

Description of Roster Columns

Column Heading	Description	Example
Tax ID	9 digit number assigned by IRS (W9 form)	123456789
Last Name	Provider last name	Smith
First Name	Provider first name	Robert
Middle Name	Provider middle name or initial	B
NPI	Provider's NPI - 10 digits	1234567890
License	License type	MD, PAC, ARNP
Provider Type	Primary care or specialist	PCP-P or SCP-O
Primary Specialty	Provider primary specialty	Family medicine
Secondary Specialty	Provider secondary specialty	Internal medicine
PCP or Specialist status by clinic	Primary care or specialist	PCP or specialist
Gender	Male or Female	M or F
License Number	Provider professional licensure (state license number, DEA)	MD12345678, FH1234567
Expiration Date	Provider license number expiration date	12/31/2019
Address Termination Date	Provider term date at this address	10/31/2019
Obstetric Care	Does provider deliver babies?	Y or N
Address Type	Primary address, secondary address, alternate address(es). For PCP, primary is where patients would be assigned to, secondary is other locations (noted in CHPW system) that provider	Primary service location

Column Heading	Description	Example
	may serve.	
Group Name	Name of the group that the provider is affiliated with	Seattle Medical Hospital
Clinic Name	Name of the clinic that the provider is affiliated with	Rainier Avenue Clinic
Address Line 1	Physical address of service location (follow USPS guidelines)	123 Main Street
Address Line 2	Suite, floor, or building number (follow USPS guidelines)	Building A, 12 th floor, Suite 1
City	City service location is located in	Seattle
State	State service location is located in	WA
Zip	Zip code of service location (follow USPS guidelines)	98104-1234
County	County service location is located in	King
Phone Number	Primary phone number patients would call at service location	(206) 555-1212
Fax Number	Primary fax at this service location	(206) 555-1213
Handicapped Accessibility	Enter "Y" if service location is handicap accessible or "N"	Y or N
Email	Contact email address (could be general email box)	physician@doc.com
Web Site Address	Clinic website	www.doc.com
Language(s)	Non-English languages provider speaks	German, Chinese
Telemedicine Services Available	Enter "Y" if telemedicine services are available at service location or "N"	Y or N

Column Heading	Description	Example
Cultural Experience	Cultural training/experience	Peace Corps, Doctors without Borders
Apple Health Contract Effective Date	Provider's contract effective date for AH Medicaid	01/01/2019 or N/A
Medicare Advantage Contract Effective Date	Provider's contract effective date for MA	01/01/2019 or N/A
SNP Contract Effective Date	Provider's contract effective date for Special Needs Plan (dual eligible)	01/01/2019 or N/A
Apple Health Accepting New Patients	Is provider open for new patients for AH Medicaid?	Y, N or N/A
Medicare Advantage Accepting New Patients	Is provider open for new patients for MA?	Y, N or N/A
SNP Accepting New Patients	Is provider open for new patients for Special Needs Plan (dual eligible)?	Y, N or N/A
Show in Directory	Does provider want to be listed on online CHPW Directory?	Y or N
Provider Specific Limitations	Specified type of patients provider will see, i.e., age or gender restriction	Under 19 years of age, female patients only
Hospital 1 Admitting Privileges	Name of hospital provider is affiliated with	Valley Hospital
Hospital 2 Admitting Privileges	Name of hospital provider is affiliated with	Pacific Hospital
Office Hours Monday	Enter usual Monday hours	8:00 - 5:00
Office Hours Tuesday	Enter usual Tuesday hours	8:00 - 5:00
Office Hours	Enter usual Wednesday hours	8:00 - 5:00

Column Heading	Description	Example
Wednesday		
Office Hours Thursday	Enter usual Thursday hours	8:00 - 5:00
Office Hours Friday	Enter usual Friday hours	8:00 - 5:00
Office Hours Saturday	Enter usual Saturday hours, if not available leave blank	8:00 - 5:00
Office Hours Sunday	Enter usual Sunday hours, if not available leave blank	8:00 - 5:00
Languages spoken by Clinic Staff	Language spoken by staff for this service location	Spanish
FQHC / RHC Number	Federally Qualified Health Center or Rural Health Center number affiliated with service location	1234567890