



Managed Care Provider Network
File Specification – Version 6.2 (9/26/2008)

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## Document Change History

Date / Version	Item changed
4/8/08 - v3	Added Table of Contents and reordered list of all items.
4/8/08	End Date in PG, MA, SL files - Added to description: "If End Date is earlier than Begin Date, record will be inactive."
4/8/08	Added Response Files.
4/8/08	Added Reconciliation File, including Master Hospital and Master Health Center files.
4/8/08	Added Schedule for PG, MA, SL, Response, and Reconciliation files.
4/8/08	Added .END file – 0 byte to indicate end of transmission.
4/8/08	Updated Appendix D – Language codes.
4/8/08	Updated Appendix A and B – Provider and Specialty; removed all Provider and Specialty content temporarily, until those lists are final.
4/9/08	Added Appendix E – Error codes.
4/11/08 - v4	Due to new Group requirement from MCP during 4/9/08 conference call (ability to submit Group without providers): PG file: Merged PCC and Group record types into a generic Group record type. SL file: Added Record Type 4, "Provider-GroupLocation".
4/11/08	Added more content to FAQs / Important Concepts and Definitions. (Specialty; Group; Hospital Approval, etc).
4/15/08	Added to FAQs: How to submit Specialist, PCP, and Panel Capacity.
4/15/08	Added Appendix A.
4/18/08 – v4.1	Added to FAQ: example of non-PCP provider in group location; clarified examples.
4/18/08	SL file: "Applies To" - Added record type 4, for NPI; "Program Code": Added record type 4.
4/18/08	File schedule: removed min frequency for MCP.
4/21/08 – v4.2	How to submit Pharmacy: Added to FAQ (how to submit). SL file: Added "24-hours / day availability" bit field. PG file: Group (Record type 2) can also be used to describe pharmacies.
4/21/08	Overlapping Spans: Added definition in FAQ.
4/28/08	Clarification on Appendix A: License number is only required for Individual Providers, not Groups.
5/2/08 – v4.3	Reconciliation File: - Master Hospital File: removed Hospital Number; changed Provider Type to Hospital Type. - Master Health Center File: removed Health Center Number. - Added File name description to File Naming Convention table.
5/2/08	Updated Error Codes (changes detailed in Error Code section)
5/2/08	Appendix A: Provider Type code now says "01" thru "09" instead of "1" thru "9".
5/5/08	Reconciliation - Hospital and Health Center files: - Removed Fax, Hospital System, Zip4, and changed hospital type codes. - Hospital Type and Health Center Type: changed max length to 2 to allow future additions. ("01", "02", etc)
5/5/08	Provider Types: Removed CMHC (04) and ODADAS (06); re-numbered list items.
5/21/08 – v5	PG file: Changed PRN to now be applicable to Groups; Changed MPN to not required. PG file: Added Primary Specialty and Primary Specialty Tracking Number. MA file: Changed MPN number to "Hospital / HealthCenter number" due to duplicate MPNs in Master files. Master Hospital: Added Hospital Number (to resolve duplicate MPNs). Master Health Center: Added Health Center Number (to resolve duplicate MPNs). Language Codes: Added Telugu (77). Error codes: Added new error codes; please review error codes section for details. Specialty Codes: Included list of Specialty Codes to Appendix B (previously kept in separate Excel file). FAQ: How to submit specialists towards ODJFS' Practitioner (Specialist) Report.
5/30/08 – v5.1	PG file: Updated PRN field - Groups – required only if PCP. Error codes: Added new error codes; please review error codes section for details.
6/5/08 – v5.2	MA: Panel Capacity: Added "Leave blank otherwise." (Must be PCP to submit capacity) SL: Existing Patients Only: Removed "Leave blank otherwise." (Can submit this even if not a PCP) SL and MA: Raised Capacity limit from 4 to 6 characters (max value from 9999 to 999999)

6/20/08 – v5.3	<p>SL: Phone number and extension fields – now applicable for all record types.</p> <p>File naming convention and schedule: New file added - MS file.</p> <p>MS file: added new file under Reconciliation files.</p> <p>Master Hospital and Health Center files: Name field expanded from 50 to 100 characters.</p> <p>FAQ: Item # 8 – added clarification on GroupLocation-Specialty.</p> <p>Error Codes: Added more explanations to Error Codes (500/600 warnings). New error codes and 600 level warnings added. See Error Codes section for details.</p>
6/30/08 – v5.4	<p>SL: NPI – changed description, only submit NPI in SL file if different than the NPI in PG file.</p> <p>SL: IsPCP – previously must be blank if GroupLocation or HealthCenter location is already a PCP; due to numerous errors due to 0 submitted instead of blank, AHS now allows blank or 0.</p> <p>Appendix A, Provider Types: Added formats to 06-Physician.</p>
7/2/08 – v5.5	New error codes added. See Appendix E for details.
8/18/08 – v6	Appendices have been expanded and moved out of this document into the “MCPN Appendices” spreadsheet.
9/9/08 – v6.1	Provider Master File: Added PMF file specification.
9/26/08 – v6.2	Added PCH and Practitioner Report file specs.

## Conventions used in this document

The conventions used in this document are described below:

### Field Delimiters

All files are comma-delimited, with no header row. All values should be enclosed in double quotation marks, to ensure a comma in the data will not interfere with the parsing of the file. Within each field, use the “|” pipe symbol to separate multiple values.

Example: “1234567”, “20071201”, “”, “564616161”, “1234567|7654321|7711223” (Note that the last field has 3 separate values.)

### Formatting Conventions

Symbol	Description
@	Any Unicode character
#	Any numeric character (0-9)
B	Bit field: 1 if true, 0 if false.
D	Date field: All dates should be 8 digits long: YYYYMMDD. E.g. 20080306.
...	This field may contain more than 1 value. Each separate value within the field is delimited with a pipe symbol “ ”. No limit to number of records. The entire field is enclosed within double quotes (“”) just like other fields.

### Columns and Miscellaneous Explanations

- a. **“Applies to”** column: Used to identify which record types the field applies to. Example: “Applies to 1,2” means this field can only be populated if the record is type 1 or 2. Each file explains the acceptable record types.
- b. **“Req”** column: C = Conditional (Maybe required; conditions defined in description field).
- c. **“Format(Max)”** column:
  - i. (Max) - the number within the parenthesis is the maximum length of the field.
- d. **Tracking Number:** MCP will use this to uniquely identify a particular record, taking into account the correct date span.
  - i. First 3 digits is the MCP’s 3 digit submitter ID. Total field length is 7-11 digits long.
  - ii. Tracking number is unique across all entities in all files; meaning, if “0001234567” is used in the PG file, it should not be used in any other files; it will permanently be used to track that specific record.
  - iii. File submission: If a tracking number is new to the MCPN database for the MCP that submitted it, MCPN will add the record; if the tracking number is already in the MCPN database for that MCP, it will be considered an update.

### File Naming Convention and Schedule

The file names should be constructed using the format below, which will uniquely identify the file type, the submitter’s ID, and date of submission:

Position	Format	Description	Schedule	Min Frequency
1-2	@ (2)	PG = Provider/Group file	Daily by 8pm	
		SL = Service Location file	Daily by 8pm	
		MA = MCP Affiliation file	Daily by 8pm	
		HP = Master Hospital file	Weekly Recon	
		HC = Master Health Center file	Weekly Recon	
		MS = MA Status file	Weekly Recon	
		EN = End of transmission file	Daily by 8pm	
3-5	# (3)	ODJFS MCP Submitter ID		
6-13	D (8)	Year, Month and Day the file was generated (except Response file; see example below)		
14-22	@ (9)	1) All files from MCP = “.mcp” (4 characters long)		
		2) Response files from AHS to MCP = “.response”	Daily by 2am	Next day, as needed.
		3) Reconciliation files from AHS to MCP = “.recon”	Monday 5am	Weekly

**Example:**

- 1) On March 6, 2008, 7:30pm (no later than 8pm): MCP (ID 356) sends a PG file from MCP to AHS.
  - a. File name: "PG35620080306.mcp".
  - b. At the end of transmission, MCP will send a file named "EN35620080306.mcp" to indicate end of transmission.
- 2) On March 7, 2008, 1:30am (no later than 2am): AHS sends a Response file to MCP (ID 356) for the above PG file.
  - a. File name: "PG35620080306.response".
  - b. The first part indicates exactly which MCP file is being responded to; the extension part indicates that this is a response file. Note that the date in the file name stays the same, even though it is now March 7.
  - c. At the end of transmission, AHS will send a file named "EN35620080306.response" to indicate end of transmission.
- 3) On March 10, 2008, 4am (no later than 5am): AHS sends a Reconciliation file to MCP (ID 356).
  - a. File name: "PG35620080310.recon". (all other files will be included as well, with specific prefixes like SL, MA, etc)
  - b. The first part indicates the file type and date this file was generated; the extension part indicates that this is a response file.
  - c. At the end of transmission, AHS will send a file named "EN35620080310.recon" to indicate end of transmission.

## ***FAQs / Important Concepts and Definitions***

Here are some important definitions used in this document: (This is a Work in Progress – AHS will be adding more definitions to this list.)

- 1) Entity: Any MCP records of provider, group, PCC, Hospital Affiliation, Health Center Affiliation, service location of a provider, etc.
- 2) Active: An entity must be Active to be visible or available as a choice for consumers. For an entity to be active:
  - a. Today's date must be on or between the Start and End date (if applicable).
  - b. No license number conflict. (See explanation.)
  - c. (To be determined by 4/15/2008: Providers that do not have valid Hospital affiliation, yet has a Specialty that requires Hospital Privileges, may be marked inactive. Pending decision from MCPs.)
- 3) PCC: Primary Care Clinic, a Group that provides Primary Care services.
- 4) Health Center: QFPP, RHC, or FQHC
- 5) Panel Capacity: Maximum number of recipients that a PCP-Location will take on its panel.
- 6) ODJFS Approval Process for Hospital and Health Center:
  - a. ODJFS will give AHS the list of available hospitals and health centers. The MCPs will submit their contracts with these facilities to AHS via the MA file. ODJFS will approve the contracts with Hospitals, FQHC, and RHC manually. (QFPP does not need approval.) Approval or Denial notices will be sent to MCPs daily by the MCPN.
  - b. AHS will produce a weekly report on hospital and health center contract status. This report will also show all providers linked to hospitals whose contracts have expired or will be expiring in the next 30 days, regardless of whether Hospital Privileges are required or not.
  - c. MCPs can update the MA record with a new end date or no end date, and ODJFS will be alerted of such changes. The records will be left at the same status (Approved or Denied), and ODJFS can change the status at any time.
  - d. MCPs will be alerted when the Hospital Affiliation is approved or denied.
  - e. If a Hospital Affiliation is denied by ODJFS, MCPs can submit a new Hospital affiliation with a new tracking number, or resubmit the same Hospital affiliation tracking number to update the denied record.
    - i. If an update is received for a denied record, AHS will reset the "Denied" field to null, and alert ODJFS to approve/deny the updated record.
- 7) Specialty rules / FAQ:
  - a. Specialties are always defined at the Service Location level, for either Provider or Group.
  - b. **Group Specialties: Group Location can have Specialties, but only Specialties that do not have FTE or Hospital Privileges required.**
  - c. Group Specialties that require Hospital Privileges or FTE: For any Specialty that requires FTE or Hospital Privileges, the specialty must be listed at the Provider-GroupLocation level, not the GroupLocation level. This is because FTE and Hospital Privileges are defined at the Provider level, not the Group level.
- 8) How to submit a Group practicing at a Location that has 1 or more Providers (including Specialties):
  - a. PG file: 1 record for each Provider and Group. Indicate Hospital affiliation for Individual Providers, if applicable.
  - b. SL file:
    - i. 1 GroupLocation record – this record will have a Group Location tracking number.
    - ii. 1 Provider-GroupLocation record for each Provider that works at the Group Location (use the Group Location tracking number above).
  - c. Specialty:
    - i. Each Provider-GroupLocation record can specify its own Specialties.
    - ii. Each GroupLocation record can also specify its own Specialties, as long as the Specialties do not require FTE or Hospital Privileges. (These Specialties must be submitted in the Provider-GroupLocation record.)
    - iii. To enable consumers to find GroupLocation such as Pediatric PCC or OBGYN PCC (Specialties that require FT/PT or Hospitals), AHS will internally aggregate ALL the active Specialties listed for ALL providers that work at the GroupLocation, and make those Specialties available at the GroupLocation level as well.
      1. Note that this does not impact State reports, and will improve online provider search.

- 9) How to submit a Group practicing at a Location that does not have any Provider:
  - a. PG file: 1 record for the Group.
  - b. SL file: 1 Group Location record, along with Specialties of this Group Location. (See Specialty rules.)
  
- 10) How to submit PCP and Panel Capacity:
  - a. Individual PCP (Provider Location):
    - i. PG file: Individual Provider (Record Type 1).
    - ii. SL file: Provider Location (Record Type 1) - indicate IsPCP=1 and Panel Capacity for the Provider Location.
  - b. PCP Group at a Location (Primary Care Clinic):
    - i. PG file: Group (Record Type 2). Also submit one Provider record (Record Type 1) for each Provider in Group.
    - ii. SL file:
      1. GroupLocation (Record Type 2) – indicate IsPCP=1 and the Panel Capacity for the GroupLocation record.
      2. Provider-GroupLocation (Record Type 4): list one record for each provider that works at this PCC. However, DO NOT list IsPCP or Panel Capacity again for each individual provider, to prevent panel capacity from being counted twice (“double dipping”).
  - c. Health Center that provides PCP services:
    - i. MA file: Health Center affiliation (Record Type 2). Indicate IsPCP = 1 and list Panel Capacity in the same record.
    - ii. SL file:
      1. Provider-HealthCenter (Record Type 3) – indicate the providers that work at this Health Center. However, DO NOT list IsPCP or Panel Capacity again for each individual provider, to prevent panel capacity from being counted twice (“double dipping”).
  - d. Individual PCP working at a Health Center that is not a PCC:
    - i. MA file: Health Center affiliation (Record Type 2). Indicate IsPCP = 0.
    - ii. SL file:
      1. Provider-HealthCenter (Record Type 3) – list one record per provider that work at this Health Center.
      2. For individual PCPs at this HealthCenter, indicate IsPCP and Panel Capacity for the individual provider.
  - e. Individual PCP working at a Group Location that is not a PCC:
    - i. PG file: Group (Record Type 2). Also submit one Provider record (Record Type 1) for each Provider in Group.
    - ii. SL file:
      1. GroupLocation (Record Type 2) – IsPCP=0 (not a PCP).
      2. Provider-GroupLocation (Record Type 4): list one record for each provider that works at this GroupLocation. Indicate IsPCP=1 and Panel Capacity, if this provider is a PCP working at this GroupLocation.
  
- 11) How to submit Pharmacy:
  - a. PG file: Group (record type 2); use Provider Type code for Pharmacy (refer to Provider Type listing).
  - b. SL file: For each location that the pharmacy is available, submit 1 Group Location record (record type 2).
    - i. Note that many fields are optional and can be blank. Only submit required or relevant fields.
    - ii. IsPCP should be = 0 all the time.
  
- 12) License Number conflict: Certain provider types require a License number. If a License number is submitted that conflicts with another MPN/PRN and License number pair, the new record submitted will be flagged as an error and marked as inactive. MCPs will be notified of this error in the Response file, and AHS will then research the error ASAP. If MCPs are able to correct the License number, MCP should notify AHS immediately.
  
- 13) Overlapping Spans:
  - a. PG file: MPN / PRN number should be unique for a time span.
  - b. MA file: MPN number should be unique for a time span.
  - c. SL file: To be determined; currently no rule regarding overlapping spans will be enforced in the SL file until further discussion with MCPs.
  
- 14) Hospital Privileges for Providers:
  - a. Individual providers can have hospital privileges, as listed in the PG file.
  - b. Certain specialties require hospital privileges; see Specialty file for details.
  - c. If a Provider has a specialty that requires hospital privileges, but does not have a valid hospital listed (either none or out of date), that Provider’s record will still show up, however:
    - i. The provider’s hospital section will not show the invalid hospital(s).

- ii. Any specialty that requires hospital privileges will not be listed; other specialty will still be listed.

15) How to correctly submit a Specialist to be counted towards ODJFS' Practitioner (Specialist) Report:

- a. Rules from ODJFS:
  - i. An individual physician can only count towards one specialty requirement.
  - ii. The service location of this provider must be a "FT" (full time) location in order to be counted, except for Dentists. Dentists can be counted regardless of the FTE status.
- b. PG file:
  - i. "PrimarySpecialty": Indicates the Primary Specialty of this Physician.
  - ii. "PrimarySpecialtyTrackingNumber": Indicates the tracking number where this Physician has a Service Location, which AHS will then use to ensure this Physician indeed has this specialty at that location, and also know exactly which County to count this physician toward. (ODJFS report is per county and region).
- c. SL file:
  - i. A physician may have multiple Service Locations in the SL file. The "PrimarySpecialtyTrackingNumber" field from the PG file will uniquely identify which Service Location to count this Specialist in.
  - ii. "Specialties and Board Certified": There must be a Specialty listed here that matches the "PrimarySpecialty" listed in the PG file.
  - iii. "Full Time Equivalency": "FT" required for all providers, except "Dentists" specialty types. (Refer to Specialty list)

## ***File: MCP Affiliation (MA)***

This file describes a relationship between a hospital and an MCP or a Health Center (FQHC/RHC/QFPP) and an MCP.

- 1) Hospital: MCP contracted Hospital for a span of time.
- 2) Health Center (FQHC/RHC/QFPP): MCP contracted Health Center for a span of time.

Field Name	Format (Max)	Applies to	Req	Description
Record type	#(1)	1,2	Yes	Indicates the type of record.
Tracking Number	#(11)	1,2	Yes	For this MCP Affiliation record.
Start Date	D(8)	1,2	Yes	Start date for hospital or health center.
End Date	D(8)	1,2	No	End of span. If hospital or health center becomes eligible again they will need a new Tracking Number. If End Date is earlier than Begin Date, record will be inactive.
Hospital/Health Center Number	#(4)	1,2	Yes	Unique number for the hospital or health center – refer to the Master Hospital and Master Health Center files.
Program Code	#(1)	1,2	Yes	The one digit program code for a health center or hospital. 1 = ABD & CFC, 2 = ABD Only , 3 = CFC Only
IsPCP	B(1)	2	Yes	1 if PCP; 0 if not a PCP. Only applicable to Health Center.
Panel Capacity	#(6)	2	C	Required if IsPCP = 1. Leave blank otherwise.
Existing Patients Only	B(1)	2	C	Required if IsPCP = 1.
Genders Accepted	#(1)	2	No	Blank if unknown. 1 = Male, 2 = Female, 3 = Both.
Age Limit Low	#(2)	2	No	Blank if unknown. "0" if no low limit.
Age Limit High	#(2)	2	No	Blank if unknown. "99" if no high limit.
Accept Newborns	B(1)	2	No	Blank if unknown.
Accept Pregnant Woman	B(1)	2	No	Blank if unknown.
Accept Family Members	B(1)	2	No	Blank if unknown.
Languages	#(2)   ...	2	No	Languages spoken at a location. See Appendix D.
TPA Name	@(100)	2	No	Third party administrator name.
Comments	@(256)	2	No	Used for any location specific information to display to the consumer.

## ***File: Provider/ Group (PG)***

This file contains individual records of Providers, Groups, and PCCs. Records here are not location-specific; each individual record here may have 0 or more service locations in the SL file. These are the record types in this file:

- 1) Provider: Individual Provider data.
- 2) Group: Groups (including PCCs and Pharmacies) data.

Field Name	Format (Max)	Applies to	Req	Description
Record type	#(1)	1,2	Yes	1 = Provider; 2 = Group.
Tracking Number	#(11)	1,2	Yes	For this Provider or Group record.
MPN Number	#(7)	1,2	No	Medicaid Provider Number (MPN).
PRN Number	#(7)	1,2	C	Provider Reporting Number (PRN). Required for a Provider (Record Type 1) that does not have an MPN#, or Groups (Record Type 2) that have one or more SL records listed as "IsPCP=1". Otherwise not required.
NPI Number	#(10)	1,2	No	National Provider Identifier number for the Provider or Group.
License Number	@(20)	1	C	See Appendix A for Provider Types that require a license number. Only required for Providers, not Groups.
Start Date	D(8)	1,2	Yes	MCP start date for the provider or Group.
End Date	D(8)	1,2	No	End of span. If a Provider or Group becomes eligible again they will need a new Tracking Number. If End Date is earlier than Begin Date, record will be inactive.
First Name	@(50)	1	Yes	Individual provider first name
Middle Initial	@(1)	1	No	Leave blank for PCC or group.
Last Name	@(100)	1,2	Yes	Individual provider's last name, or name of Group.
Gender Code	#(1)	1	No	Gender of the provider. 1 = Male, 2 = Female
Provider Type	#(2)	1,2	Yes	Provider type code (see Appendix A).
Hospital Privileges (Tracking Number)	#(11) ...	1	No	Links to hospital where individual provider has admitting privileges.
PrimarySpecialty	#(3)	1	No	Primary Specialty of this Individual Provider; this will be reflected on the Practitioner (Specialist) Report for ODJFS.
PrimarySpecialty TrackingNumber	#(11)	1	C	Required if PrimarySpecialty was provided. Use Tracking Number from SL file, to show which Service Location does the Individual Provider have the "PrimarySpecialty" listed. This will be used to report to ODJFS which County this Practitioner (Specialist) will count towards.

## File: Service Location (SL)

This file contains records of a Provider at a Location, a PCC Location, or a Provider at a Health Center (FQHC/RHC/QFPP). These are the record types in this file:

- 1) Provider Location: A Provider working at a Location. The location cannot be a Group practice or Health Center.
- 2) Group Location: A Group working at a Location. (also for Pharmacy location)
- 3) Provider Health Center: A Provider working at a Health Center. Specify both the (Provider) Tracking Number from PG file and (Health Center) Tracking Number from MA file to link a Provider to a Health Center.
- 4) Provider-GroupLocation: A Provider working at a GroupLocation. Specify the (Provider) Tracking Number from PG file and (GroupLocation) Tracking Number from the SL file to link a Provider to a GroupLocation.

Field Name	Format (Max)	Applie s to	Req	Description
Record type	#(1)	1,2,3,4	Yes	Indicates the type of record.
Tracking Number	#(11)	1,2,3,4	Yes	For this Service Location record.
Provider / Group Tracking Number	#(11)	1,2,3,4	Yes	Use Tracking Number from PG file. Provider or a Group that practices at this Service Location. Group cannot be linked to a Health Center.
Health Center Tracking Number	#(11)	3	Yes	Use (Health Center) Tracking Number from MA file. Links the Provider specified under "Provider Tracking Number" to a Health Center.
GroupLocation Tracking Number	#(11)	4	Yes	Use (GroupLocation) Tracking Number from SL file. Links the Provider specified under "Provider Tracking Number" to a Group Location.
NPI Number	#(10)	1,2,3,4	No	National Provider Identifier number for this Location. Only list NPI if this location actually has a different NPI than the Provider or Group.
Start Date	D(8)	1,2,3,4	Yes	MCP start date for the location.
End Date	D(8)	1,2,3,4	No	End of span. If End Date is earlier than Begin Date, record will be inactive.
AddressLine1	@(100)	1,2	Yes	
AddressLine2	@(50)	1,2	No	
City	@(30)	1,2	Yes	
State	@(2)	1,2	Yes	
Zip	#(5)	1,2	Yes	
Zip4	#(4)	1,2	No	
County Code	#(2)	1,2	Yes	See Appendix C.
Phone Number	#(10)	1,2,3,4	No	Integer only – must be 10 digits.
Phone Extension	#(10)	1,2,3,4	No	Phone number Extension of location
TPA Name	@(100)	1,2,3	No	Third party administrator name.
Program Code	#(1)	1,2,3,4	Yes	The one digit program code for a provider. 1 = ABD & CFC, 2 = ABD Only , 3 = CFC Only
IsPCP	B(1)	1,2,3,4	C	1 if this is a PCP; 0 if not a PCP. Leave blank or 0 if: ( (Record Type = 3 or 4) AND (SL.GroupLocation or MA.HealthCenter IsPCP=1) ). Otherwise required.
Panel Capacity	#(6)	1,2,3,4	C	Required if IsPCP = 1. Leave blank otherwise.
Existing Patients Only	B(1)	1,2,3,4	C	Required if IsPCP = 1.
Genders Accepted	#(1)	1,2,3,4	No	Blank if unknown. 1 = Male, 2 = Female, 3 = Both.
Age Limit Low	#(2)	1,2,3,4	No	Blank if unknown. "0" if no low limit.
Age Limit High	#(2)	1,2,3,4	No	Blank if unknown. "99" if no high limit.
Accept Newborns	B(1)	1,2,3,4	No	Blank if unknown.
Accept Pregnant Woman	B(1)	1,2,3,4	No	Blank if unknown.
Accept Family Members	B(1)	1,2,3,4	No	Blank if unknown.
Full time equivalency	#(1)	1,3,4	C	Required for specific Specialty Types. 1 if Full Time, 2 if Part Time.
Languages	#(2) ...	1,2	No	Languages spoken at a location. See Appendix D.
Specialties and Board Certified	@(4) ...	1,2,3,4	No	3-digit Specialty code for this Service Location. Optional: if a Specialty is Board Certified, append letter "B" immediately after the 3-digit code.
24-hours / day availability	B(1)	1,2,3,4	No	Blank if unknown; 1 if available / open 24 hours a day at this location; 0 if not.
Comments	@(256)	1,2,3,4	No	Used for any location specific information to display to the consumer.

## ***File: End of Transmission (EN)***

This is a 0 byte file that is used to indicate the end of file transmission for the day. This is a precaution to prevent AHS or MCP from processing any Daily or Weekly files before the complete set of files have been transmitted fully. After all other files have been transmitted, the EN file will be sent last. Both MCP and AHS will use this to indicate end of transmission, in the Daily Update files and the Weekly Reconciliation files. Please refer to the File Naming Convention on how to name this file.

## ***Response Files***

After AHS processes the daily updates from the MCPs, AHS will respond to the MCPs via two methods: Response files and Email notifications.

AHS will put the response files on the FTP directory of each MCP. Each file sent by MCP will get a corresponding Response file, except for the EN (End of Transmission) file. At the end of transmission, AHS will send a EN file to indicate end of transmission. Please refer to the File Naming Convention on how the files will be named.

The Response files will have the same layout and content as the files sent by the MCPs to AHS initially, with the addition of an "Error Code" column at the end of each row. The error code is a three digit value that describes the specific reason, if any, why that record could not be processed (see appendix E). If the error code field is blank, the record was processed successfully.

AHS will also notify the MCPs via email when the file processing is complete and the response files are ready for pick up.

MCPs will pick up and process the Response files and check for any errors. If errors exist, MCPs should correct the error by re-sending the corrected record in the next Daily Update.

## Reconciliation Files

Once a week, AHS will produce a set of files to each MCP that includes **all Active entities and attributes** in the MCPN database, as of the time the file was generated. The purpose of the Reconciliation file is to show the MCPs all entities in the MCPN database that are “Active” currently. If there are any discrepancies, MCPs can send corrections in the Daily Update files.

Please note that **any non-Active records or fields will NOT be shown**. For example, a Provider record in the PG file may be Active, however the same Provider’s Hospital Privilege is linked to an Inactive Hospital (from the MA file) – in this case, the Provider record will be in the Reconciliation file, but the Provider’s Hospital Privilege will not be shown in the same record as the field is inactive.

There are **six files** involved in the weekly reconciliation. The first three are the MA, PG and SL files and will have exactly the same schema as the files the MCPs send to AHS (see individual file layout). The remaining three, the Master Hospital file, the Master Health Center File, and the MA Status file, are described below.

### Master Hospital file

The Master Hospital file lists all the hospitals that MCPs can be affiliated with. (This list is provided by ODJFS.)

Field Name	Format (Max)	Req	Description
Hospital Number	#(4)	Yes	Unique Hospital Number.
MPN	#(7)	Yes	Medicaid Provider Number.
NPI	#(10)	No	National Provider Identifier.
Name	@(100)	Yes	The name of the Hospital.
Address Line 1	@(50)	Yes	
Address Line 2	@(50)	No	
City	@(30)	Yes	
State	@(2)	Yes	
Zip	#(5)	Yes	
County	#(2)	Yes	
Phone	#(10)	No	
Hospital Type	#(2)	Yes	01=General Hospital; 02=Mental Hospital.

### Master Health Center file

The Master Health Center file describes all the Health Centers (FQHCs, RHCs and QFPs) that MCPs can be affiliated with. (This list is provided by ODJFS.)

Field Name	Format (Max)	Req	Description
Health Center Number	#(4)	Yes	Unique Health Center Number.
MPN	#(7)	Yes	Medicaid Provider Number.
NPI	#(10)	No	National Provider Identifier.
Name	@(100)	Yes	The name of the Health Center.
Address Line 1	@(50)	Yes	
Address Line 2	@(50)	No	
City	@(30)	Yes	
State	@(2)	Yes	
Zip	#(5)	Yes	
County	#(2)	Yes	
Phone	#(10)	No	
Health Center Type	@(2)	Yes	01 = FQHC; 02 = RHC; 03 = QFPP

## File: MCP Affiliation Status File (MS)

The MCP Affiliation Status File includes **all MA records that are either pending ODJFS decision, or with status updated by ODJFS in the past week**. Any decisions (approval or denial) from more than 1 week ago will NOT be listed in this file.

MCPs already receive email notification upon any denial or approval from ODJFS for any MA record. The purpose of this file is to provide an additional mechanism of showing MCPs an even more complete picture of where each MA record submission stands.

The MS File can be processed programmatically, and AHS has also designed it to be fairly human-readable (via a tool like Excel). The file will be sorted in this order:

- 1) Record Type
- 2) ODJFS Action
- 3) Action Date
- 4) Hospital / Health Center Name

Record types:

- 1) Hospital: MCP contracted Hospital for a span of time.
- 2) Health Center (FQHC/RHC): MCP contracted Health Center for a span of time.

Field Name	Format (Max)	Applies to	Req	Description
Record type	#(1)	1,2	Yes	Indicates the type of record.
Tracking Number	#(11)	1,2	Yes	For this MCP Affiliation record.
Hospital/Health Center Number	#(4)	1,2	Yes	Unique number for the hospital or health center – refer to the Master Hospital and Master Health Center files.
Hospital/Health Center Name	@(50)	1,2	Yes	Name of the hospital or health center.
MCP Sent Date	D(8)	1,2	Yes	Date when MCP submitted this record.
ODJFS Action	@(8)	1,2	No	Action taken by ODJFS. “Approved”, “Denied”, or blank.
Action Date	D(8)	1,2	No	Date when action was taken by ODJFS. May be blank if none taken.
ODJFS Notes	@(256)	1,2	No	Any notes from ODJFS upon approval or denial.

## ***File: Provider Master File***

The Provider Master File is downloaded every day from ODJFS and will be placed in your FTP folder (PMF.txt). This file is created by ODJFS and is being provided to you so you have access to the same information as AHS. This file **only contains active providers**, any provider not on our file is considered inactive.

The primary purpose of the PMF is to verify that a provider submitted by MCP is actually active in the PMF. If an MCP submits a provider that does not appear in the PMF, AHS responds to the record with an error code. Lastly, the Provider Type and Specialty fields in the PMF do not correspond to Provider or Specialty codes in MCPN.

The PMF file is a **fixed-length** file as opposed to the delimited files used throughout the rest of our process. The PMF.txt file will be made available for MCPs in the root FTP directory every day by 8pm, as long as AHS was able to download the file from ODJFS successfully.

AHS does not own this file and cannot make any changes to it; AHS is simply passing the file along to all MCPs so that we can reference the same Provider Master file in the event of any discrepancy between provider eligibility.

Field Name	Starts At	Length	Description
MPN / PRN	1	7	The MPN or PRN of the provider. MPN if 'ActiveCode'=1, PRN if 'ActiveCode'=K
Name	8	31	
County	39	2	See Appendix C.
OutOfState	41	1	'Y' if provider is located outside of Ohio, 'N' otherwise
PrevNumber	42	7	Not used by AHS
NewNumber	49	7	Not used by AHS
Type	56	2	ODJFS provider type code -- Does not match the AHS provider type codes
Specialty1	58	2	ODJFS specialty code -- Does not match the AHS specialty codes
Specialty2	60	2	ODJFS specialty code -- Does not match the AHS specialty codes
Telephone	62	10	
Address1	72	28	
Address2	100	28	
City	128	18	
State	146	2	
Zip	148	5	
LicenseNumber	153	13	
ActiveCode	166	1	'1' if the provider has a MPN, 'K' if the provider is using a PRN

## File: PCH Report

The State PCH (PCP/FTE, Capacity, Hospital) report is currently sent to MCPs on a weekly basis in a PDF format. AHS will continue to send the weekly PCH report in PDF format. In addition to the PDF format, AHS will also make available the same report in a CSV format. The new CSV formatted report will be emailed along with weekly PCH report in PDF format.

The purpose of sending the CSV format in addition to the PDF format is to allow MCPs to be able to programmatically compare the reported numbers against the MCPs' internal database. The current PDF format is suitable for human reading, while the CSV format can be imported and processed programmatically.

(Please note that MCPs can choose to not use the CSV formatted report. AHS is simply making this available as a value-added service. The content of both PDF and CSV versions are the same, only displayed in a different manner.)

Field Name	Format (Max)	Applies to	Req	Description
Region Name	@(50)	ABD & CFC	Yes	The region name.
County Name	@(50)	ABD & CFC	Yes	The county name.
Program Name	@(10)	ABD & CFC	Yes	The program name (ABD or CFC).
County PCP Minimum	#(5)	ABD	No	The required minimum number of PCPs for this county.
County PCP Actual	#(5)	ABD	No	The actual number of PCPs counted in this county.
County FTE Minimum	#(10)	CFC	No	The required minimum number of FTEs for this county.
County FTE Actual	#(10)	CFC	No	The actual number of FTEs counted in this county.
County Capacity Minimum	#(10)	ABD & CFC	Yes	The required minimum Capacity value for this county.
County Capacity Actual	#(10)	ABD & CFC	Yes	The actual number of Capacity counted in this county.
County Hospital Minimum	#(5)	ABD & CFC	No	The required minimum number of Hospitals for this county.
County Hospital Actual	#(5)	ABD & CFC	Yes	The actual number of Hospitals counted in this county.
Region PCP Minimum	#(5)	ABD	No	The required minimum number of PCPs for this Region.
Region PCP Actual	#(5)	ABD	No	The actual number of PCPs counted in this Region.
Region FTE Minimum	#(10)	CFC	No	The required minimum number of FTEs for this Region.
Region FTE Actual	#(10)	CFC	No	The actual number of FTEs counted in this Region.
Region Capacity Minimum	#(10)	ABD & CFC	Yes	The required minimum Capacity value for this Region.
Region Capacity Actual	#(10)	ABD & CFC	Yes	The actual number of Capacity counted in this Region.
Region Hospital Minimum	#(5)	ABD & CFC	Yes	The required minimum number of Hospitals for this Region.
Region Hospital Actual	#(5)	ABD & CFC	Yes	The actual number of Hospitals counted in this Region.
Additional PCPs Required	#(5)	ABD	No	The number of additional PCPs required in this region.
Additional FTEs Required	#(20)	CFC	No	The number of additional FTEs required in this region.
Additional Capacity Required	#(10)	ABD & CFC	No	The number of additional Capacity required in this region.
Additional Hospitals Required	#(5)	ABD & CFC	No	The number of additional Hospitals required in this region.
Specific Hospital Numbers (CFC Only)	@(14)	CFC	No	List of Hospital Numbers that MCP currently has contracted that are required in this region. The numbers are separated by semicolons (;). Example: 0058;0052;0152  The requirement for this field is related to the "Additional Hospitals Required" field above. If the "Additional Hospitals Required" is 3, there must be 3 separate hospital numbers in this field for the requirement to be met.

## ***File: Practitioner Report***

The State Practitioner report is currently sent to MCPs on a weekly basis in a PDF format. AHS will continue to send the weekly Practitioner report in PDF format. In addition to the PDF format, AHS will also make available the same report in a CSV format. The new CSV formatted report will be emailed along with weekly Practitioner report in PDF format.

The purpose of sending the CSV format in addition to the PDF format is to allow MCPs to be able to programmatically compare the reported numbers against the MCPs' internal database. The current PDF format is suitable for human reading, while the CSV format can be imported and processed programmatically.

(Please note that MCPs can choose to not use the CSV formatted report. AHS is simply making this available as a value-added service. The content of both PDF and CSV versions are the same, only displayed in a different manner.)

Field Name	Format (Max)	Applies to	Req	Description
Region Name	@(50)	ABD & CFC	Yes	The region name.
County Name	@(50)	ABD & CFC	Yes	The county name.
Program Name	@(10)	ABD & CFC	Yes	The program name (ABD or CFC).
Specialty Report Category	@(50)	ABD & CFC	Yes	The name of the ODJFS Specialty Reportable Category.
County Specialty Minimum	#(10)	ABD & CFC	Yes	The minimum requirement for this county.
County Specialty Actual	#(10)	ABD & CFC	Yes	The actual number counted in this county.
Region Specialty Minimum	#(10)	ABD & CFC	Yes	The minimum requirement for this Region.
Region Specialty Actual	#(10)	ABD & CFC	Yes	The actual number counted in this Region.
Board Certified Minimum	#(10)	CFC	No	The minimum number of board certified pediatricians required in the region.
Board Certified Actual	#(10)	CFC	No	The actual number of board certified pediatricians counted in the region.
Maximum Pediatric Dentists	#(10)	CFC	No	The Maximum number of pediatric dentists allowed in the region.
Actual Pediatric Dentists	#(10)	CFC	No	The Actual number of pediatric dentists counted in the region.

## ***Appendices***

As of 8/18/2008, Appendices have been expanded and moved out of this document into the "MCPN Appendices" spreadsheet, which includes:

- 1) A1: Provider Types
- 2) A2: License Number Format
  - a. Describes the License number formats based on the Provider's board and specialty type.
- 3) B1: Specialty Types
  - a. List of Specialty codes available, along with how each one maps to the Consumer Search Categories and ODJFS Report Categories.
- 4) B2: Specialty Consumer Search Categories
  - a. Describes the aggregated categories made available to consumers via the online Provider Search.
  - b. Consumers can choose from this list of Specialty categories; the detail Specialty Type will show up in the detail Provider / Group location pages.
- 5) B3: Specialty ODJFS Report Categories
  - a. Describes the list of Practitioners (Specialists) that will be reported to ODJFS.
- 6) C: County Codes
- 7) D: Language Codes
- 8) E: Error Codes
  - a. Error codes that will be appended in the last column of each Response File, if any error exists with the record submitted by MCP.

A1. ProviderTypes

Code	Provider Description	Comments	ODJFS Code
01	Advance Practice Nurse (APN)		71
02	Ancillary Services	Examples: Home health, Ambulatory, Occupational Therapist, Transportation, DME.	
03	Behavioral Health		
04	Dentist		30
05	Pharmacy		70
06	Physician	DO = 34 (Osteopath); Podiatrist (36)	20
07	Vision		35

A2. LicenseNumberFormat

Board	Specialty	Format	Example
Chiropractic Board	Chiropractor	Letters 'DC' followed by a period and 2, 3 or 4 digit number	DC.xx up to DC.xxxx
Counselor, Social Worker & Marriage & Family Therapist Board	Independent Social Worker	Letter 'I' followed by a period and 7 digit number	I.xxxxxxx
	Social Worker	Letter 'S' followed by a period and 7 digit number	S.xxxxxxx
	Professional Counselor	Letter 'C' followed by a period and 7 digit number	C.xxxxxxx
	Professional Clinical Counselor	Letter 'E' followed by a period and 7 digit number	E.xxxxxxx
	Registered Social Worker Assistant	Letter 'W' followed by a period and 7 digit number	W.xxxxxxx
	Professional Clinical Counselor - Supervising	Letter 'E' followed by a period and 7 digit number followed by a dash (-) and 'SUPV'	E.xxxxxxx-SUPV
	Independent Social Worker - Supervising	Letter 'I' followed by a period and 7 digit number followed by a dash (-) and 'SUPV'	I.xxxxxxx-SUPV
	Professional Counselor - Supervising	Letter 'C' followed by a period and 7 digit number followed by a dash (-) and 'SUPV'	C.xxxxxxx-SUPV
Dental Board	Dentist	30 followed by a period and 6 digit number	30.xxxxxx
	Dental Hygienist	31 followed by a period and 6 digit number	31.xxxxxx
	Dental Radiographer	51 followed by a period and 6 digit number	51.xxxxxx
	Dental - Limited Teaching License	71 followed by a period and 6 digit number	71.xxxxxx
Medical Board	Licensed Massage Therapist	33 followed by a period and 6 digit number	33.xxxxxx
	D.O.	34 followed by a period and 6 digit number	34.xxxxxx
	M.D.	35 followed by a period and 6 digit number	35.xxxxxx
	Podiatrist	36 followed by a period and 6 digit number	36.xxxxxx
	Mechanotherapist	37 followed by a period and 6 digit number	37.xxxxxx
	MD - Training Certificate	57 followed by a period and 6 digit number	57.xxxxxx
	DO - Training Certificate	58 followed by a period and 6 digit number	58.xxxxxx
Occ Therapy, Phy Therapy & Athletic Trainers Board	Athletic Trainer	AT followed by a period and 6 digit number	AT.xxxxxx
	Athletic Trainer - Off Cycle	AT followed by a period and 6 digit number followed by a dash (-) and '1YR'	AT.xxxxxx-1YR
	Physical Therapist	PT followed by a period and 6 digit number	PT.xxxxxx
	Physical Therapist Assistant	PTA followed by a period and 5 digit number	PTA.xxxxx
	Physical Therapist - Off Cycle	PT followed by a period and 6 digit number followed by a dash (-) and '1YR'	PT.xxxxxx-1YR
	Occupational Therapist	OT followed by a period and 6 digit number	OT.xxxxxx
	Occupational Therapist Assistant	OTA followed by a period and 5 digit number	OTA.xxxxx
	Occupational Therapist - License in Escrow	OTA followed by a period and 6 digit number followed by a dash (-) and 'ESCR'	OT.xxxxxx-ESCR
Ohio Board of Dietetics	Licensed Dietitian	LD followed by a period and 4 digit number	LD.xxxx
Ohio Board of Nursing	Registered Nurse	RN followed by a period and 6 digit number followed by a dash (-) and COA1 or COA2	RN.xxxxxx-COA1 or COA2

A2. LicenseNumberFormat

Board	Specialty	Format	Example
Optometry Board	Therapeutic Optometrist	OPT followed by a period and 4 digit number followed by a dash (-) and 'THER'	OPT.xxxx-THER
	Diagnostic Optometrist	OPT followed by a period and 4 digit number followed by a dash (-) and 'DIAG'	OPT.xxxx-DIAG
Orthotics, Prosthetics and Pedorthics Board	Licensed Orthotist	LO followed by a period and 1, 2 or 3 digit number	LO.x or xx or xxx
	Licensed Pedorthist	LPED followed by a period and 1, 2 or 3 digit number	LPED.x or xx or xxx
	Licensed Prosthetist	LP followed by a period and 1, 2 or 3 digit number	LP.x or xx or xxx
	Licensed Prosthetist-Orthotist	LPO followed by a period and 1, 2 or 3 digit number	S.xxxxxxx
Psychology Board	Psychologist	4 digit number	xxxx
	School Psychologist	SP followed by 3 digit number	SP.xxx
Respiratory Care Board	Respiratory Care Professional	RCP followed by a period and 4 digit number	RCP.xxxx
	Home Medical Equipment Facility License	HMEL followed by a period and 5 digit number	HMEL.xxxxx
Speech Language Pathology & Audiology Board	Audiologist	A followed by a 5 digit number	A.xxxxx
	Audiology Aide	AIDE followed by a 4 digit number followed by a dash (-) and 'A'	AIDE.xxxx-A
	Speech-Language Pathology Aide	AIDE followed by a 4 digit number followed by a dash (-) and 'SP'	AIDE.xxxx-SP
	Audiology Conditional License	COND followed by a period and 7 digit number followed by a dash (-) and 'A'	COND.xxxxxxx-A
	Speech-Language Pathology Conditional License	COND followed by a period and 7 digit number followed by a dash (-) and 'SP'	COND.xxxxxxx-SP
	Speech-Language Pathologist	SP followed by 4 digit number	SP.xxxx

B1. SpecialtyTypes

Code	Specialty Description	FT/PT Required	Hospital Required	Specialty Category (Consumer Search)	ODJFS Report
001	Addiction Medicine			Behavioral Health, Addiction Services	
002	Addiction Psychiatry			Behavioral Health, Addiction Services, Psychiatry	
003	Adolescent & Young Adult Medicine			Pediatrics	
004	Adolescent Medicine			Pediatrics	
005	Adolescent Neurology			Pediatrics, Neurology	
006	Adolescent Psychiatry			Pediatrics, Psychiatry	
007	Alcohol & Drug Addiction Services Centers			Behavioral Health, Addiction Services	
008	Allergy	Yes		Allergy & Immunology	Allergists
009	Allergy & Immunology			Allergy & Immunology	Allergists
010	Ambulatory Surgery Center			Urgent/Critical Care	
011	Audiology			Audiology	
012	Cardiac Electrophysiology			Cardiovascular	Cardiovascular
013	Cardiac Surgery			Surgery, Cardiovascular	Cardiovascular
014	Cardiology			Cardiovascular	Cardiovascular
015	Cardiovascular Disease	Yes	Yes	Cardiovascular	Cardiovascular
016	Cardiovascular Surgery	Yes	Yes	Surgery, Cardiovascular	Cardiovascular
017	Certified Nurse Midwife		Yes	Nursing	
018	Certified Nurse Practitioner			Nursing	
019	Certified Nurse Specialist			Nursing	
020	Child & Adolescent Neurology			Pediatrics, Neurology	
021	Child & Adolescent Psychiatry			Pediatrics, Psychiatry	
022	Child Abuse Pediatrics			Psychiatry, Pediatrics	
023	Chiropractic			Chiropractic	
024	Clinical Cardiac Electrophysiology			Cardiovascular	
025	Clinical Neurophysiology			Neurology	
026	Colon & Rectal Surgery			Surgery	
027	Comprehensive Outpatient Rehabilitation Facility (Corf)			Orthopedics	
028	Dermatology			Dermatology	
029	Dermatopathology			Dermatology	
030	Diagnostic Imaging Services			Imaging/Radiology	
031	Diagnostic Radiological Physics			Imaging/Radiology	
032	Diagnostic Radiology			Imaging/Radiology	
033	Dialysis			Dialysis	
034	DME Customized Equipment			Medical Equipment	
035	Durable Medical Equipment			Medical Equipment	
036	Endocrinology			Endocrinology	
037	Endocrinology & Metabolism			Endocrinology	
038	Endocrinology, Diabetes & Metabolism			Endocrinology	
039	Endodontics			Dentistry	
040	Facial Plastic Surgery			Surgery	
041	Family Medicine	Yes		General/Family Practice	
042	Family Practice (OMT)	Yes		General/Family Practice	
043	Foot & Ankle Surgery			Surgery, Orthopedics	Orthopedists
044	Gastroenterology	Yes	Yes	Gastroenterology	Gastroenterology
045	General Dentistry			Dentistry	Dentists
046	General Practice	Yes		General/Family Practice	
047	General Vascular Surgery			Surgery, Cardiovascular	
048	Geriatric Medicine			Geriatrics	
049	Geriatric Psychiatry			Geriatrics, Psychiatry	
050	Gynecologic Oncology			Oncology, Ob/Gyn	
051	Gynecology		Yes	Ob/Gyn	
052	Hand Surgery		Yes	Surgery, Orthopedics	Orthopedists
053	Head & Neck Surgery			Surgery, Orthopedics	Orthopedists
054	Hematology			Hematology	
055	Hematology & Oncology	Yes	Yes	Oncology, Hematology	Oncology

B1. SpecialtyTypes

Code	Specialty Description	FT/PT Required	Hospital Required	Specialty Category (Consumer Search)	ODJFS Report
056	Home Health			Home Health & Hospice	
057	Home Infusion			Home Health & Hospice	
058	Hospice			Home Health & Hospice	
059	Hospice & Palliative Medicine			Home Health & Hospice	
060	Infectious Disease			Infectious Disease, Internal Medicine	
061	Internal Medicine	Yes		Internal Medicine	
062	Interventional Cardiology			Cardiovascular	
063	Maternal & Fetal Medicine			Maternal & Fetal Medicine	
064	Medical Oncology	Yes	Yes	Oncology	Oncology
065	MRI Centers			Imaging/Radiology	
066	Neonatal-Perinatal Medicine			Ob/Gyn	
067	Neonatology			Ob/Gyn	
068	Nephrology	Yes	Yes	Nephrology	Nephrology
069	Neurological Surgery			Surgery, Neurology	
070	Neurology	Yes	Yes	Neurology	Neurology
071	Neurology & Psychiatry			Neurology, Psychiatry	Psychiatry
072	Neurology with Special Qualifications in Child Neurology			Neurology, Pediatrics	
073	Neuromuscular Medicine			Neurology, Orthopedics	
074	Neuromusculoskeletal Medicine & OMM			Neurology, Orthopedics	
075	Neuroradiology			Neurology	
076	Obstetrics			Ob/Gyn	
077	Obstetrics & Gynecologic Surgery	Yes		Surgery, Ob/Gyn	
078	Obstetrics & Gynecology (Ob/Gyn)	Yes	Yes	Ob/Gyn	Ob/Gyn
079	Obstetrics & Gynecology (Osteopath)	Yes		Ob/Gyn	
080	Oncology	Yes	Yes	Oncology	Oncology
081	Ophthalmology	Yes		Ophthalmology	
082	Optometry	Yes		Optical	Vision
083	Oral & Maxillofacial Surgery			Surgery	
084	Oral Surgery			Surgery	
085	Orthopaedic Sports Medicine	Yes		Orthopedics, Internal Medicine, Physical Medicine & Rehab	
086	Orthopaedic Surgery	Yes	Yes	Surgery, Orthopedics	Orthopedists
087	Orthopedic Surgery	Yes	Yes	Surgery, Orthopedics	Orthopedists
088	Orthopedics	Yes		Orthopedics	
089	Orthotics & Prosthetics			Medical Equipment	
090	Otolaryngic Allergy	Yes		Allergy & Immunology, Otolaryngology (ENT)	
091	Otolaryngology	Yes	Yes	Otolaryngology (ENT)	Otolaryngology (ENT)
092	Otolaryngology/Facial Plastic Surgery	Yes		Otolaryngology (ENT), Surgery	Otolaryngology (ENT)
093	Pain Management			Pain Management	
094	Pain Medicine			Pain Management	
095	Pediatric Allergy & Immunology			Pediatrics, Allergy & Immunology	Allergists
096	Pediatric Cardiology			Pediatrics, Cardiovascular	
097	Pediatric Dentistry			Pediatrics, Dentistry	Dentists
098	Pediatric Dermatology			Pediatrics, Dermatology	
099	Pediatric Endocrinology			Pediatrics, Endocrinology	
100	Pediatric Gastroenterology			Pediatrics, Gastroenterology	
101	Pediatric Hematology-Oncology			Pediatrics, Hematology, Oncology	
102	Pediatric Infectious Disease			Pediatrics	
103	Pediatric Nephrology			Pediatrics, Nephrology	
104	Pediatric Neurology			Pediatrics, Neurology	
105	Pediatric Ophthalmology	Yes		Pediatrics, Ophthalmology	Vision
106	Pediatric Orthopedics	Yes		Pediatrics, Orthopedics, Physical Medicine & Rehab	
107	Pediatric Otolaryngology	Yes		Pediatrics, Otolaryngology (ENT)	Otolaryngology (ENT)

B1. SpecialtyTypes

Code	Specialty Description	FT/PT Required	Hospital Required	Specialty Category (Consumer Search)	ODJFS Report
108	Pediatric Pulmonology			Pediatrics, Pulmonology	
109	Pediatric Rehabilitation Medicine	Yes		Pediatrics, Orthopedics, Physical Medicine & Rehab	
110	Pediatric Rheumatology			Pediatrics, Rheumatology	
111	Pediatric Sports Medicine	Yes		Pediatrics, Orthopedics, Physical Medicine & Rehab	
112	Pediatric Surgery			Pediatrics, Surgery	General Surgeons
113	Pediatric Urology			Pediatrics, Urology	
114	Pediatrics	Yes		Pediatrics	Pediatricians
115	Periodontics			Dentistry	
116	Peripheral Vascular Disease or Surgery (Osteopath)			Surgery, Cardiovascular	
117	Physical Medicine & Rehabilitation	Yes	Yes	Orthopedics, Internal Medicine, Physical Medicine & Rehab	Physical Medicine & Rehab
118	Physical Therapy			Orthopedics, Occupational/Physical/Speech Therapy, Physical Medicine & Rehab	
119	Plastic & Reconstructive Surgery			Surgery	
120	Plastic Surgery			Surgery	
121	Plastic Surgery within the Head & Neck			Surgery	
122	Podiatry	Yes		Podiatry	Podiatry
123	Preventive Medicine			General/Family Practice	
124	Preventive Medicine/Occupational-Environmental Medicine			General/Family Practice	
125	Prosthodontics			Dentistry	
126	Psychiatry	Yes		Behavioral Health, Psychiatry	Psychiatry
127	Psychiatry, Neurology (Osteopath)	Yes		Behavioral Health, Psychiatry	Psychiatry
128	Psychology			Behavioral Health, Psychology	
129	Psychosomatic Medicine			Behavioral Health, Psychiatry	
130	Pulmonary Disease			Pulmonology	
131	Radiation Oncology			Oncology	Oncology
132	Reproductive Endocrinology/Infertility			Endocrinology	
133	Rheumatology			Rheumatology	
134	Skilled Nursing Facilities			Nursing	
135	Sleep Medicine			Sleep Medicine	
136	Special Proficiency in Neuromusculoskeletal Medicine			Neurology, Orthopedics	
137	Speech & Hearing			Occupational/Physical/Speech Therapy	
138	Speech Therapy			Occupational/Physical/Speech Therapy	
139	Sports Medicine	Yes		Orthopedics, Physical Medicine & Rehab	
140	Surgery (General)	Yes	Yes	Surgery	General Surgeons
141	Surgical Critical Care			Surgery	
142	Thoracic Cardiovascular Surgery			Surgery, Cardiovascular	Cardiovascular
143	Thoracic Surgery			Surgery	
144	Transplant Surgery			Surgery	
145	Urgent Care Center			Urgent/Critical Care	
146	Urological Surgery			Surgery, Urology	
147	Urology	Yes	Yes	Urology	Urology
148	Vascular Neurology			Neurology, Cardiovascular	
149	Vascular Surgery			Surgery, Cardiovascular	
150	Orthodontics			Dentistry	
151	Palliative Medicine			Pain Management	
152	Ophthalmology (including routine eye exam)	Yes		Ophthalmology	Vision

B1. SpecialtyTypes

Code	Specialty Description	FT/PT Required	Hospital Required	Specialty Category (Consumer Search)	ODJFS Report
153	Licensed Independent Social Worker			Behavioral Health	
154	Occupational Therapy			Orthopedics, Occupational/Physical/Speech Therapy, Physical Medicine & Rehab	
155	Licensed Professional Counselor			Behavioral Health	
156	Oral Facial Pain			Dentistry	
157	Developmental-Behavioral Pediatrics			Behavioral Health	
158	Cardiology Non-Invasive			Cardiovascular Disease	
159	Urogynecology			Ob/Gyn	

B2. SpecialtyConsumerCategories

Specialty Category Code	Specialty Category Description
01	Addiction Services
02	Allergy & Immunology
03	Audiology
04	Behavioral Health
05	Cardiovascular
06	Chiropractic
07	Dentistry
08	Dermatology
09	Dialysis
10	Endocrinology
11	Gastroenterology
12	General/Family Practice
13	Geriatrics
14	Hematology
15	Home Health & Hospice
16	Imaging/Radiology
17	Infectious Disease
18	Internal Medicine
19	Maternal & Fetal Medicine
20	Medical Equipment
21	Nephrology
22	Neurology
23	Nursing
24	Ob/Gyn
25	Occupational/Physical/Speech Therapy
26	Oncology
27	Ophthalmology
28	Optical
29	Orthopedics
30	Otolaryngology (ENT)
31	Pain Management
32	Pediatrics
33	Physical Medicine & Rehab
34	Podiatry
35	Psychiatry
36	Psychology
37	Pulmonology
38	Rheumatology
39	Sleep Medicine
40	Surgery
41	Urgent/Critical Care
42	Urology

B3. SpecialtyODJFSReport

ODJFS Specialty Code	ODJFS Specialty Description	CFC/ABD report
01	Allergists	CFC
02	Cardiovascular	ABD
03	Dentists	Both
04	Gastroenterology	ABD
05	General Surgeons	Both
06	Nephrology	ABD
07	Neurology	ABD
08	Ob/Gyn	Both
09	Oncology	ABD
10	Orthopedists	Both
11	Otolaryngology (ENT)	Both
12	Pediatricians	CFC
13	Physical Medicine & Rehab	ABD
14	Podiatry	ABD
15	Psychiatry	ABD
16	Urology	ABD
17	Vision	Both

C. CountyCodes

County Code	County Name
00	Out-of-State
01	Adams
02	Allen
03	Ashland
04	Ashtabula
05	Athens
06	Auglaize
07	Belmont
08	Brown
09	Butler
10	Carroll
11	Champaign
12	Clark
13	Clermont
14	Clinton
15	Columbiana
16	Coshocton
17	Crawford
18	Cuyahoga
19	Darke
20	Defiance
21	Delaware
22	Erie
23	Fairfield
24	Fayette
25	Franklin
26	Fulton
27	Gallia
28	Geauga
29	Greene
30	Guernsey
31	Hamilton
32	Hancock
33	Hardin
34	Harrison
35	Henry
36	Highland
37	Hocking
38	Holmes
39	Huron
40	Jackson
41	Jefferson
42	Knox
43	Lake
44	Lawrence
45	Licking
46	Logan
47	Lorain
48	Lucas
49	Madison
50	Mahoning

### C. CountyCodes

County Code	County Name
51	Marion
52	Medina
53	Meigs
54	Mercer
55	Miami
56	Monroe
57	Montgomery
58	Morgan
59	Morrow
60	Muskingum
61	Noble
62	Ottawa
63	Paulding
64	Perry
65	Pickaway
66	Pike
67	Portage
68	Preble
69	Putnam
70	Richland
71	Ross
72	Sandusky
73	Scioto
74	Seneca
75	Shelby
76	Stark
77	Summit
78	Trumbull
79	Tuscarawas
80	Union
81	Van Wert
82	Vinton
83	Warren
84	Washington
85	Wayne
86	Williams
87	Wood
88	Wyandot

D. LanguageCodes

Language Code	Language
01	Afrikaan
02	Albanian
03	Amharic
04	Arabic
05	Armenian
06	Basque
07	Belorussian
08	Bengali
09	Bosnian
10	Bulgarian
11	Burmese
12	Cambodian
13	Chinese/Cantonese
14	Chinese/Mandarin
15	Creaole (Haiti Fr)
16	Croatian
17	Czech
18	Danish
19	Dutch
20	English
21	Estonian
22	Farsi
23	Finnish
24	Flemish
25	French
26	German
27	Greek
28	Gujarati
29	Haitian
30	Hebrew
31	Hindi
32	Hmong
33	Hungarian
34	Ibo
35	Icelandic
36	Indonesian
37	Italian
38	Japanese
39	Khmer
40	Korean
41	Kurdish (Northern Iraq)
42	Kurdish (Southern Iraq)
43	Laotian/Lao
44	Latvian
45	Lithuanian
46	Macedonian
47	Malay
48	Malayalam
49	Mon-Khmer
50	Norwegian
51	Other

D. LanguageCodes

Language Code	Language
52	Pakistan
53	Pashto/Pushtu
54	Polish
55	Portuguese
56	Portuguese Creole
57	Punjabi/Panjabi
58	Romanian
59	Russian
60	Serbian
61	Sign Language
62	Slovak
63	Slovene
64	Somali
65	Spanish
66	Swahili
67	Swedish
68	Tagalog (Philippines)
69	Tamil
70	Thai
71	Tigenya
72	Turkish
73	Ukrainian
74	Urdu
75	Vietnamese
76	Yiddish
77	Telugu
78	Assamese
79	Acehnese
80	Guarani
81	Kannada
82	Marathi
83	Persian
84	Sinhalese
85	Taiwainese
86	Yoruba

## E. ErrorCodes

Code	Message
001	Accept Family Members: Does not apply to this Record Type
002	Accept Family Members: Invalid format
003	Accept Newborns: Does not apply to this Record Type
004	Accept Newborns: Invalid format
005	Accept Pregnant Women: Does not apply to this Record Type
006	Accept Pregnant Women: Invalid format
007	Address Line 1: Does not apply to this Record Type
008	Address Line 1: Required for this Record Type
009	Address Line 2: Does not apply to this Record Type
010	Age Limit High: Below Age Limit Low
011	Age Limit High: Does not apply to this Record Type
012	Age Limit High: Invalid format
013	Age Limit Low: Does not apply to this Record Type
014	Age Limit Low: Invalid format
015	City: Does not apply to this Record Type
016	City: Required for this Record Type
017	Comments: Does not apply to this Record Type
018	County Code: Does not apply to this Record Type
019	County Code: Invalid Format
020	County Code: Required for this Record Type
021	End Date: Invalid Format
022	Existing Patients Only: Does not apply to this Record Type
023	Existing Patients Only: Invalid format
024	Existing Patients Only: Required for PCP
025	First Name: Does not apply to this Record Type
026	First Name: Required for this Record Type
027	Full Time Equivalency: Does not apply to this Record Type
028	Full Time Equivalency: Invalid Format
029	Full Time Equivalency: Required for specified Specialty Type
030	Gender Code: Does not apply to this Record Type
031	Gender Code: Invalid Format
032	Genders Accepted: Does not apply to this Record Type
033	Genders Accepted: Invalid format
034	Group Location Tracking Number: Does not apply to this Record Type
035	Group Location Tracking Number: No matching Tracking Number
036	Group Location Tracking Number: Required for this Record Type
037	Health Center Tracking Number: Does not apply to this Record Type
038	Health Center Tracking Number: No matching Tracking Number
039	Health Center Tracking Number: Required for this Record Type
040	Hospital Privileges: Does not apply to this Record Type
041	Hospital Privileges: Invalid Format
042	Hospital Privileges: No matching Tracking Number
043	IsPCP: Does not apply to this Record Type
044	IsPCP: Invalid format
045	IsPCP: Location And Provider at the location cannot both be IsPCP = 1
046	IsPCP: Required for this Record Type
047	IsPCP: This PCP location has providers that are PCPs linked to it
048	Languages: Does not apply to this Record Type
049	Languages: Invalid format
050	Languages: Invalid Lookup Code
051	Last Name: Required for this Record Type

E. ErrorCodes

Code	Message
052	License Number: Does not apply to this Record Type
053	License Number: Required for specified Provider Type
054	Middle Initial: Does not apply to this Record Type
055	Warning: MPN/License Number: Conflict with existing MPN/License Number (Deprecated)
056	MPN: Already in use by another Record Type
057	MPN: Cannot be changed on an existing record (Deprecated)
058	MPN: Invalid Format
059	MPN: Not Unique for date span
060	MPN: Required for this Record Type
061	NPI: Already in use by another Record Type.
062	NPI: Does not apply to this Record Type
063	NPI: Invalid Format
064	NPI: Not Unique for date span
065	Panel Capacity: Does not apply to this Record Type
066	Panel Capacity: Invalid format
067	Panel Capacity: Only PCPs have panel capacity
068	Panel Capacity: Required for PCP
069	Phone Extension: Does not apply to this Record Type
070	Phone Extension: Invalid Format
071	Phone number: Does not apply to this Record Type
072	Phone number: Invalid Format
073	PRN: Does not apply to this Record Type
074	PRN: Invalid Format
075	PRN: MPN and PRN cannot both be specified
076	PRN: No MPN or PRN specified
077	PRN: Not Unique for date span
078	Program Code: Invalid format
079	Program Code: Required for this Record Type
080	Provider / Group Tracking Number: No matching Tracking Number
081	Provider / Group Tracking Number: Required for this Record Type
082	Provider Type: Invalid Format
083	Provider Type: Required for this Record Type
084	Record Type: Invalid Record Type
085	Specialties: Group Location cannot have specialties that require hospital privileges or FTE
086	Specialties: Hospital Privileges required for this Specialty
087	Specialties: Invalid Lookup Code
088	Start Date: Invalid Format
089	Start Date: Required for this Record Type
090	State: Does not apply to this Record Type
091	State: Invalid State Abbreviation
092	State: Required for this Record Type
093	TPA Name: Does not apply to this Record Type
094	Tracking Number: Already in use by another Record Type
095	Tracking Number: Incorrect Submitter ID
096	Tracking Number: Invalid Format
097	Tracking Number: Required for this Record Type
098	Zip: Does not apply to this Record Type
099	Zip: Required for this Record Type
100	Zip4: Does not apply to this Record Type
101	MPN: No matching Hospital/Health Center
102	MPN: Not found in PMF

E. ErrorCodes

Code	Message
103	PRN: Not found in PMF
104	Warning: PRN/License Number: Conflict with existing PRN/License Number (Deprecated)
105	MPN: Known incorrect MPN
106	PRN: Known incorrect PRN
107	License Number: Known incorrect License Number
108	Specialties: Invalid Format
109	24 Hours: Invalid Format
110	Primary Specialty: Does not apply to this Record Type
111	Primary Specialty Tracking Number: Does not apply to this Record Type
112	Hospital Health Center Number: Required for this Record Type
113	Hospital Health Center Number: Invalid Format
114	Hospital Health Center Number: Cannot be changed on an existing record
115	Hospital Health Center Number: No matching Hospital/Health Center
116	Hospital Health Center Number: Not Unique for date span
117	Provider / Group Tracking Number: Provider Span does not overlap (deprecated)
118	Provider / Group Tracking Number: Group Span does not overlap (deprecated)
119	Health Center Tracking Number: Health Center Span does not overlap (deprecated)
120	Group Location Tracking Number: Group Location Span does not overlap (deprecated)
121	IsPCP: Group Location cannot be made a PCP with Providers that are PCP
122	IsPCP: Group Location cannot be made a PCP unless the Group has an MPN or PRN
123	PRN: MPN or PRN is required for Groups that are PCPs at any location
124	Hospital Privileges: Provider and Hospital spans do not overlap (deprecated)
125	County Code: County/State mismatch
126	State: Invalid for MCPN
127	IsPCP: Out of state Locations cannot be PCP
501	Warning: MPN/License Number: Conflict with existing MPN/License Number
502	Warning: PRN/License Number: Conflict with existing PRN/License Number
503	Warning: Primary Specialty: Required when Primary Specialty Tracking Number is specified (deprecated)
504	Warning: Primary Specialty Tracking Number: Required when Primary Specialty is specified (deprecated)
505	Warning: Primary Specialty: Invalid Lookup Code (deprecated)
506	Warning: Primary Specialty Tracking Number: No matching Tracking Number (deprecated)
507	Warning: Primary Specialty Tracking Number: Primary Specialty not available at this location (deprecated)
508	Warning: Primary Specialty Tracking Number: Specialist is not a full time provider at this Location (deprecated)
509	Warning: Primary Specialty: Not a valid reporting Specialty (deprecated)
510	Warning: Specialties: All Hospital Privileges pending approval and Specialty requires Hospital Privileges
511	Warning: Hospital Privileges: Hospital pending ODJFS approval
512	Warning: Health Center Tracking Number: Health Center requires approval but is not yet approved
513	Warning: Hospital Health Center Number: Health Center is inactive
601	Warning: Primary Specialty: Required when Primary Specialty Tracking Number is specified
602	Warning: Primary Specialty Tracking Number: Required when Primary Specialty is specified
603	Warning: Primary Specialty: Invalid Lookup Code
604	Warning: Primary Specialty Tracking Number: No matching Tracking Number
605	Warning: Primary Specialty Tracking Number: Primary Specialty not available at this location
606	Warning: Primary Specialty Tracking Number: Specialist is not a full time provider at this Location
607	Warning: Primary Specialty: Not a valid reporting Specialty
608	Warning: Provider / Group Tracking Number: Provider Span does not overlap
609	Warning: Provider / Group Tracking Number: Group Span does not overlap
610	Warning: Health Center Tracking Number: Health Center Span does not overlap

## E. ErrorCodes

Code	Message
611	Warning: Group Location Tracking Number: Group Location Span does not overlap
612	Warning: Hospital Privileges: Provider and Hospital spans do not overlap
613	Warning: IsPCP: Groups marked as PCPs (PCCs) require active Providers
614	Warning: IsPCP: Health Centers marked as PCPs require active Providers
615	Warning: Hospital Health Center Number: Hospital span does not overlap