

## File Layout for Health Plan Provider Networks

Field #	Field Name	Field Length	Required Field	Field Format	Justification	Comments
1	Plan Code	9	X	alpha	<p><b>HMO &amp; PSN :</b></p> <p>Left with leading zeros</p> <p>MediPass: right justified</p>	<p>This is the 9 digit HMO <b>Medicaid Provider ID, or PSN Supergroup</b>, number specific to the county of operation.</p> <p>For <b>MediPass, this is the</b> plan County identifier = MP+county number (MP06 = MediPass Broward). <b>Used for MediPass Providers, Non-Reform MediPass Supergroups</b></p>
2	Provider Type	1	X	alpha	Left	<p>Identifies the provider's general area of service with an alpha character, as follows:</p> <p>P = Primary Care Provider (PCP)            I = Individual Practitioner other than a PCP            B = Birthing Center            T = Therapy            G = Group Practice (includes FQHCs and RHCs)            H = Hospital            C = Crisis Stabilization Unit            D = Dentist            R = Pharmacy            A = Ancillary Provider (DME providers, Home Health Care Agencies, or other non-hospital, non-physician providers not listed as a separate provider type, etc.)</p>
3	Plan Provider Number	15	X	alpha	Left with leading zeros	Unique number assigned to the provider by the plan.
4	Group Affiliation	15	Required for all groups (type G) and	alpha	Left with leading zeros	The unique provider number assigned by the plan to the group practice. This field is required for all providers who are members of a group, such as PCPs and specialists. The group affiliation number must be the same for all

Field #	Field Name	Field Length	Required Field	Field Format	Justification	Comments
			providers (types P, I, D, or T) who are members of a group  See <b>NOTE:</b> For Individual providers			providers who are members of that group. <u>A record is also required for each group practice (provider Type G) being reported.</u>  For groups (provider type G), this identification number must be the same as the plan provider number.  <b>NOTE: HMO and/or Reform PSNs:</b> For <b>HMO or Reform PSN</b> individual providers that do NOT practice as members of a group use the plan code <b>(Plan Medicaid ID for the county)</b> with leading zeroes.
5	SSN or FEIN	9	X	numeric	Left with leading zeros	Social Security Number of Federal Identification Number for the individual provider or the group practice.
6	Provider last name	30	X	alpha	Left	The last name of the provider, or the first 30 characters of the name of the group. (Please do not include courtesy titles such as Dr., Mr., Ms., since these titles can interfere with electronic searches of the data.) This field should also be used to note hospital name. UPPER CASE ONLY PLEASE.
7	Provider first name	30	X	alpha	Left	The first name of the provider, or the continuation of the name of the group. UPPER CASE ONLY PLEASE.
8	Address line 1	30	X	alpha/numeric	Left	Physical location of the provider or practice. Do not use P.O. Box or mailing address is different from practice location. UPPER CASE ONLY PLEASE.
9	Address line 2	30		alpha/numeric	Left	Second line of the location address for the provider. UPPER CASE ONLY PLEASE
10	City	30	X	alpha	Left  Left	Physical city location of the provider or practice. UPPER CASE ONLY PLEASE
11	Zip Code	9	X	numeric	Left with trailing zeros	Physical zip code location of the provider or practice. Please note that the format does not allow for use of a hyphen. Accuracy is important, since address information is one of the standard items used to search for providers that are located in close proximity to the member.

Field #	Field Name	Field Length	Required Field	Field Format	Justification	Comments
12	Phone area code	3	X	numeric	Left	Area code for the phone number of the office. Please note that the format does not allow for use of a hyphen.
13	Phone number	7	X	numeric	Left	Phone number of the office. Please note that the format does not allow for use of a hyphen.
14	Phone extension	4		numeric	Left	Phone number extension of the office, if applicable Please note that the format does not allow for use of a hyphen.
15	Gender	1		alpha	Left	The gender of the provider. <b>Valid values: M = Male; F = Female; U = Unknown</b>
16	PCP Indicator	1	X <b>Required for provider type P, or G if the group will be selected as the PCP.</b>	alpha	Left	Used to indicate if an individual provider is a primary care physician. <b>Valid values: P = Yes, the provider is a PCP; N = No, the provider is not a PCP.</b>  This field should not be used to note group providers as PCPs for HMOs, since members must be assigned to specific providers, not group practices. MediPass, MPN, ER Div and Non-reform PSNs may allow enrollment to the group if appropriate.
17	Provider Limitation	1	<b>Required if PCP Indicator = P</b>	alpha	Left	X = Accepting new patients N = Not accepting new patients but remaining a contracted network provider L = Not accepting new patients; leaving the network (Please note the "L" designation at the earliest opportunity) P = Only accepting current patients C = Accepting children only A = Accepting adults only R = Refer member to HMO member services/Restricted Provider for MediPass F = Only accepting female patients S = Only serving children through CMS (MediPass/PSN only)  <b>NOTE:</b> This limitation code is critical to providing edits for Med. Options/Choice Counseling staff to enroll within the provider's patient parameters.
18	Health Plan (HMO//MediP	1	X	alpha	Left	<b>Valid Values:</b> H = HMO, P= PSN, M=MediPass  This field must be completed with this designation for each record submitted by

Field #	Field Name	Field Length	Required Field	Field Format	Justification	Comments																																								
	ass) Indicator					the Plan.																																								
19	Evening hours	1		alpha	Left	Y = Yes; N = No																																								
20	Saturday hours	1		alpha	Left	Y = Yes; N = No																																								
21	Age restrictions	20		Alpha/numeric	Left	<p>Populate this field with free-form text, to identify any age restriction the provider may have on their practice. Use the following format to show age limitations: Format: ##A-##A</p> <p># (number to show the day/week/month/year of age limitation) = from 0-99</p> <p>A (Age) = (D=Day, W=Weeks, M=Months, Y=Years)</p>																																								
22	Primary Specialty	3	<b>Required if Provider Type = P, I, D or T; Also required for provider type G (group) for MediPass and PSN where recipients are enrolled to the group.</b>	alpha/numeric	Left with leading zeros	<p>Insert the 3 digit code that most closely describes</p> <table border="1"> <tbody> <tr><td>001 Adolescent Medicine</td><td>002 Allergy</td></tr> <tr><td>003 Anesthesiology</td><td>004 Cardiovascular Medicine</td></tr> <tr><td>005 Dermatology</td><td>006 Diabetes</td></tr> <tr><td>007 Emergency Medicine</td><td>008 Endocrinology</td></tr> <tr><td>009 Family Practice</td><td>010 Gastroenterology</td></tr> <tr><td>011 General Practice</td><td>012 Preventative Medicine</td></tr> <tr><td>013 Geriatrics</td><td>014 Gynecology</td></tr> <tr><td>015 Hematology</td><td>016 Immunology</td></tr> <tr><td>017 Infectious Diseases</td><td>018 Internal Medicine</td></tr> <tr><td>019 Neonatal/Perinatal</td><td>020 Neoplastic Diseases</td></tr> <tr><td>021 Nephrology</td><td>022 Neurology</td></tr> <tr><td>023 Neurology/Children</td><td>024 Neuropathology</td></tr> <tr><td>025 Nutrition</td><td>026 Obstetrics</td></tr> <tr><td>027 OB-GYN</td><td>028 Occupational Medicine</td></tr> <tr><td>029 Oncology</td><td>030 Ophthalmology</td></tr> <tr><td>031 Otolaryngology</td><td>032 Pathology</td></tr> <tr><td>033 Pathology, Clinical</td><td>034 Pathology, Forensic</td></tr> <tr><td>035 Pediatrics</td><td>036 Pediatric Allergy</td></tr> <tr><td>037 Pediatric Cardiology</td><td>038 Pediatric Oncology &amp; Hematology</td></tr> <tr><td>039 Pediatric Nephrology</td><td>040 Pharmacology</td></tr> </tbody> </table>	001 Adolescent Medicine	002 Allergy	003 Anesthesiology	004 Cardiovascular Medicine	005 Dermatology	006 Diabetes	007 Emergency Medicine	008 Endocrinology	009 Family Practice	010 Gastroenterology	011 General Practice	012 Preventative Medicine	013 Geriatrics	014 Gynecology	015 Hematology	016 Immunology	017 Infectious Diseases	018 Internal Medicine	019 Neonatal/Perinatal	020 Neoplastic Diseases	021 Nephrology	022 Neurology	023 Neurology/Children	024 Neuropathology	025 Nutrition	026 Obstetrics	027 OB-GYN	028 Occupational Medicine	029 Oncology	030 Ophthalmology	031 Otolaryngology	032 Pathology	033 Pathology, Clinical	034 Pathology, Forensic	035 Pediatrics	036 Pediatric Allergy	037 Pediatric Cardiology	038 Pediatric Oncology & Hematology	039 Pediatric Nephrology	040 Pharmacology
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23	Specialty 2	3		numeric	Left with leading	Use codes listed above.										
24	Specialty 3	3		numeric	Left with leading	Use codes listed above.										
25	Language 1	2		numeric	Left with leading	01 = English 02 = Spanish 03 = Haitian Creole 04 = Vietnamese 05 = Cambodian 06 = Russian 07 = Laotian 08 = Polish 09 = French 10 = Other										
26	Language 2	2		numeric		Use codes listed above.										
27	Language 3	2		numeric		Use codes listed above.										
28	Hospital Affiliation 1	9		numeric	Left with leading zeros	Hospital with which the provider is affiliated. Use the AHCA ID <sup>1</sup> for accurate identification,										
29	Hospital Affiliation 2	9		numeric	Left with leading zeros	as above										
30	Hospital Affiliation 3	9		numeric	Left with leading zeros	as above										
31	Hospital Affiliation 4	9		numeric	Left with leading zeros	as above										
32	Hospital Affiliation 5	9		numeric	Left with leading zeros	as above										

<sup>1</sup> AHCA provided the list of AHCA IDs for hospitals to plans on 3-16-07.

Field #	Field Name	Field Length	Required Field	Field Format	Justification	Comments
33	Wheel Chair Access	1		alpha		Indicates if the provider's office is wheelchair accessible. Use Y = Yes or N = No.
34	# of member patients	4	X -(MediPass and PSN for Groups only)	numeric	Left with leading zeros	Information must be provided for PCPs only. Indicates the total number of patients who are enrolled in submitting plan. For providers who practice at multiple locations, the number of members specific to each physical location must be specified.
35	Active Patient Load	4	X (not required for MediPass)	numeric	Left with leading zeros	Total Active Patient Load, as defined in HMO or PSN contract
36	Professional License Number	15	X	alpha/ numeric	<b><u>Left with trailing spaces (padded)</u></b>	Must be included for all health care professionals  <b>NOTE:</b> Ancillary (provider type A) providers that are not health care professionals, Birthing Centers (B), Crisis Stabilization Unit (C), Group (G), Hospital (H) and Pharmacy - type R -provider records do not require a license number.)
37	AHCA Hospital ID <sup>2</sup> /Facility ID	8	Required if Provider Type = "H", for HMO or PSN	numeric	Left with leading zeros	The number assigned by the Agency to uniquely identify each specific hospital by physical location. <b><u>Currently, this field/ID number is required only for provider type H= Hospital.</u></b> Any out of state hospital for which an AHCA ID is not included should be designated with the pseudo-number 99999999.
38	County Health Department (CHD) Indicator	1	X (not required for MediPass)	alpha		Used to designate whether the individual or group provider is associated only with a county health department. Y = Yes; N = No. This field must be completed for all PCP and specialty providers.
39	NPI Type I	10	X as noted in comments	numeric	Left with Leading zeros	For health care providers who are <b>individual human beings</b> providing direct services.
40	NPI Type II	10			Left with Leading zeros	For <b>organization health care providers</b> .
41	Medicaid Provider ID#	12	X		Left with Leading zeros	Provider Medicaid ID is required here even if it is in field #3 Note the difference in field length. Report Medicaid IDs for provider Types A, B, C, D, G, I, P, or T.
42	Filler	10	X			

<sup>2</sup> AHCA provided the revised list of AHCA IDs for hospitals to plans on 3-16-07.

## Trailer Record

The trailer record is used to balance the number of records received with the number loaded on the Choice Counseling/Enrollment Broker's system. The data from the Trailer Record is not loaded on the Choice Counseling/Enrollment Broker's system.

RECORD LENGTH: 76

Filed Name	Field Length	Field Format	Values
Trailer Record Text	36	Alpha	'TRAILER RECORD DATA'
Record Count	7	Numeric	Total number of records on file excluding the trailer record (right justified, zero filled)
System Process date	8	Alpha	Mmddyymm
Filler	25		

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## Provider File Load

1. Each weekend the Choice Counseling/Enrollment Broker compiles the provider files and loads them to the Provider table. During this process an error file is created for each plan identifying the records that do not load to the table.
2. IF the plan does not send a new file, then the previous file is used for this load. The tables are RELOADED not refreshed. Therefore a file is needed for each plan. If the file attempts to load and all records error off, there will not be providers for that plan in the database. Weekly files are due by end of business on Thursday.
3. The Choice Counseling/Enrollment Broker does not correct records provided by the plan. All records are loaded as they are received. The plans are responsible for ensuring the data provided is correct and complete.
4. All data in the file is loaded in upper case for use by the Choice Counseling/Enrollment Broker's system. All zip codes are abbreviated to the first 5 digits of the zip code to facilitate searches.

## Rules (Most provider network file rules are imbedded in the file layout above.)

1. If a provider practices at multiple '**location addresses**', one record is submitted for each location. The address is required and should be complete with city and zip code.
2. First occurrence of specialty code should be the '**Primary**'. This field should be populated only with valid, state approved, specialty codes. This field is required for Provider Types P, I, T, D, or E. If it is not populated with a valid code the provider will not be found by specialty search.
3. HMO, Capitated PSN and Reform PSN beneficiaries do not have to select their PCP provider at the time of enrollment. If they elect to do so, a provider, assigned to the plan selected, will be identified with a PCP Indicator of P. If the PCP Indicator is N or not populated, the provider cannot be selected as the beneficiary's doctor; groups cannot be selected as the primary care provider for an HMO or PSN plan.
4. MediPass, Minority Physician Networks and ER Diversion Project beneficiaries DO have to select a PCP at the time of enrollment.
5. The Group Affiliation number is the unique provider number assigned by the plan to the group practice. This field is required for all providers who are members of a group, such as PCPs, specialists and teaching hospital specialty clinics (including their supervising physicians). The group affiliation number must be the same for all providers who are members of that group. A record is also required for each group practice (provider Type G) being reported.

## Definitions (Field numbers correspond with layout grid above.)

1. **Plan Code:** Required – For HMOs and Reform PSNs, this is the 9 digit **HMO Medicaid Provider ID, or PSN Supergroup** number specific to the county of operation.

For **MediPass**, the Plan Code = MP+county number (MP06 = MediPass Broward). **Used for MediPass Providers and Non-Reform MediPass Supergroups.**

2. **Provider Type:** Required - Identifies the physician's general area of service with an alpha character. See the provider description reference table for all accepted values. Treating providers that are members of a group will have their own record, provider type P, PCP indicator P, so the group or the individual may be selected for enrollment. For PSN and MediPass-MPN and ER Diversion, each Beneficiary will be enrolled to the Supergroup, the individual Provider selected by the beneficiary will be provided to the PSN/MPN/PERD in the monthly Recipient Data file.
3. **Plan Provider Number:** Required - The unique number assigned to the provider by the plan. Plans will be required to fill leading spaces with zeros. For MediPass, MPNs, PERD, and Nonreform PSN, this is the assigned 9 digit Medicaid ID for the provider.
4. **Group Affiliation: Required for Groups and members of groups (provider types, P, I, D, T and G).** This is the Plan Provider Number assigned by the HMO/ PSN, PSN or MediPass to the group practice that the provider is affiliated with. The group affiliation number is the same for all providers within that group. While the Group Affiliation is not required to be used for PCPs that are not members of a group or for individual providers (i.e. non-PCPs), the provider file analysis is not able to determine which I, T or D providers (or P) are solo practitioners. Therefore, individual providers that do NOT practice as members of a group plan should populate this field and may use the plan code **(9-digit Plan Medicaid ID)** with leading zeroes or another number, such as a number assigned to the provider by the plan, provider's Medicaid ID or other number.
5. **SSN/FEIN Number:** Required - Social Security Number or Federal Identification Number for the individual provider or group practice.
6. **Provider Last Name:** Required - The last name of the provider (or beginning of group name).
7. **Provider First Name:** Required - The first name of the provider (or continuation of group name).
8. **Address Line 1:** Required - First line of the practice/location address for the provider.
9. **Address Line 2:** Optional - Second line of the practice/location address for the provider.

10. **City:** Required – The city where the provider is located.
11. **Zip Code:** Required – The zip code for the address of the provider.
12. **Phone Area Code:** Required– The area code for the phone number of the provider.
13. **Phone Number:** Required– The phone number for the provider.
14. **Extension:** Optional – The extension for the phone number of the provider.
15. **Gender:** Optional – The gender of the provider. The allowed values are M=Male, F=Female, U=Unknown or null.
16. **PCP Indicator:** Required if Provider Type is P– Indicates if the provider or group can be selected as a PCP. Valid Values are **P** = Yes the provider can be selected as the primary, and **N** = No the provider cannot be selected as the primary care provider. For MediPass or PSN enrollments, if the group record is to be selected for enrollment, the PCP indicator must be P for the G, group record. These are the only valid values for this field. See examples in this document.
17. **Provider Limitation:** Required if PCP Indicator = P– Limitation code the provider has specified.
18. **Health Plan Indicator:** Required – Identifies if the provider is with an HMO or Capitated PSN =H, MediPass=M or PSN=P. These are the only valid values for this field.
19. **Evening Hours:** Optional – Indicates that the doctor or clinic is open in the evenings. Values can be Y=Yes, N=No or null.
20. **Saturday Hours:** Optional – Indicates that the doctor or clinic is open on Saturday's. Values can be Y=Yes, N=No or null.
21. **Age Restrictions:** Optional – Identifies the age restrictions that the provider may have on their practice. This field is free-form text, populate if available. Use the following format to show age limitations:

Format: ##A-##A

#= 0-9

A=(D=Day, W=Weeks, M=Months, Y=Years)

0Y=No bottom age limit

99Y=No upper age limit

Notes:

\*Age limits are inclusive\* (ex. 0Y-18Y includes everyone up until their 19<sup>th</sup> birthday)

\*No leading zero required for one digit numbers

Example

18+ = 18Y-99Y

6 weeks-18 = 6W-18Y

1 year and 6 months through 99 = 18M-99Y

14 Days and up = 14D-99Y

22. **Primary Specialty:** Three character field. **Required if Provider Type = P, I, D, or T.** Also required for provider type G (group) for MediPass and PSN where recipients are enrolled to the group number. Primary specialty of the doctor, group or clinic.
23. **Specialty 2:** Optional – Second specialty held by the doctor, group or clinic.
24. **Specialty 3:** Optional – Third specialty held by the doctor, group or clinic.
25. **Language 1:** Optional – Primary language spoken at the office. English should be reported and not assumed spoken as the primary or other language spoken by the provider.
26. **Language 2:** Optional – Second language spoken at the office.
27. **Language 3:** Optional – Third language spoken at the office.
28. **Hospital 1:** Optional – First hospital the provider is affiliated with. See hospital codes.
29. **Hospital 2:** Optional – Second hospital the provider is affiliated with.
30. **Hospital 3:** Optional – Third hospital the provider is affiliated with.
31. **Hospital 4:** Optional – Fourth hospital the provider is affiliated with.
32. **Hospital 5:** Optional – Fifth hospital the provider is affiliated with.
33. **Wheel Chair Access: Required** – Indicates if the provider or clinic facility is wheelchair accessible. Values are Y=Yes, N=No or null.
34. **# Beneficiaries:** This field is required for Primary Care Providers, Provider Type P (HMOs and PSN if assigning to an individual provider or G if assigning to a group (MediPass/PSN). The total number of beneficiaries that have been assigned to the provider/group at the location in the record.
35. **Active Patient Load: Required for HMO and PSNs.** Total Active Patient Load, as defined in contract.
36. **Professional License Number:** Required - The professional license number issued by the state for individual practitioners. Must be included for all health care professionals. **(Provider Types P, I, T or D). This field should be left justified and padded with trailing spaces to maintain field length. NOTE:** When AHCA has provided facility ID list with license information, the professional license number will be required for providers other than health care professionals. Ancillary (provider type A) providers that are not health care professionals, Birthing Centers (B), Crisis Stabilization Unit (C), Group (G), Hospital (H) and Pharmacy (R) provider records do not require a license number.
37. **AHCA Hospital ID<sup>3</sup>:** Required for HMOs and PSNs. The number assigned by the Agency to uniquely identify each specific hospital by physical location. Any out of

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<sup>3</sup> AHCA provided the revised list of AHCA IDs for hospitals to plans on 3-16-07

state hospital for which an AHCA ID is not included should be designated with the pseudo-number 99999999. The ID is required for all provider types H reported.

38. **County Health Department (CHD) Indicator:** Required for HMO and PSNs. Used to designate whether the individual or group provider is associated **only** with a county health department. Y = Yes; N = No. This field must be completed for all PCP and specialty providers.
39. **NPI Type I Number:** For health care providers who are **individual human beings** providing direct services (Type I);
40. **NPI Type II, For organization health care providers.**
41. **Medicaid Provider ID #: Required for all plans** - An individual Provider's Medicaid ID is required here even if it is in field #3 (expanded from 9 to 12 characters in the event of future expansion). These provider types are:

P = Primary Care Provider (PCP)

I = Individual Practitioner other than a PCP

B = Birthing Center

T = Therapy

G = Group Practice (includes FQHCs and RHCs)

C = Crisis Stabilization Unit

D = Dentist

A = Ancillary Provider

42. **Filler – required to maintain full record length**

## Valid Codes

HMO Table

Provider Description Information Table

Specialty Code Table

Hospital/Facility Code Table (Updated table to be provided by AHCA.)

## Provider Record Examples

### PCP who practices outside of a group

Last Name	Plan Provider Number	Group Affiliation	PCP Indicator
Smith	15 digit id assigned to the individual	Not used (or can be equal to Plan Provider Number)	P

### Treating provider – non PCP (i.e., specialist – private practice)

Last Name	Plan Provider Number	Group Affiliation	PCP Indicator
Smith	15 digit id assigned to the individual	Not used (or can be equal to Plan Provider Number)	N

### PCP who practices as part of a group

Last Name	Plan Provider Number	Group Affiliation	PCP Indicator
Smith	15 digit id assigned to the individual	Equal to Group's Plan Provider Number	N
Clinic or Group Name	15 digit id assigned to group	Equal to Group's Plan Provider Number	P

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**Specialist (group practice) – informational only, beneficiaries cannot enroll with these providers unless the group is identified as a PCP.**

<b>Last Name</b>	<b>Plan Provider Number</b>	<b>Group Affiliation</b>	<b>Primary Spec</b>	<b>PCP Ind</b>
Smith	15 digit id assigned to the individual	Equal to Group's Plan Provider Number	001	N
Clinic or Group Name	15 digit id assigned to group	Equal to Plan Provider Number	071	N

**MPN/ER Diversion PCP Group or Individual PCP**

<b>Last Name</b>	<b>Plan Provider Number</b>	<b>Group Affiliation</b>	<b>PCP Indicator</b>
Smith	15 digit id assigned to the individual	Equal to MPN/ER Diversion Supergroup Provider Number	P
Clinic or Group Name	15 digit id assigned to group	Equal to MPN/ER Diversion Supergroup Provider Number	P