Ohio Department of Medicaid

MANAGED CARE ENTITY (MCE) – GROUP PROVIDER AFFILIATIONS – ATTACHMENT A

Provider Group Name	MCE Name
Group Tax ID Number	Group NPI
Group Medicaid ID	

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

Last	First	MI	Spec	Service Location *(Street Address)* where services will be offered	Provider Medicaid ID	Provider NPI	Capacity (PCP only)

MCE acknowledges changes on the date received. Effective Date will be determined by the MCE. "Capacity" represents the maximum number of the MCE's Medicaid members the primary care provider (PCP) agrees to serve. Each PCP's name must be listed. 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).