



# Data File Specifications

## About Zelis

We work with more than 100 payers (including seven of the eight largest), leveraging provider data from more than 3,500 provider networks and approximately 200 million user interactions to provide actionable insights through the industry's leading provider network analysis and reporting platform. This results in better decisions to effectively build, optimize and deliver the right provider networks to compete effectively in the market.

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## Submitting Files

Zelis' preferred method for data submission is through our **secure sFTP server**.

- Delivering your files via sFTP not only allows us to ingest your data as quickly and efficiently as possible, it also transfers the data using strong authentication and encrypted communications allowing for further protection of your data.

We can accept submissions via email or CD/DVD, though this is not the preferred or more secure option.

# Data File Requirements

## 1. Data needs to be delivered in a tabular, flat or normalized and non-proprietary data structure.

Accepted formats include:

- **Preferred format: Pipe-delimited text files\* (such as .txt)**
- Comma separated text files (.csv file extension). These should contain double-quote text delimiters to avoid parsing issues
- Microsoft Access database
- Microsoft Excel spreadsheet (such as .xlsx)

## 2. Data submitted should be compressed (zipped)

## 3. Data must conform to UTF-8 or ISO-8859-1 standard character sets

## 4. Each column in the data should be clearly labeled

- All column names must be unique including column headers
- No non-alphanumeric characters can be used in column headers
- No use of carriage returns in Excel to make column headers more legible to human readers
  - *ALL characters must be legible, and all headers must fit on one line*
- Each row should have a single unique practice address.
  - If multiple addresses must be submitted on a single row, every element of the additional addresses must be labeled accordingly. (e.g. Address2, City2, State2, Zip2)

- For elements that may have multiple values (such as specialties) it is preferred to have a separate column for each value. (e.g. Specialty1, Specialty2, etc)
  - If multiple values must be submitted in a single field, please separate each value with a consistent delimiter that is different from the file's field delimiter.
    - Example: Use tildes (~) to separate multiple specialties within one field in a file that separates columns with pipes (|)
  - Our standard import process can accommodate up to 5 distinct specialties, 10 distinct languages, 10 distinct hospital affiliations, and 10 distinct group affiliations per record.

**5. Records for providers and facilities must include at least the minimum required data elements** (see 'Data Attribute Requirements' below).

# Data Attribute Requirements

This section describes what data attributes Zelis needs and why they are important.

The following data attributes are needed to support this project. Items in **red** with an asterisk (\*) indicate this is a required data attribute.

Data submissions that do not include these key attributes cannot be used for most projects. Other data attributes, while not required, are recommended as they are important to support project functionality.

Note: Please review project-specific documentation and correspondence to identify project-specific data elements that may not be identified below.

ATTRIBUTE	REQUIRED?	DESCRIPTION
<b>Provider's Health Plan ID*</b>	Yes	Carrier's ID for the provider; Zelis uses this identifier to aid in deduplication and it is used when communicating with carriers if there are issues with specific provider records.
Provider's Enrollment ID	Optional; Yes - for enrollment	<p>This ID is used by members to enroll with a Primary Care Provider (PCP) or Group Practice.</p> <p>The identifier may be the same as the ProviderPlanID and if so, we don't require it be a separate data element.</p> <p>If it is different than the ProviderPlanID, we need this value to be included as a separate field.</p>
National Provider Identifier (NPI)	Recommended	A National Provider Identifier is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).
Business Tax ID	Recommended	<p>Business TaxID, <i>only</i> if it is not an individual provider's SSN.</p> <p><b>Do not include any provider social security numbers.</b></p>
Medicare ID	Recommended	Medicare provider numbers are issued by contractors who have bid and won the contract for administering

		the Medicare program in a specific jurisdiction.
State License ID	Recommended	Medical licenses granted by the state in which the provider practices.
<b>Facility Name*</b>	Yes	This field only applies to Facility Providers. This is the name of the facility.  Example: "Golden Oak Community Hospital"
<b>Last Name*</b>	Yes	This field only applies to Individual Providers. This is the last name of the provider.
<b>First Name*</b>	Yes	This field only applies to Individual Providers. This is the first name of the provider.
<b>Middle Initial*</b>	Yes	This field only applies to Individual Providers. This is the middle initial or name of the provider.
Degree(s)	Recommended	The degree(s) earned by the provider.  Example: M.D., Ph.D., N.P., etc.
Gender	Recommended	This field only applies to Individual Providers. This is the gender of the provider.  Example: "M" or "Male", "F" or "Female", "U" or "Unknown".
Location/Clinic Name	Recommended	This field only applies to Individual Providers. Specifies the name of the practice at the location.  Example: "Sunshine Pediatrics Clinic"
<b>Address1*</b>	Yes	Address Line 1 is the provider's location street

		<p>address for the provider's practice location.</p> <p>Unless requested, do not include the provider's billing address.</p> <p>Example: "1234 Line Ave"</p>
<b>Address2/Suite*</b>	Yes	<p>Address Line 2 is the provider's location suite, or other "secondary" address information.</p> <p>Unless requested, do not include the provider's billing address.</p> <p>Example: "Suite C"</p>
<b>City*</b>	Yes	<p>The City associated with the provider's address identified in Address1 and Address2 fields.</p> <p>Unless requested, do not include the provider's billing address.</p> <p>Example: "Kansas City"</p>
<b>State*</b>	Yes	<p>The provider's location state associated with the provider's address identified in Address1 and Address2 fields.</p> <p>Unless requested, do not include the provider's billing address.</p> <p>Two letter abbreviation is preferred.</p> <p>Example: "MO"</p>
<b>ZIP code*</b>	Yes	<p>The Postal Code associated with the provider's address identified in Address1 and Address2 fields.</p> <p>This field can be the 5 digit</p>

		<p>ZIP, or 5 digit ZIP +4.</p> <p>Unless requested, do not include the provider's billing address.</p> <p>Example: "64086" or "64086-1234"</p>
County	Recommended	<p>The Country associated with the provider's address identified in Address1 and Address2 fields.</p> <p>Unless requested, do not include the provider's billing address.</p> <p>Example: "Jackson"</p>
Languages spoken	Recommended	<p>Languages spoken at a provider's practice location..</p> <p>Example: "Spanish", "Cantonese".</p>
Phone Number	Recommended	<p>The provider's practice location phone number, including area code.</p> <p>Example: "816-555-5555" or "(816) 555-5555"</p>
Fax Number	Recommended	<p>The provider's practice location fax number, including area code.</p> <p>Example: "816-555-5555" or "(816) 555-5555"</p>
Office Hours	Recommended	<p>The provider's practice location hours of operation available for patient visits.</p> <p>Example: "Monday 9-5; Tuesday 9-5; Wednesday 9-12; Thursday 9-5; Friday 9-5"</p>
Accepting New Patients indicator	Recommended	<p>Indicator determining if the provider's practice address is accepting new patients for their specialty at the</p>



		location.  Example: "Open", "Closed", "Unknown", "Existing Patients Only", "Yes", "No"
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**Specialty** (include multiple specialties)\* Yes

Value indicating what field of medicine a provider is practicing.

For providers that may have multiple specialties, it is preferred to have a separate column for each value. (e.g. Specialty1, Specialty2, etc).

Example:

SPEC_1	SPEC_2
Cardiology	Internal Medicine

Board certification status (for each provider specialty)	Recommended	Board certification ensures that a physician has completed specialized training for their associated specialties.  Example: "Certified", "Not Certified", "Board Eligible", "Unknown"
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**Provider Type\*** Yes

Classification of the provider record that provides a high-level definition of the category of provider.

Example: Hospital, Primary Care Provider, Specialist, General Dentist, Other Facility, etc.

<b>Network/Product Affiliations*</b>	Yes	Identifies the provider(s) affiliated network(s).  Example: "Basic PPO", "Preferred PPO", etc.
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Hospital Affiliations Recommended

An affiliated hospital is a hospital where the provider

is contracted to practice and admit patients.

A doctor can be affiliated with several hospitals.

If multiple hospital affiliations, then include each in separate column.

Example:

HOSP_1	HOSP_2
Sacred Heart Hospital	Brookhaven Hospital

Group Practice Affiliations	Recommended	An affiliated group practice is two or more physicians who all provide medical care within the same facility.  Example: "Associated Women's Care Physicians"
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# Initial Data Submission

The initial data submission must include the following:

- 1. All provider data files must in one of the accepted formats**
  - These are listed above in "Data File Requirements".

## 2. A data dictionary describing the purpose of each data field in each file in the submission\*.

- \*This documentation should include:
  - **Field names, field widths:** (fixed-width files) and include a brief description of each field
  - **Data model:** If supplying the data in a normalized table structure.
  - **Translation tables for coded values:** For example, if your data file contains coded values for a provider's language, the data dictionary should indicate the key-value (i.e. ID 469 = "Spanish").
  - **Domain tables:** If the data domains can be supplied as tables in addition to being documented in the data dictionary, it will speed up the initial data setup process, and will facilitate additions and/or changes over time.

**The data supplied in the initial data submission will be used as the baseline from which the update process will be established going forward.**

- Any future variation in the format will "break" the process and will require code revision to accommodate the change.
  - This includes not only new or dropped fields and/or tables, but keeping field names consistent over time. For example, "LastName" and "LName" headers may refer to the same data element, but can cause issues with data processing code.

We understand that format changes are, at times, required and flexibility will be necessary, however, notifying us at least *two weeks* before your scheduled submission will ensure that we have time to accommodate the change.

# Data Delivery Best Practices

## Standardized File Naming

Data must be supplied in a consistent file format each time it is submitted to ensure timely and efficient processing.

To collaborate together on this processing, we ask that you implement a standard file naming convention and maintain it for each update.

This will benefit the process of updating your data in two ways:

1. It will facilitate quick identification of data files flagging missing or new data.
2. It will allow automated data file uploading, thus decreasing the time required to transfer data to clients.

## Standardized Date in File Name

Over time, we will accumulate many data files, so it is important to include a *date suffix* in the filename. The format of the date can conform to the standard of your choosing, so long as it is always a standard filename with a date suffix.

## Standardized Data File Examples:

For example, we agree to name the file for provider data:

“ProviderDemographicFile”; then an underscore, and finally the date the data file was created in YYYYMMDD format:

- The **September 2020** submission of the ProviderDemographic.txt, filename with date suffix, would be  
***“ProviderDemographicFile\_20200901.txt”***
- The next month’s collection for **October 2020** would be named  
***“ProviderDemographicFile\_20201001.txt”***

## Contact Resources

In order to coordinate conversations between Zelis and your organization, **please provide contact information** for all of the below resources (first name, last name and email address if a person, or a distribution list email):

- **IT/Technical:** If there are issues with the file delivery (such as corrupt files), this will be the contact we reach out to on your side
- **Data Contact:** If there are anomalies located in your dataset, such as massive drops in provider counts, then we will reach out to this contact on your side to discuss the irregularity
- **Business Contact:** This user on your side would be able to answer any business related questions, specific to employer permissions, or other business rule discussions

Zelis will also helpfully send out automated reminders to one or more of these associates on your side that will be responsible for ensuring the data is ready on the ongoing refresh date.

# Contacting Zelis

If you have any questions or concerns, or just would like more information, please contact your Zelis project contact or use one of the below options:

- **Call us** at 866.796.7507 (opt. 2)
- **Email us** our Data Expert Support Team at [support.analytics@zelis.com](mailto:support.analytics@zelis.com)
- **Enter a support ticket in Provider Nexus I/O:**  
<https://io.providernexus.com/#!/support/tickets>