*SSA State/County Code	*Name of Physician or Mid-Level Practitioner	*National Provider Identifier (NPI) Number	Specialty	*Specialty Code	Contract Type	*Street Address	*City	*State	*ZIP Code	If PCP, Accepts New Patients? (Y/N)	Name of Medical Group Affiliation or "DC"	Uses CMS MA Contract Amendment? (Y/N)	RPPO-Specific Exception to Written Agreements? (Y/N)