

NH AuthentiCare Worker Template for Upload

This should be submitted as a CSV to preserve any leading zeros. Please note the fields marked with an asterisk (*) are required fields.

Field Name	Notes/Description	Example
*Worker ID	Social Security Number without hyphens	123456789
*First Name		Betty
Middle Name		Bertha
*Last Name		Boop
*Parent Provider ID	Medicaid Provider ID	35408211572
Email	Worker Email	Betty.B.Boop@email.com
Primary Language	“ENGLISH” or “SPANISH” (English is defaulted)	ENGLISH
*Begin Date	CCYYMMDD	20230101
*Mobile Enabled	“1” for Yes, “2” for No	1
Address Type	“Work” or “Other”	Work
Address Description	Only complete if Address Type is “Other”	
Address Line 1		123 Easy Street
Address Line 2		Suite 201
City		Concord
State	2 Characters	NH
Zip Code	5 or 9 digits without a hyphen	033032561
Phone Type	“Work”, “Home”, “Mobile”, or “Other”	Work
Phone Number	10 digits without hyphens	6038921234
*Service ID	See Services List for AuthentiCare service identifier and separate multiple by comma	SPS9123,SPS9123U1,SPS9123U4,SPS9124

*Worker ID,*First Name,Middle Name,*Last Name,*Parent Provider ID,Email,Primary Language,*Begin Date,*Mobile Enabled,Address Type,Address Description,Address Line 1,Address Line 2,City,State,Zip Code,Phone Type,Phone Number,*Service ID

123456789,Betty,B,Boop,35408211572,Betty.B.Boop@email.com,ENGLISH,20230101,1,Work,,123 Easy Street,Suite 201,Concord,NH,033032561,Work,6038921234,SPS9123,SPS9123U1,SPS9123U4,SPS9124