's title and specialty. For example, "Certified Nurse Practitioner (CNP) should be listed in the Title Field, not in the specialty field. As specialization is limited for mid-level providers, please leave the specialty field empty unless otherwise specified by the provider (i.e., psychiatric nursing).

For providers without a specialty currently listed on the standardized specialty crosswalk, please use "Other" in the Provider Template first specialty field.

7. If you do not know the National Provider Identifier Number (NPI) for a provider/facility, contact the provider to acquire it. If a provider does not have an NPI, you may enter 0000000000 (10 digits) in the NPI field or leave the field blank.

8. When entering data into the Provider and Facility information files, refer to the look-up fields glossary and crosswalk tool for information on categorizations for providers and facilities. ***No Facility information may be listed in the Provider file.***

9. All QHP issuers must include essential community providers (ECPs) in their networks; designate ECP facilities in the Facilities file.

ECPs are defined in federal law as those providers that serve low-income and medically-underserved individuals. The non-exhaustive list of ECP's published by CMS can be found here:

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/FINAL-non-exhaustive-HHS-List-of-ECPs-for-PY-2016.xlsx>

10. Submit your completed Provider and Facility files to OSI using a secure server by the 15<sup>th</sup> of each month. To request a secure log-in for the file upload, contact either:

- Paige Duhamel at [Paige.Duhamel@state.nm.us](mailto:Paige.Duhamel@state.nm.us)
- Viara Ianakieva at [Viara.Ianakieva@state.nm.us](mailto:Viara.Ianakieva@state.nm.us)

***Carriers must submit provider lists that include all contracted providers within the State of New Mexico's geographic borders. However, to ensure that New Mexico's health insurance consumers have sufficient access to health care services, the Superintendent requests that carriers also include contracted providers from all border states and border cities, including, but not limited to: Lubbock, Texas; Midland-Odessa, Texas; Amarillo, Texas; El Paso, Texas; Tucson, Arizona; and Durango, Colorado.***