

**Provider Master File Layout for NPI implementation
BHO to NorthSTAR**

	Field Name	Type	Len	Start	Key	R/O	Current
1	Record type	Char	5	1		R	Must be MAST
2	Transaction Date	Date	8	6		R	Date file created by BHO. Cannot be future date
3	Transaction Sequence Number	Char	4	14		R	always 0001
4	BHO Plan ID	Char	3	18		R	Unique three digit identifier for BHO. 085 = ValueOptions
5	BHO Provider ID	Char	15	21	K1	R	Internal ID identifying the provider on the BHO system.
6	Vendor Number	Char	9	36	K2	R	BHO Internal identification for provicer
7	NPI	Char	10	45	K3	R	Required as of 5/23/07. If atypical provider then the BHO + provider id must be used.
8	TPI	Char	9	55	K4	R	Must fit valid TPI format. Must be valid number on TPI master provider list found on TexMedCentral unless it is agreed upon ID for provider who cannot receive a TPI number. Staff providers for SPNs should have their personal TPI number listed here not the SPNs TPI. If a provider does not have an TPI, then this field should be filled with the letters BHO plus the 6 digit provider ID.
9	Texas License No.	Char	15	64	K5	R	Each provider must have a Texas Lic number. BHO must ensure the provider's lic is valid and up to date. Fill this field with 'CLINIC' if the record is for a clinic and does not have a license number. If the provider is an out- of-state provider, fill this field with 'POSLIC'. If provider is a lab, fill this field with 'NSLABS'. If provider is a state hospital, fill this field with 'STHOSP'. If an ambulance, the fill this field with 'AMBULA'. If this is a radiologist, the fill this field with 'NSLMFT'.
10	Effective Date	Date	8	79		R	After 6/30/99 and prior to today's date. It is the effective date of the provider in the network.
11	End Date	Num	8	87		R	Date must be a valid date and must be greater than 19990701. Date must be greater than or equal to effective date.
12	Provider Last Name	Char	20	95		O	
13	Provider First Name	Char	15	115		O	
14	Name of Group	Char	35	130		O	
15	Address Line 1	Char	60	165		R	
16	Address Line 2	Char	60	225		O	

17	City	Char	16	285		R	
18	State	Char	2	301		R	Must be valid two digit state abbreviation. If value not TX then Texas License number must be all 'POS LIC'.
19	Zip Code	Num	9	303		R	
20	Phone Number of Provider	Char	12	312		O	Format 512-555-1212
21	County Code of Provider	Num	3	324		R/O	Decode supplied by the State. If State field is filled by TX, then the county code has to equal a valid Tx county. If the State field is not filled by Tx then the county code is optional.
22	Type Code of Provider	Char	2	327		R	Must be valid, Decodes found on TexMedCentral. Must be checked for updates and updated if necessary. This update must be coordinated with NS staff.
23	Specialty Code of Provider	Char	2	329		R	Must be valid, Decodes found on TexMedCentral. Must be checked for updates and updated if necessary. This update must be coordinated with NS staff.
24	Language Code 1	Char	2	331		R	Decode supplied by the State
25	Language Code 2	Char	2	333		O	Decode supplied by the State
26	Language Code 3	Char	2	335		O	Decode supplied by the State
27	Ethnicity of Provider	Char	2	337		R	Valid values include: 01-White, 02-Black (not of Hispanic Origin), 03-American Indian or Alaskan Native(aleut, Eskimo), 05-Asian, Pacific Islander, 06-Hispanic - Mexican, 07-Hispanic - Puerto Rican, 08-Cuban, 09-Hispanic - other, 10-Other
28	Gender of Provider	Char	1	339		R	'F'emale, 'M'ale, 'U'nknown
29	Federal Tax Id	Char	16	340		R	