Ohio Department of Medicaid

MCP – PRIMARY CARE PROVIDERS – ATTACHMENT A

Provider Group Name:	MCP Name:
Group Tax ID Number:	Group NPI:

(Groups should provide Group name, NPI and Tax ID Number above, and individual NPI under "Provider NPI" below)

Last	First	MI	Deg	Spec	Service Location Name	Address	City	St	Zip	Provider NPI	Capacity

MCP acknowledges changes on the date received. Effective Date will be determined by the MCP. "Capacity" represents the maximum number of the MCP's Medicaid members the primary care provider (PCP) agrees to serve. Each PCP's name must be listed. PCPs, whether individually or as part of a group, must serve a minimum of 50 of the MCP's Medicaid members at each practice location in order to be listed in MCP's provider directory. Please indicate a numeric capacity value instead of "unlimited" or similar response. For any given PCP, total capacity must not exceed 2,000 across all locations. If multiple pages are used, the pages must be numbered sequentially on every page (e.g., 1 of 3, 2 of 3, and 3 of 3).