Part 3.C.17 Claims Processing and Payment, Detailed provider file

- 1. Supply a full provider file in electronic format to PEBA and PEBA's Data Warehouse Contractor by the tenth (10th) business day of the month following the end of each quarter. The Contractor may be required to modify the contents of this provider file to reflect any changes made by PEBA to the Plan.
 - a. Provider ID unique identifiable number for each provider
 - b. Billing NPI billed National Provider Identifier
 - c. Provider Name name of the provider
 - d. Provider Specialty primary specialty of provider
 - e. Provider Status status that the provider is either Active or Inactive
 - f. Provider Opened Date -date when the provider opened
 - g. Provider Closed Date -date when the provider closed
 - h. Address 1 provider physical address
 - i. Address 2 provider additional address location if needed
 - j. City provider city
 - k. County provider county
 - I. State provider state
 - m. Provider Zip Code First 5 digits -first five digits of the provider's zip code
 - n. Provider Zip Code Last 4 digits –last four digits of the provider's zip code
 - o. Provider Area Code area code of the provider
 - p. Provider Phone Number provider's primary phone number
 - q. Rendering ID unique identifiable number for each rendering dentist
 - r. Rendering NPI rendering provider's National Provider Identifier
 - s. Rendering First Name first name of the rendering dentist
 - t. Rendering Last Name –last name of the rendering dentist
 - u. Rendering Specialty -specialty of the rendering dentist
 - v. Rendering Status status that the rendering dentist is either Active or Inactive at that provider location
 - w. Rendering Dentist Start Date for Provider date the rendering dentist started working at the provider
 - x. Rendering Dentist End Date for Provider –date the rendering dentist stopped working at the provider
 - y. Dental Plus Network Status indicates whether the provider is Active or Inactive in the Dental Plus Network
 - z. Dental Plus Network Start Date date the provider started participating in the Dental Plus Network
 - aa. Dental Plus Network End Date date the provider stopped participating in the Dental Plus Network