

**CENTER FOR HEALTH
INFORMATION AND ANALYSIS**

**MassHealth Baseline Statistics from the MA APCD
FFS & PCC Plan
SFY2013 and SFY2014**

TECHNICAL APPENDIX



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Introduction

This Technical Appendix provides an overview of the data sources and analytic methods that were used by the Center for Health Information and Analysis (CHIA) to publish and report on data for MassHealth members for State Fiscal Years (SFY) 2013 and 2014.

The MassHealth Baseline Statistics from the MA APCD - FFS & PCC Plan reports on member enrollment and expenditures for the MassHealth population with a focus on members in the FFS and PCC Plan Delivery Systems with Standard coverage. Enrollment categories include coverage type, delivery system, and age groups and disability status. The report further categorized the FFS population by other primary insurance coverage (i.e., when MassHealth is not the primary payer). Claims expenditures are included for MassHealth and the Massachusetts Behavioral Health Partnership (MBHP), a capitated behavioral health program administered to certain eligible MassHealth members, and have been grouped into high level service categories. Claims metrics include total paid and per-member-per-month (PMPM) statistics for PCC Plan and FFS members with Standard coverage.

Data Sources

The Massachusetts All-Payers Claim Database (MA APCD)

The Massachusetts All Payers Claim Database (MA APCD) is a comprehensive source of health care claims (i.e., medical, pharmacy and dental claims) as well as member eligibility, product and provider data from public and private payers in Massachusetts. These claims come from medical carriers and include specialty carriers and administrators of “carved-out” services including pharmacy, mental health/chemical dependency, dental, and vision. Certain kinds of coverage are excluded from submitting to the MA APCD: Workers’ Compensation; TRICARE and Veterans Health Administration; and Federal Employees Health Benefit Plan.

MassHealth Enhanced Eligibility (MHEE) data is a MA APCD supplemental file provided by MassHealth that provides MassHealth-specific eligibility and enrollment information. The MHEE data provides MassHealth member eligibility status at the day level.

For more information on the MA APCD, please see: <http://www.chiamass.gov/ma-apcd/>

Executive Office of Health and Human Services (EOHHS) Data Warehouse

While a subset of MBHP claims data that excludes claims related to substance abuse disorders is available in the MA APCD, MBHP claims data for this report does include substance abuse claims because it was sourced directly from the EOHHS Data Warehouse (EOHHS-DW), which CHIA accessed through an interagency service agreement. CHIA also accessed the EOHHS-DW to report high level capitation payments to managed care organizations (MCOs), MBHP, Program of All-inclusive Care for the Elderly (PACE), Senior Care Options (SCO), and One Care plans.

Population Estimates:

The Massachusetts population data in this report is sourced from the U.S. Census Bureau, Population Division's 2014 population estimates published in the table "Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States, States, and Puerto Rico Commonwealth: April 1, 2010 to July 1, 2014," released June 2015:

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2014_PEPSYASEX&prodType=table

The estimates were based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. Median age is calculated based on single year of age. For population estimates methodology statements, see <http://www.census.gov/popest/methodology/index.html>

For more information about the U.S. Census Bureau's Population Estimates Program (PEP), please visit: <http://www.census.gov/popest/>.

Data Preparation

This report reflects MassHealth eligibility and enrollment during state fiscal years 2013 and 2014, and claims paid on a fee-for-service basis by MassHealth or MBHP for members eligible for MassHealth on the claim date of service between July 1, 2012 and June 30, 2014. The data in this report includes MassHealth claims paid through April 2015, and MBHP encounter claims paid through March 2015. Only final versions of Medical and Pharmacy claims were included in this analysis by restricting claims to those with a MAAPCD version indicator value of '1'. Dental claims have not been versioned by CHIA; therefore all dental claims were included in analyses. Final version MBHP claims were separately extracted from the EOHHS Data Warehouse.

The MHEE file includes data related to non-MassHealth eligibility as well as MassHealth eligibility. To limit analysis to the MassHealth population, the following MHEE coverage types were excluded: Health Safety Net; Children's Medical Security Plan; Department of Mental Health; Qualified Health Plan; Commonwealth Care.

MassHealth claims, identified by OrgID 3156, from the MA APCD Medical (MC), Pharmacy (PC) and Dental (DC) claims datasets were merged with MHEE data to determine the applicable eligibility and enrollment status for each member on the claim date of service. This merge is performed by joining claims to MHEE on the carrier-specific member ID where the claim date of service falls between the MHEE eligibility effective dates. MBHP claims were also merged with eligibility data to determine the applicable eligibility and enrollment status for each member on the claim date of service.

Important Note: This report does not include premium assistance payments made by MassHealth on behalf of a MassHealth member, or any payments made through their employer sponsored insurance (e.g. Third Party Liability) or Medicare. Expenditure data and claims for MassHealth managed care entities from the MA APCD are not included in this report with the exception of MBHP. CHIA plans to incorporate managed care claims data for the MassHealth population in future reports.

Details on the derivation of analytic classifications included in this report follow in the next section.

Data Categorization and Grouping

Age and Disability Status

The following age and disability groups appear in this report:

Non-Disabled Children

Children with disabilities

Non-Disabled Adults

Adults with disabilities

Seniors

The Age and Disability Status groups were created using the following two fields, described below.

Three age groups were used: Children (0-20), Adults (21-64), and Seniors (65+).

Age and Disability Status is derived from two APCD/MHEE data fields: *cde_age_group* and *ind_aid_disabled*.

The *cde_age_group* field in the APCD/MHEE file is grouped as follows:

Reporting Age Group	<i>cde_age_group</i>
Children	A - Age Less Than 1
	B - Age From 1 to 6
	C - Age From 7 to 12
	M - Age From 13 to 17
	N - Age 18
	S - Age 19
	T - Age 20
Adults	O - Age From 21 to 44
	P - Age From 45 to 64
Seniors	Q - Age Greater Than 64

Disability status is determined at the aid category level, and denoted in the APCD/MHEE data by the field *ind_aid_disabled*, a Y/N value field where Y indicates disability as determined by MassHealth. Seniors were not categorized by disability status in this report.

Coverage Type

A member's coverage type, or benefit plan, refers to the set of services members are eligible for under MassHealth. CHIA grouped certain APCD/MHEE field *cde_pgm_health* values into Coverage Types as shown below.

Coverage Type	CDE_PGM_HEALTH and description
Basic	BASF - MASSHEALTH BASIC FEE FOR SERVICE
	BASM - MASSHEALTH BASIC MANAGED CARE
CarePlus	CAREP – CAREPLUS
CommonHealth	COM - MASSHEALTH COMMONHEALTH
Essential	ESSM - MASSHEALTH ESSENTIAL MANAGED CARE
Family Assistance	FADC - MASSHEALTH FAMILY ASSISTANCE
	FAPAE - EXPANSION FAM ASSIST PREM ASSIST PLUS
Limited	CCRLM - COMMONWEALTH CARE WITH LIMITED
	LIM - MASSHEALTH LIMITED
	LIMCP - LIMITED PLUS CMSP
	LIMHS - LIMITED PLUS HEALTHY START
EAEDC	EAEDC - EMERG AID TO ELDERLY DISABLED AND CHILDR
Premium Assistance Only	PRA - PREMIUM ASSISTANCE (NO DIRECT COVERAGE)
Prenatal	PRN - MASSHEALTH PRENATAL
Senior Buy-in Only	SBI - SENIOR BUYIN
	with aid category 22 or 23
Standard	HCBSA - STANDARD PLUS AUTISM WAIVER
	HCBSB - STANDARD PLUS DDS ADULT SUPPORTS WAIVER
	HCBSC - STANDARD PLUS DDS COMMUNITY LIVING WAIVER
	HCBSD - STANDARD PLUS MR/DD HCBS WAIVER
	HCBSE - STANDARD PLUS FRAIL ELDER HCBS WAIVER
	HCBSF - STANDARD PLUS DDS INTENSIVE SUPPORT WAIVER
	HCBSG - STANDARD PLUS MFP COMMUNITY LIVING HCBS WAIVER
	HCBSH - STANDARD PLUS MFP RESIDENTIAL SUPPORTS HCBS WAIVER
	HCBSM - STANDARD PLUS MRC/TBI HCBS WAIVER
	HCBSN - STANDARD PLUS ABI-N WAIVER
	HCBSR - STANDARD PLUS ABI-RH WAIVER
	MFP - MONEY FOLLOWS THE PERSON
	SBI - SENIOR BUYIN
	with aid category 20,21,43,TN,TQ,US
	STD - MASSHEALTH STANDARD

The above corresponds to MassHealth eligibility based on CHIA's groupings of *cde_pgm_health* values, and certain coverage types have been excluded from analysis.

See the [appendix](#) for more information on the APCD/MHEE values used to derive the Coverage Types used in the report, as well as a list of coverage types **excluded** from the report.

Delivery System

In addition to a member's coverage type, he/she also selects or is assigned to a delivery system that determines the primary method by which they receive MassHealth services. The delivery system is derived from the APCD/MHEE field *cde_bh_enroll*.

Reporting Delivery System	CDE_BH_ENROLL
FFS*	BHOnlyMC
	FFS
MCO	MCO-MassHealth
One Care	ICO
PACE	PACE
PCCP	PCC
SCO	SCO
Other	MCO-CommCare
	Exception

* The FFS designation used in the report includes the *cde_bh_enroll* values FFS and BHOnlyMC. BHOnlyMC references a small population of members, primarily children, who are not enrolled in managed care for primary coverage, but receive behavioral health benefits through MBHP, a managed behavioral health care plan.

Fee-for-Service Delivery System

The FFS population primarily consists of members awaiting enrollment in managed care, and members who are ineligible to receive coverage of their MassHealth benefits through a managed care plan (provided by a managed care entity or the MassHealth-administered PCC Plan). The most common reason for managed care ineligibility is the member has existing primary medical insurance coverage through Medicare or another payer. In this report, CHIA further stratified the FFS population based on other insurance status.¹ The FFS population was grouped by other insurance status as follows:

FFS with Medicare

The FFS with Medicare population consists of FFS members who have primary coverage through Medicare Parts A and/or B. This group may include members who also have comprehensive third party coverage (TPL) and/or receive MassHealth premium assistance (PA).

FFS with TPL/PA

The FFS with TPL/PA population consists of FFS members not eligible for Medicare who have other comprehensive third party coverage (TPL) and/or receive MassHealth premium assistance (PA).²

FFS with No Other Insurance

The FFS with no other insurance population consists of FFS members with no other primary insurance coverage, who do not receive MassHealth premium assistance.

¹ The vast majority (98.5%) of PCC Plan members have MassHealth as their primary medical insurance. With the exception of members found to have non-MassHealth coverage retroactively, individuals in the PCC Plan do not have alternative forms of insurance, and were therefore not grouped by other insurance coverage.

² In the MassHealth population there can be overlap between members with Medicare and members with TPL and/or PA, however for the purposes of this report CHIA created the mutually exclusive categories as described above.

Members with Medicare, Third Party Liability, and Premium Assistance were identified through the use of flags derived from APCD/MHEE data. See the [appendix](#) for the mapping of APCD/MHEE values CHIA used to derive these flags.

Service Category

CHIA grouped claims into high level service categories, which are derived primarily by MassHealth Claim Type and Provider Type fields. MBHP encounter claims were included in the Inpatient Facility or Outpatient Facility & Professional service categories, based on MBHP’s internal service classifications. The following includes brief descriptions of each service category reflected in the report:

Service Category	Description
Dental	Includes dental claims (MA APCD Dental Claims file).
Inpatient Hospital	Includes hospital inpatient claims including inpatient professional claims billed by the facility.
Long Term Services and Supports (LTSS)	Includes the following service categories: LTSS- Facility: Includes facility-based long-term care claims such as Nursing Facility, Chronic Inpatient Hospital, and ICF-MR State School claims, for example. There may also be some inpatient and outpatient crossover claims billed by Nursing Facilities. LTSS- Community: Includes claims paid for community based long-term services and supports such as Personal Care Assistant, Home Health, Adult Day Health, Adult Foster Care and Group Adult Foster Care, Day Habilitation, agency-based targeted case management, and Independent Nursing. These are long term services and supports that are provided in home or community settings through the Medicaid State Plan. LTSS- Community- HCBS Waiver: Includes claims for 1915(c) Home and Community Based Service (HCBS) waiver programs for individuals that would otherwise require a facility level of care (such as nursing facility, ICF-MR, chronic hospital).
Other	Includes all other claims that do not fall into the other service categories.
Outpatient Facility & Professional	Includes hospital outpatient and related claims, including outpatient professional claims billed by the facility, and professional claims including CHCs and other clinics. Excludes LTSS, transportation, non-facility DME and equipment, and muni-med. Includes MBHP diversionary services.
Pharmacy	Includes pharmacy claims (MA APCD Pharmacy Claims file).

See the [appendix](#) for a detailed mapping of APCD/MHEE values used to derive the Service Categories used in the report.

Calculations

Membership (Member months and Member years)

The eligibility data in the APCD/MHEE file reflect member information at the day level, counted as eligible days (the APCD/MHEE field *eligdays*).

Member months are calculated according to the following formula:

$$\text{Member months} = \frac{\text{Sum of eligible days}}{30.417}$$

In this report, CHIA uses *member years* as an approximation for MassHealth membership over a given year. CHIA derived member years by using the following formula:

$$\text{Members ip (member years)} = \frac{\text{Sum of eligible days}}{365.25}$$

Total Paid

Expenditures in MassHealth Baseline Statistics from the APCD - FFS and PCC Plan reflect the sum total of final version claims paid by MassHealth or MBHP for a given population. Claims data, including paid amounts, are linked to APCD/MHEE eligibility data. The sum total of these paid amounts indicates the total paid amount for a given population, aggregated at the fiscal year level.

Per-member-per-month (PMPM)

Per-member-per-month (PMPM) is used to calculate an average cost per member, per month for a given population.

$$\text{PMPM} = \frac{\text{Total Paid Amount}}{\text{Member Months}}$$

Appendix

Aid Category

Aid Category is a designation assigned to members used to determine and grant the member the richest qualifying coverage type (see below). Many other eligibility groupings used in this report are derived from the APCD/MHEE file aid category (*cde_aid_category*).

Coverage Type Notes

Coverage Type is a grouping of *cde_pgm_health*, which indicates the richest benefit plan under which the member is eligible, and accordingly the services they are entitled to, based on their aid category.

Note that some aid categories arbitrarily show up under either Senior Buy-In (SBI) or MassHealth Standard (STD) coverage types (*cde_pgm_health*) when the aid category reflects eligibility for Standard benefits plus Senior Buy-In (which includes Medicare premiums, coinsurance and deductibles). Senior Buy-In members that are also eligible for MassHealth Standard benefits have been placed in the Standard Coverage Type. Members only eligible for Senior Buy-In (Medicare premiums, coinsurance and deductibles) have been included under the Senior Buy-In Only Coverage Type. For specific analyses, aid categories can be used to identify members eligible for Medicare Buy-In (aid categories 20, 21, 22, 23, 43, TN, TQ, US all receive Buy-in assistance)

Premium assistance is available under multiple coverage types (*cde_pgm_health*), not limited to PRA - PREMIUM ASSISTANCE (NO DIRECT COVERAGE). Note that while Buy-In aid categories of 24 and 25, and Senior Buy-In only aid categories of 22 and 23, have been identified as premium assistance aid categories, other Senior Buy-In aid categories that also include Standard benefit coverage have not. A primary objective of this indicator is to identify situations where the vast majority of claims experience is captured outside of MassHealth-related data.

In addition, the APCD/MHEE file includes the following *cde_pgm_health* values that CHIA grouped into Coverage Types, which have been excluded from this report's analysis:

Coverage Type	<i>CDE_PGM_HEALTH</i> and description
CMSP	CMSP - CHILDRENS MEDICAL SECURITY PLAN
Commonwealth Care	CCARE - COMMONWEALTH CARE
DMH Only	DMH - DMH ONLY
Essential DMH Only	ESSM - MASSHEALTH ESSENTIAL MANAGED CARE DMH - DMH ONLY
HSN	HSN - HEALTH SAFETY NET
	HSNF - HEALTH SAFETY NET FAMILY PLANNING
	HSNS - HEALTH SAFETY NET STANDARD
	PHSN - PARTIAL HEALTH SAFETY NET
QHP	QHP - QHP

Other Primary Insurance Flags

CHIA created the following flags from APCD/MHEE data to indicate the type of other primary insurance coverage:

Medicare Flag

The Medicare flag is determined through the *ind_medicare_a*, *ind_medicare_b*, and *ind_medicare_c* fields in the APCD/MHEE file.

Third Party Liability Flag

The Third Party Liability (TPL) flag is determined through the *coverage_category* in the APCD/MHEE file. TPL was indicated when the *coverage_category* was equal to 'Partial' or '#', and not indicated when *coverage_category* was equal to 'Commercial', 'HMO', 'Medicare HMO', or 'Medigap'.

Premium Assistance Flag

CHIA created a flag to identify aid categories with premium assistance as they occur in multiple coverage types (*cde_pgm_health*), not limited to PRA - PREMIUM ASSISTANCE (NO DIRECT COVERAGE). Premium Assistance was identified through the following aid categories, with corresponding *cde_pgm_health* values shown below:

Premium Assistance	CDE_PGM_HEALTH and description	CDE_AID_CATEGORY and description
Yes	CAREP - CAREPLUS	D4 - CarePlus Premium Assistance
	COM - MASSHEALTH COMMONHEALTH	EL - ESI Premium Payment plus CommonHealth Wrap
		EM - ESI Premium Payment plus CommonHealth Wrap
		EN - SF ESI Premium Payment plus CommonHealth Wrap
	FADC - MASSHEALTH FAMILY ASSISTANCE	75 - Expansion Fam Assist Prem Assist Plus-Met Cap
		78 - Fam Assist Prem Assist Plus-Met Cap
		86 - HIV Family Assistance-Prem Assist w/Wrap
		P4 - NQP Disabled SF FA Premium Assistance
	FAPAE - EXPANSION FAM ASSIST PREM ASSIST PLUS	74 - Expansion Fam Assist Prem Assist Plus
		77 - Family Assistance Premium Assistance Plus
	LIM - MASSHEALTH LIMITED	65 - SF Fam Assist - Prem Assist with Limited
	PRA - PREMIUM ASSISTANCE (NO DIRECT COVERAGE)	24 - Aged SLMB Only
		25 - Disabled SLMB Only
		70 - Basic Health Insurance Premium Assistance
		72 - Family Assistance Premium Assistance
		73 - SF Family Assistance Premium Assistance
		88 - Medicare Buy In Qualified Individual 1 (QI 1)
		97 - Adult Fam Assist Prem Assist (IRP)
		AN - Essential Health Insurance Premium Payment
		K1 - Small Business Employee Premium Assistance Program
		TC - Aged QI Only - GE 120% LT 135% FPL
		TD - Disabled QI Only - GE 120% LT 135% FPL
		UH - Hermanson Aged with Medicare LE 135% FPL
		VD - Aged Hermanson with Medicare GT 100% LT 120% FPL
		VF - Aged Hermanson with Medicare GE 120% LT 135% FPL
		VH - Aged with Medicare GE 120% LT 135% FPL
VJ - Disabled with Medicare GE 120% LT 135% FPL		
VK - Aged with Medicare GT 100% LT 120% FPL		

	VL - Disabled with Medicare GT 100% LT 120% FPL
SBI - SENIOR BUYIN	22 - Aged QMB Only
	23 - Disabled QMB Only
STD - MASSHEALTH STANDARD	A4 - Benchmark 1 Premium Assistance
	EJ - ESI Premium Payment plus Standard Wrap
	EK - ESI Premium Payment plus Standard Wrap
	EP - ESI Premium Payment plus Standard Wrap Disabled
	H4 - NQP Preg Premium Assistance
	J4 - UND Preg Premium Assistance
	L4 - BCCTP Benchmark 1 Premium Assistance
	M4 - HIV Benchmark 1 Premium Assistance
	R4 - Medically Frail Standard – PA
	T4 - 19-20 Standard – PA

Service Category

CHIA grouped claims into high level service categories, which are derived primarily by MassHealth Claim Type and Provider Type fields. MBHP encounter claims were included in the Inpatient Facility or Outpatient Facility & Professional service categories, based on MBHP’s internal service classifications. The following includes details about the claim and provider types represented under each service category reflected in the report.

Reporting Service Category	Analytic Service Category	MassHealth Claim Type (<i>cde_clm_type</i>) (MC246) Dental and Pharmacy claim files do not include a claim type field. A: Inpatient Part A Crossover (UB) B: Professional Part B Crossover C: Outpatient Part B Crossover (UB) H: Home Health And Community Health I: Hospital Inpatient L: Long Term Care M: Professional O: Hospital Outpatient	Provider Type (<i>cde_prov_type</i>) (PV029) Unless otherwise specified, provider types listed are reflective of the rendering provider on claim type B and M claims, and billing provider on other claim types.
Dental	Dental	All claims on Dental Claims File	All provider types

Inpatient Hospital	Inpatient Hospital	A	70 - ACUTE INPATIENT HOSPITAL 73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES) 74 - SEMI ACUTE INPATIENT HOSPITAL
		B	70 - ACUTE INPATIENT HOSPITAL 71 - CHRONIC INPATIENT HOSPITAL* 73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES) <i>*Please note that, due to technical implementation challenges, chronic inpatient hospital professional Medicare crossover claims are reported under Inpatient Facility rather than Outpatient Facility & Professional (spending on these claims is minimal).</i>

		I	35 - STATE AGENCY SERVICES 70 - ACUTE INPATIENT HOSPITAL 73 - PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES) 74 - SEMI ACUTE INPATIENT HOSPITAL
		M	70 - ACUTE INPATIENT HOSPITAL
LTSS	LTSS - Community	B,M	35 - STATE AGENCY SERVICES (non-waiver services with procedure codes T2023, H0019,H2018,H0018) 58 - FISCAL INTERMEDIARY SERVICES 59 - PERSONAL CARE MANAGEMENT AGENCY 61 - INDEPENDENT NURSE 62 - ADULT FOSTER CARE / GROUP ADULT FOSTER CARE 63 - ADULT DAY HEALTH 64 - DAY HABILITATION 66 - INDEPENDENT LIVING 69 - HOSPICE CARE (billing provider)
		C	69 - HOSPICE CARE
		H	All provider types
		O	69 - HOSPICE CARE
	LTSS - Community - HCBS Waiver	M	35 - STATE AGENCY SERVICES (HCBS waiver services identified by modifiers U1,U2,U3,U4,U5,U6,U7,U8,U9,UA) 68 - HOME CARE CORPORATION (HCBS waiver services identified by modifier UB) 98 - SPECIAL PROGRAMS (HCBS waiver services identified by modifiers U4,U5,U8,U9)
	LTSS - Facility	A	09 - NURSING FACILITY 71 - CHRONIC INPATIENT HOSPITAL
		C	09 - NURSING FACILITY
		I	71 - CHRONIC INPATIENT HOSPITAL 76 - INTENSIVE RESIDENTIAL TREATMENT PROGRAM (IRTP)
		L	09 - NURSING FACILITY 53 - ICF-MR STATE SCHOOL 55 - REST HOME
	Other	Other	B
M			36 - DPH TRANSPORTATION (& DPH WAIVER) 40 - PHARMACY 41 - DURABLE MEDICAL EQUIPMENT 42 - OXYGEN AND RESPIRATORY THERAPY EQUIP 49 - TRANSPORTATION 89 - SCHOOL-BASED MEDICAID
O			All billing provider types not classified elsewhere

Outpatient Facility & Professional	Outpatient Facility & Professional	B	01 – PHYSICIAN* 02 - OPTOMETRIST 03 – OPTICIAN 04 – OCULARIST 05 - PSYCHOLOGIST 06 – PODIATRIST 07 – THERAPIST 08 - NURSE MIDWIFE 09 - NURSING FACILITY 10 – DENTIST 11 - DENTAL CLINIC 16 - CHIROPRACTOR 17 - NURSE PRACTITIONER* 20 - COMMUNITY HEALTH CENTER (CHC) 25 - RENAL DIALYSIS CLINIC 26 - MENTAL HEALTH CENTER 28 - SUBSTANCE ABUSE PROGRAM 43 – PROSTHETICS 45 - INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) 46 - CERTIFIED INDEPENDENT LABORATORY 47 – ORTHOTICS 50 – AUDIOLOGIST 65 - PSYCHIATRIC DAY TREATMENT 74 - SEMI ACUTE INPATIENT HOSPITAL 75 - SEMI ACUTE OUTPATIENT HOSPITAL 80 - ACUTE OUTPATIENT HOSPITAL 81 - HOSPITAL LICENSED HEALTH CENTER (HLHC) 82 - CHRONIC OUTPATIENT HOSPITAL 83 - PSYCHIATRIC OUTPATIENT HOSPITAL 84 - AMBULATORY SURGERY CENTER 86 - QMB ONLY PROVIDERS 87 - RADIATION ONCOLOGY TREATMENT CENTERS 97 - GROUP PRACTICE ORGANIZATION 98 - SPECIAL PROGRAMS *when billing provider is not hospice (type 69)
		C	All provider types billed on claim type C that are not explicitly classified elsewhere. (excludes 09=Nursing Facilities and 69=Hospice)

		M	01 - PHYSICIAN 02 - OPTOMETRIST 03 - OPTICIAN 04 - OCULARIST 05 - PSYCHOLOGIST 06 - PODIATRIST 07 - THERAPIST 08 - NURSE MIDWIFE 10 - DENTIST 11 - DENTAL CLINIC 16 - CHIROPRACTOR 17 - NURSE PRACTITIONER 20 - COMMUNITY HEALTH CENTER (CHC) 21 - FAMILY PLANNING AGENCY 22 - ABORTION/STERILIZATION CLINIC 23 - SPEECH AND HEARING CENTER 24 - REHABILITATION CENTER 25 - RENAL DIALYSIS CLINIC 26 - MENTAL HEALTH CENTER 28 - SUBSTANCE ABUSE PROGRAM 29 - EARLY INTERVENTION 31 - VOLUME PURCHASER 33 - CASE MANAGEMENT 35 - STATE AGENCY SERVICES* 43 - PROSTHETICS 44 - HEARING INSTRUMENT SPECIALIST 45 - INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) 46 - CERTIFIED INDEPENDENT LABORATORY 47 - ORTHOTICS 50 - AUDIOLOGIST 56 - MFP DEMONSTRATION 65 - PSYCHIATRIC DAY TREATMENT 68 - HOME CARE CORPORATION* 80 - ACUTE OUTPATIENT HOSPITAL 81 - HOSPITAL LICENSED HEALTH CENTER (HLHC) 82 - CHRONIC OUTPATIENT HOSPITAL 84 - AMBULATORY SURGERY CENTER 87 - RADIATION ONCOLOGY TREATMENT CENTERS 91 - INDIAN HEALTH SERVICES 98 - SPECIAL PROGRAMS* * when not otherwise classified as "LTSS - Community" or "LTSS - Community - HCBS Waiver"
		O	75 - SEMI ACUTE OUTPATIENT HOSPITAL 80 - ACUTE OUTPATIENT HOSPITAL 81 - HOSPITAL LICENSED HEALTH CENTER (HLHC) 82 - CHRONIC OUTPATIENT HOSPITAL 83 - PSYCHIATRIC OUTPATIENT HOSPITAL
Pharmacy	Pharmacy	All claims on Pharmacy Claims File	40 - PHARMACY