



MCP Provider Verification System (PVS) File & Submission Specifications

**Ohio Department of Job & Family Services
Office of Ohio Health Plans
Bureau of Managed Health Care**

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Table of Contents

1. Introduction.....2

2. HIPAA Security Measures2

3. Provider Panel Submission2

4. File Names4

5. Delimiters.....8

6. Fields/Records.....8

7. File Layout A9

8. Sample Records14

9. File Layout B.....15

10. Sample Records.....18

11. FTP File Submission.....18

Appendix A.....20

Appendix B.....21

Appendix C.....22

Appendix D.....27

Appendix E.....39

Appendix F.....40

Appendix G.....41

1. Introduction

This document describes the file layout to be used for the Provider Verification System (PVS) file. This file is designed to capture each addition, update, or deletion of a specific required provider type to the Managed Care Plan's (MCP) Provider Panel. FTP client software capable of 128 bit encryption will be required to connect to the server.

2. HIPAA Security Measures

In accordance with federal privacy and security requirements per the Health Insurance Portability and Accountability Act (HIPAA), certain data transfers, including the Members' PCP file submitted to the Ohio Department of Jobs and Family Services (ODJFS) via file transfer protocol (FTP) and the subsequent activity files generated by ODJFS, must be protected through a secure, encrypted transmission system. As aforementioned, FTP client software capable of 128 bit encryption will be required to connect to the server.

3. Provider Panel Submissions

There are five different Provider Panel submission types as outlined below that must be submitted independent of each other. Each MCP may submit 3 separate files on a bi-monthly basis regarding provider additions and updates: 1) Primary Care Clinics (PCC): Additions and Updates; 2) Non-Hospital/Non-PCC Providers: Additions and Updates; 3) Hospitals: Additions and Updates. These files are due by the 1st and 15th of every month. MCPs will only need to provide information on new providers and changes to provider information, instead of submitting the full Provider Panel. Files for provider deletions must be submitted at the time that the provider is terminated from the MCP's provider panel and may be submitted at any time during the month. The following fields are required for all records: REPORTTYPE; CASETRACKID; CATTYPER; PREPBY; PREPDATE; MEDPRN INDICATOR; and MEDICAIDPROVIDERNUMBER.

File Layout A

Submission Type 1: PCCs/FQHCs/QFPPs/RHCs: Additions and Updates

1. PCC/FQHC/QFPP/RHC Addition. An MCP must submit a complete record for any new PCC, FQHC, QFPP, and RHC. This is a one time submission. Thereafter, the MCP will not need to submit information on this PCC/FQHC/QFPP/RHC unless there is a change in information regarding the PCC/FQHC/QFPP/RHC.

2. PCC/FQHC/QFPP/RHC Update/Correction. An MCP must submit a record for any information change regarding: 1) corrections to PCC/FQHC/QFPP/RHC data that has been previously submitted to and accepted by ODJFS; and 2) changes in information regarding an approved PCC/FQHC/QFPP/RHC (e.g. address, name change). For example, if the PCC was originally submitted with a Medicaid provider number of 1234567 and later the MCP discovers that the number should have been 7654321, this correction must be included in the file. When submitting any type of corrected/updated information, the MCP should submit the required fields for all records (see, number 3 above, "Provider Panel Submission") and the label and data field(s)

related to the corrected/updated information. When submitting any address corrections/updates, all address data fields must be entered, including ADDCOUNTY and ADDREGION. For FQHCs, QFPPs, and rural health clinics, FQHCCFPPRHCNO is a required field. Alternatively, a complete record (i.e., all data and label fields) may be submitted for an updated or corrected record. In these cases, all data fields (required, conditional, and optional) must be filled out with up-to-date information, including the updated or corrected fields; if all data fields are not filled out with correct information, incorrect information will be stored as the most recent data in ODFJS' database (e.g., blank data fields will be stored in ODJFS' database as the most recent information, if the data fields on the updated file are blank). Whenever updating or correcting records, the PLANREMARKS field must be filled in with an explanation of the fields that are being updated or corrected. For updated information, the effective date of the update will be the date on which the information is submitted to ODJFS. Updated records with changes in provider information **will not** overlay previously submitted and accepted records. However, corrections to incorrect records **will** overlay the most recent previously submitted and accepted records.

Submission Type 2: Non-Hospital/Non-PCC/FQHC/QFPP/RHC Provider: Additions and Updates

1. **Provider Addition.** An MCP must submit a complete record for any new non-hospital/non-PCC/FQHC/QFPP/RHC provider for which BMHC requires approval for the MCPs Provider Panel. This is a one time submission. Thereafter, the MCP will not need to submit information on this provider unless there is a change in information regarding the provider.

**Please note that a record for a PCC/FQHC/QFPP/RHC to which a new provider belongs must be either submitted and accepted into ODJFS' PVS database prior to the submission of the record for the new provider or submitted in the same bi-monthly submission as the new provider.*

2. **Provider Update/Correction.** An MCP must submit a record for any information change regarding: 1) corrections to provider data that has been previously submitted to and accepted by ODJFS; and 2) changes in information regarding an approved provider (e.g. address, name change). For example, if the provider was originally submitted with a Medicaid provider number of 1234567 and later the MCP discovers that the PCP's number should have been 7654321, this correction must be included in the file.

When submitting any type of corrected/updated information, the MCP should submit the required fields for all records (see, number 3 above, "Provider Panel Submission") and the label and data field(s) related to the corrected/updated information. When submitting any address corrections/updates, all address data fields must be entered, including COUNTY and REGION. For non-primary care clinics, LICENSENUMBER and PROVTYPE are required fields.

Alternatively, a complete record (i.e., all data and label fields) may be submitted for an updated or corrected record. In these cases, all data fields (required, conditional, and optional) must be filled out with up-to-date information, including the updated or corrected fields; if all data fields are not filled out with correct information, incorrect information will be stored as the most recent data in ODFJS' database (e.g., blank data fields will be stored in ODJFS' database as the most

recent information, if the data fields on the updated file are blank). Whenever updating or correcting records, the PLANREMARKS field must be filled in with an explanation of the fields that are being updated or corrected. For updated information, the effective date of the update will be the date on which the information is submitted to ODJFS. When submitting updated information to the HOSPPRIV field, all current hospitals for which providers have privileges must be entered. When submitting any corrections and/or updates to a provider's name, all name fields must be entered (LNAME, FNAME, MI). Updated records with changes in provider information **will not** overlay previously submitted and accepted records. However, corrections to incorrect records **will** overlay the most recent previously submitted and accepted records.

Submission Type 3: Non-Hospital Providers: Deletions

1. Provider Deletion/Removal. A provider deletion refers to any situation where a provider is being deleted from an MCP's panel due to the nonrenewal, termination, or expiration of a subcontract either by the MCP or the provider. This includes any situation where an individual or group provider is no longer covered under one subcontract but remains on the panel under another contractual arrangement. If the provider remains on the panel under another contractual arrangement, it is important to ensure that the MCP either submits an addition to reflect the new contractual arrangement or verifies that there is a corresponding approved record for that provider in the database. When submitting any type of deletion information, the MCP should submit the required fields for all records (see, number 3 above, "Provider Panel Submission"), and any fields related to the deletion for which there is information. For FQHCs, QFPPs, and rural health clinics, FQHCCFPPRHCNO is a required field. For non-primary care clinics, LICENSENUMBER and PROVTYPE are required fields. Alternatively, a complete record (i.e., all data and label fields) may be submitted for a deleted record. In this case, all data fields (required, conditional, and optional) must be filled out with up-to-date information, including the fields related to the deletion.

Deletion records must be submitted to ODJFS as soon as the MCP is aware of the provider contract termination in two circumstances:

- 1) the provider is being completely deleted from the MCP's provider panel
- 2) the deleted provider is a required provider who is changing provider types to a non-required provider type.

Deletions must be submitted during the regular bi-monthly submission files for all other cases in which a provider remains on the panel under a different contractual arrangement.

File Layout B

Submission Type 4: Hospitals: Additions and Updates

1. Hospital Addition. An MCP must submit a complete record for any new hospital for which BMHC requires approval for the MCPs Provider Panel. This is a one time submission. Thereafter, the MCP will not need to submit information on this hospital unless there is a change

in information regarding the hospital.

2. Hospital Update/Correction. An MCP must submit a record for any information change regarding: 1) corrections to hospital data that has been previously submitted to and accepted by ODJFS; and 2) changes in information regarding an approved hospital (e.g. address, name change). For example, if the hospital was originally submitted with a Medicaid provider number of 1234567 and later the MCP discovers that the number should have been 7654321, then this correction must be included in the file. When submitting any type of corrected/updated information, the MCP should submit the required fields for all records (see, number 3 above, “Provider Panel Submission”), PROVTYPE, HOSPNUM, and the label and data field(s) related to the corrected/updated information. When submitting any address corrections/updates, all address data fields must be entered, including COUNTY and REGION. **Alternatively, a complete record (i.e., all data and label fields) may be submitted for an updated or corrected record. In these cases, all data fields (required, conditional, and optional) must be filled out with up-to-date information, including the updated or corrected fields; if all data fields are not filled out with correct information, incorrect information will be stored as the most recent data in ODFJS’ database (e.g., blank data fields will be stored in ODJFS’ database as the most recent information, if the data fields on the updated file are blank). Whenever updating or correcting records, the PLANREMARKS field must be filled in with an explanation of the fields that are being updated or corrected.** For updated information, the effective date of the update will be the date on which the information is submitted to ODJFS. Updated records with changes in hospital information **will not** overlay previously submitted and accepted records. However, corrections to incorrect records **will** overlay the most recent previously submitted and accepted records.

Submission Type 5: Hospitals: Deletions

1. Hospital Termination/Deletion. A hospital deletion refers to any situation where a hospital is being deleted from an MCP’s panel due to the nonrenewal, termination, or expiration of a subcontract either by the MCP or the hospital. This includes any situation where a hospital is no longer covered under one subcontract but remains on the panel under another contractual arrangement (such as a change in hospital systems). If the hospital remains on the panel under another contractual arrangement, it is important to ensure that the MCP either submits an addition to reflect the new contractual arrangement or verifies that there is a corresponding approved record for that hospital in the database. When submitting any type of deletion information, the MCP should submit the required fields for all records (see, number 3 above, “Provider Panel Submission”), and any fields related to the deletion for which there is information. When submitting hospital deletions, the MCP should submit the required fields for all records (see number 3 above, “Provider Panel Submission”), PROVTYPE, HOSPNUM and any fields related to the deletion for which there is information. **Alternatively, a complete record (i.e., all data and label fields) may be submitted for an updated or corrected record. In this case, all required and appropriate data fields must be filled out with up-to-date information, including the fields related to the deletion.**

Deletion records must be submitted to ODJFS as soon as the MCP is aware of the hospital contract termination if the hospital is being completely deleted from the MCP's provider panel. Deletions must be submitted during the regular bi-monthly submission files for all other cases in which a hospital remains on the panel under a different contractual arrangement.

4. File Names

The file name should contain a unique character identifying the file type, the submitter's ID, and the month and year of submission, as indicated below.

vxxxmmyy.t00

Position	Symbol	Description
1	V	>v= Indicates PCC addition/update file
2-4	Xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID Table in Appendix D)
5-8	Mmyy	mm Month of submission yy Year of submission
9	.t00	Extension: t >= represents a text file 00 >00' is the number of text file submission for the month. Increment by 1 with each new file submission. First file submission for each month begins with >00', the next >01', etc.

dxxxmmyy.t00

Position	Symbol	Description
1	D	≠ Indicates non-hospital/non-PCC Provider addition/update file
2-4	Xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID Table in Appendix D)
5-8	Mmyy	mm Month of submission yy Year of submission
9	.t00	Extension: t ≠ represents a text file 00 ≠00' is the number of text file submission for the month. Increment by 1 with each new file submission. First file submission for each month begins with ≠00', the next ≠01', etc.

nxxxmmyy.t00

Position	Symbol	Description
1	N	≠ Indicates PCC/non-hospital deletion file
2-4	Xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID Table in Appendix D)
5-8	Mmyy	mm Month of submission yy Year of submission
9	.t00	Extension: t ≠ represents a text file 00 ≠00' is the number of text file submission for the month. Increment by 1 with each new file submission. First file submission for each month begins with ≠00', the next ≠01', etc.

ixxxxmmyy.t00

Position	Symbol	Description
1	I	≻= Indicates hospital addition/update file
2-4	Xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID Table in Appendix D)
5-8	Mmyy	mm Month of submission yy Year of submission
9	.t00	Extension: t ≻= represents a text file 00 ≻00' is the number of text file submission for the month. Increment by 1 with each new file submission. First file submission for each month begins with ≻00', the next ≻01', etc.

jxxxxmmyy.t00

Position	Symbol	Description
1	J	≻= Indicates hospital deletion file
2-4	Xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID Table in Appendix D)
5-8	Mmyy	mm Month of submission yy Year of submission
9	.t00	Extension: t ≻= represents a text file 00 ≻00' is the number of text file submission for the month. Increment by 1 with each new file submission. First file submission for each month begins with ≻00', the next ≻01', etc.

Example: File name for the initial hospital addition/update submission for January 2006:

ixxx0106.t00

If necessary, a second file for the month of January would be:

ixxx0106.t01

The initial file for February, 2006 would be named:
ixxx0206.t00

5. Delimiters

The delimiters are as follows:

This delimiter symbol:	Is this character:	Means this:
	Bar	End of a label field
~	Tilde	End of a data field
/	Slash	Separates multiple values within a data field

6.0 Fields/Records

6.1 Label Fields

Label fields are fields that identify the data in the following field. A label field precedes each data field (see sample record in section 5). Label fields are standard for delimited files.

Note: All label fields must be included in the record, even if the corresponding data fields contain no data.

6.2 Data Fields

Data fields are fields that contain the value for each data item. Do not use the same string of letters in a data field as is used in a for a label field. For example, in the data field for PLANREMARKS, the following syntax would be rejected:

PLANREMARKS|Dr. with lname of smith and fname of cathy is also
joining this clinic.~

If no data is available for a data field, insert a tilde character (~) immediately after the field label and bar character (|). Then, continue with the next field. For example, the format of a record with no payment arrangement code is as follows:

REPORTTYPE|~

6.3 Records

A carriage return or line feed is required at the end of each record.

7. File Layout A

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	REPORTTYPE	Required	
Data	Report Type	Required	1 = Add 2 = Update 3 = Correction 4 = Deletion
Label	CASETRACKID	Required	
Data	Case Tracking ID	Required	0 to 9 Unique identifier assigned by the MCP for each record pertaining to a specific provider, at a specific location, associated or not associated with a specific group, for a specific span of time. First 3 digits must be MCP's 3 digit submitter id. Next five digits must be 15000 or higher if numbers used. Maximum length 16 characters.
Label	STARTDATE	Required	
Data	Start Date	Conditional	mm/dd/yyyy Effective date for provider. Required for report types = 1
Label	COUNTYAPP	Required	
Data	County Provider Applicable	Required	County number pertaining to the county for which the provider information is relevant: see Appendix A
Label	LICENSENUM	Required	
Data	License Number	Conditional	Individual License Number of the provider. Required for category type = 4. For providers who have their license number changed, this field should be filled in with the original submission of the new license number. In subsequent submissions, the value should be the

Field Type	Field Name	Required, Optional, or Conditional	Description
			current license number.
Label	NEWLICENSENUM	Required	
Data	New License Number	Conditional	License number. Required if the original license number changed. This field should only be filled in for the submission immediately after the new number has been assigned. Thereafter, the License Number field should contain the current license number. This field may only be filled in if a prior license number was submitted and accepted into the database.
Label	TPANAME	Required	
Data	TPA Name	Conditional	Third Party Administrator Name required if submission is a part of a TPA
Label	GROUPNAME	Required	
Data	Group Name	Conditional	Group Name required if submission is a part of a Group. Required if Category Type=3
Label	LNAME	Required	
Data	Last Name	Conditional	Last name of provider. Required for Category Type=4.
Label	FNAME	Required	
Data	First Name	Conditional	First name of provider. Required for Category Type=4.
Label	MIDINI	Required	
Data	Middle Initial	Optional	Middle Initial of provider.
Label	ADDRESS1	Required	
Data	Address 1	Required	Provider street address. Must match USPS format. For providers with multiple practice sites, each site must be entered as a separate record.
Label	ADDRESS2	Required	
Data	Address 2	Optional	Contains additional address information such as suite number, floor, P.O. Box, etc.
Label	ADDCITY	Required	
Data	City	Required	City Name

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	ADDSTATE	Required	
Data	State	Required	State
Label	ADDZIP	Required	
Data	Zip	Required	Zip Code
Label	ADDCOUNTY	Required	
Data	County	Required	County number of provider address: See Appendix A
Label	ADDREGION	Required	
Data	Region to which provider assigned	Required	Region number pertaining to the county for which the hospital information is relevant: see Appendix E
Label	PROVTYPE	Required	
Data	Provider Type	Conditional	Required if Category type = 4, see Appendix B
Label	CATTYPE	Required	
Data	Category Type	Required	1 = QFPP 2 = FQHC 3 = PCC 4 = non-PCC 5 = Rural Health Clinic
Label	MEDPRNINDICATOR	Required	
Data	Medicaid PRN Indicator	Required	1 = Medicaid Provider Number 2 = Provider Reporting Number (PRN) For providers who originally have a PRN but are assigned a Medicaid provider number, this field should be filled in with a value of 2 for the original submission of the new Medicaid provider number. In subsequent submissions, the value should be 1.
Label	MEDICAIDPROVIDER NUMBER	Required	
Data	Medicaid Provider/PRN Number	Required	Medicaid provider number or PRN number. This number is a unique identification number for a medical group or a single provider. PRN is an identification number for providers who do not participate in fee for service but provide care under the MCP.

Field Type	Field Name	Required, Optional, or Conditional	Description
			For providers who originally have a PRN but are assigned a Medicaid provider number, this field should be filled in with the PRN for the original submission of the new Medicaid provider number. In subsequent submissions, the value should be the Medicaid provider number.
Label	NEWMEDICAIDNUMBER	Required	
Data	New Medicaid Provider Number	Conditional	Medicaid provider number. Required if originally provider had a PRN and has been assigned an official Medicaid provider number. This number is a unique identification number for a medical group or a single provider. This field should only be filled in for the submission immediately after the new number has been assigned. Thereafter, the Medicaid Provider/PRN Number field should contain the Medicaid provider number. This field may only be filled in if a prior PRN was assigned, submitted and accepted into the database.
Label	HOSPPRIV	Required	
Data	Hospital Privileges	Conditional	4 digit hospital number(s), see Appendix C “/” separates multiple values Required for provider types: 71,51, 52, 53, 55, 56
Label	PROVPCCLINIC	Required	
Data	Provider PCC Indicator	Conditional	1 = Provider record pertains to association with PCC 2 = Provider record does not pertain to association with PCC Required for provider types: 10,15,16,17,52
Label	FQHCQFPPRHC	Required	
Data	FQHCQFPPRHCIndicator	Required	1 = PCC/Provider record pertains to association with FQHCQFPPRHC 2 = PCC/Provider record does not pertain to association with FQHCQFPPRHC or record is for a QFPP, FQHC or a RHC

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	FQHCQFPPRHCNUM	Required	
Data	FQHC/QFPP/RHC Number	Conditional	See Appendix D for list of numbers Required if Category Type=1,2,5.
Label	GROUPTCKID	Required	
Data	Group Tracking ID	Conditional	0 to 9 Case tracking id for a PCC, FQHC, QFPP, or RHC for a specific span of time as submitted and accepted in ODJFS' PVS database. Required for: provider PCC indicator = 1 or if FQHCQFPPRHIndicator = 1
Label	PROVCAPACITY	Required	
Data	Capacity	Conditional	Number of members provider is willing to see. Has to be greater than or equal to 50. Required for: Category type = 3 Or if Category type = 4 and Provider types: 10, 15, 16, 17, 52 and PROVPCCLINIC=2
Label	OFFICEHRS	Required	
Data	Office Hours	Conditional	1= Full-Time 2 = Part-Time Required for provider types: 11, 16, 17, 35, 36, 37, 51, 52, 53,55, 56
Label	PLANREMARKS	Required	
Data	Remarks/Comments	Optional	Comment field
Label	TERMDATE	Required	
Data	Termination Date	Optional	mm/dd/yyyy Last date provider available to see MCP's members
Label	PROVNOTDATE	Required	
Data	Provider Notice Date	Optional	mm/dd/yyyy Date provider notified MCP of termination

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	NUMMEMBERS	Required	
Data	Number Members Affected	Optional	Number of members affected by termination: can be = 0 Required for providers with assigned members, who are completely leaving the MCP's provider panel
Label	MEMLETTER	Required	
Data	Member Letter Date	Optional	mm/dd/yyyy Date notification letter of provider termination sent to members affected Required for providers with assigned members, who are completely leaving the MCP's provider panel
Label	PREPBY	Required	
Data	Prepared By	Required	Name of person preparing submission
Label	PREPDATE	Required	
Data	Prepared Date	Required	mm/dd/yyyy Date submission was prepared
Label	NPINUM	Required	
Data	NPI Number	Required in future	TBD

8. Sample Records

Addition:

REPORTTYPE|1~CASETRACKID|01~STARTDATE|01/01/2006~COUNTYAPP|25~LICENSENUM|99.333333~NEWLICENSENUM|~TPANAME|~GROUPNAME|~LNAME|Jones~FNAME|Kathy~MIDINI|~ADDRESS1|147 Main St~ADDRESS2|~ ADDCITY|Columbus~ADDSTATE|Ohio~ADDZIP|43266~ADDCOUNTY|25~ADDREGION|104~PROVTYPE|16~CATTTYPE|4~MEDPRNINDICATOR|1~MEDICAIDPROVIDERNUMBER|9999999~NEWMEDICAIDNUMBER|25~HOSPPRIV|~PROVPCCLINIC|2~ FQHCQFPPRHC|2~FQHCQFPPRHCNUM|~GROUPTCKID|~PROVCAPACITY|200~OFFICEHRS|1~PLANREMARKS|~TERMDATE|~PROVNODATE|~ NUMMEMBERS|~MEMLETTER|~PREPBY|Paul McCartney~PREPDATE|01/12/2006~NPINUM|~

Update:

REPORTTYPE|2~CASETRACKID|01~
LICENSENUM|99.333333~LNAME|Jones~FNAME|Kathy~MIDINI|~ADDRESS1|255 Apple
LN~ADDRESS2|~ADDCITY|Columbus~ADDSTATE|Ohio~ADDZIP|43266~ ADDCOUNTY|25~
ADDREGION|104~ PROVTYPE
|16~CATTYPER|4~MEDPRNINDICATOR|1~MEDICAIDPROVIDERNUMBER|9999999~
PREPBY|Paul McCartney~ PREPDATE|02/12/2006~

Correction:

REPORTTYPE|3~CASETRACKID|01~
LICENSENUM|99.333333~LNAME|Jones~FNAME|Kellie~MI|~ PROVTYPE |16~CATTYPER|4~
MEDPRNINDICATOR|1~MEDICAIDPROVIDERNUMBER|9999999~ PREPBY|Paul McCartney~
PREPDATE|03/12/2006~

Deletion:

REPORTTYPE|4~CASETRACKID|01~LICENSENUM|99.333333~PROVTYPE |16~CATTYPER|4~
MEDPRNINDICATOR|1~MEDICAIDPROVIDERNUMBER|9999999~
TERMDATE|03/20/2006~PROVNODATE|03/01/2006~ NUMMEMBERS|100~ MEMLETTER|~
PREPBY|Paul McCartney~ PREPDATE|04/12/2006~

9. File Layout B

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	REPORTTYPE	Required	
Data	Report Type	Required	1 = Add 2 = Update 3 = Correction 4 = Deletion
Label	CASETRACKID	Required	
Data	Case Tracking ID	Required	0 to 9 Unique identifier assigned by the MCP for each record pertaining to a specific hospital for a specific span of time. First 3 digits must be MCP's 3 digit submitter id. Next five digits must be 15000 or higher if numbers used. Maximum length 16 characters.

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	CATTYPE	Required	
Data	Category Type	Required	6 = Hospital
Label	PROVTYPE	Required	
Data	Provider Type	Required	Provider type 1 – 5 see App B
Label	STARTDATE	Required	
Data	Start Date	Conditional	mm/dd/yyyy Effective date for provider. Effective date of updated information for updates. Required for report types = 1
Label	COUNTYAPP	Required	
Data	County Provider Applicable	Required	County number pertaining to the county for which the hospital information is relevant: see Appendix A
Label	HOSPNUM	Required	
Data	Hospital Number	Required	Hospital's 4 digit number, see Appendix C
Label	HOSPSYSTEM	Required	
Data	Hospital System	Optional	The name of the hospital system with which the hospital belongs, if applicable.
Label	MEDICAIDPRNINDICATOR	Required	
Data	Medicaid/PRN Indicator	Required	1 = Medicaid Provider Number 2 = Medicaid Reporting Number
Label	MEDICAIDPROVIDER NUMBER	Required	
Data	Medicaid Provider Number	Required	Hospital's Medicaid provider number.
Label	ADDRESS1	Required	
Data	Address 1	Required	Provider street address. Must match USPS format. For providers with multiple practice sites, each site must be entered as a separate record.
Label	ADDRESS2	Optional	
Data	Address 2	Optional	Contains Suite Number
Label	ADDCITY	Required	
Data	City	Required	City Name

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	ADDSTATE	Required	
Data	State	Required	State
Label	ADDZIP	Required	
Data	Zip	Required	Zip Code
Label	ADDCOUNTY	Required	
Data	County	Required	County number of provider address: See Appendix A
Label	ADDREGION	Required	
Data	Region	Required	Region number pertaining to the county for which the hospital information is relevant: see Appendix E
Label	PLANREMARKS	Required	
Data	Remarks/Comments	Optional	Comment field
Label	TERMDATE	Required	
Data	Termination Date	Optional	mm/dd/yyyy Last date provider available to see MCP's members
Label	ODJFSDATE	Required	
Data	ODJFS Notice Date	Optional	mm/dd/yyyy Date MCP notified ODJFS of provider termination
Label	PROVNOTDATE	Required	
Data	Provider Notice Date	Optional	mm/dd/yyyy Date provider notified MCP of termination Required for hospitals who are completely leaving the MCP's provider panel
Label	NUMMEMBERS	Required	
Data	Number Members Affected	Optional	Number of members affected by termination: can be = 0 Required for hospitals who are completely leaving the MCP's provider panel

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	MEMLETTER	Required	
Data	Member Letter Date	Optional	mm/dd/yyyy Date notification letter of provider termination sent to members and providers affected Required for hospitals who are completely leaving the MCP's provider panel
Label	PREPBY	Required	
Data	Prepared By	Required	Name of person preparing submission
Label	PREPDATE	Required	
Data	Prepared Date	Required	mm/dd/yyyy Date submission was prepared
Label	NPINUM	Required	
Data	NPI Number	Required in future	TBD

10. Sample Records

Addition:

REPORTTYPE|1~CASETRACKID|02~CATTYPER|6~PROVTYPE|1~STARTDATE|01/12/2006~COUNTYAPP|25~HOSPNUM|2509~HOSPSYSTEM|Mount Carmel Health~MEDPRNINDICATOR|1~MEDICAIDPROVIDERNUMBER|222222~ADDRESS1|248 Broad St~ADDRESS2|~ADDCITY|Columbus~ADDSTATE|Ohio~ADDZIP|43266~ADDCOUNTY|25~ADDREGION|104~PLANREMARKS|~TERMDATE|~ODJFSDATE|~PROVNOTDATE|~NUMMEMBERS|~MEMLETTER|~PREPBY|Paul McCartney~PREPDATE|02/01/2006~NPINUM|~

Update:

REPORTTYPE|2~CASETRACKID|02~CATTYPER|6~PROVTYPE|1~HOSPNUM|2509~MEDPRNINDICATOR|1~MEDICAIDPROVIDERNUMBER|222222~ADDRESS1|340 Broad St~ADDRESS2|~ADDCITY|Columbus~ADDSTATE|Ohio~ADDZIP|43266~ADDCOUNTY|25~ADDREGION|104~PREPBY|Paul McCartney~PREPDATE|03/01/2006~

Correction:

REPORTTYPE|3~CASETRACKID|02~CATTYPE|6~PROVTYPE|1~ HOSPNUM|2509~MEDPRN
INDICATOR|1~MEDICAIDPROVIDERNUMBER|222222~ADDRESS1|341 Broad St~ADDRESS2|~
ADDCITY|Columbus~ADDSTATE|Ohio~ADDZIP|43266~ADDCOUNTY|25~ADDREGION|104~PRE
PBY|Paul McCartney~ PREPDATE|04/01/2006~

Deletion:

REPORTTYPE|4~CASETRACKID|02~CATTYPE|6~PROVTYPE|1~
HOSPNUM|2509~MEDPRNINDICATOR|1~MEDICAIDPROVIDERNUMBER|222222~TERMDATE|
04/12/2006~ODJFSDATE|05/01/2006~
PROVNOTDATE|04/02/2006~NUMMEMBERS|500~MEMLETTER|04/13/2006~PREPBY|Paul
McCartney~PREPDATE|05/01/2006~

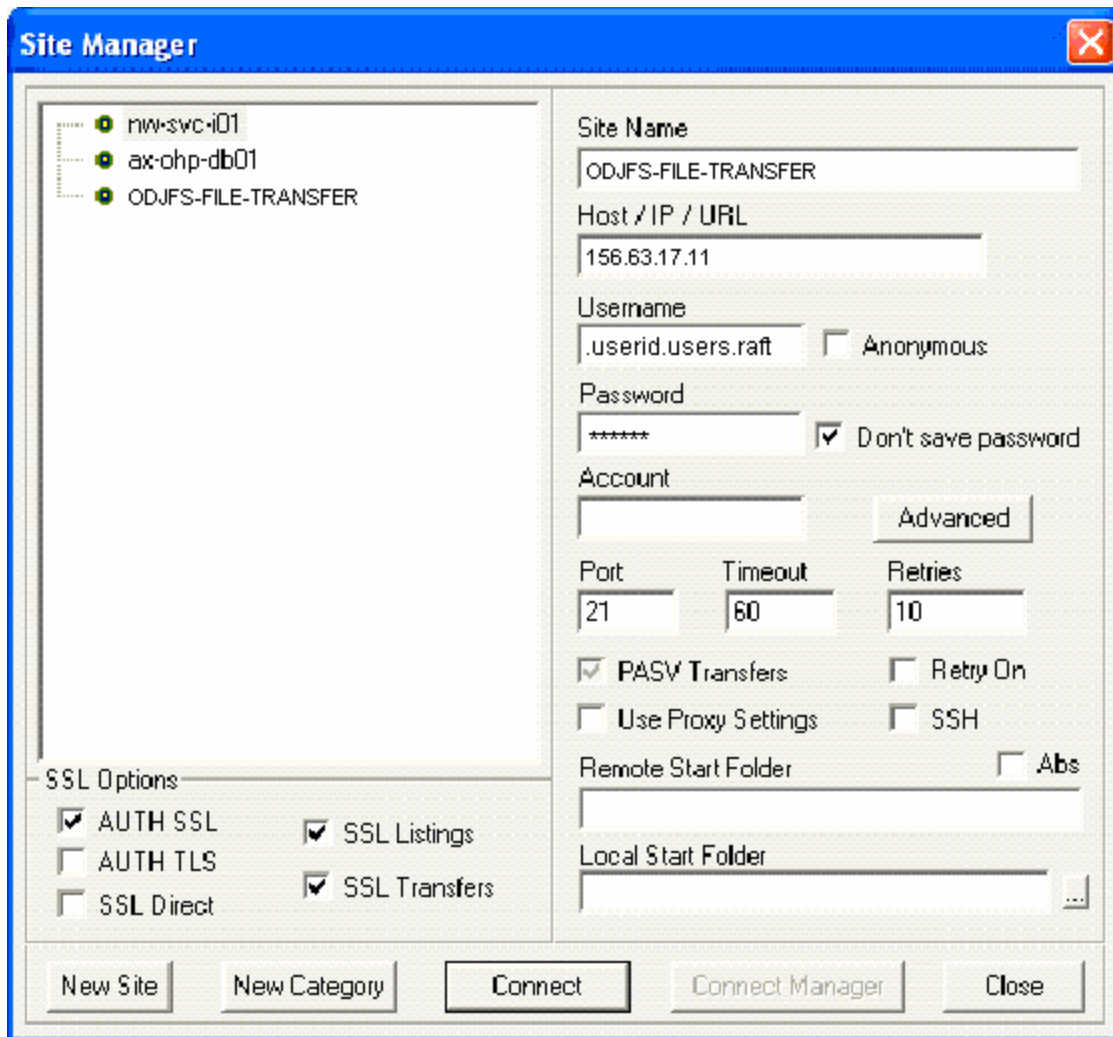
11. FTP File Submission

Each MCP must submit data through secure file transfer protocol (SFTP). There is a variety of client SFTP software available for this purpose.

Client software requirements for SFTP:

- Allow authorization secure sockets listing (AUTH SSL).
- Support SSL Listings.
- Support SSL Transfers.
- Connect to IP address: 156.63.17.11.

Below is an example of an FTP client application properly configured to connect to ODJFS' SFTP server:



The example was taken from the Core FTP Lite application. To configure your specific FTP client software, refer to the documentation provided with that software from the manufacturer.

Appendix A
County Numbers

County Code	County Name	County Code	County Name	County Code	County Name
00	Out-of-State	30	Guernsey	60	Muskingum
01	Adams	31	Hamilton	61	Noble
02	Allen	32	Hancock	62	Ottawa
03	Ashland	33	Hardin	63	Paulding
04	Ashtabula	34	Harrison	64	Perry
05	Athens	35	Henry	65	Pickaway
06	Auglaize	36	Highland	66	Pike
07	Belmont	37	Hocking	67	Portage
08	Brown	38	Holmes	68	Preble
09	Butler	39	Huron	69	Putnam
10	Carroll	40	Jackson	70	Richland
11	Champaign	41	Jefferson	71	Ross
12	Clark	42	Knox	72	Sandusky
13	Clermont	43	Lake	73	Scioto
14	Clinton	44	Lawrence	74	Seneca
15	Columbiana	45	Licking	75	Shelby
16	Coshocton	46	Logan	76	Stark
17	Crawford	47	Lorain	77	Summit
18	Cuyahoga	48	Lucas	78	Trumbull
19	Darke	49	Madison	79	Tuscarawas
20	Defiance	50	Mahoning	80	Union
21	Delaware	51	Marion	81	Van Wert
22	Erie	52	Medina	82	Vinton
23	Fairfield	53	Meigs	83	Warren
24	Fayette	54	Mercer	84	Washington
25	Franklin	55	Miami	85	Wayne
26	Fulton	56	Monroe	86	Williams
27	Gallia	57	Montgomery	87	Wood
28	Geauga	58	Morgan	88	Wyandot
29	Greene	59	Morrow		

Appendix B Provider Types

1	General Hospital
2	General Children's Hospital
3	Rehabilitation Hospital
4	Psychiatric Hospital
5	Other Hospital
10	PCP: General/Family Practice
11	Allergy
15	PCP: Internal Medicine
16	PCP: Pediatrics
17	PCP: Pediatrics Board Certified
18	Non-PCP Pediatrics
30	Dentistry
35	Ophthalmology
36	Optometrist
37	Optician
51	General Surgery
52	PCP: OB/GYN
53	Obstetrics & Gynecology
55	Orthopedic Surgery
56	Otolaryngology
71	Certified Nurse Midwife

Appendix C
4 Digit Hospital Codes

Hospital Numbers	
Hospital Name	Hospital Number
Adams County Hospital	0101
Institute for Orthopedic Surgery	0201
Blanchard Valley Regional health	0202
Lima Memorial Hospital	0203
St Ritas Medical Center	0204
SCCI Hospital Lima	0205
Samaritan Hospital	0301
Glenbeigh Hospital and Outpatient Center	0401
UHHS Memorial Hospital of Geneva	0402
UHHS Brown Memorial Hospital	0403
Ashtabula County Medical Center	0404
Doctors Hospital of Nelsonville	0501
Obleness Memorial Hospital	0502
St Marys Joint Township District Memorial	0601
Belmont Community Hospital	0701
Barnesville Hospital	0702
Fox Run Hospital	0703
East Ohio Regional Hospital	0704
Brown County General Hospital	0801
Butler County Medical Center	0901
Middletown Regional Hospital	0902
Mercy Hospital of Fairfield	0903
McCullough Hyde Memorial	0904
University Point Surgical Hospital	0905
Ft Hamilton Hospital	0906
Mercy Memorial Hospital	1101
Arthur G James Cancer Hospital and Research Institute Springfield Unit	1201
Community Hospital of Springfield	1202
Mercy Medical Center	1203
Mercy Hospital Clermont	1301
Clinton Memorial Hospital	1401
Salem Community Hospital	1501
East Liverpool City Hospital	1502
Coshocton County Memorial Hospital	1601
Galion Community Hospital	1701
Bucyrus Community Hospital	1702

Hospital Numbers	
Hospital Name	Hospital Number
Cleveland Clinic Childrens Hospital for Rehabilitation	1801
Marymount Hospital	1802
St John West Shore Hospital	1803
South Pointe Hospital	1804
UHHS Richmond Heights Hospital	1805
Parma Community General Hospital	1806
Southwest General Health Center	1807
Fairview Hospital	1808
Lakewood Hospital	1809
UHHS Bedford Medical Center	1810
Huron Hospital	1811
St Vincent Charity Hospital	1812
MetroHealth Medical Center	1813
University Hospitals of Cleveland	1814
Rainbow Babies	1815
Lutheran Medical Center	1816
Cleveland Clinic	1817
Hillcrest Hospital	1818
Euclid Hospital	1819
Grace Hospital	1820
Windsor Hospital	1821
Kindred Hospital Cleveland	1822
Wayne Hospital	1901
Defiance Regional medical Center	2001
Community Memorial Hospital	2002
Grady Memorial Hospital	2101
Firelands Regional Medical Center Main Campus	2201
Firelands Regional Medical Center South Campus	2202
Fairfield Medical Center	2301
Fayette County Memorial Hospital	2401
Select Specialty Hospital Columbus OSU Hospital	2501
Select Specialty Hospital Columbus Grant Inc	2502
Select Specialty Hospital Columbus OSU East	2503
Select Specialty Hospital Columbus Mount Carmel West	2504
Select Specialty Hospital Columbus Riverside	2505
Grant Hospital	2506
Riverside Methodist Hospital	2507
Ohio Hospital for Child and Adolescent Psychiatry	2508
Mount Carmel East	2509
Mount Carmel St Anns	2510

Hospital Numbers	
Hospital Name	Hospital Number
Mount Carmel West	2511
Ohio State University Hospital	2512
OSU Hospitals East	2513
Arthur G James Cancer Hospital and Richard J Solove Research Institute	2514
Childrens Hospital	2515
New Albany Surgical Hospital	2516
Bariatric Care Center of Ohio	2517
The Woods at Parkside	2518
Doctors Hospital West	2519
Community Hospital and Wellness Center Archbold Hospital	2601
Fulton County Health Center	2602
Holzer Medical Center	2701
UHHS Geauga Regional Hospital	2801
Rehab Hospital at Heather Hill	2802
Greene Memorial Hospital	2901
Southeastern Ohio Regional Medical Center	3001
Christ Hospital	3101
Mercy Franciscan Hospital Mt Airy Campus	3102
Jewish Hospital	3103
Deaconess Hospital	3104
Bethesda Hospital North	3105
Shriners Hospital for Children Burns Hospital	3106
Childrens Medical Center	3107
Drake Center Inc	3108
Childrens Medical Center College Hill Campus	3109
Good Samaritan Hospital	3110
University Hospital Inc	3111
Mercy Hospital Anderson	3112
Mercy Franciscan Hospital Western Hills Campus	3113
Drake Pavillon	3114
Select Specialty Hospital of Cincinnati	3115
Blanchard Valley Regional Health Center Findlay Campus	3201
Hardin Memorial Hospital	3301
Harrison Community Hospital	3401
Henry County Hospital	3501
Highland District Hospital	3601
Greenfield Area Medical Center	3602
Hocking Valley Community Hospital	3702
Pomerene Hospital	3801
Mercy Hospital	3901

Hospital Numbers	
Hospital Name	Hospital Number
Fisher Titus Medical Center	3902
Holzer Medical Center Jackson	4001
Trinity Medical Center East	4101
Trinity Medical Center West	4102
Knox Community Hospital	4201
Laurelwood Hospital	4301
LakeEast Hospital	4302
LakeWest Hospital	4303
Three Gables Surgery Center	4401
Shepherd Hill	4501
Licking Memorial Hospital	4502
Mary Rutan Hospital	4601
Specialty hospital of Lorain	4701
Allen Medical Center	4702
Community Health Partners	4703
EMH Regional Medical Center	4704
Amherst Hospital	4705
Toledo Hospital	4801
Bay Park Community Hospital	4802
St Charles Mercy Hospital	4803
Flower Hospital	4804
Medical University of Ohio Hospital	4805
St Anne Mercy Hospital	4806
St Vincent Mercy Medical Center	4807
St Lukes Hospital	4808
Focus Healthcare of Ohio	4809
Mercy Childrens Hospital	4810
Toledo Childrens Hospital	4811
Madison County Hospital	4901
Mahoning Valley Hospital Youngstown Campus	5001
Neil Kennedy Recovery Clinic	5002
Green Briar Rehab Hospital	5003
Select Specialty Hospital Youngstown	5004
St Elizabeth Health Center	5005
Northside Medical Center and Tod Childrens Hospital	5006
Tod Childrens Hospital	5007
Marion General Hospital Inpatient Rehab	5101
Marion General Hospital	5102
Wadsworth Rittman Hospital	5202
Lodi Community Hospital	5203

Hospital Numbers	
Hospital Name	Hospital Number
Medina General Hospital	5204
Mercer County Joint Township Community Hospital	5401
Upper Valley Medical Center	5501
Charles F Kettering Memorial Hospital	5701
LifeCare Hospital of Dayton Inc	5702
Kindred Hospital Dayton	5703
Kettering Youth Services	5704
Riverview Health Institute	5705
Childrens Medical Center	5706
Dayton Rehab Institute	5707
Sycamore Hospital	5708
Southview Hospital	5709
Miami Valley Hospital	5710
Grandview Hospital	5711
Good Samaritan Hospital	5712
Dayton Heart Hospital	5713
Morrow County Hospital	5901
Bethesda Hospital	6001
Select Specialty Hospital	6002
Good Samaritan Hospital	6003
HB Magruder Memorial Hospital	6201
Paulding County Hospital	6301
Berger Hospital	6501
Pike Community Hospital	6601
Regency Hospital of Ravenna	6701
Robinson Memorial Hospital	6702
MedCentral Health System Shelby Hospital	7001
SCCI Hospital Mansfield	7002
MedCentral Health System Mansfield Hospital	7003
Adena Regional Medical Center	7101
St Francis Health Care Center	7201
Memorial Hospital	7202
Bellevue Hospital	7203
Southern Ohio Medical Center	7301
Fostoria Community Hospital	7401
Mercy Hospital of Tiffin	7402
Wilson Memorial Hospital	7501
Aultman Health Foundation	7601
Alliance Community Hospital	7602
Aultman Hospital West	7603

Hospital Numbers	
Hospital Name	Hospital Number
Acute Care Specialty Hospital at Aultman	7604
Mercy Medical Center	7605
Doctors Hospital of Stark County	7606
Massillon Community Hospital	7607
Select Specialty Hospital Northeast Ohio Campus	7608
SemperCare Hospital of Akron	7701
Select Specialty Hospital Northeast Ohio Inc	7702
Barberton Citizens Hospital	7703
Regency Hospital of Akron	7704
Childrens Hospital Medical Center	7705
Edwin Shaw Hospital for Rehab	7706
Akron City Hospital	7707
Akron General Medical Center	7708
St Thomas Hospital	7709
Cuyahoga Falls General Hospital	7710
Belmont Pines Hospital	7801
Mahoning Valley Hospital Trumbull Campus	7802
Trumbull Memorial Hospital	7803
Hillside Rehabilitation Hospital	7804
St Joseph Health Center	7805
Twin City Hospital	7901
Union Hospital	7902
Memorial Hospital of Union County	8001
Van Wert County Hospital	8101
Marietta Memorial Hospital	8401
Selby General Hospital	8402
Dunlap Memorial Hospital	8501
Wooster Community Hospital	8502
Community Hospitals and Wellness Center Bryan Hospital	8601
Community Hospitals and Wellness Center Montpelier Hospital	8602
Wood County Hospital	8701
Wyandot Memorial Hospital	8801

Appendix D
QFPP/RHC/FQHC Numbers

Qualified Family Planning Providers (QFPPs)

As of March 21, 2005

Number	Network	County	Facility/Clinic Name	Address	City	State	Zip	Phone
01001		Adams	Adams Brown Counties Economic Opportunities Inc	51 Logan's Ln	West Union	OH	45693	937/544-3796
02001		Allen	Allen County Health Department	219 E Market St	Lima	OH	45802	419/228-6154
03001		Ashland	Kno Ho Co Counties CAC Ashland County Family Planning Clinic	803 Orange St	Ashland	OH	44805	419/289-1700
04001		Ashtabula	Ashtabula County Health Department	8 W Walnut St	Jefferson	OH	44047	440/576-6010
04002		Ashtabula	Family Planning Association Northeast Ohio	510 W 44th Street	Ashtabula	OH	44004	440/992-5953
04003		Ashtabula	Family Planning Association Northeast Ohio	5266 State Route 45	Rome	OH	44085	888/891-4943
04004		Ashtabula	Family Planning Association Northeast Ohio	470 W Main St	Geneva	OH	44041	888/891-4943
05001		Athens	Planned Parenthood of Southeast Ohio	369 Richland Ave	Athens	OH	45701	740/593-6979
06001		Auglaize	Auglaize County Health Department	214 S Wagner St	Wapakoneta	OH	45895	419/738-3410
07001		Belmont	Belmont County Family Health Service Inc	68501 Bannock Rd	St Clairsville	OH	43950	740/695-1262
07002		Belmont	Belmont County Family Health Services Inc	528 44th St	Bellaire	OH	43906	740/671-0203
08001		Brown	Adams-Brown Counties Economic Opportunities Inc	200 S Green St	Georgetown	OH	45121	937/544-3796
09001	PPSWO	Butler	Planned Parenthood of Southwest Ohio and Northern Kentucky Hamilton Center	11 Ludlow St	Hamilton	OH	45011	513/856-8332
09002	PPSWO	Butler	Planned Parenthood of Southwest Ohio and Northern Kentucky Middletown Center	3537 Roosevelt Blvd	Middletown	OH	45044	513/424-0344
09003	PPSWO	Butler	Planned Parenthood of Southwest Ohio and Northern Kentucky Oxford Center	32 W Walnut St	Oxford	OH	45056	513/523-3818
10001		Carroll	Carroll County Health Department	301 Moody Ave SW	Carrollton	OH	44615	330/627-4866
11001	PPSWO	Champaign	Planned Parenthood Of the Greater Miami Valley Urbana Family Planning Clinic	312 Patrick Ave	Urbana	OH	43078	513/652-2274
12001	PPSWO	Clark	Planned Parenthood Springfield	1061 N Bechtel Ave	Springfield	OH	45504	
12002	PPSWO	Clark	Planned Parenthood of Greater Miami Valley Springfield Clinic	6 W High St	Springfield	OH	45502	513/325-7349

Number	Network	County	Facility/Clinic Name	Address	City	State	Zip	Phone
13001	PPSWO	Clermont	Planned Parenthood of the Cincinnati Region Clermont County Center	834 Ohio Pike State Route 125	Withamsville	OH	45245	513/752-1910
14001		Clinton	Clinton Memorial Hospital Center for Womens Health Services	615 W Main St	Wilmington	OH	45177	937/382-9303
15001		Columbiana	Planned Parenthood of Mahoning Valley East Liverpool Health Center	Ogilvie Square East Plaza, 15549 State Route 170	East Liverpool	OH	43920	330/385-8484
16001		Coshocton	Kno Ho Co Counties Community Action Corporation Coshocton County Family Planning Clinic	120 North 4th Street	Coshocton	OH	43812	740/622-6522
17001		Crawford	Planned Parenthood of North Central Ohio Crawford County Clinic	401 Harding Way W	Galion	OH	44833	419/468-9926
18001		Cuyahoga	Free Medical Clinic of Greater Cleveland	12201 Euclid Ave	Cleveland	OH	44106	216/721-4010
18002	CCHS	Cuyahoga	Cleveland Clinic Hospital System Huron Hospital	Huron Hospital, 13951 Terrace Rd	East Cleveland	OH	44112	216/761-3300
18003	CCHS	Cuyahoga	South Pointe Hospital	4110 Warrensville Center Rd	Warrensville Heights	OH	44122	216/491-6000
18025	MHS	Cuyahoga	MetroHealth Buckeye Health Center	2816 E 116th St	Cleveland	OH	44120	
18026	MHS	Cuyahoga	MetroHealth Broadway Health Center	6835 Broadway Ave	Cleveland	OH	44105	
18004	MHS	Cuyahoga	MetroHealth Clement Center	2500 E 79th Street	Cleveland	OH	44104	216/391-3200
18005	MHS	Cuyahoga	MetroHealth Center for Community Health McCafferty Health Center	4242 Lorain Ave	Cleveland	OH	44113	216/651-3740
18006	MHS	Cuyahoga	MetroHealth Center for Community Health J Glen Smith Health Center	11100 St Clair Ave	Cleveland	OH	44108	216/249-4100
18007	MHS	Cuyahoga	MetroHealth Center for Community Health Broadway Health Center	6925 Aetna Ave	Cleveland	OH	44105	216/706-2130
18009	MHS	Cuyahoga	MetroHealth Center for Community Health Brooklyn Medical Group	5208 Memphis Ave	Cleveland	OH	44144	216/398-0100
18010	MHS	Cuyahoga	MetroHealth Center For Community Health Mile Broadway Health Center	9129 Miles Ave	Cleveland	OH	44105	216/883-2072
18011	MHS	Cuyahoga	MetroHealth Center for Community Health Lee Harvard Health Center	4071 Lee Rd	Cleveland	OH	44128	216/991-8318
18012	MHS	Cuyahoga	MetroHealth Medical Center Womens and Childrens Pavilion	2500 MetroHealth Dr	Cleveland	OH	44109	216/778-5343
18013		Cuyahoga	Neighborhood Health Care, Inc./Neighborhood Family Practice	3569 Ridge Rd	Cleveland	OH	44102	216/281-8945
18030	NEON	Cuyahoga	Hough Health Center	8300 Hough Ave	Cleveland	OH	44103	216/231-7700
18015	NEON	Cuyahoga	Superior Health Center	12204 Superior Ave	Cleveland	OH	44108	216/851-2600
18031	NEON	Cuyahoga	Collinwood Health Center	15322 St Clair Ave	Cleveland	OH	44110	216/851-1500

Number	Network	County	Facility/Clinic Name	Address	City	State	Zip	Phone
18034	NEON	Cuyahoga	Southeast Health Center	13301 Miles Ave	Cleveland	OH	44105	216/751-3100
18032	NEON	Cuyahoga	East Cleveland Health Center	15201 Euclid Ave	East Cleveland	OH	44112	216/541-5600
18019	PPGC	Cuyahoga	Planned Parenthood of Greater Cleveland Old Brooklyn	3311 Broadview Rd, P.O. Box 609010	Cleveland	OH	44109	216/661-0400
18020	PPGC	Cuyahoga	Planned Parenthood of Greater Cleveland East Cleveland	1835 Forest Hills Blvd	East Cleveland	OH	44112	216/851-1880
18021	PPGC	Cuyahoga	Planned Parenthood of Greater Cleveland Bedford Clinic	19550 Rockside Rd	Bedford	OH	44146	440/232-9732
18022	PPGC	Cuyahoga	Planned Parenthood of Greater Cleveland Rocky River	20800 Center Ridge Rd	Rocky River	OH	44116	440/331-8744
18023	PPGC	Cuyahoga	Planned Parenthood of Greater Cleveland Shaker	11811 Shaker Boulevard, Ste 210	Cleveland	OH	44120	216/707-6907
18024		Cuyahoga	University Hospitals of Cleveland Womens Health Center Rainbow Babies and Childrens Hospital	11100 Euclid Avenue, First Floor	Cleveland	OH	44106	216/844-3896
20001		Defiance	Women and Family Services Inc	508 Wayne St	Defiance	OH	43512	419/782-4906
21001		Delaware	Delaware City County Health Department	109 N Sandusky St	Delaware	OH	43015	740/368-1700
21002	PPCO	Delaware	Planned Parenthood of Central Ohio Inc Delaware Clinic	Delaware Clinic	Delaware	OH	43015	740/369-1766
22001		Erie	Erie County General Health District Erie County Family Planning	152 W Central Ave	Sandusky	OH	44870	419/626-5623
23001		Fairfield	Lancaster Public Health Center	420 Superior St	Lancaster	OH	43130	740/687-6678
24001		Fayette	Fayette County Health Department	317 S Fayette St	Washington CH	OH	43160	740/335-5910
25001	PPCO	Franklin	Planned Parenthood of Central Ohio Inc Campus Health Center North	18 E 17th Ave	Columbus	OH	43201	614/222-3604
25002	PPCO	Franklin	Planned Parenthood of Central Ohio Inc East Health Center	3255 E Main St	Columbus	OH	43213	614/222-3531
25003	PPCO	Franklin	Planned Parenthood of Central Ohio Inc Franklinton Clinic	1511 W Broad St	Columbus	OH	43222	614/222-3525
25004	PPCO	Franklin	Planned Parenthood of Central Ohio Inc Linden Clinic	1390 Cleveland Ave	Columbus	OH	43211	614/222-3607
25005	PPCO	Franklin	Planned Parenthood of Central Ohio Inc	206 E State St	Columbus	OH	43213	614/222-2235
26001		Fulton	Fulton County Health Department	606 S Shoop Ave	Wauseon	OH	43567	419/337-0561
27001		Gallia	Planned Parenthood of Southeast Ohio	414 2nd Ave	Gallipolis	OH	45631	740/446-0166
28001		Geauga	Family Planning Association of Northeast Ohio Geauga County Cherry Center	301 Center St	Chardon	OH	44024	440/286-6159
29001	PPSWO	Greene	Planned Parenthood of the Greater Miami Valley Greene County Family Planning Clinic	717 W Xenia Dr	Fairborn	OH	45324	937/754-4633

Number	Network	County	Facility/Clinic Name	Address	City	State	Zip	Phone
29003	PPSWO	Greene	Planned Parenthood Fairborn Center	530 E Dayton Yellow Springs Rd	Fairborn	OH	45324	
29002	PPSWO	Greene	Planned Parenthood of the Greater Miami Valley Xenia Family Planning Clinic	360 Wilson Dr	Xenia	OH	45385	937/754- 4633
30001		Guernsey	Cambridge Guernsey County Health Department	326 Highland Ave	Cambridge	OH	43725	740/439- 3577
31001	PPSWO	Hamilton	Planned Parenthood of the Cincinnati Region Elizabeth Campbell Center	2314 Auburn Ave	Cincinnati	OH	45219	513/287- 6484
31002	PPSWO	Hamilton	Planned Parenthood of the Cincinnati Region	6548 Glenway Ave	Cincinnati	OH	45211	513/574- 4348
31005	PPSWO	Hamilton	Planned Parenthood Springdale Center	209 Northland Ave	Cincinnati	OH	45246	
31003		Hamilton	Family and Children First Council Mary M Yeiser Center	125 E Court St, Ste 350	Cincinnati	OH	45202	513/946- 4990
31004		Hamilton	Family and Children First Council	830 Main St, Ste 609	Cincinnati	OH	45202	513/632- 7232
32001	PPNWO	Hancock	Planned Parenthood of Northwest Ohio Hancock County Clinic	1039 N Main St	Findlay	OH	45840	419/423- 4611
33001		Hardin	Hardin Memorial Hospital	921 E Franklin St	Kenton	OH	43326	419/674- 4450
34001		Harrison	Harrison Community Hospital	951 E Market St	Cadiz	OH	43907	740/942- 8400
35001		Henry	Henry County Napoleon City Combined General Health District	104 E Washington St	Napoleon	OH	43545	419/599- 5545
36001		Highland	Highland County Community Action Organization Highland County Family Planning	146 E Main St	Hillsboro	OH	45133	937/393- 3060
36002		Highland	Highland County Community Action Organization Highland County Family Planning Greenfield Clinic	348 South St	Greenfield	OH	45123	937/981- 2953
37001		Hocking	Planned Parenthood of Southeast Ohio	63 W Main St	Logan	OH	43138	740/385- 3476
38001		Holmes	Holmes County Health Department	931 Wooster Rd	Millersburg	OH	44654	330/674- 5035
39001		Huron	Huron County General Health District	180 Milan Ave	Norwalk	OH	44857	419/668- 1652
39002		Huron	Huron County General Health District	217 Walton St	Willard	OH	44890	419/668- 1652
40001		Jackson	Planned Parenthood of Southeast Ohio	227 E Main St	Jackson	OH	45640	740/286- 5496
41001		Jefferson	The Women's Health Center of Jefferson County Inc	217 Washington St	Steubenville	OH	43952	740/282- 5676
42001		Knox	Kno Ho Co Counties CAC Knox Co Family Planning Clinic	69 Sychar Rd	Mount Vernon	OH	43050	740/397- 0145
43001		Lake	Family Planning Association of Northeast Ohio Lake County	54 S State St	Painesville	OH	44077	440/352- 0608
44004		Lawrence	Lawrence County Health Department	2122 S 8th St	Ironton	OH	45638	740/532- 3962

Number	Network	County	Facility/Clinic Name	Address	City	State	Zip	Phone
45001		Licking	Family Health Services of East Central Ohio	155 McMillen Dr	Newark	OH	43055	740/366-3372
46001	PPSWO	Logan	Planned Parenthood of the Greater Miami Valley Bellefontaine Family Planning Clinic	921 Rush Ave	Bellefontaine	OH	43311	937/592-3271
47001		Lorain	Family Planning Services of Lorain County	247 W Lorain St	Oberlin	OH	44074	440/322-7526
47006		Lorain	Family Planning Services of Lorain County	602 Leona St	Elyria	OH	44035	
47002		Lorain	Family Planning Services of Lorain County	512 Middle Ave	Elyria	OH	44035	440/322-7526
47003		Lorain	Family Planning Services of Lorain County Lorain County Health Dept	1144 W Erie Ave	Lorain	OH	44035	440/322-7526
48001	PPNWO	Lucas	Planned Parenthood of Northwest Ohio	1301 Jefferson Ave	Toledo	OH	43624	419/255-1115
48002	PPNWO	Lucas	Planned Parenthood of Northwest Ohio South Toledo Center	3401 Glendale Rd, Ste 205	Toledo	OH	43614	419/385-8778
49001	PPCO	Madison	Planned Parenthood of Central Ohio Inc London Health Center	66 W High St	London	OH	43140	740/852-4875
50001		Mahoning	Planned Parenthood of Mahoning Valle Youngstown Health Center	77 E Midlothian Blvd	Youngstown	OH	44507	330/788-2487
51001	PPCO	Marion	Planned Parenthood of Central Ohio Inc Marion Clinic	320 E Center St	Marion	OH	43302	740/387-6443
52001	PPSPM	Medina	Planned Parenthood of Summit Portage Medina Counties	2747 Medina Rd, Plaza 71	Medina	OH	44256	330/723-1300
55001	PPSWO	Miami	Planned Parenthood of the Greater Miami Valley Miami Co Family Planning Clinic	3232 N County Rd 25A	Troy	OH	45373	937/226-0780
56001		Monroe	Ohio Hills Health Services	100 Hospital Dr	Barnesville	OH	43713	740/425-5165
57001	PPSWO	Montgomery	Planned Parenthood of the Greater Miami Valley	224 N Wilkinson St	Dayton	OH	45402	937/226-0780
57002	PPSWO	Montgomery	Planned Parenthood of the Greater Miami Valley	61 S Springboro Pike	Miamisburg	OH	45342	937/433-6195
57003	PPSWO	Montgomery	Planned Parenthood of the Greater Miami Valley Dayton Job Center	1111 S Edwin C. Moses Blvd	Dayton	OH	45422	937/223-5966
58001		Morgan	CAC of Washington and Morgan Counties	24 E 3rd St	Malta	OH	45758	740/962-5266
60001		Muskingham	Zanesville Family Planning	727 Market St	Zanesville	OH	43701	740/453-2872
60002		Muskingham	Zanesville Muskingum County Health Department	205 N 7th St	Zanesville	OH	43701	740/454-9741
61001		Noble	Noble County Health Department	44069 State Route 821	Caldwell	OH	43724	740/732-4958
62001		Ottawa	Ottawa County Health Department	1856 E Perry St	Port Clinton	OH	43452	419/734-6800
63001		Perry	Family Healthcare Inc Lincoln Park Medical Center	409 Lincoln Park Dr	New Lexington	OH	43764	740/342-4192
63002		Perry	Family Health Services of East Central Ohio	731 Carroll St	New Lexington	OH	43764	740/342-3517

Number	Network	County	Facility/Clinic Name	Address	City	State	Zip	Phone
65001	PPCO	Pickaway	Planned Parenthood of Central Ohio Inc Circleville Health Center	133 Lewis Ave	Circleville	OH	43113	740/474-4741
66001		Pike	Community Action Committee of Pike County	227 Valleyview Dr	Waverly	OH	45690	740/947-5555
66002		Pike	Pike County Child and Family Health Services	941 Market St	Piketon	OH	45661	740/947-7726
67001	PPSMP	Portage	Planned Parenthood of Summit Medina Portage Counties	209 S Chestnut St, Ste 203	Ravenna	OH	44266	330/296-7526
70001		Richland	Planned Parenthood of North Central Ohio	35 N Park St	Mansfield	OH	44902	419/525-3075
71001		Ross	Family Healthcare Inc	1049 Western Ave	Chillicothe	OH	45601	740/773-4366
71002		Ross	Planned Parenthood of Southeast Ohio Inc	12 S Paint St	Chillicothe	OH	45601	740/774-2948
72001		Sandusky	Sandusky County Health Department	2000 Countryside Dr	Fremont	OH	43420	419/334-6355
73001		Scioto	Portsmouth City Health Department	740 2nd St	Portsmouth	OH	45662	740/353-3638
74001		Seneca	Family Planning Seneca Ottawa and Sandusky Counties	3140 S State Route 100	Tiffin	OH	44883	419/447-3691
75001	PPSWO	Shelby	Planned Parenthood of the Greater Miami Valley Sidney Family Planning Clinic	521 N Vandemark Rd	Sidney	OH	43365	937/492-8838
76001		Stark	Planned Parenthood of Stark County	2663 Cleveland Ave NW	Canton	OH	44709	330/456-7191
77001	PPSPM	Summit	Planned Parenthood of Summit Portage Medina Counties	3200 Greenwich Rd, Ste 87, PO Box 1336	Norton	OH	44203	330/825-4543
77002	PPSPM	Summit	Planned Parenthood of Summit Portage and Medina Counties	444 W Exchange St	Akron	OH	44302	330/535-2671
78001		Trumbull	Planned Parenthood of Mahoning Valley Warren Health Center	418 S Main Ave	Warren	OH	44481	330/399-5104
79001		Tuscarawas	Tuscarawas County General Health District Tuscarawas Co Family Planning Clinic	897 E Iron Ave	Dover	OH	44622	330/343-5555
82001		Vinton	Planned Parenthood of Southeast Ohio	Route 93 N, PO Box 305	McArthur	OH	45651	740/286-5496
83001		Warren	Warren County Combined Health District	416 S East St	Lebanon	OH	45036	513/695-1228
84001		Washington	Community Action Program Corp of Washington Morgan Counties Family Health Services	696 Wayne St	Marietta	OH	45750	740/374-8501
85001		Wayne	Planned Parenthood of North Central Ohio Wayne Co Clinic	334 E Milltown Rd	Wooster	OH	44691	330/345-7798
86001		Williams	Williams County Women and Family Services Inc	201 E High St	Bryan	OH	43506	419/636-8395
87001		Wood	Planned Parenthood of Northwest Ohio Wood Co Family Planning Clinic	735 Haskings Rd	Bowling Green	OH	43402	419/354-3540

Network Key:

CCH - Cleveland Clinic Health Systems

MSH - The MetroHealth System

NEON - Northeast Ohio Neighborhood Health Services

PPCO - Planned Parenthood of Central Ohio Inc

PPGC - Planned Parenthood of Greater Cleveland

PPNWO - Planned Parenthood of Northwest Ohio

PPSPM - Planned Parenthood of Summit Portage and Medina Counties

PPSWO - Planned Parenthood Southwest Ohio Region

**Rural Health Clinics
(RHCs)**

As of: March 25, 2005

Source: Ohio Department of Health

Number	County	Facility Name	Address	City	Telephone
04005	Ashtabula	Primary Health of Ashtabula	5266 State Route N 45	Rome	(440)563-5028
05002	Athens	Abany Family Medicine	2364 Blizzard Lane	Albany	(740)698-1900
05003	Athens	Coolville Health Center	25716 Wilson	Coolville	(740)667-3134
05004	Athens	Nelsonville Family Practice	222 Myers Street	Nelsonville	(614)753-4436
05005	Athens	Ohio University Osteopathic Medical Center	65 Hospital Drive	Athens	(740)754-8819
10002	Carroll	Rural Health Clinic Carrollton	1020 Trump Road, Suite 2	Carrollton	(330)627-7055
13007	Clermont	Clermont Pediatric Center	2400 Clermont Pediatric Drive	Batavia	(513)732-7182
36005	Highland	Community Health Clinic	1440 North High Street	Hillsboro	(937)840-6587
36006	Highland	Greenfield Medical Services	1092 West Jefferson Street	Greenfield	(937)840-6587
40002	Jackson	Holzer Family Care Center Jack	500 Burlington Road	Jackson	(614)286-2168
40003	Jackson	Jenkins Memorial Health Clinic	140 Jenkins Road	Wellston	(740)384-2167
44001	Lawrence	Complete Medical Services Inc	419 Vernon Street	Ironton	(740)533-1961
44002	Lawrence	Complete Medical Services Inc	13804 State Route 141, Box 120	Kitts Hill	(740)643-0234
44003	Lawrence	Proctorville Health Center LLC	501 State Street	Proctorville	(740)886-2674
58002	Morgan	Family Health Service	24 Third Street	Malta	(740)962-5266
59001	Morrow	Bachelor Family Practice	642 West Marion Road	Mount Gilead	(419)947-7015
63004	Perry	Perry County Family Practice	1625 Airport Road SE	New Lexington	(740)342-5158
66009	Pike	Olive Branch Health Center	194 East Emmit Avenue	Waverly	(740)947-7488
70003	Richland	Chandra Shaker MD	120 Sturges Avenue	Mansfield	(419)522-5454
73003	Scioto	CAO of Scioto County Health Clinic	411 Second Street	Portsmouth	(614)353-3173
73004	Scioto	Dr John Ditraglia Pediatrics	717 5th Street	Portsmouth	(614)354-6605
78003	Trumbull	Kinsman Medical Clinic	8189 Main Street	Kinsman	(330)876-1662
79002	Tuscarawas	Tuscarawas County General Health	897 East Iron Avenue, PO Box 443	Dover	(330)343-4928

* For the most current information, please visit the Ohio Department of Health Website at: <http://pubapps.odh.ohio.gov/EID>

Ohio Federally Qualified Health Centers (FQHCs)

As of: March 25, 2005

Source: Ohio Primary Care Association

Number	Network	County	Facility	Address	City	Zip	Phone
01002	SOHSN	Adams	Seaman Health Center	218 Stern Dr	Seaman	45679	937-386-1379
01002	SOHSN	Adams	Seaman Health Center	218 Stern Dr	Seaman	45679	937-392-0049
02002	ACHP	Allen	Allen County Health Partners	441 E 8th St	Lima	45804	419-221-3072
07003	OHHS	Belmont	Ohio Hills Health Service	100 Hospital Dr, PO Box 43	Barnsville	43713	740-425-6165
08002	SOHSN	Brown	School Based Health Hammersville Elementary School	PO Box 205	Hammersville	45130	937-379-1144
08003	SOHSN	Brown	School Based Health Mt Orab Primary Elementary School	474 W Main St	Mt Orab	45154	937-444-2528
08004	SOHSN	Brown	Brown County WIC	474 Home St, Ste C	Georgetown	45121	937-378-6030
08005	SOHSN	Brown	Womens Health Center	5162 State Route 125	Georgetown	45121	937-378-6387
08006	SOHSN	Brown	Family Health Center	614 S High St	Mt Orab	45154	937-444-2514
08007	SOHSN	Brown	Southern Ohio Health Ripley	14 N 2nd St	Ripley	45167	937-392-4338
13002	SOHSN	Clermont	Batavia Family Practice	2245 Bauer Rd, Ste A	Batavia	45103	513-732-0870
13003	SOHSN	Clermont	Eastgate Pediatrics Center	4357 Ferguson Dr, Ste 150	Cincinnati	45245	937-378-6030
13004	SOHSN	Clermont	Goshen Family Practice	1507 St Rt 28	Loveland	45140	513-575-1444
13005	SOHSN	Clermont	New Richmond Family Practice	1050 Old US 52	New Richmond	45157	513-553-4164
13006	SOHSN	Clermont	Southern Ohio Health Services Network	400 Techne Center Dr, Ste 402	Milford	45150	513-576-7700
15002	CAA	Columbiana	East Liverpool Health Center	1561 Pennsylvania Ave	East Liverpool	43920	
15003	CAA	Columbiana	Lisbon Health Center	7880 Lincole Pl	Lisbon	44432	330-424-7221
18027	CA	Cuyahoga	Care Alliance Kennedy Estates	6001 Woodland Ave	Cleveland	44101	
18028	CA	Cuyahoga	Care Alliance	1795 W 25th St	Cleveland	44113	
18029	CA	Cuyahoga	Care Alliance	2227 Payne Ave	Cleveland	44114	216-781-6724
18027	CA	Cuyahoga	Care Alliance Kennedy Estates	6001 Woodland Ave	Cleveland	44101	216-923-5000
18031	NEON	Cuyahoga	Collinwood Health Center	25322 St Clair Ave	Cleveland	44110	216-851-1500
18032	NEON	Cuyahoga	East Cleveland Health Center	15201 Euclid Ave	Cleveland	44112	216-541-5600
18030	NEON	Cuyahoga	Hough Health Center	8300 Hough Ave	Cleveland	44103	216-231-7700
18033	NFP	Cuyahoga	Neighborhood Family Practice	3569 Ridge Rd	Cleveland	44102	216-281-8945
18034	NEON	Cuyahoga	Southeast Health Center	13301 Miles Ave	Cleveland	44105	216-751-3100
18035	NEON	Cuyahoga	Superior Health Center	12100 Superior Ave	Cleveland	44106	216-851-2600
18036	NFP	Cuyahoga	Neighborhood Family Practice Tremont Site	2358 Professor Ave	Cleveland	44113	216-281-8945
19001	FHS	Darke	Family Health Services of Darke County	5735 Meeker Rd	Greenville	45331	937-548-9680

Number	Network	County	Facility	Address	City	Zip	Phone
19003	FHS	Darke	Family Health Services of Darke County	828 Central Ave	Greenville	45331	937-548-5811
19004	FHS	Darke	Family Health Services of Darke County	702 N Main St	Arcanum	45304	937-692-6601
24002	SOHSN	Fayette	Washington C H Family Health Center	1450 Columbus Ave, Ste 203	Washington CH	43160	740-335-8608
25006	CNHC	Franklin	Northeast Health Center	3433 Agler Rd Suite 2800	Columbus	43219	
25007	CNHC	Franklin	Hilltop Health Center	2500 Sullivant Ave	Columbus	43204	
25008	CNHC	Franklin	St Stephens Health Center	1500 E 17th Ave	Columbus	43219	
25009	MCF	Franklin	Mt Carmel Capital Park Family Health Center	2150 Agler Rd	Columbus	43224	614-416-4325
25010	CNHC	Franklin	Columbus Neighborhood Health Centers	600 W Spring St	Columbus	43215	614-645-5503
25011	CNHC	Franklin	East Central Health Center	1180 E Main St	Columbus	43205	614-645-5535
25013		Franklin	Parsons Avenue Family Dental Center	240 Parsons Ave	Columbus	43215	
25012	CNHC	Franklin	John Maloney South Side Health Center	1833 Parsons Ave	Columbus	43207	614-645-3163
31006	CHC	Hamilton	Crossroad Health Center	5 E Liberty St	Cincinnati	45202	
31007	CHD	Hamilton	Elm Street Health Center Cincinnati Health Department	1525 Elm St	Cincinnati	45202	
31008	LHHC	Hamilton	Forest Park Health Center	924 Waycross Rd	Cincinnati	45240	513-589-3014
31009	CHN	Hamilton	Healthcare for the Homeless and HIV AIDS	400 Oak St, Ste M-2	Cincinnati	45219	513-961-0600
31010	LHHC	Hamilton	Kemper Heights Health Center	924 WayCross Rd	Cincinnati	45240	
31011	LHHC	Hamilton	Mt Healthy Health Center	8146 Hamilton Ave	Cincinnati	45231	
31012	LHHC	Hamilton	Lincoln Heights Health Center	1401 Steffen Ave	Lincoln Hts	45215	513-554-4100
31013	NHC	Hamilton	East End Community Health Center	4027 Eastern Ave	Cincinnati	45226	
31014	NHC	Hamilton	Mt Auburn Health Center	2415 Auburn Ave	Cincinnati	45219	
31015	NHC	Hamilton	Walnut Hills Evanston Medical Center	3036 Woodburn Ave	Cincinnati	45206	
31016	WEHC	Hamilton	West End Health Center	1413 Linn St	Cincinnati	45214	513-621-2726
31017	WH	Hamilton	Winton Hills Medical and Health Center Inc	5275 Winneste Ave	Cincinnati	45232	513-242-1033
34002	OHHS	Harrison	Freeport Family Health Center	110 W Main St, PO Box 207	Freeport	43973	740-658-3329
36003	SOHSN	Highland	Greenfield Family Health Center	1075 N Washington St	Greenfield	45123	937-981-7707
36004	SOHSN	Highland	Southern Ohio Health Hillsboro Health Center	104 Erin Ct	Hillsboro	45133	937-393-5781
37002	FH	Hocking	Family Healthcare Logan	1383 W Hunter St	Logan	43138	740-380-3730
44005	CAO	Lawrence	CAO Family Medical Centers	305 N 5th St	Ironton	45638	740-532-3535
44006	CAO	Lawrence	Chesapeake Family Medical Center	717 3rd Ave	Chesapeake	45619	740-867-6687
44007	CAO	Lawrence	Ironton Family Medical Center	304 N 2nd St	Ironton	45638	740-532-2282
44008	CAO	Lawrence	Kemp Family Medical Center	223 Carlton Davidson Ln	Coal Grove	45638	740-532-3048
44009	CAO	Lawrence	South Point Family Medical Center	Route 7, Box 808	South Point	45680	740-377-2712

Number	Network	County	Facility	Address	City	Zip	Phone
46002	FH	Logan	Family Healthcare Inc	1383 W Hunter St	Logan	43138	740-380-3730
47004	FCC	Lorain	Family Care Center of Lorain Central	1800 Livingston Ave	Lorain	44052	440-233-0159
47005	FCC	Lorain	Family Care Center of Lorain South	3745 Groves Ave	Lorain	44055	440-240-1655
48003	NHA	Lucas	Daisy Smith Community Health Center	430 Nebraska Ave	Toledo	43607	
48004	NHA	Lucas	Cordelia Martin Community Health Center	905 Nebraska Ave	Toledo	43607	
48005	NHA	Lucas	Huron Street Medical Clinic	923 N Huron St	Toledo	43604	
48006	NHA	Lucas	River East Community Health Center	117 Main St	Toledo	43605	
48007	NHA	Lucas	Cordelia Martin at Libbey High School	1250 Western Ave	Toledo	43609	
48008	NHA	Lucas	South Side Community Health Center	732 South Ave	Toledo	43609	
48009	NHA	Lucas	Mildred Bayer Clinic for the Homeless	2101 Jefferson Ave	Toledo	43624	
48010	NHA	Lucas	Neighborhood Health Association Inc	313 Jefferson Ave	Toledo	43604	419-720-7883
50002	ONEHS	Mahoning	Good Samaritan Community Health Center	405 S Linden St	Alliance	44601	330-821-3961
50003	ONEHS	Mahoning	Youngstown Community Health Center	726 Wick Ave	Youngstown	44505	330-747-2330
56002	OHHS	Monroe	Monroe County Health Center	Airport Rd, PO Box 658	Woodsfield	43793	740-472-0757
57004	GSH	Montgomery	Good Samaritan Hospital	2222 Philadelphia Dr	Dayton	45406	937-567-3409
57005	GSH	Montgomery	The Samaritan A Healthcare Clinic for the Homeless	41 Catherine St	Dayton	45402	937-461-1376
63003	FH	Perry	Family Healthcare Lincoln Park	409 Lincoln Park Dr, PO Box 490	New Lexington	43764	614-342-4192
66003	CAC	Pike	Beaver Health Center	7046 State Route 335	Beaver	45613	740-226-1924
66004	CAC	Pike	Family Health Center Jackson	14590 State Route 93	Jackson	45640	740-286-2826
66005	CAC	Pike	Family Health Center Oak Hill	350 Charlotte Ave, PO Box 294	Oak Hill	45656	740-682-6758
66006	CAC	Pike	Family Health Center Waverly	227 Valleyview Dr	Waverly	45690	740-947-7726
66007	CAC	Pike	Piketon Family Health Center	7777 US 23	Piketon	45661	866-470-8129
66008	CAC	Pike	West Prtsmouth Family Medical Center	23030 State Route 73	Portsmouth	45663	740-858-1063
70002	TSFHS	Richland	Third Street Family Health Services	600 W 3rd St	Mansfield	44906	419-522-6191
71003	FH	Ross	Family Healthcare Chillicothe	1049 Western Ave	Chillicothe	45601	740-773-1006
72002	CHS	Sandusky	Community Health Services Medical and Dental	410 Birchard Ave	Fremont	43420	419-334-8943
72003	CHS	Sandusky	Community Health Servies Willard migrant or summers	Burma Farms	Willard	44890	
72004	CHS	Sandusky	West Side Pediatrics and Associates	2276 W State St	Fremont	43420	419-334-9137
73002	CAC	Scioto	West Portsmouth Family Medical Center	23030 State Route 73	Portsmouth	45663	740-858-1063
77003	ACHR	Summit	Akron Community Health Resources Inc	1400 Arlington St, Ste 38	Akron	44306	330-724-5471
78002	ONEHS	Trumbull	Warren West Community Health Center	716 Tod Ave SW	Warren	44485	330-373-0222
82002	FH	Vinton	Family Healthcare McArthur	PO Box 311, SR 93 N	McArthur	45651	740-596-5249

Network Key:

- ACHP - Allen County Health Partners
- ACHR - Akron Community Health Resources, Inc.
- CA - Care Alliance
- CAA - Communtiy Action Agency of Columbiana County Health Centers
- CAC - CAC of Pike County - Family Health Centers
- CAO - CAO Family Medical Centers of Ironton & Lawrence Counties
- CHC - Crossroad Health Center
- CHD - Cincinnati Health Department
- CHN - Cincinnati Health Network, Inc.
- CHS - Community Health Services
- CNHC - Columbus Neighborhood Health Centers
- FCC - Family Care Center of Lorain
- FH - Family Healthcare, Inc.
- FHS - Family Health Services of Darke County
- GSH - Good Samaritan Hospital
- LHHC - Lincoln Heights Healthcare Connection
- MCF - Mt Carmel Foundation
- NEON - North East Ohio Neighborhood Health Services
- NFP - Neighborhood Family Practice
- NHA - Neighborhood Health Association, Inc.
- NHC - Neighborhood Health Care, Inc.
- OHHS - Ohio Hills Health Services
- ONEHS - Ohio NorthEast Health System
- SOHSN - Southern Ohio Health Services Network
- TSFHS - Third Street Family Health Services
- WEHC - West End Health Center
- WH - Winton Hills Medical & Health Center

Appendix E
Region Numbers

County_Desc	Region_Code	Region_Desc	County_Desc	Region_Code	Region_Desc
Adams	105	South West	Licking	104	Central
Allen	107	North West	Logan	104	Central
Ashland	102	East Central	Lorain	100	North East
Ashtabula	100	North East	Lucas	107	North West
Athens	103	South East	Madison	104	Central
Auglaize	107	North West	Mahoning	101	North East Central
Belmont	103	South East	Marion	104	Central
Brown	105	South West	Medina	100	North East
Butler	105	South West	Meigs	103	South East
Carroll	102	East Central	Mercer	107	North West
Champaign	106	West Central	Miami	106	West Central
Clark	106	West Central	Monroe	103	South East
Clermont	105	South West	Montgomery	106	West Central
Clinton	105	South West	Morgan	103	South East
Columbiana	101	North East Central	Morrow	104	Central
Coshocton	103	South East	Muskingum	103	South East
Crawford	104	Central	Noble	103	South East
Cuyahoga	100	North East	Ottawa	107	North West
Darke	106	West Central	Paulding	107	North West
Defiance	107	North West	Perry	104	Central
Delaware	104	Central	Pickaway	104	Central
Erie	100	North East	Pike	104	Central
Fairfield	104	Central	Portage	102	East Central
Fayette	104	Central	Preble	106	West Central
Franklin	104	Central	Putnam	107	North West
Fulton	107	North West	Richland	102	East Central
Gallia	103	South East	Ross	104	Central
Geauga	100	North East	Sandusky	107	North West
Greene	106	West Central	Scioto	104	Central
Guernsey	103	South East	Seneca	107	North West
Hamilton	105	South West	Shelby	106	West Central
Hancock	107	North West	Stark	102	East Central
Hardin	107	North West	Summit	102	East Central
Harrison	103	South East	Trumbull	101	North East Central
Henry	107	North West	Tuscarawas	102	East Central
Highland	105	South West	Union	104	Central
Hocking	104	Central	Van Wert	107	North West
Holmes	102	East Central	Vinton	103	South East
Huron	100	North East	Warren	105	South West
Jackson	103	South East	Washington	103	South East
Jefferson	103	South East	Wayne	102	East Central
Knox	104	Central	Williams	107	North West
Lake	100	North East	Wood	107	North West
Lawrence	103	South East	Wyandot	107	North West

Appendix F
MCP Submitter IDs

MCP Submitter ID	MCP
712	Amerigroup
420	Buckeye Community Health Plan
315	CareSource
755	Gateway
313	MediPlan
731	Molina
325	Paramount
327	QualChoice Health Plan
761	Unison

Appendix G
Rejection Codes

Code	Description	
01	Invalid delimiter-must use bar (), tilde (~), or comma (,)	REJECT_INVALID_DELIMITER
02	Invalid Case Tracking ID	REJECT_INVALID_CASE_TRACKING_ID
03	Invalid Medicaid provider number	REJECT_INVALID_MED_PROVIDER_NUMBER
04	Invalid Report Type	REJECT_INVALID_REPORT_TYPE
05	Invalid Provider County Number	REJECT_INVALID_APPLICABLE_COUNTY_FOR_PROVIDER
06	Invalid Category Type	REJECT_INVALID_CATEGORY_TYPE
07	Invalid Provider Type	REJECT_INVALID_PROVIDER_TYPE
08	Invalid MEDPRN Indicator	REJECT_INVALID_MEDPRN_INDICATOR
09	Invalid NPI number	REJECT_INVALID_NPI_NUMBER
10	Invalid Hospital Number	REJECT_INVALID_HOSPITAL_NUMBER
11	No value in the Case Tracking ID field	REJECT_NOVALUE_CASE_TRACKING_ID
12	No value in the Report Type field	REJECT_NOVALUE_REPORT_TYPE
13	No value in the Medicaid Provider Number field	REJECT_NOVALUE_MEDICAID_PROVIDER_NUMBER
14	No value in the Applicable County for Provider field while report type = 1	REJECT_NOVALUE_APPLICABLE_COUNTY_FOR_PROVIDER
15	No value in the Category Type field	REJECT_NOVALUE_CATEGORY_TYPE
16	No value in the MEDPRN Indicator filed	REJECT_NOVALUE_MEDPRN_INDICATOR
17	No value in the Start Date field while report type = 1	REJECT_NOVALUE_START_DATE
18	No value in the Provider Type field while category type = 4,6	REJECT_NOVALUE_PROVIDER_TYPE
19	No value in the Address1 field while report type = 1	REJECT_NOVALUE_ADDRESS1
20	No value in the City field while report type = 1	REJECT_NOVALUE_CITY

21	No value in the State field while report type = 1	REJECT_NOVALUE_STATE
22	No value in the Zip field while report type = 1	REJECT_NOVALUE_ZIP
23	No value in the County field while report type = 1	REJECT_NOVALUE_COUNTY
24	No value in the Region field while report type = 1	REJECT_NOVALUE_REGION
25	No value in the First Name field while report type = 1 and the category type = 4	REJECT_NOVALUE_FIRST_NAME
26	No value in the Last Name field while report type = 1 and the category type = 4	REJECT_NOVALUE_LAST_NAME
27	No value in the License field while report type = 1 and the category type = 4	REJECT_NOVALUE_LICENSE
28	No value in the Prepared By field	REJECT_NOVALUE_PREPARED_BY
29	No value in the Prepared Date field	REJECT_NOVALUE_PREPARED_DATE
30	No value in the Hospital Number field while report type = 1	REJECT_NOVALUE_HOSPITAL_NUMBER
31	No value in the Office Hours field while report type = 1 and the provider type = 10,11,15,16,17,35,36,37,51,52,55,56	REJECT_NOVALUE_OFFICE_HOURS
32	Capacity field must have 0 filled in if the Provider PCC indicator = 1 and the provider type = 10,15,16,17,52	REJECT_NO_ZERO_CAPACITY_FILLED
33	Capacity field should have a value of 50 or higher if the category type = 3 or (Provider PCC indicator = 2 and the provider type = 10,15,16,17,52)	REJECT_CAPACITY_BELOW_50
34	Informational message: Capacity is above 2500	ACCEPT_CAPACITY_ABOVE_2500
36	Hospital Privileges field should be filled in if the provider type = 51,52,53,55,56,71	REJECT_NO_VALUE_HOSPITAL_PRIVILEGES
37	Hospital does not have the current active status for this MCP	REJECT_INACTIVE_HOSPITAL_STATUS_FOR_MCP

38	Duplicate case tracking id while report type =1. The same case tracking id exists in the PVS database for the same provider.	REJECT_DUPLICATE_CASE_TRACKING_ID
39	Case tracking id for the specified provider does not exist in the PVS database while report type = 2,3,4	REJECT_CASE_TRACKING_NOT_EXIST
40	Group tracking id should not be blank if the category type = 4 and (the Provider PCC indicator = 1 or FQHCQFPPRHC = 1)	REJECT_NOVALUE_GROUP_CASE_TRACKING_ID
41	Group name should not be blank if the report type = 1 and category type = 3	REJECT_NOVALUE_GROUP_NAME
42	Impossible to validate Medicaid provider number. RMF is not available	REJECT_MF_NOT_AVAILABLE
43	Subcontract information was not approved by the user	REJECT_SUBCONTRACT_NOT_APPROVED
44	No value for field label	REJECT_NOVALUE_FIELD_LABEL
45	Duplicate field label	REJECT_DUPLICATE_FIELD_LABEL
46	Invalid field label	REJECT_INVALID_FIELD_LABEL
47	Invalid Start Date	REJECT_INVALID_START_DATE
48	Informational message: Termination date is invalid	ACCEPT_INVALID_TERM_DATE
49	Informational message: Provider notice date is invalid	ACCEPT_INVALID_PROVIDER_NOTICE_DATE
50	Informational message: Member letter date is invalid	ACCEPT_INVALID_MEMBER_LETTER_DATE
51	Prepared Date is invalid	REJECT_INVALID_PREPARED_DATE
52	Invalid County	REJECT_INVALID_COUNTY
53	Capacity field should be filled in if the Category type = 3 or if (Provider PCC indicator = 2 and the provider type = 10,15,16,17,52)	REJECT_NOVALUE_CAPACITY
54	ProvPCCIndicator field should be filled in if the Category type = 4 and the provider type = 10,15,16,17,52	REJECT_NOVALUE_PROVPCCCLINIC_IND
55	Valid values of ProvPCCIndicator are	REJECT_INVALID_PROVPCCCLINIC_IND

	'1' and '2'	
56	Valid values of FQHCQFPPRHCIndicator are '1' and '2'	REJECT_INVALID_FQHCQFPPRHC_IND
57	Medicaid PRN Number with invalid status on the mainframe	REJECT_INVALID_MED_PROVIDER_STATUS
58	General message if the conditional fields are missing for the records with report type 2 and 3	REJECT_CONDITIONAL_FIELD_MISSING_OR_INVALID
59	Invalid Group Tracking ID	REJECT_INVALID_GROUP_CASE_TRACKING_ID
60	Combination of the Case Tracking ID and the Medicaid PRN number not exist	REJECT_INVALID_COMBINATION_CASETRACKINGID_MEDPRNNUMBER
61	FQHCQFPPRHCNUM is required if the Category type = 1,2,5	REJECT_NOVALUE_FQHCQFPPRHC_NUM
62	Invalid FQHCQFPPRHCNUM	REJECT_INVALID_FQHCQFPPRHC_NUM
63	Group Name is a required field if the Category type = 3 and if there is a change in the Med PRN Number	REJECT_MISSING_GROUP_DEF_REQUIRED_FIELDS
64	FQHCQFPPRHCNUM is a required field if the Category type = 3 and if there is a change in the Med PRN Number	REJECT_MISSING_FQHCQFPPRHC_DEF_REQUIRED_FIELDS
65	Required fields (FNAME,LNAME,MI,LICENSENUM, MEDICAIDPRNNUMBER) are missing for the Doctor Name Change	REJECT_MISSING_DOCTOR_DEF_REQUIRED_FIELDS
66	Required fields (ADDRESS1, CITY, STATE, ZIP, COUNTY, REGION) are missing for the address change	REJECT_MISSING_ADDRESS_REQUIRED_FIELDS
67	Invalid Alternate Provider County	REJECT_INVALID_ALTERNATE_PROVIDER_COUNTY
68	License Status was inactive	REJECT_INACTIVE_LICENSE_STATUS
69	Invalid Region	REJECT_INVALID_REGION
70	Invalid Office Hours	REJECT_INVALID_OFFICE_HOURS
71	Termination Date should be blank if the report type < 4	REJECT_INVALID_TERM_DATE
72	Provider Notice Date should be blank if	REJECT_INVALID_PROVIDER_NOTICE_DATE

	the report type <> 4	
73	Member Letter Date should be blank if the report type <> 4	REJECT_INVALID_MEMBER_LETTER_DATE
74	Number of Members should be numeric and it should be blank if the report type <> 4	REJECT_INVALID_NUMBER_OF_MEMBERS
98	Severe error	SEVERE_ERROR
99	Failure	FAILURE