*SSA State/County Code	*Specialty Code	*National Provider Identifier (NPI) Number	*Name of Physician or Mid-Level Practitioner	*Street Address	*City	*State	*ZIP Code	If PCP, Accepts New Patients? (Y/N)	RPPO-Specific Exception to Written Agreements? (Y/N)	Letter of Intent? (Y/N) Only applicable for MA Applicants