



MCP Regional-Based 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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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

General Requirements

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 20th of every month. MCPs may submit records for all regions in which it has membership. 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; MEDPRNINDICATOR; and MEDICAIDPROVIDERNUMBER.

CFC/ABD Providers

Providers must be identified as serving either: only the Covered Families and Children (CFC) population; only the Aged, Blind and Disabled (ABD) population; or both the CFC and ABD populations. Prior to the implementation of ABD Managed Care Program, all providers should be submitted as serving only the CFC population. After the ABD Managed Care Program is implemented, there are eight different scenarios for submitting ABD/CFC providers:

1. If a provider has been previously submitted and accepted by PVS as serving the CFC population and is currently serving both the ABD and CFC populations, then an update record must be submitted for this provider. Therefore, the update record must be a complete record containing: 1) the original Case Tracking Id of the provider that was accepted into PVS; 2) Report Type = 2; 3) the Start Date must be blank (the system will auto-date ABD provider start dates); and 4) the current information for this provider, i.e.,

the record must be a complete record. If the provider is a Provider Type that requires capacity, the Capacity submitted in the updated record will represent the provider's combined ABD and CFC capacity.

2. If a provider has not been previously submitted and accepted by PVS as serving the CFC population and is currently serving both the ABD and CFC populations, then an addition record must be submitted for this provider. The addition record must be a complete record. If the provider is a Provider Type that requires capacity, the Capacity submitted in the added record will represent the provider's combined ABD and CFC capacity.
3. If a provider has been previously submitted and accepted by PVS as serving the ABD population and is currently serving both the ABD and CFC populations, then an update record must be submitted for this provider. Therefore, the update record must be a complete record containing: 1) the original Case Tracking Id of the provider that was accepted into PVS; 2) Report Type = 2; 3) the Start Date must be blank (the system will auto-date CFC provider start dates); and 4) the current information for this provider, i.e., the record must be a complete record. If the provider is a Provider Type that requires capacity, the Capacity submitted in the updated record will represent the provider's combined ABD and CFC capacity.
4. If a provider has not been previously submitted and accepted by PVS as serving the CFC population and is currently serving only the ABD population, then an addition record must be submitted for this provider. The addition record must be a complete record.
5. If a provider has not been previously submitted and accepted by PVS as serving the CFC population and is currently serving only the CFC population, then an addition record must be submitted for this provider. The addition record must be a complete record.
6. If a provider has been previously submitted and accepted by PVS as serving the CFC population and is currently serving only the CFC population, then an additional record to identify that the provider is only serving the CFC population is not required (this scenario is only applicable for providers submitted prior to the implementation of the ABD Managed Care Program).
7. If a provider has been previously submitted as serving both ABD and CFC populations and will only be serving the ABD population in the future, then an update record must be submitted with the ABDIND = 2.
8. If a provider has been previously submitted as serving both ABD and CFC populations and will only be serving the CFC population in the future, then an update record must be submitted with the ABDIND = blank.

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. ADDCOUNTY and COUNTYAPP must contain the same county number pertaining to the physical location of the provider. This county must be located within the region that is indicated in ADDREGION.

If an FQHC, QFPP, or RHC is also a PCC, the MCP must submit 2 files in the following order:

1) File 1 must contain a record for the FQHC/QCFR/RHC with: FQHCQFPPRHC = 2; PROVPCCLINIC blank; FQHCQFPPRHCNUM filled in.

2) File 2 must contain a record for the PCC with: FQHCQFPPRHC = 1; PROVPCCLINIC blank; FQHCQFPPRHCNUM blank; and GROUPTCKID filled in with the CASETRACKID of the FQHC/QFPP/RHC as submitted in the first file.

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 an incorrect address, 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, FQHCCFPPRHCNUM 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. ADDCOUNTY and COUNTYAPP must contain the same county number pertaining to the physical location of the provider. This county must be located within the region that is indicated in ADDREGION.

**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 an incorrect address, 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. STARTDATE must be blank for deleted records when submitting a complete record.

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. ADDCOUNTY must contain the county number in which the hospital is physically located. COUNTYAPP must contain the county number of any county that is within the region for which an hospital has a contract as indicated in ADDREGION. If the MCP intends a hospital to be included in meeting provider panel hospital requirements in multiple regions, multiple records must be submitted; separate records must be submitted for each region with different Case Tracking IDs.

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 an incorrect address, 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 ODJFS' 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 a deleted 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. STARTDATE must be blank for deleted records when submitting a complete record.

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 >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	>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 >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	>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	Myy	mm Month of submission yy Year of submission
9	.t00	Extension: t >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.

ixxxmmyy.t00

Position	Symbol	Description
1	I	>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	Myy	mm Month of submission yy Year of submission
9	.t00	Extension: t >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.

jxxxmmyy.t00

Position	Symbol	Description
1	J	>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 >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

Field Type	Field Name	Required, Optional, or Conditional	Description
			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. Maximum length 16 characters.
Label	STARTDATE	Required	
Data	Start Date	Conditional	mm/dd/yyyy Effective date for provider, must be a future date. Required for Report Type = 1 Blank for Report Types = 2,3,4
Label	COUNTYAPP	Required	
Data	County Provider Applicable	Required	County number in which the provider is physically located. Must be the same value as reporting in ADDCOUNTY, 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 current license number. See Appendix F for correct formats for submitting license numbers.
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. See Appendix F for correct formats for submitting
Label	TPANAME	Required	

Field Type	Field Name	Required, Optional, or Conditional	Description
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
Label	ADDSTATE	Required	
Data	State	Required	State
Label	ADDZIP	Required	
Data	Zip	Required	Zip Code - 5 or 9 digits, no spaces or symbols
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

Field Type	Field Name	Required, Optional, or Conditional	Description
			relevant: see Appendix E
Label	PROVTYPE	Required	
Data	Provider Type	Conditional	Required if Category type = 4, see Appendix B for provider types; see Appendix G for State Medical Board/ ODJFS PVS provider type crosswalk. The following provider types can only be submitted for ABDIND= 1 or 2: 12, 14, 21, 22, 39, 40, 59, 67. Provider types 11, 16 and 17 cannot be submitted for ABDIND= 1 or 2.
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. 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

Field Type	Field Name	Required, Optional, or Conditional	Description
			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: 12, 14, 21, 22, 39, 51, 52, 53, 55, 56, 71
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 Blank for all other provider types and Category Types = 1,2,3,5.
Label	FQHCQFPPRHC	Required	
Data	FQHCQFPPRHCIndicator	Required	1 = PCC/Provider record pertains to association with FQHC/QFPP/RHC 2 = PCC/Provider record does not pertain to association with FQHC/QFPP/RHC or record is for a QFPP, FQHC or a RHC
Label	FQHCQFPPRHCNUM	Required	

Field Type	Field Name	Required, Optional, or Conditional	Description
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 FQHCQFPPRHCIndicator = 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: 1) Category type = 3 <u>Or</u> 2) Category type = 4 , Provider type: 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: 10, 15, 11, 12, 14, 16, 17, 21, 22, 35, 36, 37, 39, 40, 51, 52, 53, 55, 56, 59, 67
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
Label	NUMMEMBERS	Required	

Field Type	Field Name	Required, Optional, or Conditional	Description
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
Label	ABDIND	Required	
Data	ABD Indicator	Conditional	Blank= record is for a provider serving only CFC population. 1= record is for a provider serving both ABD and CFC population. 2= record is for a provider serving only ABD population.

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~CATTYPER|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|~**ABDIND**|~

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~
 ADDRREGION|104~PROVTYPE|16~CATTYPER|4~MEDPRNINDICATOR|1~MEDICAIDPROVIDERN
 UMBER|9999999~ PREPBY|Paul McCartney~ PREPDATE|02/12/2006~**ABDIND**|1

Correction:

REPORTTYPE|3~CASETRACKID|01~LICENSENUM|99.333333~LNAME|Jones~FNAME|Kellie~
 MI|~PROVTYPE|16~CATTYPER|4~MEDPRNINDICATOR|1~MEDICAIDPROVIDERNUMBER|99999
 99~ PREPBY|Paul McCartney~ PREPDATE|03/12/2006~**ABDIND**|1

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~ **ABDIND**|1

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. Maximum length 16 characters.
Label	CATTYPER	Required	

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Category Type	Required	6 = Hospital
Label	PROVTYPE	Required	
Data	Provider Type	Required	Provider type 1 – 5, see Appendix B
Label	STARTDATE	Required	
Data	Start Date	Conditional	mm/dd/yyyy Effective date for provider, must be a future date. Required for Report Type = 1 Blank for Report Types = 2,3,4
Label	COUNTYAPP	Required	
Data	County Provider Applicable	Required	County number in region for which hospital has contract and MCP intends hospital to count toward hospital provider panel regional requirement. May be any county number within the region, 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	MEDPRNINDICATOR	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	

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	City	Required	City Name
Label	ADDSTATE	Required	
Data	State	Required	State
Label	ADDZIP	Required	
Data	Zip	Required	Zip Code - 5 or 9 digits, no spaces or symbols
Label	ADDCOUNTY	Required	
Data	County	Required	County number in which hospital is physically located, 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	Optional	
Data	ODJFS Notice Date	No Data	Leave data field blank with no spaces, if sending label field (system will automatically date)
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
Label	MEMLETTER	Required	
Data	Member Letter Date	Optional	mm/dd/yyyy

Field Type	Field Name	Required, Optional, or Conditional	Description
			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
Label	ABDIND	Required	
Data	ABD Indicator	Conditional	Blank= record is for a provider serving only CFC population. 1= record is for a provider serving both ABD and CFC population. 2= record is for a provider serving only ABD population.

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|2222222~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|~ABDIND|1

Update:

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

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~ADDR
REGION|104~PREPBY|Paul McCartney~ PREPDATE|04/01/2006~**ABDIND|1**

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~**ABDIND|1**

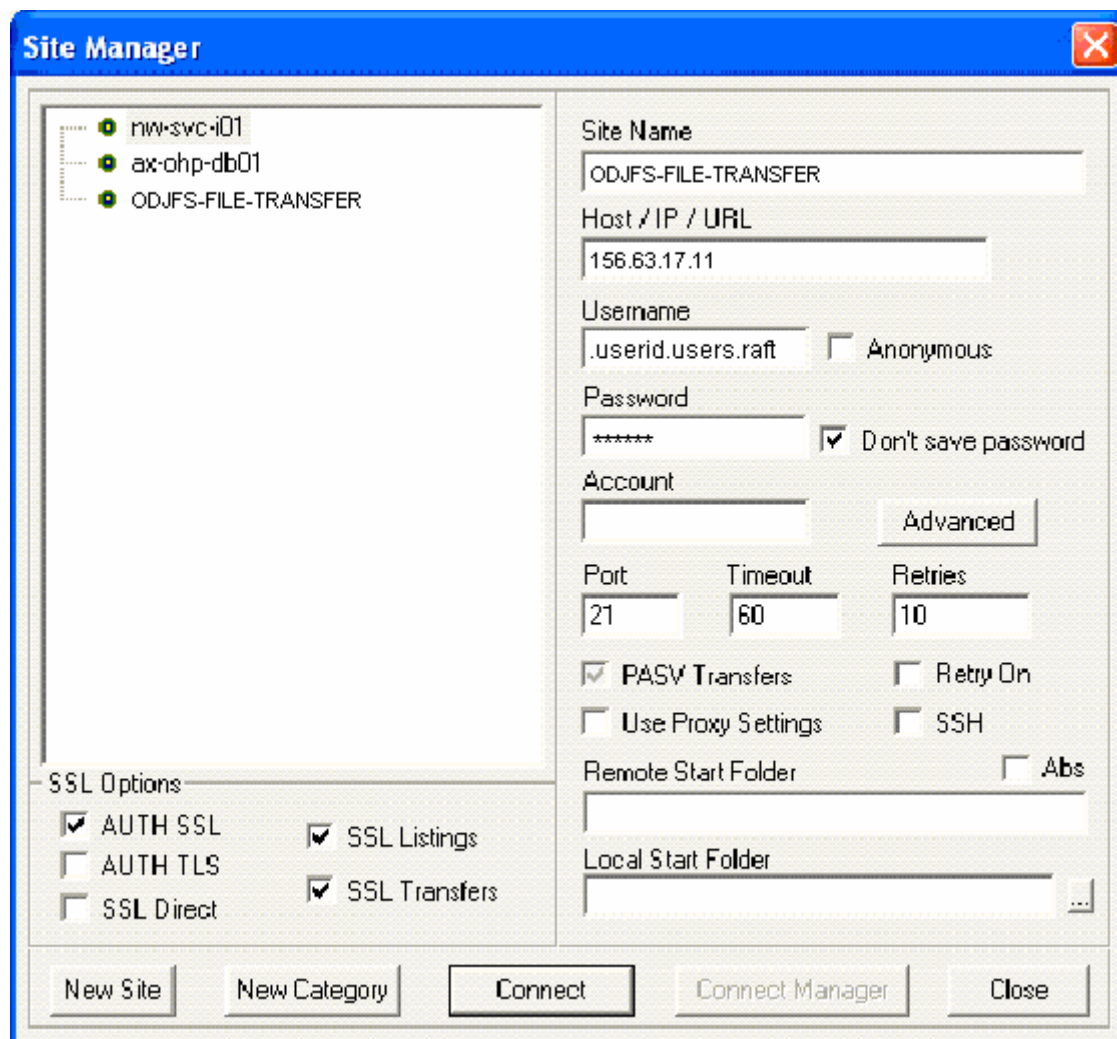
11. FTP File Submission

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
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

County Code	County Name
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
51	Marion
52	Medina
53	Meigs
54	Mercer
55	Miami
56	Monroe
57	Montgomery
58	Morgan
59	Morrow

County Code	County Name
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

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
12	Cardiovascular
14	Gastroenterology
15	PCP: Internal Medicine
16	PCP: Pediatrics
17	PCP: Pediatrics Board Certified
18	Non-PCP Pediatrics
21	Nephrology
22	Neurology
30	Dentistry
35	Ophthalmology
36	Optometrist
37	Optician
39	Physical Medicine/Rehab
40	Podiatry
51	General Surgery
52	PCP: OB/GYN
53	Obstetrics & Gynecology
55	Orthopedic Surgery
56	Otolaryngology
59	Urology
67	Psychiatry
71	Certified Nurse Midwife

Appendix C
4 Digit Hospital Codes

Hospital Numbers	
Hospital Name	Hospital Number
Bon Secour Health System	0001
Cabell Huntington Hospital	0002
Camden Clark Memorial Hospital	0003
Kings Daughters Medical Center	0004
Ohio Valley Medical Center	0005
Pleasant Valley Hospital	0006
Wheeling Hospital	0007
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

Hospital Numbers	
Hospital Name	Hospital Number
Mental Health Services for Clark County, Inc	1204
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
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
Mercy Hospital of Defiance	2003
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

Hospital Numbers	
Hospital Name	Hospital Number
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
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

Hospital Numbers	
Hospital Name	Hospital Number
Regency Hospital of Cincinnati	3116
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
Fisher Titus Medical Center	3902
Holzer Medical Center Jackson	4001
Trinity Medical Center East	4101
Trinity Medical Center West	4102
Acuity Specialty Hospital	4103
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

Hospital Numbers	
Hospital Name	Hospital Number
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
Forum Health Women & Infant's Pavilion at Beeghly Medical Park	5008
Marion General Hospital Inpatient Rehab	5101
Marion General Hospital	5102
Wadsworth Rittman Hospital	5202
Lodi Community Hospital	5203
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

Hospital Numbers	
Hospital Name	Hospital Number
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
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

Hospital Numbers	
Hospital Name	Hospital Number
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**

	County	Facility/Clinic Name	Address 1	Address 2	City	State	Zip	Phone
01001	Adams	Adams-Brown Counties Economic Opportunities Inc	9137 St. Rt. 136		West Union	OH	45693	937/544-3796
02002	Allen	Allen County Health Department	1644 North Main Street		Lima	OH	45801	419/229-2092
02002	Allen	Allen County Health Department	219 East Market Street	P.O. Box 1503	Lima	OH	45802	419/228-6154
03001	Ashland	Kno- Ho- Co Counties CAC - Ashland County Family Planning Clinic	1060 Claremont Ave.	Suite #3	Ashland	OH	44805	419/289-1700
04001	Ashtabula	Ashtabula County Health Department	12 W. Jefferson St.		Jefferson	OH	44047	440/576-6010
04002	Ashtabula	Family Planning Association Northeast Ohio	510 West 44th Street		Ashtabula	OH	44004	440/992-5953
05007	Athens	Ohio University College of Medicine	055 Grosvenor Hall		Athens	OH	45701	740/593/9536
05001	Athens	Planned Parenthood of Southeast Ohio	280 East State Street		Athens	OH	45701	740/593-6979
06001	Auglaize	Auglaize County Health Department	214 South Wagner Street		Wapakoneta	OH	45895	419/738-3410
07001	Belmont	Belmont County General Health District	68501 Bannock Road		St. Clairsville	OH	43950	740/695-1262
08001	Brown	Adams-Brown Counties Economic Opportunities Inc	200 South Green Street		Georgetown	OH	45121	937/544-3796
09001	Butler	Planned Parenthood of Southwest Ohio Region - Hamilton Center	11 Ludlow Avenue		Hamilton	OH	45011	513/856-8332
09002	Butler	Planned Parenthood of Southwest Ohio Region - Middletown Center	3537 Roosevelt Blvd		Middletown	OH	45044	513/424-0344
09003	Butler	Planned Parenthood of Southwest Ohio Region - Oxford Center	32 West Walnut Street		Oxford	OH	45056	513/523-3818
10001	Carroll	Carroll County Health Department	301 Moody Avenue SW	P.O. Box 98	Carrollton	OH	44615	330/627-4866
12001	Clark	Planned Parenthood of the Southwest Ohio Region - Springfield Clinic	1061 N. Bechtle Ave.		Springfield	OH	45502	513/325-7349
13001	Clermont	Planned Parenthood of the Southwest Ohio Region - Clermont County Center	834 Ohio Pike		Withamsville	OH	45245	513/752-1910
14001	Clinton	Clinton Memorial Hospital/Center for Women's Health Services	610 West Main Street	P.O. Box 600	Wilmington	OH	45177	937/382-9303
15004	Columbiana	Community Action Agency of Columbiana County	7880 Lincole Place		Lisbon	OH	44432	330-424-5686
15001	Columbiana	Community Action Agency of Columbiana County	16687 St. Clair Ave		East Liverpool	OH	43920	330/386-7777

16001	Coshocton	- E. Liverpool Community Health Center 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 West		West Galion OH	44833	419/468-9926
18038	Cuyahoga	Cleveland City Health Department	1925 St. Clair Ave		Cleveland OH	44114	216/664/2314
18005	Cuyahoga	MetroHealth Center for Community Health/McCafferty Health Center	4242 Lorain Avenue		Cleveland OH	44113	216/651-3740
18006	Cuyahoga	MetroHealth Center for Community Health/J. Glen Smith Health Center	11100 St. Clair Avenue		Cleveland OH	44108	216/249-3600
18007	Cuyahoga	MetroHealth Center for Community Health/Broadway Health Center	6835 Broadway Avenue		Cleveland OH	44105	216/957-1500
18009	Cuyahoga	MetroHealth Center for Community Health/Brooklyn Medical Group	5208 Memphis Avenue		Cleveland OH	44144	216/398-0100
18039	Cuyahoga	MetroHealth Center For Community Health, Buckeye Health Center	2816 E. 116th St.		Cleveland OH	44120	216/957-4000
18011	Cuyahoga	MetroHealth Center for Community Health, Lee-Harvard Health Center	4071 Lee Road, S.E.	Space 260	Cleveland OH	44128	216/957-1200
18012	Cuyahoga	MetroHealth Medical Center/Women's and Children's Pavilion	2500 MetroHealth Drive		Cleveland OH	44109	216/778-5343
18013	Cuyahoga	Neighborhood Health Care Inc./Neighborhood Family Practice (Ridge)	3569 Ridge Road		Cleveland OH	44102	216/281-0872
18040	Cuyahoga	Neighborhood Health Care Inc./Neighborhood Family Practice (Tremont)	2358 Professor Avenue		Cleveland OH	44113	216/334-2800
18020	Cuyahoga	Planned Parenthood of Greater Cleveland/East Cleveland	1835 Forest Hills Boulevard		East OH	44112	216/851-1880
18024	Cuyahoga	University Hospitals of Cleveland, Women's Health Center, Rainbow Babies and Children's Hospital	11100 Euclid Avenue	First Floor	Cleveland OH	44106	216/844-3896
20001	Defiance	Women and Family Services Inc.	508 Wayne Street		Defiance OH	43512	419/782-4906
21001	Delaware	Delaware City-County Health Department	1-3 West Weiner St	P.O. Box 570	Delaware OH	43015	740/368-1700
21002	Delaware	Planned Parenthood of Central Ohio Inc/Delaware Clinic	152 W. Central Ave.		Delaware OH	43015	740/369-1766
22001	Erie	Erie County General Health District/Erie County Family Planning	420 Superior Street		Sandusky OH	44870	419/626-5623
23001	Fairfield	Lancaster Public Health Center/ Fairfield County Combined General Health District	1587 Granville Pike		Lancaster OH	43130	740/653/4489
25019	Franklin	Columbus City Health Department	240 Parsons Ave		Columbus OH	43215	614/645/6837
25005	Franklin	Planned Parenthood of Central Ohio Inc.	206 East State Street		Columbus OH	43213	614/222-2235
25001	Franklin	Planned Parenthood of Central Ohio Inc./Campus Health Center - North * Administrative Center	18 East 17th Avenue		Columbus OH	43201	614/222-3604

25002	Franklin	Planned Parenthood of Central Ohio Inc./East Health Center	3255 East Main Street		Columbus OH	43213	614/222-3531
25003	Franklin	Planned Parenthood of Central Ohio Inc./Franklinton Clinic	1511 West Broad Street		Columbus OH	43222	614/222-3525
25004	Franklin	Planned Parenthood of Central Ohio Inc./Linden Clinic	1390 Cleveland Avenue		Columbus OH	43211	614/222-3607
26001	Fulton	Fulton County Health Department	606 South Shoop Avenue		Wauseon OH	43567	419/337-0561
27001	Gallia	Gallia County Health District	499 Jackson Pike	Suite D	Gallipolis OH	45634	740/441/2960
28001	Geauga	Family Planning Association of Northeast Ohio, Geauga County, Middlefield	15561 Kinsman Road		Middlefield OH	44062	800/246-1645
29002	Greene	Greene County Combined Health District	360 Wilson Dr.	P.O. Box 250	Xenia OH	45385	937/374/5600
29003	Greene	Planned Parenthood of the Southwest Ohio Region - Fairborn Center	530 E. Dayton-Yellow Springs Rd.		Fairborn OH	45324	937/754-4633
30001	Guernsey	Cambridge- Guernsey County Health Department	326 Highland Avenue		Cambridge OH	43725	740/439-3577
31001	Hamilton	Planned Parenthood of the Southwest Ohio Region - Elizabeth Campbell Center, Auburn	2314 Auburn Avenue		Cincinnati OH	45219	513/287-6484
31003	Hamilton	Planned Parenthood of the Southwest Ohio Region - Mary Yeiser Center	6548 Glenway Avenue		Cincinnati OH	45211	513/574-4348
31005	Hamilton	Planned Parenthood of the Southwest Ohio Region - Springdale Center	290 Northland Blvd		Cincinnati OH	45246	513/772/2207
31003	Hamilton	Family & Children First Council/Mary M Yeiser Center	125 East Court Street	Suite 350	Cincinnati OH	45202	513/946-4990
33001	Hardin	Hardin Memorial Hospital	921 East Franklin Street		Kenton OH	43326	419/674-4450
34001	Harrison	Harrison Community Hospital	951 East Market Street		Cadiz OH	43907	740/942-8400
35001	Henry	Henry County/Napoleon City Combined General Health District	1843 Oakwood Ave		Napoleon OH	43545	419/599-5545
36007	Highland	Highland County Community Action Organization/Highland County Family Planning	1487 N. High St	P.O. Box 838	Hillsboro OH	45133	937/393-3060
36002	Highland	Highland County Community Action Organization/Highland County Family Planning Greenfield Clinic	348 South Street		Greenfield OH	45123	937/981-2953
38001	Holmes	Holmes County General Health District	931 Wooster Road		Millersburg OH	44654	330/674-5035
39001	Huron	Huron County General Health District	180 Milan Avenue		Norwalk OH	44857	419/668-1652
40001	Jackson	Planned Parenthood of Southeast Ohio	200 East Main Street		Jackson OH	45640	740/286-5496
41001	Jefferson	The Women's Health Center of Jefferson County Inc.	217 Washington Street	P.O. Box 962	Steubenville OH	43952	740/282-5676
42001	Knox	Kno- Ho- Co Counties CAC/Knox Co. Family	69 Sychar Road		Mount Vernon OH	43050	740/397-0145

43001	Lake	Family Planning Association of Northeast Ohio/Lake County	Planning Clinic 54 South State Street	Suite 200	OH	Painesville OH	44077	800/246-1645
44004	Lawrence	Lawrence County Health Department	2122 South 8th Street		OH	Ironton OH	45638	740/532-3962
45001	Licking	Family Health Services of East Central Ohio	155 McMillen Drive		OH	Newark OH	43055	740/366-3372
47001	Lorain	Family Planning Services of Lorain County	247 West Lorain Street		OH	Oberlin OH	44074	440/322-7526
47006	Lorain	Family Planning Services of Lorain County	602 Leona St		OH	Elyria OH	44035	440/322-7526
47003	Lorain	Family Planning Services of Lorain County	1144 West Erie Avenue		OH	Lorain OH	44052	440/322-7526
47007	Lorain	Family Planning Services of Lorain County	35075 Center Ridge Rd.		OH	North Ridgeville OH	44039	440/332-7526
48012	Lucas	Lucas County Regional Health District	635 N. Erie St.		OH	Toledo OH	43624	419/213/4263
48001	Lucas	Planned Parenthood of Northwest Ohio	1301 Jefferson Avenue		OH	Toledo OH	43624	419/255-1115
50001	Mahoning	Planned Parenthood of Mahoning Valley/Youngstown Health Center	77 East Midlothian Boulevard		OH	Youngstown OH	44507	330/788-2487
52001	Medina	Planned Parenthood of Summit/Portage/Medina Counties	2747 Medina Road	Plaza 71	OH	Medina OH	44256	330/723-1300
53001	Meigs	Meigs County Health Department	112 E. Memorial Dr.		OH	Pomeroy OH	45769	740/992/6626
55001	Miami	Planned Parenthood of the Southwest Ohio Region - Troy Center	510 W. Water St.	Ste. 130	OH	Troy OH	45373	937/335-0929
56001	Monroe	Ohio Hills Health Services	100 Hospital Drive	P.O. Box 43	OH	Barnesville OH	43713	740/425-5165
57006	Montgomery	Montgomery County Combined Health District	117 S. Main St.	Reibold Building	OH	Dayton OH	45422	937/225/4477
57003	Montgomery	Planned Parenthood of the Southwest Ohio Region - Dayton Center	224 North Wilkinson Street		OH	Dayton OH	45402	937/226-0780
57002	Montgomery	Planned Parenthood of the Southwest Ohio Region - Miamisburg	61 S. Springboro Pike	#A	OH	Miamisburg OH	45342	937/433-6195
58001	Morgan	Community Action Program Corps of Washington and Morgan Counties	442 S. Main St.		OH	Malta OH	45758	740/962-5266
60001	Muskingham	Family Health Services of East Central Ohio, Inc.	727 Market Street		OH	Zanesville OH	43701	740/453-2872
60002	Muskingham	Zanesville- Muskingum County Health Department	205 North 7th Street		OH	Zanesville OH	43701	740/454-9741
61001	Noble	Noble County Health Department	44069 Marietta Rd.		OH	Caldwell OH	43724	740/732-4958
62001	Ottawa	Ottawa County Health Department	1856 East Perry Street		OH	Port Clinton OH	43452	419/734-6800
63002	Perry	Family Health Services of East Central Ohio	450 S. State St.		OH	New Lexington OH	43764	740/342-3517
65001	Pickaway	Planned Parenthood of Central Ohio Inc/Circleville Health Center	133 Lewis Avenue		OH	Circleville OH	43113	740/474-4741
67001	Portage	Planned Parenthood of Summit/Medina/Portage	209 South Chestnut	Suite 203	OH	Ravenna OH	44266	330/296-7526

		Counties	Street					
70004	Richland	Mansfield Onterio Richland County Health Department	555 Lexington Ave			Mansfield OH	44907	419/774/7421
70001	Richland	Planned Parenthood of North Central Ohio	384 Park Avenue West			Mansfield OH	44902	419/525-3075
72001	Sandusky	Sandusky County Health Department	2000 Countryside Drive			Fremont OH	43420	419/334-6355
73001	Scioto	Portsmouth City Health Department	605 Washington St.			Portsmouth OH	45662	740/353-3638
74001	Seneca	Sandusky County General Health District	71 S. Washington St.			Tiffin OH	44883	419/447-3691
76001	Stark	Planned Parenthood of Stark County	2663 Cleveland Avenue			Canton OH	44709	330/456-7191
76003	Stark	Stark County Health Department	3951 Convenience Circle NW			Canton OH	44718	330/493/9904
77002	Summit	Planned Parenthood of SummitPortage/Medina Counties	Portage and Medina Counties	444 West Exchange Street		Akron OH	44302	330/535-2671
77004	Summit	Summit County General Health District	1100 Grahm Road Circle			Stow OH	44224	330/926/5738
78001	Trumbull	Planned Parenthood of Mahoning Valley - Trumbull County Health Center	2668 Elm Rd.	Bldg. C		Cortland OH	44410	330/399-4928
79001	Tuscarawas	Tuscarawas County General Health District/Tuscarawas Co. Family Planning Clinic	897 East Iron Avenue	P.O. Box 443		Dover OH	44622	330/343-5555
80001	Union	Union County General Health District	940 London Ave	Suite #1100		Marysville OH	43040	937-645-2054
83001	Warren	Warren County Combined Health District	416 South East Street			Lebanon OH	45036	513/695-1228
84001	Washington	Community Action Program Corp of Washington-Morgan Counties/Family Health Services	696 Wayne Street			Marietta OH	45750	740/374-8501
85001	Wayne	Planned Parenthood of North Central Ohio/Wayne Co. Clinic	334 East Milltown Road			Wooster OH	44691	330/345-7798
87001	Wood	Wood Co. Combined Health District	1840 E. Gypsy Lane Road			Bowling Green OH	43402	419/354-3540
88001	Wyandot	Wyandot County General Health District	127-A South Sandusky Ave			Upper Sandusky OH	43351	419/294/3852

Rural Health Clinics (RHCs)

May 16, 2006

Source: Ohio Department of Jobs and Family Services

Number	County	Facility Name	Address	City	Telephone	Status
01003	Adams	Lyric Health Care Center	28 E. 2nd Street	Manchester	(937)549-2691	ACTIVE
04005	Ashtabula	Primary Health of Ashtabula	5266 State Route N 45	Rome	(440)563-5028	ACTIVE
05004	Athens	Nelsonville Family Practice	222 Myers Street	Nelsonville	(614)753-4436	ACTIVE
13007	Clermont	Clermont Pediatric Center	2400 Clermont Pediatric Drive	Batavia	(513)732-7182	ACTIVE
36005	Highland	Community Health Clinic	1440 North High Street	Hillsboro	(937)840-6587	ACTIVE
36006	Highland	Greenfield Medical Services	1092 West Jefferson Street	Greenfield	(937)840-6587	ACTIVE
40002	Jackson	Holzer Family Care Center Jack	500 Burlington Road	Jackson	(614)286-2168	ACTIVE
40003	Jackson	Jenkins Memorial Health Clinic	140 Jenkins Road	Wellston	(740)384-2167	ACTIVE
44002	Lawrence	Complete Medical Services Inc	13804 State Route 141, Box 120	Kitts Hill	(740)643-0234	ACTIVE
58002	Morgan	Family Health Service	24 Third Street	Malta	(740)962-5266	ACTIVE
59001	Morrow	Bachelor Family Practice	642 West Marion Road	Mount Gilead	(419)947-7015	ACTIVE
63005	Perry	Crooksville Family Clinic	712 China Street	Crooksville	(740)982-6872	ACTIVE
63004	Perry	Perry County Family Practice	1625 Airport Road SE	New Lexington	(740)342-5158	ACTIVE
70003	Richland	Chandra Shaker MD	120 Sturges Avenue	Mansfield	(419)522-5454	ACTIVE
73003	Scioto	CAO of Scioto County	411 Second Street	Portsmouth	(614)353-3173	ACTIVE

		Health Clinic				
73004	Scioto	Dr John Ditraglia Pediatrics	717 5th Street	Portsmouth	(614)354-6605	ACTIVE
79002	Tuscarawas	Tuscarawas County General Health	897 East Iron Avenue, PO Box 443	Dover	(330)343-4928	ACTIVE

Ohio Federally Qualified Health Centers (FQHCs)

As of: May 23, 2006

Source: Ohio Department of Jobs and Family Services

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
01003	SOHSN	Adams	Panhandle Health Center	9137 St Rt 136	West Union	45693	513-544-3502
02002	ACHP	Allen	Allen County Health Partners	441 East 8th St	Lima	45804	419-221-3072
05006	PRAV	Athens	Family Health Care Inc.-Athens	88 N Plains Rd Ste 1	The Plains	45780	740-797-2352
07003	OHHS	Belmont	Barnsville Family Health Center	100 Hospital Dr, PO Box 43	Barnsville	43713	740-425-6165
08005	SOHSN	Brown	Georgetown Family Health Center	5162 State Route 125	Georgetown	45121	937-378-6387
08006	SOHSN	Brown	Mt. Orab Family Health Center	614 South High St	Mt Orab	45154	937-444-2514
08007	SOHSN	Brown	Ripley Family Health Center	14 North Second St	Ripley	45167	937-392-4338
09004	BCCHC	Butler	Hamilton Community Health Center	412 Main St	Hamilton	45013-4717	513-892-1888
09005	BCCHC	Butler	Middletown Community Health Center	930 Ninth Ave	Middletown	45044-5530	513-425-8305
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 State Route 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
13008	SOHSN	Clermont	Batavia OB/GYN	2245 Bower Rd, Ste B			
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 West 25th St	Cleveland	44113-3112	
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

Number	Network	County	Facility	Address	City	Zip	Phone
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
18037	CNHSN	Cuyahoga	Northeast Ohio Neighborhood Health	1465 E. 55th St.	Cleveland	44103	216-881-2000
19001	FHS	Darke	Family Health Services of Darke County	5735 Meeker Rd	Greenville	45331	937-548-9680
19002	FHS	Darke	Family Health Services of Darke County	820 Central Ave	Greenville	45331	937-548-1700
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	43219-3387	
25007	CNHC	Franklin	Hilltop Health Center	2500 Sullivant Ave	Columbus	43204-3141	
25008	CNHC	Franklin	St Stephens Health Center	1500 East 17th Ave	Columbus	43219-1002	
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 East 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
25014	COHN	Franklin	Parsons Ave Family Dental	240 Parsons Ave	Columbus	43215	614-645-6251
25015	LLCHS	Franklin	Lower Lights Christian Health	1251 W Broad St	Columbus	43222-1359	614-274-1455
25016	COHN	Franklin	Billie Brown Jones Family Health Center	1060 Mt Vernon Ave	Columbus	43203	614-252-0903
25017	COHN	Franklin	Franklinton Health Center	75 S Souder Ave	Columbus	43222	614-274-0185

25018	COHN	Franklin	St Marks Health Center	1260 N High	Columbus	43201	614-645-8435
Number	Network	County	Facility	Address	City	Zip	Phone
31006	CHC	Hamilton	Crossroad Health Center	5 East Liberty St	Cincinnati	45202-8202	
31007	CHD	Hamilton	Elm Street Health Center Cincinnati Health Department	1525 Elm St	Cincinnati	45202-6957	
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	45240-3022	
31011	LHHC	Hamilton	Mt Healthy Health Center	8146 Hamilton Ave	Cincinnati	45231-2324	
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	45226-1747	
31014	NHC	Hamilton	Mt Auburn Health Center	2415 Auburn Ave	Cincinnati	45219-2701	
31015	NHC	Hamilton	Walnut Hills Evanston Medical Center	3036 Woodburn Ave	Cincinnati	45206-1416	
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
31018	NHCI	Hamilton	Spring Grove Center	3129 Spring Grove Ave	Cincinnati	45225	513-853-6930
31019	NHCI	Hamilton	The Bridge	1515 Canal St	Cincinnati	45225	513-244-3985
31020	NHCI	Hamilton	Adapt for Women	1616 Harrison Ave	Cincinnati	45214	513-557-2500
31021	NHCI	Hamilton	Adapt For Men	3009 Burnet Ave	Cincinnati	45219	513-872-8870
31022	NHCI	Hamilton	S Avondale School Based Health Center	305 Rockdale Ave	Cincinnati	45229	513-363-5522
31023	NHCI	Hamilton	A Munoz Ped Health Care Inc	270 Southern Ave	Cincinnati	45219	513-363-5658
31024	NHCI	Hamilton	Rockdale Academy School Based	335 Rockdale	Cincinnati	45229	513-363-4704
34002	OHHS	Harrison	Freeport Family Health Center	110 West Main St, PO Box 207	Freeport	43973	740-658-3329
36003	SOHSN	Highland	Greenfield Family Health Center	1075 North Washington	Greenfield	45123	937-981-7707
36004	SOHSN	Highland	Southern Ohio Health Services	104 Erin Ct	Hillsboro	45133	937-393-5781
37002	FH	Hocking	Family Healthcare Logan	1383 West Hunter	Logan	43138	740-380-3730
44006	CAO	Lawrence	Chesapeake Family Medical Center	717 Third Ave	Chesapeake	45619	740-867-6687

44007	CAO	Lawrence	Ironton Family Health Center	304 North Second St	Ironton	45638	740-532-2282
44008	CAO	Lawrence	Ironton Lawrence County	223 Carlton Davidson Ln	Coal Grove	45638	740-532-3048
Number	Network	County	Facility	Address	City	Zip	Phone
44009	CAO	Lawrence	South Point Family Medical Center	Route 7, Box 808	South Point	45680	740-377-2712
44010	VHS	Lawrence	Valley Health Systems Inc dba Ironton Hills Medical Center	1041 Ironton Hills	Ironton	45638	304-525-3334
46002	FH	Logan	Family Healthcare Inc	1383 West 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	43607-4222	
48005	NHA	Lucas	Huron Street Medical Clinic	923 North Huron St	Toledo	43604-1952	
48006	NHA	Lucas	River East Community Health Center	117 Main St	Toledo	43605-2033	
48007	NHA	Lucas	Cordelia Martin at Libbey High School	1250 Western Ave	Toledo	43609-2208	
48008	NHA	Lucas	Southside Community Health Center	723 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
48011	TFHS	Lucas	NHA Pediatrics	One Aurora Gonzales Dr	Toledo	43609-2782	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 Inc	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 SR 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	Community Action Committee-Pike	227 Valleyview Dr	Waverly	45690	740-947-7726

Number	Network	County	Facility	Address	City	Zip	Phone
66007	CAC	Pike	Family Health Center	7777 US 23	Piketon	45661	866-470-8129
66008	CAC	Pike	West Portsmouth Family Center	23030 St Rt 73	Portsmouth	45663	740-858-1063
70002	TSFHS	Richland	Third Street Family Health Services	600 West 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 West State St	Fremont	43420	419-334-9137
72005	CHSN	Sandusky	William L Padaman Community Health Services	418 Birchard Ave	Fremont	43420	419-334-8943
73002	CAC	Scioto	West Portsmouth Family Medical Center	23030 St Rt 73	Portsmouth	45663	740-858-1063
76002	ONEHS	Stark	Good Samaritan Community	405 S Linden Ave, Ste 210 A	Alliance	44601	330-747-9551
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 Inc	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
Adams	105	South West
Allen	107	North West
Ashland	102	East Central
Ashtabula	100	North East
Athens	103	South East
Auglaize	107	North West
Belmont	103	South East
Brown	105	South West
Butler	105	South West
Carroll	102	East Central
Champaign	106	West Central
Clark	106	West Central
Clermont	105	South West
Clinton	105	South West
Columbiana	101	North East Central
Coshocton	103	South East
Crawford	104	Central
Cuyahoga	100	North East
Darke	106	West Central
Defiance	107	North West
Delaware	104	Central
Erie	100	North East
Fairfield	104	Central
Fayette	104	Central
Franklin	104	Central
Fulton	107	North West
Gallia	103	South East
Geauga	100	North East
Greene	106	West Central
Guernsey	103	South East
Hamilton	105	South West
Hancock	107	North West
Hardin	107	North West
Harrison	103	South East
Henry	107	North West
Highland	105	South West
Hocking	104	Central
Holmes	102	East Central
Huron	100	North East
Jackson	103	South East
Jefferson	103	South East
Knox	104	Central
Lake	100	North East
Lawerence	103	South East

County_Desc	Region_Code	Region_Desc
Licking	104	Central
Logan	104	Central
Lorain	100	North East
Lucas	107	North West
Madison	104	Central
Mahoning	101	North East Central
Marion	104	Central
Medina	100	North East
Meigs	103	South East
Mercer	107	North West
Miami	106	West Central
Monroe	103	South East
Montgomery	106	West Central
Morgan	103	South East
Morrow	104	Central
Muskingum	103	South East
Noble	103	South East
Ottawa	107	North West
Paulding	107	North West
Perry	104	Central
Pickaway	104	Central
Pike	104	Central
Portage	102	East Central
Preble	106	West Central
Putnam	107	North West
Richland	102	East Central
Ross	104	Central
Sandusky	107	North West
Scioto	104	Central
Seneca	107	North West
Shelby	106	West Central
Stark	102	East Central
Summit	102	East Central
Trumbull	101	North East Central
Tuscarawas	102	East Central
Union	104	Central
Van Wert	107	North West
Vinton	103	South East
Warren	105	South West
Washington	103	South East
Wayne	102	East Central
Williams	107	North West
Wood	107	North West
Wyandot	107	North West

Appendix F
License Number Format

Provider	Format	Description	PVS Provider Types
Medical Doctor	35.123456	Always begins with 35 followed by a period and a 6 digit number	10, 11, 12, 13, 14, 15, 16, 17, 21, 22, 35, 39, 51, 52, 53, 55, 56, 59, 67
Osteopathic Doctor	34.123456	Always begins with 34 followed by a period and a 6 digit number	10, 11, 15, 16, 17, 35, 51, 52, 53, 55, 56, 10, 11, 12, 13, 14, 15, 16, 17, 21, 22, 35, 39, 51, 52, 53, 55, 56, 59, 67
Certified Nurse Midwives	RN.123456- COA1 RN.123456- COA2	Always begins with RN followed by a period and a 6 digit number ending with a dash and either "COA1" or "COA2"	71
Dental Providers	30-123456	Always begins with a 30 followed by a dash and a 6 digit number	30
Optometrists	OPT.1234- THER OPT.1234- DIAG	Always begins with "OPT" followed by a period and a 4 digit number and ending with a dash and either "THER" or "DIAG"	36
Podiatrist	36.123456	Always begins with 36 followed by a period and a 6 digit number	40

Appendix G
Provider Type – Specialty Type Crosswalk

ODJFS Provider Type	State Medical Board Specialty
10: PCP: General/Family Practice	FP: Family Practice FPG: Geriatric Medicine (Family Practice) GP: General Practice
11: Allergy	A: Allergy AI: Allergy & Immunology ALI: Allergy & Immunology (Clin. & Lab Imm) PDA: Pediatric Allergy
12: Cardiovascular	CD: Cardiovascular Disease CDS: Cardiovascular Surgery
13: Dermatology	DMD: Dermatopathology
14: Gastroenterology	GE: Gastroenterology
15: PCP: Internal Medicine	AMI: Adolescent Medicine (Internal Medicine) IM: Internal Medicine IMG: Geriatric Medicine MPD: Internal Medicine/Pediatrics
16: PCP: Pediatrics	MPD: Internal Medicine/Pediatrics PD: Pediatrics
17: PCP: Pediatrics (Board Certified)	MPD: Internal Medicine/Pediatrics
21: Nephrology	NEP: Nephrology
22: Neurology	N: Neurology
35: Ophthalmology	OPH: Ophthalmology PO: Pediatric Ophthalmology
39: Physical Medicine/Rehab	PM: Physical Medicine/Rehab
51: General Surgery	GS: General Surgery PDS: Pediatric Surgery
52: PCP: OB/GYN	OBG: Obstetrics & Gynecology
53: Obstetrics & Gynecology	OBG: Obstetrics & Gynecology
55: Orthopedic Surgery	OFA: Orthopedics, Foot & Ankle ORS: Orthopedic Surgery OTR: Orthopedic Trauma OSS: Orthopedic Surgery of the Spine OP: Pediatric Orthopedics
56: Otolaryngology	OTO: Otolaryngology PDO: Pediatric Otolaryngology
59: Urology	U: Urology
67: Psychiatry	P: Psychiatry PYG: Geriatric Psychiatry

Appendix H
MCP Submitter IDs

MCP Submitter ID	MCP
712	AMERIGROUP
420	Buckeye Community Health Plan
315	CareSource
731	Molina
325	Paramount
327	QualChoice Health Plan
761	Unison

Appendix I
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	REJECT_NOVALUE_STATE

	type = 1	
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	REJECT_DUPLICATE_CASE_TRACKING_ID

	type =1. The same case tracking id exists in the PVS database for the same provider.	
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
75	Capacity should be numeric	REJECT_INVALID_CAPACITY
76	License Number is not associated with that Case Track ID	REJECT_INVALID_COMBINATION_CASETRACKINGID_LICENSENUMBER
77	Hospital Number is not associated with that Case Track ID	REJECT_INVALID_COMBINATION_CASETRACKINGID_HOSPITALNUMBER
78	FQHCQFPPRHC Number is not associated with that Case Track ID	REJECT_INVALID_COMBINATION_CASETRACKINGID_FQHCQFPPRHCNUMBER
79	License Number is not associated with that Medicaid Number	REJECT_INVALID_COMBINATION_MEDICAIDNUMBER_LICENSENUMBER
80	The Case Track ID was already terminated	REJECT_ALREADY_TERMINATED
98	Severe error	SEVERE_ERROR
99	Failure	FAILURE