

Addendum 1
STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
Fiscal Intermediary Services
Request for Proposals
FIS RFP 11232021

The State of Connecticut Department of Social Services is issuing **Addendum 1** to the **FIS RFP 11232021**

Addendum 1 contains:

- A. Revisions for the following RFP subsections:
 - 1. Revision of Procurement Notice regarding the Start -up Transition phase, Starting date of the contract and the ending date of the contract.
 - 2. Revision of Section I. General Information, B. Instructions, 4. Procurement Schedule. The Departments have revised the dates for Answers Released, Proposals Due Date, Proposer Selection, Start-up Transition Phase, and Start date of Contract.
 - 3. Revision of Section I. General Information, B. Instructions, 5. Contract Awards. The departments have revised the starting date of the contract into this subsection.
 - 4. Revision of Section I. General Information, B. Instructions, 11. Proposal Due Date and Time. The Departments have revised the Due Date.
 - 5. Revision for Section II. Purpose of RFP and Scope of Services, B.4.1 DSS Medicaid Programs, pg. 12. The DSS has added additional Program.
 - 6. Revision of Section III. Proposal Submission Overview, A. Submission Format Information, 6. Style Requirements of the RFP.
 - 7. Revision of Section IV. Required Proposal Submission Outline. I. Main Proposal Submission Requirements to Submit a Responsive Proposal. Change is to Appendices letters only from Appendix J through Appendix R.
- B. Questions submitted by interested parties. The Responses shall amend or clarify the requirements of the RFP as per Section I.B.10. Inquiry Procedures.
- C. Transcript of FIS RFP Virtual Conference hold on December 1, 2021.
- D. Taxonomy Crosswalk information in response to Question 19
- E. Claim GSD High Level Flow Chart in response to Question 19.
- F. Addendum Acknowledgment Sheet to be signed and returned by Respondents as per RFP Section I. B.10. Inquiry Procedures.

In the event of an inconsistency between information provided in the RFP and information in these Responses, the information in these Responses shall control. All sections of the FIS RFP 11232021, which was not modified by this Addendum 1, remain in full force and effect.

A. REVISIONS

Sections/ Subsections of the RFP have been revised as follows:

1. A paragraph in the Procurement Notice has been revised as follows:

Procurement Notice. A single contract shall be issued to a selected vendor for the fiscal intermediary services. The term of the contract shall be three (3) years and the contract is anticipated to begin on June 22, 2022 with an inclusive transition phase of no more than six (6) months ending no later than December 21, 2022 and continue through December 31, 2025. There shall be two (2) one-year options that may be exercised at the sole discretion of the Departments.

2. Section I.B.4. Procurement Schedule has been revised to include the amended timeline:

4. Procurement Schedule. See below. Dates after the due date for proposals ("Proposals Due") are non-binding target dates only (*). The Department may amend the schedule as needed. Any change to non-target dates will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and, if available, the Department's RFP Web Page.

- RFP Released: 11/23/2021
- Virtual Conference: 12/01/2021; 10:00 am-12:00 pm (noon)
- Mandatory Letter of Intent Due: 12/06/2021
- Deadline for Questions: 12/10/2021
- Answers Released (*): 1/7/2022
- Proposals Due: 3/3/2022
- (*) Proposer Selection: 04/21/2022
- (*) Start-up Transition Phase: 06/22/2022
- (*) Start of Contract: No later than 12/22/2022

3. Section I.B.5.Contract Awards has been revised to include the amended language as follows:

5. Contract Awards. The award of any contract pursuant to this RFP is dependent upon the availability of funding.

The term of the contract shall be three (3) years and the contract is anticipated to begin on December 22, 2022 with an inclusive transition phase of no more than six (6) months, and continue through December 31, 2025. There shall be two (2) one-year options that may be exercised at the discretion of the Departments.

4. Section I.B.11. Proposal Due Date and Time has been revised to include the amended Due Date of the proposal submission:

11. Proposal Due Date and Time. The Official Contact is the only authorized recipient of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- **Due Date:** March 3, 2022
- **Time:** 2:00 p.m. Eastern Standard Time

5. Section II. B.4.1 DSS Medicaid Programs, pg. 12 has been amended to include Autism Waiver language as follows:

5. Autism Waiver - Provides home-and community-based services to individuals with autism who do not have an intellectual disability (a full IQ score of 70 or higher). To qualify, an individual must have substantial limitations in two or more of the following major life activities: (1) self-care, (2) understanding and use of language, (3) learning, (4) mobility, (5) self-direction, or (6) capacity for independent living. The functional impairments must have been diagnosed before age 22 and be expected to continue indefinitely.

6. Section III. Proposal Submission Overview, A. Submission Format Information, 6. Style Requirements of the RFP has been revised to read as follows for the margin requirements:
Margins: The binding edge margin of all pages shall be a minimum of one inch (1").

7. The following Appendices revisions include only the Appendices letters from Appendix J through Appendix R.

Revision of 6.1.5.1 Include timelines to recruit staff for any Key Personnel positions not currently filled, and job descriptions and qualifications for each Key Personnel position. Job descriptions shall be submitted attached as **Appendix J**.

6.2.5 As **Appendix K**, a curriculum of training for staff or other sample documentation related to staff training.

7.1.3. A description or summary, not to exceed two pages, of the contents of the Respondent's Fiscal Intermediary Policies and Procedures Manual, or comparable policies and procedures substantially similar to a Fiscal Intermediary Policies and Procedures Manual, and an attestation, provided as **Appendix L**, that the Respondent's policies and procedures manual will meet the requirements of Section II. E.8 and Section II.F.

7.1.4. A copy, as **Appendix M**, of the Respondent's proposed Quality Assurance (QA) work plan that describes all QA activities the Respondent intends to perform during the Contract year. The Respondent is encouraged to include in its work plan the following:

7.1.4.1. Other QA activities that strengthen internal controls.

7.1.4.2. Measures to promote efficiency and accuracy in the delivery of services; and

7.1.4.3. Systems and protocols for the prevention, identification, and mitigation of waste, fraud, abuse, and errors including the use of Admission, Discharge and Transfer of electronic data.

7.1.5. A copy, as **Appendix N**, of its most recent Consumer Satisfaction Survey, or any other related document intended to obtain customer satisfaction information, distributed to individuals it has served and the results of such survey, including any action the Respondent took in response to the survey to improve or change its business practices.

9.1. Audited Financial Statements

To submit a responsive proposal, the Respondent shall provide two (2) most recent annual financial statements prepared by an independent Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP). The copies shall include all applicable financial statements, auditor's reports, management letters, and any corresponding reissued components. The Department reserves the right to reject the proposal of any Respondent that is not financially viable based on the assessment of the annual financial statements. The Respondent must include, as **Appendix O** the Audit Financial statements, as part of Cost Proposal.

9.3. Financial Policies and Procedures

Include Respondent's financial policies and procedures. All State agencies entering into contracts, grants, or other agreements with organizations that receive funding from the State of Connecticut must implement the provisions of cost standards. More information about the cost standards is available on OPM's web site: Cost Standards. The Respondent's Cost Allocation Plan, as specified in the Cost Standards, should be included in the Financial Policies and Procedures. The Respondent must include as **Appendix P** the Financial Policies and Procedures, as part of Financial Requirements.

9.4. Budget Requirements

All proposed costs are subject to the standards developed by the State Office of Policy and Management for determining the cost of contracts, grants, and other agreements with organizations that receive funding from the State. Be advised that the cost proposal is subject to revision prior to contract execution in order to ensure compliance with the OPM cost standards. More information about the cost standards is available on OPM's web site: Cost Standards

To submit a responsive proposal, The Respondent must complete and include as **Appendix Q** the [Fiscal Intermediary Budget Template](#). To complete the FIS Budget Template, the Respondent must refer to [the Fiscal Intermediary Budget Template](#) and [FIS Budget Template Instructions](#) embedded hereto as hyperlinks, and to the requirements' submission below.

9.4.1. To submit a responsive proposal, The Respondent must provide a cost response that includes the Respondent's proposed Administrative Fee for its performance of the Administrative Tasks, Employer Required Tasks, and Payroll Related Tasks specified in this RFP that it calculates is necessary to reimburse it for the performance of these functions. The cost response must include budget and narrative.

9.4.2. The Respondent must also provide with its cost response, the Respondent's proposed one-time payment the Respondent calculates is necessary to reimburse the Respondent for costs associated with integrating the State's EVV system or implementing the Respondent's EVV system as well as transitional costs to support a transition period that shall not exceed six (6) months.

9.4.3. As part of its Cost Response, the Respondent must include a detailed and itemized budget for all costs by function and FTE associated with its performance of all functions covered under this RFP both as related to costs incorporated into the Administrative Fee including start up costs associated with the integration of the FI systems with the State's EVV system or implementing the Respondent's EVV system and costs associated with the transition plan.

9.4.3.1 The detailed and itemized budget must include a separate description of the actual, anticipated, or estimated cost for EVV-related functions and associated components, including implementation, maintenance, initial training, ongoing trainings, training materials, certification costs, and other costs as applicable that are incorporated into the Respondent's proposed Administrative Fee and/or the Respondent's proposed one-time start up payment, as applicable.

9.4.5. The Respondent must create a document and include as **Appendix R** of its Cost Response, a completed Cost Response statement that sets forth the following information providing both a per member/per month cost response as well as an alternative flat fee with functional line by line detail per year based on the Departments' estimates of members served per year:

QUESTIONS AND RESPONSES

1. **Question:** Please provide the technical specifications for interoperability with Sandata as referenced in section E.9.A.2 of the RFP.

Response: The process to obtain and share the EVV technical specifications for interoperability with potential respondents of this RFP who submitted the mandatory letter of intent is being finalized and will be included in an additional addendum to this RFP with proper instructions.

2. **Question:** Under “Documents Required Before Bidding” it states: “Note: Acceptance of the documents above must be acknowledged in order for your bid to be considered.” Where can these documents be acknowledged?

Response: Potential Respondents, upon opening FIS RFP 12232021 via CTSource, will need to review the RFP documents, click on the checkbox, and accept by clicking the orange button.

3. **Question:** The RFP states submission of multiple proposals is not an option. It also states the email attachment cannot exceed 35 MB. If the entire response exceeds 35 MB how would you like to receive the multiple emails? Ex. Part 1, Part 2, etc.

Response: Submitted proposals must conform to the requirements of the RFP.

Refer to Section I.B.11. Proposal Due Date and Time. states “each file sent to the official contact, MUST NOT be larger than 35 MB.

- The subject line of the email must read: FIS RFP 11232021
- List of all documents attached and must be emailed to the Official Contact for this RFP to DSS.Procurement@ct.gov.

If the attachments are larger than 35 MB: In addition to the requirements of the RFP, subject line of each email must also state number of emails submitted.

4. **Question:** The RFP states the FI must have an office located on a bus line. How far from a bus stop can the FI be located?

Response: The office must be within 10 minutes walking distance from the bus line.

5. **Question:** At this time, EVV support is provided outside of the current FI. Does the Department have a time when the FI will be solely responsible for EVV support?

Response: The FI will be solely responsible for EVV support at the end of the transition period. The transition period must clearly identify the respondent’s implementation plan to provide EVV support and transition benchmarks indicating readiness to assume full responsibility.

6. **Question:** The RFP frequently mentions Multi-lingual staff and communications with Employers and Employees in their primary language. Does the Department consider Spanish as an alternative language sufficient and interpreter services engaged when necessary for other languages sufficient?

Response: The Department requires the respondent to describe how communication with Employers and Employees will be conducted in the Employer's or Employee's primary language. The Respondent is required to hire Spanish speaking staff. For languages other than Spanish and English, the Respondent may use solutions such as language line and certified interpreters.

- 7. Question:** On page 12 of the RFP under DSS Medicaid Programs, Autism is not a listed program. Is this an oversight or is Autism moving to another Department?

Response: This is an oversight. Please refer to the Section A. Revisions, Item 5 of this Addendum 1.

- 8. Question:** Should submitted budgets be developed for DSS, DDS, and ADS separately or should the budgets be combined?

Response: The budgets should be combined other than the specific costs associated with DSS, DDS and ADS scope of services. For scope of service specific to each Department, a separate cost proposal is required.

- 9. Question:** If Sandata remains as the EVV vendor for the State of Connecticut, should EVV costs be incorporated into the normal budget.

Response: Any cost related to EVV during the proposed transition period, should be included in the transition budget. This includes development and testing of a new EVV solution, integration and testing costs related to the existing EVV solution, and implementation of an EVV support call center.

- 10. Question:** The RFP requires the FI to obtain workers' compensation insurance. Will this be through the existing carrier or is the FI required to find their own workers' compensation insurance carrier.

Response: The respondent may propose to continue working with the existing policy through Atlantic Charter and the existing broker, HUB International or seek another worker's compensation carrier when the term of the existing contract expires. The respondent is responsible for proposing the most cost- effective solution for the State.

- 11. Question:** Will the workers' compensation insurance be funded through the individual's budget or as an administrative fee

Response: Under the Option 1 budget option, worker's compensation is a line item under Non-Labor expenses. Under the Option 2 budget option, worker's

compensation is a flat fee in addition to the PMPM. It is not included in the individual's budget.

12. Question: Regarding the potential of using SMS as a communication path, what information, and to whom, is the program considering implementing?

Response: SMS must be incorporated as part of the Respondent's comprehensive communication plan to Employers and Employees. Information communicated via text must include but not be limited to the scope of services described in the RFP under Employer Services, Payroll Services, and Management of Individual Budgets.

13. Question: How does the FI determine eligibility?

Response: The FI does not determine initial eligibility for services. The FI receives budgets from the Departments, authorized by the Department's for eligible members. After authorization and prior to payment, the FI is responsible for verifying ongoing Medicaid eligibility, prior to payment, utilizing the State's Automated Eligibility Verification System. Providers can verify eligibility using one of the following methods: Provider Secure Web site, Automated Voice Response System (AVRS), vendor software utilizing the ASC X12N 270/271: Health Care Eligibility/Benefit Inquiry and Information Response transaction.

14. Question: At a high level, how has the program implemented Goods and Services (G&S)?

- a. What is the total number and amount of funds dispersed over the last Fiscal Year or similar representative time period?
- b. Are G&S in a shared budget/allocation with employee services?
- c. Are G&S purchases allocated from an approved product and/or vendor list?
- d. How is that list maintained?
- e. What is the current G&S approval process?
- f. What are the current G&S reimbursement and program schedule requirements?

Response:

- a. Total current authorizations for Ind G&S are a little over \$2 million. Within that amount there is \$1.5 for IDGS Supervisor. This is part of program funding and does not flow through the FI contract, so would not be a part of the budget to submit.
- b. All these services are within the individual's budget allocation. The IDGS Supervisor is a separate wage-based item in the budget
- c. No preapproved list of vendors or products, but some of the services/purchases require a prior approval.
- d. N/A

- e. **DDS Cost Guidelines specify which services/items need prior approval; the approval would be granted by the Region.**
- f. **With the exception of the IDGS Supervisor, who is on weekly payroll, the funds are available once put in the budget (pending a prior approval, as needed)**

15. Question: What percentage of Employees and Employers are not using the EVV solution? Do the programs use alternative EVV methods (e.g. IVR telephony)? If so, what percentage of Employers and Employees use those solutions?

Response: Less than 10% of employees are not using the EVV system. Current methods include telephony, fixed visit verification and the mobile app. Visit capture methods are available for all programs

16. Question: If not utilizing Sandata for EVV services, what are the requirements for sending EVV visit data to Sandata per CT PCA EVV Requirements NF#20? Is technical documentation specific to CT available?

Response: Currently CT does not have general EVV specifications.

17. Question: For EVV, are home addresses verified and home GPS coordinates for Participants supplied by the program? What is the distance standard used?

Response: Addresses are captured and sent over on the FI EVV file and used to compare visit coordinates to address coordinates. An exception will be fired if the distance is outside of 2000 feet.

18. Question: Regarding data integrations with State EVV Aggregator and State Billing Entities, are technical requirement documents publicly available?

Response: Currently, CT does not support the EVV Aggregator solution, specifications to be developed.

19. Question: Who is the MMIS provider and what is the MMIS billing process?

Response: Gainwell Technologies, LLC is the current MMIS vendor. DSS enrolls many types of providers. A copy of the provider type/specialty/taxonomy crosswalk is listed as Section D. Taxonomy Crosswalk to this Addendum. which lists the type of providers that can enroll in the Connecticut Medical Assistance Program. Providers are required to bill on in a HIPAA compliant format. Please refer to Section E. Claim GSD High Level Flow Chart to this Addendum for a high-level

flowchart of the billing process Additional billing instructions can be found at www.ctdssmap.com under Publications, Chapter 8.

20. Question: EVV Requirements, NF#16 - Enterprise Information Security Standards - "The system shall comply with Security Requirements as established by the Departments", can you provide specific CT requirements and/or standards as available on the CT Office of Policy & Management/IT Services website?

Response: FI will need to comply with security requirements as set forth in the terms and conditions of the agreement.

21. Question: Individual Budgets

- How are Individual Budget funds determined and allocated?
- Are Individual Budgets set annually? For what period of time do they cover?
- What individual service codes are there?
- What are the Unit Rates?

Response: The budget allocation is determined by the individual's needs which is measured through an assessment tool and approved by each Department.

Individual budgets are set annually, and can be adjusted and /or amended (additional funding if approved). Start dates vary per individual.

The rates for self-direction are established by the Employer, within the requirements of the Collective Bargaining Agreement. Unit rates for Employees range from 15-minute units to daily rates depending upon the service type. There are approximately 60 different service codes. Provider/Vendor rates are published on the DDS website and CTDSSMAP for DSS.

22. Question: In what format are individual authorizations provided to the FMS via data feed?

Response:

DDS: The FIs have appropriate limited access to DDS' database.

DSS/ADS: DSS and ADS send authorized budgets electronically via PDF to the FI.

23. Question: How are individual Employer Tax and Insurance responsibilities met? Is this part of the individual Unit Rate or a separate rate within the authorization? How often is this item reconciled against actual cost?

Response: FI individual Employer Tax and Insurance (FICA) must be reconciled quarterly and annually with appropriate documentation submitted to the IRS.

24. Question: Workers' Compensation

- a. Who holds the existing Workers' Compensation Policy?
Response: The State of Connecticut holds the current Workers' Compensation Policy.
- b. Who is the current Workers' Compensation Provider?
Response: The current Workers' Compensation Provider is Atlantic Charter and the current broker is HUB International.
- c. Effective 01/01/2023, how will Workers' Compensation be funded?
Response: The state will allocate funding through the FI contract sufficient to pay policy premiums.
- d. Is this done through the individual authorization or as part of the PMPM / Administrative fee?
Response: Under the Option 1 budget option, worker's compensation is a line item under Non-Labor expenses. Under the Option 2 budget option, worker's compensation is a flat fee in addition to the PMPM. It is not included in the individual's budget.
- e. What monitoring of Workers' Compensation claims is done currently?
Response: Claims are currently monitored quarterly as required under the existing contract with HUB International.
- f. How many claims per year?
Response: 57
- g. Will the new Workers' Compensation provider need to be approved by the State?
Response: As the new Workers' Compensation provider will be considered a subcontractor under this contract, they must meet all of the state subcontracting requirements as well as the contracting standards outlined in this RFP.
- h. Will the Workers' Compensation provider be considered a subcontractor under this contract?
Response: Yes, the Workers' Compensation provider will be considered a subcontractor under this contract. At the option of the respondent, the subcontractor may be a broker.

25. Question: How does the paid time off benefit work/accrue?

Response: There is no paid time off benefit for employees under the self-direction program.

DDS: The paid time off may be provided at each individual Employer's discretion, up to 2 weeks, within budget allocation. It does not accrue and it is not Medicaid reimbursable.

26. **Question:** Are all programs currently operating on the same payroll schedule? If not, is consolidation to a single schedule an option?

Response: All programs operate on a regular weekly payroll cycle. Special payroll processing is required on a more frequent basis if an employee with a verified timesheet or EVV submission was not paid for any reason.

27. **Question:** Is there a specific day each week that checks/Direct Deposits are dated, for example every Friday?

Response: Checks are dated for Fridays with ACH transfers occurring on Thursdays. FIs are required to manage special payrolls on a more frequent basis if an employee with a verified timesheet or EVV submission was not paid for any reason.

28. **Question:** Is Direct Deposit (DD) required for all? If not what are the current percentages of checks and DD?

Response: Direct Deposit is not required but it is encouraged. The Respondent should assume that 10 – 15% percentage of employees receive paper checks.

29. **Question:** Must Employer Training be completed prior to Enrollment/Activation? Can Training be offered in a variety of formats for the Employer to choose (i.e. webinar, video recording, user guides, etc.)? Is training currently tracked and reported to the State?

Response: Employer training and establishment as an Employer for all new Employers must be completed prior to enrollment and hiring Employees. Formats for training may be offered in a variety of formats, subject to approval of the Departments. For ADS and DSS, all Employer training and onboarding is the responsibility of the FI. This includes follow up training when required based on the needs of the Employer. The FI For DDS, training responsibilities are split between the FI and a separate DDS contractor. Enhanced training is available as needed. For DDS FI responsibilities are limited to basic Employer training on the rules of the program related to the Employer's interactions with the FI such as timesheet submissions/EVV visit records, communication, Department of Labor rules and what their next steps are.

30. Question: Can the Departments clarify what role the FI plays in “assisting Employers in hiring”? Is this limited to enrollment of Employees or are other services provided currently?

Response: The FI’s role related to assisting Employers in hiring is limited to timely processing of the Employer’s request for the FI to process the new employee’s application, including background checks, providing the Employer with information related to the background check, ensuring that the Employee completes all payroll related forms and EVV setup in collaboration with EVV contractor. The FI does not make the hiring decision however, as this is under the purview of the employer.

31. Question: What constitutes an emergency that would lead to the Emergency Onboarding of an Employee?

Response: An emergency that would lead to the Emergency Onboarding of an Employee is an authorization from the Department based on safety and health of the Participant.

32. Question: What is the current frequency of Emergency Onboarding requests?

Response: The current Emergency Onboarding per month is less than 10 employees.

33. Question: What is the process for emergency enrollments regarding background checks? Is there a grace period provided for those individuals to work while background checks are being processed?

Response: For emergency enrollments, background check information is provided to the Employer as soon as the information becomes available, usually the same day.

34. Question: What background and registry checks are required for potential Employees?

- What is the cost of the background checks? How often are background checks performed per Employee?
- Are the costs of the background checks paid from the Administrative fee (PMPM) or from the Participant’s Budget?

Response: The cost of the background check varies. The Departments estimate about \$50 per employee in the participant’s budget. Background checks are performed as part of the initial hiring process. The costs of the background check is not part of the administrative fee (PMPM). Checks include criminal background check, Office of Inspector General (OIG), DDS Abuse and Neglect registry and driver’s license check, if transportation services will be provided by the employee.

35. Question: Can the State provide more detail on the current process to support Employers who are funded by multiple agencies for self-directed services? Is this done by simply maintaining separate and distinct authorizations from each agency?

Response: DDS/DSS: A separate process and distinct authorizations specific to the agency overseeing the funding for the individual is required. Each participant is receiving distinct services from a specific agency (DDS, DSS or ADS).

36. Question: Can the state provide a list of the required reports and examples or requirements of each report?

Response: Reports and requirements include but are not limited to:

- 1) Monthly volume and accuracy of paper and/or timesheets processed by the FI.
- 2) Monthly billing and utilization (including the accuracy of billing, and numbers of active vs inactive budgets).
- 3) Wait times for customer support/QA calls.
- 4) Number of days to on-board Employers.
- 5) Number of days to on-board Employers' new Employees.
- 6) Number of days to resolve errors related to Employee's documentation of time worked.
- 7) Number of co-payments collected for DSS.
- 8) Timeliness of reporting, for both Employers and for the state, in requested formats.
- 9) Number of business days from submittal of Provider's invoice to payment.
- 10) The number of complaints, category of complaint as approved by the Departments, complaint resolution, length of time to resolve each complaint.
- 11) Timeliness of reporting, for both Employers and for the state, in requested formats.
- 12) Complete vendor audits. Tracking employer hiring data, spending relative to budget allocations, technical assistance required – all FI documentation
- 13) Number of Employers enrolled, number of Employers pending enrollment
- 14) Financial budget variance reports

15) FI activities, common problems faced by vendors and possible solutions, overarching program and policy changes from the state

16) Number of new Employees enrolled on behalf of Employers including detail on family relationship

17) Evaluation of the Employers on payroll's progress that:

a. provides assurances that the Employers have attained the required skills to supervise their Employees

b. provides assurances of the effectiveness of Employer training and ability to determine need for further training; and

c. evaluates the effectiveness of and Employer satisfaction with the Employee Registry.

37. Question: What is the average number of mailings (reports or otherwise) per year to Employers and Employees as directed by the department?

Response: The Department estimates 12 mailings to the Employer through the FI per year (this includes a monthly Expenditure Report and recent additional mailings related to EVV implementation). Mailings to employees are limited, as it is the employer's responsibility to communicate with their employees. The FI is encouraged to explore automated, accessible ways to share information that reduce reliance on paper as an 'opt in' option for Employers.

38. Question: Collection of Co-payments:

a. What is the average number of Participants that have co-pays?

Response: There are approximately 2000 members with co-pays.

b. How does the co-pay calculation work?

Response: The FI calculates the cost of the co-pay based on a percentage of the cost of care and sends a bill to the member.

c. Is the co-pay collected by the FI from the Participant, or is the co-pay withheld from the Employee's net paycheck? If collected from the Participant, how are bad debts reimbursed by the State? If withheld from the Employee's paycheck, what happens if the co-pay is larger than the net pay amount?

Response: The co-pay is not withheld from any employee. It is a cost to the Medicaid member. The FI tracks for the Department the amount of co-pays collected and the amount outstanding. The FI is expected to make reasonable attempts to collect the co-pay. To date, the Department

has provided funds to cover the bad debt if reasonable attempts have been made by the FI to collect the fees.

39. Question: Provider Credentialing:

a. What credentialing is required for the Providers?

Response: The following information represents examples of documentation submitted as part of the credentialing process:

1. All applicable licenses, certifications, or permits as required by DSS
2. Verification that applicant has more than 1 year of experience
3. Explanation of bankruptcy filings, lawsuits, etc.
4. Copy of last audit report completed by a Certified Public Accountant
5. Tax returns for the last 2 years
6. Insurance verification documents
7. Employer registration verification from Department of Labor
8. Submission of personnel policies
9. Submission of on-boarding documents given to new Employees
10. Letters of reference
11. Written statement regarding the delivery of person centered care

b. What is the cost of the credentialing?

Response: Providers are not charged to go through the credentialing process. The credentialing process is part of the Medicaid enrollment process for providers other than self-directed Employees. This function is not directly related to responsibilities on behalf of the Employer. It is a state administrative function related to waiver administration.

c. How often does the re-credentialing take place? Are the costs of the credentialing paid from the Administrative fee (PMPM) or from the Participant's Budget?

Response: The cost should be reflected as a flat fee in addition to the PMPM is the cost proposal.

40. Question: What is the average number of customer service calls per day/week/month/day of week?

Response: On average the FIs receive about 5,000 calls per week on customer service related issues and an additional 1000 call to the EVV call center.

41. Question: What are the current bond requirements for each department? Is it anticipated to change for the new contract?

Response: The contractor will carry sufficient Bond insurance to reimburse the Department equal to one hundred and fifty percent (150%) of the average monthly amount of all individual budgets.

42. Question: Will the Cash Advance amount be adjusted in the event of population growth or decline? How is the Cash Advance returned to the State at the end of the contract?

Response:

DDS: It is a 30 day cash advance monthly for each individual who has an individual budget administered by the FI. DDS will reduce the last payment of the FI contract by an amount equal to the cash advance.

DSS: Provides a cash advance upon execution of the contract sufficient to fund 4 weeks of payroll to an estimated number of employees. In the even of population growth, DSS will increase the advance to provide sufficient cash flow. The FI is required to pay the Employees timely by utilizing the initial advance and then manage cash flow ongoing by submitting claims for wages paid to the MMIS and receiving the reimbursement. The reimbursement provides the ongoing cash to support ongoing payroll.

ADS: ADS will provide a cash advance. If there is a population growth, the FI can reach out to ADS to discuss an increase to the cash advance amount. Any increase to the cash advance amount identified in the contract with ADS will require a contract amendment. Any funds remaining from the cash advance will need to be returned in the form of a check to ADS on or before the last day of our federal fiscal year – 9/30.

43. Question: Section E.1 Shared Scope of Service Requirements (p. 16) states that the FI shall *“Develop and provide training and training materials to Employers in various platforms including, but not limited to online and print.”* - Is the Contractor awarded under this RFP responsible for Employer training for all self-directed programs across all divisions? - If so, what is the relationship between the scope of work in this RFP and the existing DDS Self- Direction Training and Technical Assistance contract?

Response: DDS: The intent of DDS is to keep the training and technical assistance contract separate. At the end of the contract terms the department may explore additional negotiations. The FI will maintain components of training throughout.

44. Question: E.2 Scope of Service Requirements – Specific to DSS Medicaid Programs (RFP Section B.4.1.) (p. 19) states that the FI shall *“Identify and recruit potentially qualified providers to become credentialed and provide publicly-funded home and community-based services.”* - Please clarify what types of providers the FI is required to

credential, and what are the applicable credentialing requirements for each provider type for each program? - Please confirm that Employers are responsible for recruiting Employees, and that the FI's role is limited to assisting in the Employer.

Response: The FI is required to credential waiver providers. The credentialing is completed as part of the Medicaid provider enrollment process. Examples of providers who are credentialed include but are not limited to: Homemaker/Companion agencies, Adult Family, Adult Day, contractors completing home modifications, etc. Employers for whom the FI processes payroll under the self-direct systems of the state hire their own staff. The FI is required to support the Employer and, at the Employer's request, respond to the Employer's Employees on payroll related matters. The credentialing requirement of this RFP is not directly related to the responsibilities of the FI as they relate to the Employer.

- 45. Question:** Section **B.1 Structure and Design** (p. 11) states core requirements include *"Expedient Provider credentialing including employee enrollment as a Medicaid Provider"*. - Please clarify the credentialing requirements for each provider type. - What are the specific credentialing requirements applicable to Employees? - The Centers for Medicare and Medicaid Services (CMS) has indicated that states are not required to obtain a National Provider Identifier (NPI) for individual Employees of self-directing participants provided the state [or FI] assigns a unique identifier. - Please confirm that the FI is not required to obtain NPI for individual providers.

Response: Please see response to question 39.

- 46. Question:** Section **F.2 Service Level Agreements** (p. 25) states *"The resultant contract shall include negotiated performance terms based on SLAs including, but not necessarily limited to... Electronic Visit Verification (EVV) with payroll processed directly through EVV for DDS and DSS for a minimum of 99% of all Employees."* - Can the State confirm that this requirement applies to the FI since the FI is not the employer of record? - What are the consequences on Employers, Employees, or the FI if 99% of Employees do not meet the minimum SLA?

Response: The FI is responsible for oversight and training of Employers on EVV. The FI should have an articulated corrective action plan when an Employer is not complying with EVV. Potential consequences on the Employer and Employee should be negotiated with the departments and may require external stakeholder input. Consequences on the FI will be based upon corrective action planning and implementation review by the departments.

- 47. Question:** Section **E.1 Shared Scope of Service Requirements** (p. 15) states the FI shall *"Process Employee applications, with background and registry checks completed upon receipt."*
- Please describe the current criminal background check (CBC) requirements, systems, and processes.

- Are CBCs required prior to Employee provision of services, or may services be provided provisionally pending results?
- Is fingerprinting required?
- Who pays for CBCs and how are they billed?

Response: Outside of the pandemic, CBCs must be completed prior to employment beginning. As well as the CBC, a check against the DDS Abuse and Neglect Registry and OIG report must also be completed. After background check is completed, results are shared with the Employer. The Employer has the option to hire the Employee after reviewing the background check information. Fingerprinting is not required. CBCs are paid by the FI through funding allocated and approved in the individual budget.

Currently DDS is utilizing Covid 19 Guidelines approved through CMS Appendix K process. This includes a basic CBC for all Employees as well as a check to the DDS Abuse and Neglect registry and OIG report. An employee can start working prior to completion of the CBC and only continue pending the Employers acceptance of results and signing a waiver if applicable, provided the Registry and OIG report results are clear.

48. Question: Section **E.1 Shared Scope of Service Requirements** (p. 16) states the FI shall *“Receive state and federal funds and issue payments to Employees and Vendors against authorized individual budgets.”* - Please describe the service authorization systems and processes for each program and the manner in which individual budget information and service authorizations and changes will be communicated to the FI.

Response:

DDS: The FIs have access to DDS’ service authorizations system and obtain the authorizations daily as needed (initial budget and any changes). Each individual in the system has a “budget” with separate authorizations for each service. It may be day program funding, residential funding or both. Budgets are for one year; start dates vary per individual, but always start on the first day of a month.

ADS: The FI will receive a Jobseeker Responsibilities Form and Referral Form from the Employer’s vocational rehabilitation counselor prior to the start date of services stating how many hours will be authorized and for when. An authorization, which can be emailed in PDF format or mailed will follow these forms which the FI will use to submit the invoices with.

DSS: DSS authorizes individual budgets and sends the authorized budget to the FI through an approved PDF electronically.

49. Question: Enrollment by Program and FI - How many participants in each program are currently served by each of the two incumbent FIs?

Response: The Respondent should assume 7,605 Employers (Participants) in year 1 with 14,000 Employees with weekly payroll. In addition, there are an additional 1,500 Participants who are not Employers require support to managing their individual budgets and pay vendors.

50. Question: Information and Assistance - What entities currently provide the required information and assistance (aka; supports brokerage) for each of the Medicaid programs?

Response:

DDS: Each individual has an assigned Case Manager/broker.

DSS: Independent Living Centers and other non-skilled agencies currently provide supports brokerage services.

51. Question: Section **D. ORGANIZATIONAL CAPACITY** (p. 15) states the FMS shall “Process and ensure timely issuance of payments pursuant to the provisions of the Family Medical Leave Act”. The Connecticut Family and Medical Leave Act applies to private sector employers with at least 75 employees.

- How does the Connecticut Family and Medical Leave Act apply to Participants as sole Employers?
- What requirements is the FI expected to meet?
- Is FMLA leave paid or unpaid?
- If paid, how, and by whom

Response: Please see information on Connecticut’s Paid Leave Program Link provided herein: https://ctpaidleave.org/s/?language=en_US. The FI is responsible for ensuring registration of each Employer, sending out communications to Employers and to Employees on behalf of the Employer, implementing pay roll deductions of .05% of Employees wages and reporting to the CT Paid Leave Authority.

52. Question: Several of the requirements in the **EVV Requirements Matrix** reference the Employer or the Employer’s representative being responsible for creating manual entries or edits to Employee time entries (ex: FR#14

- “The system shall allow an Employer or the Employer’s representative to manually edit submitted time up until that time has been paid”). Typically, the role of the Employer is to review and approve (not edit) time submitted by the Employee. The Employer returns a time entry to the Employee, if needed, and the Employee is responsible for making any necessary edits or corrections directly in the EVV system and resubmitting to the Employer for review. This keeps a clear separation between time submission and approval, appropriately puts the onus for correct submission on the Employee, and still allows for tracking of manual entries/edits made by the Employee.
- Please confirm that Employers or Representatives are not required to create manually edit Employee submitted time.

Response: Employers or Representatives have the ability to manually create or modify a visit, but this is not required.

53. Question: FR#58 of the **EVV Requirements Matrix** states *"The system shall allow the Employee to select multiple services for a single visit"*.

- Please define services in this requirement and provide an example of multiple services that may be provided during a single visit.
- In this requirement, is a service equivalent to a Medicaid procedure code? Or a more granular level, such as specific activities of daily living delivered during a visit?
- Must the Employee clock in and out for each separate service?

Response: A service is equivalent to a Medicaid procedure code. The employee must check in and check out for each service provided by identifying the procedure code, tasks or goals associated to the service.

54. Question: EVV Exemptions.

- Are live-in employees exempt from EVV requirements for any Medicaid programs?

Response: Live-in employees are exempt from EVV requirements.

55. Question: Please clarify what is meant by "regarding provider credentialing, the FI enrolled 100 providers unrelated to enrollment of employees." (Section D.3)

Response: The FI is responsible for credentialing DSS waiver providers. After the FI credentials the provider, the provider may enroll in the MMIS.

56. Question: Define provider credentialing. (Section D.3)

57. Response: The FI is responsible for the credentialing all waiver providers. This involves reviewing applications from providers who are interested in becoming a Medicaid enrolled provider as well as all supporting documentation. Applications and supporting documentation are compared to the DSS qualifications required for each provider to perform the service as approved by CMS. Reviews are required every 2 years and may include a site review.

58. Question: Does the State have identified criteria or metrics the FI currently utilizes to "identify employees or employers that may benefit from additional training?". If so, can those criteria or metrics be shared? (Section E.1.A.11)

Response: Not for Employees, as this should be identified and facilitated through the Employer. For training needs for Employers, there are no specific metrics; the referral for enhanced training by the training contractor can be initiated by the Employer, Case Manager or the FI if the Employer has difficulty fulfilling their responsibilities or asks for additional training. The referral would be made by the Case Manager.

59. Question: Do the Departments currently use a recruitment and credentialing tool to process. Please provide examples. (Section E.2.A.2)

Response: The Department provides the credentialing criteria and it is the responsibility of the FI to create a tool to facilitate the process.

60. Question: Please provide examples of current co-payments. (Section E.2.A.2)

Response: All DSS participants who receive services under the state funded programs are required to pay a co-pay. The co-pay is a stated percentage of the cost of care and varies year to year as defined by the legislature. In SFY 22, the co-pay is 4.5%. In addition, the FI is responsible for collecting the applied income related to waiver participants.

61. Question: For which services are co-payments applicable? (Section E.2.A.3)

Response: Co-payments are required for the state funded Home Care Program for Elders.

62. Question: Please provide the statutory citation/reference or the program rule outlining the paid time off benefits (sick leave) for this program. ***Only asking because the CT paid sick leave law excludes service workers (which may include workers on this program) and employers with less than 50 employees. *** (Section E.5.B.1)

Response: Please refer to this Website at: <https://ctpaidleave.org>. On June 25, 2019, the State of Connecticut passed legislation to create this comprehensive paid family and medical leave insurance program through the signing of Connecticut Public Act 19-25, An Act Concerning Paid Family and Medical Leave, as amended sections 232 through 235 of Public Act 19-117

63. Question: Would the State consider changing requirement FR#11 to: "The system shall capture and report GPS coordinates to at least the third decimal degree." (EVV Requirements Matrix FR#11)

Response: The GPS coordinates should support the GPS distance requirement of within 2000 feet

64. Question: "Would the State consider changing this requirement FR#12 to: "The system shall not capture GPS coordinates at any time other than at check in and check out and for client lookup when arriving to begin a visit."" (EVV Requirements Matrix FR#12)

Response: GPS coordinates will only be captured at the check in and check out.

65. Question: "Would the State consider changing requirement FR#14 to: "The system shall allow an Employer or the Employer's representative to manually edit submitted time up until that time has been paid submitted for payment.""(EVV Requirements Matrix FR#14)

Response: Employers and employees must be able to edit time.

66. Question: Please provide examples of the expectation for EVV system generated visits. (EVV Requirements Matrix FR#39)

Response: Reporting must include, but not limited to, all CURES Act mandated data elements. One example of an entry is as follows:

1/1/2022 Individuals Day Supports John Smith Pat Jenkins Marie Jones 23
Main St, Hartford, CT 7:30 am 1:30 pm task: Assist with Food
Preparation

67. Question: How are check in and check out times determined for automatically generated visits? (EVV Requirements Matrix FR#39)

Response: Currently, consumer direct services require a systematic check in and check out and does not support automatically generated visits.

68. Question: Are these based on predetermined schedules or authorizations? (EVV Requirements Matrix FR#39)

Response: DSS does not use authorizations or schedules for EVV consumer direct services

69. Question: "Would the State consider changing requirement FR#42 to: The system shall not limit the number of times that a Employer or the Employer's Representative can submit update a Visit within a pay cycle until it has been submitted for payment (i.e. if an Employer goes back and adds new time to a Visit that has already been submitted)." (EVV Requirements Matrix FR#42)

Response: The State will not limit the number of times an employer/employee can update a visit.

70. Question: Please provide examples of expected functionality differences by program. (EVV Requirements Matrix FR#57)

Response: EVV visit capture functionality is the same for both DDS and DSS programs.

71. Question: What is the current Per Member Per Month (pmpm)/annual FI fee?

Response: DDS: \$55 per month per budget with Provider services no payroll, \$125 for budgets with self-hire services (payroll), \$125 budgets with payroll and Provider services, closeout fee \$50 per participant, \$125 for set up for new budget with self-hire. DSS does not currently operate under a PMPM system.

72. Question: What is the average budget size, as well as the minimum and maximum budget sizes?

Response: The average across all three Departments is a approximately \$30,00 per participant (total budget, may be day and/or res). An estimated \$200 - \$300 is a minimum budget and over \$1 million being an estimated maximum.

73. Question: What is the length of the authorization for services?

Response: Typically, the authorization service authorization is for 1 year but may be changed according to needs.

74. Question: What is the average number of employees/caregivers per participant?

Response: Employers typically hire an average of 2 employees.

75. Question: The RFP mentions provider recruitment and credentialing. Can the Department provide the current FI process for recruitment and credentialing providers?

Response: The current process for provider recruitment of providers includes participation in job fairs. The Respondent should propose how this requirement would be fulfilled. The credentialing process involves sending applicants who seek participation as providers of certain services correspondence that indicates what must be submitted to the FI to verify eligibility to provide the service. The FI receives, reviews, and approves (if appropriate) the documentation submitted. If approved, the FI sends the provide a document that provide evidence that the provider meets the state's criteria to provide the service.

76. Question: What is the timeframe for reimbursing for pass-through claims including the claims related to the hourly services provided by employees of the participant? Do the Departments pre-fund the fiscal intermediary for the direct services provided to the individuals served?

Response:

DDS: DDS provides funding sufficient to cover 1 month of estimated costs associated with payroll and other services authorized to participants through the participant's individual budget. Expenditure reports are submitted by the FI to DDS mid-month. DDS reviews the expenditure report and then provides the next month's allocation of funding to the FI. The FI has funds in advance on an ongoing basis.

DSS: DSS provides a cash advance upon execution of the contract sufficient to fund 4 weeks of payroll to an estimated number of employees. In the event of population growth, DSS will increase the advance to provide sufficient cash flow. The FI is required to pay the Employees timely by utilizing the initial advance and then manage cash flow ongoing by submitting claims for wages paid to the MMIS and receiving the reimbursement. The reimbursement provides the ongoing cash to support ongoing payroll and is reimbursement on claims submitted is 1 week.

77. Question: Do the Departments allow for invoicing for claims within the same month of services?

Response: Yes, the Departments allow for invoicing for claims within the same month of services.

78. Question: What is the frequency of submitting claims allowed by the Departments?

Response:

DDS: Providers are expected to invoice within 60 days; more frequent invoicing is allowed. DDS will pay for invoices for up to a year.

ADS: There is no limit on the frequency of claims submitted to ADS.

DSS: Providers are allowed to submit claims at any frequency-daily, weekly or monthly. Claims are processed in real-time and the provider can see the claim status immediately. There is a 365 day timely filing limit and claims must be submitted electronically.

79. Question: What is the timeframe for reimbursing FI pmpm claims/invoices?

Response:

DDS and ADS: The FIs are reimbursed monthly, as they send reports with the individuals they provided services for that month after DDS confirms.

DSS: DSS does not currently pay the FI utilizing the PMPM budget option. Timeframe for reimbursement will be discussed as part of the negotiation process.

80. Question: Do the Departments require face-to-face enrollment visits or are e-enrollments allowed?

Response: E-enrollments are allowed if it's appropriate for the individual.

81. Question: What are the background check requirements and cost for each requirement? Are the costs for background checks part of the participant's budget or included in the pmpm FI fee? Lastly, what is the average time it takes for results to be determined?

Response: Please refer to answer to question #34.

82. Question: Are there any employee/caregiver trainings required? If yes, what are the trainings, where do employees/caregivers obtain the trainings, who is responsible for tracking the trainings?

Response:

DDS: All the Employees are required to complete College of Direct Supports online training; it is tracked by the FI as well as EVV training, also online and tracked by the FI. There may be additional training required, specific to the individual, provided and managed by the EOR.

DSS: DSS does not require training. Training is the responsibility of the Employer. Orientation is a requirement. The FI is responsible for tracking completion of orientation, paying an associated stipend and ensuring that the employee completes orientation within the negotiated timeframe.

83. Question: Does the FI have to use the current company providing Worker's Compensation insurance in Connecticut? If so, who is the company?

Response: The FI does not have to use the current company providing Worker's Compensation after the current policy's expiration date. The current insurance broker is HUB International, and the current policy is issued through Atlantic Charter.

84. Question: Do the Departments require a group Worker's Compensation insurance policy or individual employer Worker's Compensation policies?

Response: The current policy is bid and underwritten as a group but individual policies are issued for each employer. Individual Employer policy costs are calculated by the broker and based on an average allocation of the total group cost.

85. Question: Are there any emergency provisions related to COVID, such as waiving background checks or allowing familial relationships to be paid providers? If so, will these provisions continue post-pandemic?

Response:

DDS: Through the federal Appendix K process, DDS has temporarily extended the time limit to complete required trainings from 90 to 180 days, as well as allow provider standards to qualify a direct worker while his/her background check and pre-employment screenings are in pending status. This process will remain in place

until six months after the federal public health emergency ends unless an earlier date is noted and approved in the Appendix K document.

86. Question: Given the pandemic, is a local office still required?

Response: A local office is required. The Department's understand that in person visits to the local office may be limited during the public health emergency.

87. Question: For the non-compliance status report, is there a list of non-compliance rules?

Response: Yes. This information will be provided to the successful respondent negotiating a contract.

88. Question: Will the FI be required to attend with the SEIU? If so, what are the meetings and frequency?

Response: The Departments reserve the right to require attendance of the FI at certain SEIU meetings.

89. Question: Will the FI be required to provide reports to the SEIU? If so, what reports and at what frequency?

Response: The Departments reserve the right to require direct reporting.

90. Question: The EVV functional requirements are to not show GPS location (only home/community). Will the state aggregator require the GPS coordinates?

Response: At this time, GPS coordinates are required and the Respondent's proposal must include this requirement. The state continues to watch the conversations occurring on the federal level around GPS coordination in EVV systems. Potential legislative changes on the federal level will influence the state's ability to respond and implement to GPS related changes.

91. Question: The EVV functional requirements state that we should not require signature or PIN for approval, but the reconciliation requirements are to monitor signature integrity. Are signatures optional and will we be monitoring these optional signatures?

Response: Signature or voice capture is available for approval the time of the visit. The voice print or signature is stored in the EVV system for audit purposes.

92. Question: If the EVV app is synched with the online portal, is this sufficient to meet the requirement in FR#38 in the matrix document?

Response: The EVV app and the portal have their own unique username and password, the data from the app is synced with the portal.

93. Question: In FR#58 of the matrix document, is the requirement for multiple service codes in one unique shift or multiple tasks within one service code?

Response: CT allows multiple tasks to one service. Each service is equal to one procedure code.

94. Question: If the FI proposes to utilize its own EVV system and includes the completed CT PCA EVV Requirements Matrix as required in Section IV 4.3, can the respondent refer to the matrix in subsequent sections of the response or is a full narrative response still required?

Response: A full narrative response for EVV and the transition is required.

95. Question: Regarding margins on page 27 of the RFP, are 1 1/2" margins required on the top and 1" margins on the sides and bottom, or are 1 1/2" margins required all around? Please clarify.

Response: Please refer to Section A. Revisions, Item 6 issued through this Addendum 1.

96. Question: Section 1.2.2 requires the respondent to list the title, address, phone, email, etc. for each contract where similar work was performed. Is this part of the 40 page limit, as some fiscal intermediaries have significantly more contracts than others? Is this needed, as this would likely take up a significant amount of space and we are required to provide references as part of our response?

Response: Submitted proposals must conform to the requirements of the RFP. Please refer to Section IV. Required Proposal Submission Outline, I. Main Proposal Submission Requirements to Submit a Responsive Proposal, and Section A. Revisions, Item 7 of this Addendum 1.

97. Question: Section 1.2.3.5 requires the average number of FTEs employed by FI per year by function. Can you define what you mean by "function"?

Response: Functions are defined in the cost proposal section of the RFP under Cost Response Option 1.

98. Question: Section 6.1.5.1 indicates job descriptions will be required as an attachment, however there is no appendix listed for job descriptions. Where should we include these?

Response: Please refer to Section A. Revisions, Item 7 issued through this Addendum 1.

99. Question: Given the number of questions required to be answered in this RFP, is the state willing to extend the page limit past 40?

Response: The Departments considered this request and are willing to increase the page limit to 45.

100. Question: Does the State intend to award one or multiple contracts as a result of this RFP?

Response: A single contract shall be issued to a selected vendor for the fiscal intermediary services. Please refer to Section A. Revisions, Item 3 of this Addendum 1.

101. Question: The contract start date is tentatively scheduled for December 1, 2022. What FI services does the state expect be provided on the contract start date? What services must be provided in the month of December, specifically? (Section I.B.4, pg. 5)

Response: DDS: The intent is to have the new FI update and running providing all FI related responsibilities by this date.

102. Question: The contract start date is tentatively scheduled for December 1, 2022. What responsibilities does the current FI retain after the contract start in terms of processing of services for dates prior to the contract start date and for how long does that responsibility exist? (Section I.B.5, pg. 5)

Response: The RFP requires potential bidders to include a transition plan prior to the scheduled start date. The intent is that the contract start date will be when all FI responsibilities fall under the new contractor. Please refer to Section A. Revisions, Item 2. Procurement Schedule of Addendum 1.

103. Question: The contract start date is tentatively scheduled for December 1, 2022. What in-process work will be transferred from the current FI to the new FI at the contract start date, if any? (Section I.B.5, pg. 5)

Response: DDS: The RFP requires potential bidders to include a transition plan prior to the scheduled start date. The intent is that the contract start date will be when all FI responsibilities fall under the new contractor. Please refer to Section A. Revisions, Items 1 through 3 of Addendum 1.

104. Question: The contract start date is tentatively scheduled for December 1, 2022. When will the state determine the contract start date and what factors affect that determination? (Section I.B.5, pg. 5)

Response: Please refer to Section III. Proposal Submission Overview, B. Evaluation of Proposals.

105. Question: How is approved overtime billed to the state? (Section II.E.1.B.4, pg. 16)

Response: Overtime is billed utilizing the procedure code and must be approved by the Departments in advance.

106. Question: Please describe the format in which the FI will receive authorization for services. (Section, II.E.1.C, pg. 16)

Response: Authorizations are either through PDF or email.

107. Question: RFP requires Respondent to implement and maintain a process to assist management of budgets for participants receiving services funded by more than one Department. How many Employers/Participants are currently receiving funds from more than one Department? (Section II. E.1.C7, pg. 17)

Response: As of 12/21/2021, there are 187 dual employers.

108. Question: When an Employer is receiving funds from more than one Department, do they have an individual budget from each Department? (Section II. E.1.C7, pg. 17)

Response: Yes. When an Employer is receiving funds from more than on Department they have an individual budget authorized by each Department.

109. Question: Are individual budgets annual or monthly? (Section II. E.1.C, pg. 17)

Response: Budgets are annual for DDS and DSS and for ADS they are authorized by college semester.

110. Question: Please provide an explanation and example of items requested during a spectrum audit. (Section II.E.1.D.12, pg. 18)

Response: These audits shall include gathering information electronically from qualified vendors billing for services. The information includes documentation and progress notes to support invoices and verifying the documentation is consistent with invoice, the payment, and Medicaid claims submitted either directly to the MMIS or through Medicaid billing data submitted to the Department of Administrative Services.

111. Question: Please provide more information about how progress notes and documentation are captured in current program. (Section II.E.1.D.12, pg. 18)

Response: This information is documented on the timesheet or within EVV as appropriate.

- 112. Question:** Can the state provide examples of what may need to be mailed to Employers and/or Employees? (Section II E.1.D.15, pg.18)

Response:

Employers: Enrollment packet, monthly Expenditure Report, EVV related communications, weekly payroll data with employee info (may change once EVV fully implemented), new hire application packet, and as needed

Employees: Onboarding packet, training reminders, as needed, EVV implementation communications as authorized by DDS.

- 113. Question:** Can the state provide examples of the goods & services credentialed Vendors provide? (Section II. E.2.A.2, pg. 19)

Response: Examples include apartment set up services.

- 114. Question:** Please describe the credentialing process for vendors and providers. (Section II. E.2.A.2, pg. 19)

Response: Please see response to question# 74.

- 115. Question:** Please elaborate on the requirements and current amounts of the bond insurance? (Section II.E.10.A.4, pg. 22)

Response: Please see response to question #41.

- 116. Question:** What is the current process for background checks? How long do they take to process? (Section II.F.1.A.3, pg. 23).

Response: Please see response to question #47.

- 117. Question:** Who pays for background checks? (Section II.F.1.A.3, pg. 23)

Response: This expense is included in the individuals' budget not the administrative fee

- 118. Question:** Section mentions EVV exemptions for Employers. Are FIs responsible for granting exemptions? How many Employers does the state anticipate to be exempt from EVV? (Section IV.2.1.4.1.1, pg. 36)

Response: Exemptions related to EVV are approved by the State. The state anticipates that 1% of Employers may not use EVV based on a reasonable accommodation.

- 119. Question:** How are paid time off benefits recognized and maintained? How are paid time off benefits paid to eligible caregivers billed to the state? (Section IV.4.4.2.5, pg. 39)

Response: **DSS:** All Employees have access to the Paid Family Medical Leave Act as defined in questions 51 and 61. The process for payment is described in the information provided.

DDS – Currently paid time off is put in the budget at the discretion of the Employer (optional) and paid with payroll when a paper timesheet is submitted and approved by the Employer

- 120. Question:** If we believe separate functions identified in the cost proposal to be the same role/job title, would the Department prefer we duplicate job title and split the FTE to adhere to the proposal, or aggregate the role into the respondent's positional structure? (Section IV.9.4, pg.48)

Response: The Respondent should adhere to the cost proposal directions and split the FTE.

- 121. Question:** Would the state be open to a unit based (hourly) admin fee? (Section IV.9.4.5, pg. 50)

Response: The Department's will not accept a unit based (hourly) administrative fee.

- 122. Question:** What are the average number of hours authorized to Employers per year? (Section IV.9.4.5, pg.50)

Response: The Respondent should assume that the average number of hours authorized is 1800 per year.

- 123. Question:** What is the annual volume of vendor payments? (Section IV.9.4.5, pg.50)

Response: The Respondent should assume that the annual volume is \$14,000,000.

- 124. Question:** The specification states: "The system shall support different functionality depending on the program that the member is enrolled in." What are the different functional requirements that exist between programs? (CT PCA EVV Requirements Matrix, Tab Func Req, Line 57)

Response: The differences in functionality are currently restricted to variance in tasks.

125. Question: The specification states: "The system shall allow the Employee to select multiple services for a single visit." For shifts with multiple services occurring, what is the proper method for billing those services? (CT PCA EVV Requirements Matrix, Tab Func. Req, Line 58)

Response: Each service is stored in the EVV system and requires a specific procedure code for billing

126. Question: What are the information access requirements for the Support and Planning Coach role, and the Case Manager role? (CT PCA EVV Requirements Matrix, Tab Non Func. Req, Line 7)

Response: Access requirements include ability to make corrections to Employee time and approve time. This is the same access requirement as the Employer has.

127. Question: Will joint proposals be allowed?

Response: No. As per the RFP requirements, a single contract shall be issued to a selected vendor for the fiscal intermediary services. Hence, only one proposal for each vendor shall be accepted.

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

FISCAL INTERMEDIARY SERVICES (FIS)
BIDDERS VIRTUAL RFP CONFERENCE

SOLICITATION NUMBER: FIS RFP 11232021

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INDIVIDUALS LISTED ON SIGN-UP SHEET

<u>NAME (Speakers)</u>	<u>ORGANIZATION</u>
DANIEL ROSARIO	DSS, Organizer
DAWN LAMBERT	DSS, Moderator
ANNEMARIE CASEY	DSS
DIANA SPERANZA	DSS
BETH AURA MILLER	DDS
KRISTA OSTASEWSKI	DDS
HEIDI HENAIRE	ADS
RICHARD ALBERTONI	Public Partnerships
LISA BACKUS	CT News Junkie

Also attending virtually (non-speakers):

Isabelle Collins
 Laura Wells
 Kristy Michael
 Coco Ballew
 Mark Henry
 Adam Jacobs
 Don Waddell
 Victoria Zakrsewski
 Mark Altieri
 David Horvath
 Betsy Eschelbacher
 Stephen Magro
 Evelina Bula
 Diedre Murch
 Karen Quesnel
 Karri Filek
 Rob Lewis
 John Hunt
 Vicki Young
 Anila Ceka
 Dane Lustila

Tracy Romanow
Christi Johnson
Kelly Brown
Gladys Soto
Yadira Holmes

1 (Proceedings commenced at 9:45 a.m.)

2

3 DAWN LAMBERT: ... is that in general,
4 well, all three Departments are there represented
5 and will be participating in the presentation.
6 All program staff as well as our Contracts Unit
7 that has the lead with the organization of the
8 RFP and proposals as they come into the
9 Department of Social Services.

10 Side note, for the most part we expect
11 to be recording the questions that are asked and
12 then do plan to respond according to the
13 timeline. Most of our responses will be provided
14 back in writing. So please ask your questions
15 but just be aware in advance that for the most
16 part we plan to answer questions, respond to
17 questions in writing. Okay?

18 So with that in mind I guess I will try
19 to share the presentation and hopefully this goes
20 well and we'll get started. Does that sound
21 right to the team? You guys can un-mic and just
22 let me know with thumbs up. Sound good?

23 BETH AURA MILLER: Sounds good.

24 KRISTA OSTASZIEWSKI: Sounds good.

25 DAWN LAMBERT: Okay, good.

1 (Bringing up RFP PowerPoint.)

2 DAWN LAMBERT: Can everybody see that?

3 ATTENDEE: Yes.

4 DAWN LAMBERT: Okay. So let's go ahead
5 and get started. A brief overview, as I
6 mentioned we're going to be going a fairly high
7 level pace through the RFP just hitting some of
8 the highlights, drawing your attention to the
9 various sections in the way that the proposal is
10 laid out and the Departments as I mentioned will
11 be taking turns going over these various sections
12 and highlighting what's in the RFP.

13 So with that in mind I'm going to pass
14 to Diana or to Anila for Contracts to go over the
15 instructions and important dates.

16 DIANA SPERANZA: Dawn, thank you very
17 much.

18 Good morning and Welcome. My name is
19 Diana Speranza, I'm a manager with the Department
20 of Social Services within the Contract
21 Administration Unit. I'm going to go through the
22 procurement schedule. As you know the RFP was
23 released on November 23rd, 2021. The virtual
24 conference today is an optional virtual RFP
25 conference and is being held to entertain

1 clarifying questions from prospective proposals
2 about this RFP. Attendance at the virtual
3 conference is optional but is strongly
4 encouraged. The RFP will not be available at the
5 (audio skip).

6 At the virtual conference attendees
7 will be provided an opportunity to submit written
8 questions which the Department representatives
9 may or may not answer. Any oral answers given at
10 the virtual conference by a representative of any
11 of the departments are tentative and not
12 official. All questions submitted will be
13 answered in a written amendment to this RFP which
14 will serve as the official response to questions
15 asked at the virtual conference. If any answers
16 to any questions constitutes a material change to
17 the RFP the question and answer will be placed at
18 the beginning of the amendment and duly noted as
19 such.

20 Mandatory letter of intent, that is due
21 on December 6, 2021. A letter of intent is
22 required by this RFP. The letter of intent is
23 nonbinding and does not obligate the sender to
24 submit a proposal. The letter of intent must be
25 submitted to the official contact by email by the

1 deadline established in the procurement schedule.
2 The letter of intent must clearly identify the
3 sender including name, postal address, telephone
4 number, email address and state whether the
5 prospective respondent's intention is to
6 integrate Fiscal Intermediary Services with the
7 state's existing EVV system or propose a new EVV
8 system solution.

9 It is the sender's responsibility to
10 confirm the designated official contact's receipt
11 of the letter of intent. Failure to submit the
12 required letter of intent in accordance with the
13 requirement set forth herein shall result in
14 disqualification from further consideration.

15 Deadline for questions, deadline for
16 submission of questions is December 10, 2021.
17 The answers will be released on an estimated date
18 of December 23rd, 2021.

19 Proposals due are on February 10, 2022
20 at 2:00 p.m. Eastern Standard Time.

21 The proposal due date and time, the
22 official contact is the only authorized recipient
23 of proposals submitted in response of this RFP.
24 Proposals must be received by the official
25 contact on or before the due date and times that

1 I have just mentioned.

2 The submission of the electronic copy
3 of the proposal must be emailed to the official
4 contact for this RFP to the email address that is
5 outlined in the RFP. The subject line of the
6 email must read FIS RFP 11232021. Proposals
7 received after the due date in time will be
8 ineligible and will not be evaluated. DSS as the
9 lead agency for this procurement will send an
10 official letter alerting late respondents of
11 ineligibility.

12 An acceptable submission must include
13 the following: One conforming electronic copy of
14 the original proposal. The proposal must be
15 complete, properly formatted and outlined and
16 ready for evaluation by the Evaluation Committee.
17 Unsigned proposals will not be evaluated.

18 The electronic copies of the proposals
19 must be compatible with Microsoft Office Word
20 except for the budget and budget justification
21 which may be compatible with Microsoft Office
22 Excel. Only the required forms and appendices
23 may be scanned and submitted as PDFs at the end
24 of the main proposal document. Respondents are
25 responsible to ensure that they are not

1 additional IT limitations from provider side.
2 Proposals received after the due date and time
3 may be accepted by the Department as a clerical
4 function but late proposals will not be
5 evaluated. At the discretion of the Department
6 late proposals may be deleted.

7 Multiple proposals is not an option for
8 this procurement.

9 Dates after the due date for proposals
10 are nonbinding. Those are the target dates which
11 have asterisks, so they are estimated dates. The
12 Department may amend the schedule as needed. Any
13 change to target dates will be made by means of
14 an amendment to this RFP and will be posted on
15 the state contracting portal, if available, and
16 the Department's RFP webpage.

17 Proposal selection is estimated to be
18 on March 31st, 2022. The startup transition phase
19 is estimated to start on June 1st, 2021. The term
20 of the contract shall be 3 years and the contract
21 is anticipated to begin in June 1st, 2022 which an
22 inclusion transition phase of no more than 6
23 months ending no later than November 30th, 2022
24 and continue through December 31st, 2025. There
25 shall be two one-year options that may be

1 exercised at the sole discretion of the
2 Department.

3 Mandatory letter of intent is required
4 by this RFP. Oh, I've already gone through that
5 and I apologize.

6 And that concludes my description of
7 the schedules. Thank you.

8 DAWN LAMBERT: Thanks, Diana.

9 Once again, if anybody has questions go
10 ahead and put your questions in chat and
11 otherwise we'll be reserving the end of the
12 meeting for questions that you might have that
13 you want to raise to the entire team through the
14 microphone.

15 Next section is our program overview
16 called Requirements and I'm going to turn this
17 over to Beth Aura Miller from Department of
18 Developmental Services.

19 Beth?

20 BETH AURA MILLER: Good morning,
21 everybody. I'm Beth Aura Miller, I'm from the
22 Department of Developmental Services and I have
23 the pleasure of sharing our program overview for
24 this RFP.

25 First, let's review the structure

1 design. The Department of Social Services, the
2 Department of Developmental Services and the
3 Department of Aging and Disability Services are
4 collectively referred to in this RFP as "The
5 Departments." Together we service populations of
6 individuals with disabilities, older adults and
7 others who require personalized support services
8 and care.

9 To allow for the greatest level of
10 autonomy and self-determination for these
11 populations each Department provides personalized
12 budgets to individuals and their families that
13 allow them to directly employ their care
14 assistance, their direct support professionals
15 and other services providers of their choice.

16 The Departments are seeking proposals
17 from fiscal intermediary vendors to facilitate
18 and provide the self-directed support services,
19 including the management of individual budgets to
20 the individuals served by the Departments within
21 our self-directed programs. We believe the FI's
22 role is extremely vital to the Departments'
23 ability to provide successful self-directed
24 support options and as said shall be responsible
25 for the integrity and the consistent management

1 of the self-directed supports for each of the
2 Departments' programs.

3 Connecticut's self-directed supports
4 are continuously expanding at an average of
5 approximately 25 percent each year. So the FIs
6 need to maintain service levels and program
7 integrity as the needs increase and as the
8 program requirements and policies are impacted by
9 the state and/or federal requirements. The FIs
10 must be prepared to meet these challenges along
11 with the meeting of the needs of the populations
12 that are being service.

13 Information by the vendors must be
14 easily accessible, provided in a wide variety of
15 languages and be clearly (audio skip)
16 participants in the populations that are being
17 served. The information must be accessible
18 through the availability of various modes of
19 communication.

20 The FI has the important duties to
21 fulfill and must be timely and thorough in
22 meeting those responsibilities. Participants who
23 self-direct their care in supports and such need
24 to and require the reliability and the timeliness
25 and the accuracy of services that this FI will be

1 providing. Participants as the employer rely on
2 these services to retain their employees.

3 As you can see noted on this slide
4 there are core requirements that we are including
5 in this and they are the following: Accurately
6 managing individual budgets; timely claims
7 processing; timely payroll services; timely
8 hiring process for new employees, so being timely
9 is really important. Obtaining workers
10 compensation insurance on behalf of employers;
11 training, development and provisions; expedient
12 provider credentialing, including employee's
13 enrollment on a Medicaid provider; comprehensive
14 customer service; responsive provider services;
15 quality assurance and reporting for all
16 previously listed items; and timely completion of
17 background checks on behalf of the employers for
18 their potential employees; communication with the
19 participants' employers of all the aspects of the
20 services; and of course EVV as a federal
21 requirement.

22 And I believe that completes all of
23 their -- or covers the overview, and I'm going to
24 turn over now to my sister agency to review the
25 program goals.

1 DIANA LAMBERT: Thank you, Beth.

2 Heidi from Aging and Disability
3 Services, or Mark?

4 HEIDI HENAIRE: Heidi Henaire from
5 Aging and Disability Services. From my
6 understanding I'm going to talk a little bit
7 about what Aging and Disability Services is.
8 Give me one second. I'm having some technical
9 difficulties here. Give me one second, okay?

10 DIANA LAMBERT: Sure.

11 (Pause.)

12 HEIDI HENAIRE: Hello again. Sorry
13 about that. Just having some difficulty with
14 technology on my end.

15 But I want to give you some information
16 about Aging and Disability Services. (Audio
17 skip) we have services, specification and
18 rehabilitation program and we provide a wide
19 scope of services to eligible individuals with
20 disabilities designed to assist with, preparing
21 for obtaining or maintaining employment. The
22 services may include personal assistance by an
23 individual who is engaged in other services
24 intended to help them achieve their employment
25 goal.

1 (Indiscernible) circumstances under
2 which personal assistance services may be
3 necessary can be varied based on individual
4 needs. Typical settings include college
5 classrooms, vacation or on-the-job training
6 programs. Thank you.

7 DAWN LAMBERT: Thank you, Heidi.

8 Heidi, would you like to go over the
9 program goals or should I do that? Would you
10 like me to do that?

11 HEIDI HENAIRE: Sure, you could do
12 that. I wasn't aware that I was doing that part.
13 Sorry about that.

14 DAWN LAMBERT: Sure, no, that's no
15 problem whatsoever. Thanks very much.

16 So the program goals, this comes
17 directly from the RFP that was released to ensure
18 that the comprehensive services provided by the
19 FIs to participants, families, employees and
20 employers are clearly defined and benefit those
21 individuals we support by empowering them with
22 the ability to pursue lifelong opportunities and
23 facilitate personal choices.

24 To establish and maintain high quality
25 business relationships with all parties.

1 To encourage effective communication;
2 to facilitate minimal performance complaints and
3 to ensure accountability.

4 To develop, implement and maintain
5 clearly defined and well-established rolls
6 consistent with the principles of self-direction
7 for the FI, the employer and the employee. This
8 will serve as guidance to the FIs in how the my
9 assist as well as to empower the employer.

10 To provide clarity and understanding to
11 employers and participants about their budgets.

12 To provide quality, responsive and
13 timely customer service that contributes to
14 autonomy and empowerment.

15 To ensure smooth and seamless
16 transitions between providers and employees
17 without disruption of services to participants.

18 And last, to ensure prompt and timely
19 resolution as defined the Departments of any
20 payroll and EVV-related issues.

21 That flows directly right into
22 electronic visit varication which is a relatively
23 new requirement for the self-directed population
24 that we serve in Medicaid. Electronic visit
25 verification as I'm sure you are all aware is a

1 federal requirement under the Cures Act. More
2 details on the Cures Act and relevant statutes
3 are found in the RFP.

4 Our fiscal (indiscernible) the
5 respondents must respond to the requirements for
6 utilization of electronic visit verification to
7 process according and directed by the Departments
8 of DSS and DDS. This requirement is a
9 requirement that only applies to DSS and DDS.

10 Heidi, as she just went through some of
11 the essential information relative to ADS, ADS
12 and Heidi's program is not requiring EVV at this
13 time. So it's just the two departments,
14 Department of Social Services and Department of
15 Developmental Services.

16 This is relevant to payroll processing.
17 Respondents may choose to integrate their FI
18 systems, their payroll processing systems with
19 the existing DSS EVV solution or propose a new
20 EVV solution in their proposal.

21 Our existing solution in the State of
22 Connecticut is managed by Sandata Technologies,
23 so that's one option. The second option would be
24 propose that new system consistent with the EVV
25 requirements matrix which is found in the RFP.

1 If you have any questions about that we'll be
2 happy to answer them after this presentation or
3 in writing over the next couple of weeks.

4 Scope of services, as Beth has already
5 pointed out the scope of services which aligns
6 with what Beth was talking about, has 4 primary
7 core requirements that had to do with serving the
8 Medicaid participants who are self-directing.
9 One entire section is about employer-required
10 tasks so those are what the Departments expect
11 the FI to provide and how the Departments expect
12 the employer to be supported. Those are found in
13 the RFP once again.

14 Payroll related tasks, those are all
15 about payroll processing and the requirements of
16 payroll processing which many of you are already
17 familiar with, and tax reporting, establishment
18 of FEIN, different tasks like that. Once again
19 detailed in the shared section of the RFP.

20 Management of individual budgets, most
21 of our participants also manage their own
22 individual budgets in addition to managing their
23 staff. There are a set of requirements about
24 what we expect, what the Departments expect the
25 fiscal intermediaries to do related to the

1 provision of services to support participants in
2 the management of their individual budgets. And
3 then the last one is a series of administrative
4 tasks.

5 So those 4 key areas are all core
6 requirements and they'll also relate and in a
7 couple of slides you'll be hearing about the
8 budget layout, those 4 sections are common things
9 in the budget layout as well.

10 Then from that section we have the DDS
11 shared scope that really is electronic visit
12 verification which I already went over in the
13 previous slide.

14 We also have department specific
15 services. The department specific service for
16 DSS, that includes collection of copayments for
17 our stated-funded home care program and it also
18 includes credentialing of new providers.
19 Credentialing of new providers. So is the two
20 essential requirements that are DSS specific.

21 Before I move onto DDS let me also
22 mention that in shared services we go beyond
23 employer-related tasks, payroll management,
24 administrative tasks. You will also see in
25 shared services responsibilities related to

1 customer service, related to quality management,
2 related to reporting, and so there are a couple
3 of key areas. I just chose to focus here on
4 those areas that are very specific to our members
5 in Medicaid.

6 With that let me just pass this to --
7 is it Beth? Are you going over the DDS scope of
8 services or is that --

9 BETH AURA MILLER: Sure, sure.

10 DAWN LAMBERT: Thanks.

11 BETH AURA MILLER: Hi, all again.

12 Our DDS, we have 3 -- DDS has 3
13 Medicaid waiver programs that we utilize within
14 our services. We have a comprehensive waiver
15 that provides individual services to individuals
16 with development disabilities who have licensed
17 community settings. We have an employment day
18 support waiver and we have an individual and
19 family support waiver.

20 Our focus for the self-directed program
21 incorporates several of those waivers and can
22 incorporate many of those waivers combined. Our
23 scope of the focus that I'm going to key into is
24 that the FI shall perform Medicaid claim
25 submission and other associated tasks as directed

1 by DDS and we want you to generate a revenue
2 report for the provider services and submit to
3 DDS as required.

4 If there's any other questions
5 obviously we follow our mission of the Department
6 and we have strong values that have been
7 indicated within the RFP. If anybody has any
8 questions as Dawn suggested you can submit those.
9 Thank you.

10 DAWN LAMBERT: Thanks, Beth.

11 Heidi, do you want to go over the ADS
12 specific scope of services?

13 HEIDI HENAIRE: Yes. I would be happy
14 to do that. As I mentioned before ADS does not
15 use an EVV system. So at ADS we have a specific
16 scope, we have a different evaluation system, so
17 we ask the dependent to provide BLS with a
18 biannual and annual evaluation of the employers
19 on payroll their progress. And we also ask for a
20 performance of FI contractors or any
21 subcontractors to be reviewed annually by a BLS
22 staff. So those are the specifics we have to the
23 ADS program.

24 DAWN LAMBERT: Thanks, Heidi.

25 You also see in our specifics scopes

1 some differences about the way we invoice and the
2 claims systems and things like that. So take a
3 look at that section of the RFP so that you
4 understand the differences that we'll be
5 expecting respondents to respond to.

6 So okay. We're going to move on at
7 this point. I do see some questions in chat so I
8 just want to acknowledge that. And Diana, if you
9 wouldn't mind just taking a quick look at that
10 because we'll be deferring to you. I think some
11 of them we probably can answer but once again I'm
12 going to defer to you at the end here.

13 Budget. Let's move on to Annemarie
14 Casey. I think you're on mic, Annemarie. And do
15 you want to go through the details of what we
16 expect with respect to the budget layout?

17 ANNEMARIE CASEY: Sure. Thank you,
18 Dawn.

19 Hi, I'm Annemarie Casey with the
20 Department of Social Services. I'll be reviewing
21 the budget section of the RFP. The cost response
22 will include both the budget and a narrative.
23 The cost response must be presented with two
24 options, a flat fee annual cost and a per member
25 per month response. The cost response will

1 include one-time costs associated with a
2 transition period not to exceed 6 months. There
3 is a link to the fiscal intermediary budget
4 template and instructions in Section 9. And
5 please note that the cost response for the EVV-
6 related functions is on a separate tab which
7 automatically feeds into both cost response
8 options in the template.

9 DAWN LAMBERT: Thanks, Annemarie.

10 Our last slide is on evaluation and I'm
11 going to turn this back over to Diana to go over
12 the points system and our priorities as far as
13 scoring the different sections.

14 DIANA SPERANZA: Hi, everyone.

15 So just going through the evaluation
16 process it is the intent of the Departments to
17 conduct a comprehensive fair and impartial
18 evaluation of proposals received in response to
19 this RFP.

20 When evaluating proposals negotiating
21 with the successful respondent and awarding the
22 contracts the Departments will conform with its
23 written procedures for POS and PSA procurements
24 and the state's Code of Ethics. Final funding
25 allocation decisions will be determined during

1 contract negotiation.

2 Minimum submission requirements. To be
3 eligible for evaluation proposals must, one, be
4 received on or before the due date and time; two,
5 meet the proposal format requirements; three,
6 follow the required proposal outline; and four,
7 be complete. Proposals that fail to follow
8 instructions or satisfy these minimum submission
9 requirements will not be reviewed further. Any
10 proposal that deviates significantly from the
11 requirements of this RFP will be rejected from
12 consideration.

13 The evaluation criteria that you see on
14 the PowerPoint presentation and the weights, the
15 proposals meeting the minimum submission
16 requirements will be evaluated according to these
17 established criteria and weights. The criteria
18 are the objective standards that the Review
19 Committee will use to evaluate the technical
20 merits of the proposal. Only the criteria listed
21 below will be used to evaluate proposals, and the
22 weights are disclosed within that screen that you
23 see today.

24 That concludes my presentation.

25 Thanks, Dawn.

1 DAWN LAMBERT: Thanks, Diana.

2 So this is -- so that was our brief
3 presentation. Once again we just wanted to go
4 over the RFP at a high level. You all have it.
5 You know that it does contain about 61 pages or
6 so and then there are some appendixes. So we do
7 understand it's a lengthy read.

8 We are happy at this point to record
9 any questions or -- Daniela, how do you want to
10 manage this part of the conference? Do you want
11 to identify people? How should they self-
12 identify if they would like to ask a question?

13 DANIELA ROSARIO: They can just raise
14 their hand. I will enable their microphone, they
15 can then unmute. And Dawn, if you like you can
16 call them, the first one who raises their hand
17 will just appear at top of the list.

18 DAWN LAMBERT: Okay. And so if
19 everybody can find that raise hand function in
20 teams, on my screen it is at the top, I don't
21 know if that's true for everybody. If not and
22 you'd like to ask a question perhaps you could
23 just put it in chat and then maybe Daniela can
24 recognized it that way in case you can't find the
25 raised hand function.

1 We'll give everybody a second and while
2 we do that, Daniela, we did have one question in
3 chat, right? I saw one come up. Maybe there's
4 more than one.

5 DANIELA ROSARIO: I only see one,
6 Richard Albertoni.

7 DAWN LAMBERT: So Richard, did you want
8 to come up or I can read your question. I'll
9 read your question. Do the two Departments
10 prefer that the vendor integrate -- he's raising
11 his -- okay, thanks, Richard.

12 Daniela, do you see Richard's hand?

13 DANIELA ROSARIO: Yep. I just gave him
14 microphone access so Richard should be able to
15 unmute and ask his question.

16 RICHARD ALBERTONI: Thank you. Thank
17 you very much. Yeah, just a question of -- so
18 the vendor is provided two options for EVV. One
19 is --

20 DAWN LAMBERT: Richard, I'm sorry to
21 interrupt, but could you just identify what
22 organization you're from and so we'll ask
23 everybody to do that so that we know who's
24 represented. Thank you.

25 RICHARD ALBERTONI: Sure. Richard

1 Albertoni from Public Partnerships, and the
2 question is just if the two Departments have any
3 preference between the two options that the
4 vendor has for EVV solutions, if there's a
5 preference for integrating with the current EVV
6 solution or proposing a new one.

7 DAWN LAMBERT: The Departments don't
8 have a preference of one system over another
9 except that the narrative has to be really clear
10 obviously, on the points, 15 points regardless,
11 but there is not established preference one over
12 the other.

13 RICHARD ALBERTONI: Okay. Thank you.

14 DAWN LAMBERT: Are there any other
15 questions? Does anyone from any of the
16 Departments want to add anything at this point?
17 Daniela, I don't know how long we should wait for
18 questions. There aren't any questions in chat as
19 far as I can see at this point. We should
20 probably give people a couple of minutes.

21 Does anybody else have anything that
22 they want to add?

23 KRISTA OSTASZEWSKI: Thank you, Dawn.
24 This is Krista from DDS. I don't think we have
25 any additional information to provide, so thank

1 you.

2 DAWN LAMBERT: Sure.

3 We will give everybody just another
4 minute and if you do have any additional
5 questions we'll stay live for a couple of -- I
6 don't know. How about another 60 seconds?

7 (Pause.)

8 DAWN LAMBERT: Daniela, Lisa has a
9 question?

10 DANIELA ROSARIO: Yep. I'm going.

11 LISA BACKUS: Hi. I'm sorry, everyone,
12 I'm with CT News Junkie. Is the press allowed to
13 ask any questions or no?

14 DAWN LAMBERT: You can ask the
15 question. I mean once gain if we can answer the
16 question and it's right from the RFP we will, but
17 if it's not we'll get back to you in writing.

18 LISA BACKUS: Okay, perfect. Thank you
19 so much. I guess my number one question is so
20 throughout this process and obviously well into
21 next year Allied will continue to be the provider
22 as you're choosing someone, you know, whether
23 it's them or somebody else?

24 DAWN LAMBERT: That's correct.

25 LISA BACKUS: Okay, thank you. That

1 was it. Thank you so --

2 DAWN LAMBERT: Well, I mean we actually
3 have two and, Krista, maybe you want to jump in
4 too. So we currently have two FIs in the state.
5 DSS has a sole FI, Allied, as you just
6 identified, but we do have a second FI as well.
7 Krista or Beth of somebody from DDS?

8 KRISTA OSTASZEWSKI: Yeah, this Krista
9 Ostaszewski from DDS. DDS currently has two FIs,
10 Allied and Sunset Shores.

11 DAWN LAMBERT: Okay. And to provide
12 continuity our providers, which is the
13 longstanding practice of the state, our providers
14 will continue to provide services until and if a
15 new -- when a new vendor is selected, and if it's
16 the same vendor then they will just continue.

17 LISA BACKUS: All right. So there's
18 the possibility there could be two -- there again
19 could be two different vendors?

20 DAWN LAMBERT: Diana, I believe -- is
21 that -- I'm not positive of exactly how that
22 ended in the RFP. If you know please go ahead,
23 or Krista, if somebody knows exactly and can pull
24 that section, otherwise we will get back to you
25 in writing.

1 LISA BACKUS: Thank you. And I will
2 ask the question of David Dearborn and John McKay
3 as well. So thank you much.

4 KRISTA OSTASEWSKI: Thank you. This is
5 Krista Ostaszewski from DDS. We would also
6 request that questions from the media go to our
7 communications director also who is now Kevin
8 Bronson. Thank you.

9 LISA BACKUS: Thank you.

10 DAWN LAMBERT: Yeah, so Lisa, we'll
11 defer to the RFP. I don't remember to be honest
12 with you, with all the details I'm not exactly
13 certain how prescriptive that end result is, but
14 we'll get back to you on that.

15 Diedre Murch has a question in the chat
16 and Diana, this will go to you or we can respond
17 in writing. The question is will joint
18 applications be allowed.

19 DIANA SPERANZA: When you're saying
20 joint applications, you're talking about
21 proposals?

22 DAWN LAMBERT: Diedre, do you want to
23 go on mic, or you can just put -- yeah, okay.
24 So, yeah, she might be on her phone. She might
25 not be able to do that. So she wants to know if

1 two -- I think, Diedre, let me just -- I think
2 the question is could two FIs partner together
3 and submit a proposal.

4 DIANA SPERANZA: I'd have to look into
5 that and provide a response when we submit the
6 responses to our questions on the CT source.

7 DAWN LAMBERT: Okay. Great.

8 Does anyone else have any questions?

9 (Pause.)

10 Okay. We'll give this another 30
11 seconds for anybody who is thinking about raising
12 their hand. We'll close out with -- if there are
13 no more questions we'll close out in 30 seconds,
14 but we'll leave the mics open for that much time.

15 (Pause.)

16 Okay. I think we're going to close out
17 the conference at this point.

18 Diana, what are the instructions for
19 submitting the questions in writing and the
20 timeline for that?

21 DIANA SPERANZA: So the questions
22 should be submitted to the official contact that
23 is on the RFP and to the email box that is
24 designated in that RFP. So those questions
25 should be submitted and on the due date that is

1 outlined.

2 So the questions, the deadline for
3 submission of questions is December 10th and they
4 should be submitted to the official contact that
5 is listed in the instructions in Section B of the
6 RFP.

7 DAWN LAMBERT: Okay. Thanks very much.
8 So with that we will close out the conference.
9 So keep in mind if you do have additional
10 questions we'll leave that open until December
11 10th, and if you just follow the directions that
12 are in the RFP as Diana just outlined that would
13 be great and we will respond in writing to any of
14 those questions that you think of that perhaps
15 you haven't had a time to read through the entire
16 thing. Please take the time to do that and we'll
17 be happy to answer any questions submitted by the
18 10th.

19 So with that thanks very much for
20 attending the conference and have a great
21 afternoon. Thank you.

22 (Proceedings concluded.)
23
24
25

CERTIFICATE

I hereby certify that the foregoing 32 pages are a complete and accurate transcription to the best of my ability of the electronic recording of the Fiscal Intermediary Services (FIS) Bidders Virtual RFP Conference, Solicitation Number FIS RFP 11232021 held through remote videoconference on December 1, 2021.



Suzanne Benoit, Transcriber

Date: 12/16/21

SECTION D. Taxonomy Crosswalk
Provider Type/Specialty/Taxonomy Crosswalk

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01	Hospital	001	Inpatient	273R00000X	Psychiatric Unit	Y	B	UB-04	837I	PSR
01	Hospital	001	Inpatient	273Y00000X	Rehabilitation Unit	Y	B	UB-04	837I	PSR
01	Hospital	001	Inpatient	275N00000X	Medicare Defined Swing Bed Unit	N	B	UB-04	837I	PSR
01	Hospital	001	Inpatient	282N00000X	General Acute Care Hospital	Y	B	UB-04	837I	PSR
01	Hospital	001	Inpatient	282NC2000X	General Acute Care Hospital - Children	N	B	UB-04	837I	PSR
01	Hospital	001	Inpatient	283X00000X	Rehabilitation Hospital	N	B	UB-04	837I	PSR
01	Hospital	001	Inpatient	284300000X	Special Hospital	N	B	UB-04	837I	PSR
01	Hospital	001	Inpatient	315D00000X	Hospice, Inpatient	Y	B	UB-04	837I	PSR
01	Hospital	001	Inpatient	282NC0060X	General Acute Care Hospital - Critical Access	Y	B	N/A		N/A
01	Hospital	002	Psychiatric/Inpatient Under 21	283Q00000X	Psychiatric Hospital	Y	B	UB-04	837I	PSR
01	Hospital	003	Psychiatric/Inpatient 21-64	283Q00000X	Psychiatric Hospital	Y	B	UB-04	837I	PSR
01	Hospital	004	Psychiatric/Inpatient 65+	273R00000X	Psychiatric Unit	Y	B	UB-04	837I	PSR
01	Hospital	004	Psychiatric/Inpatient 65+	283Q00000X	Psychiatric Hospital	Y	B	UB-04	837I	PSR
01	Hospital	005	Long Term or Chronic Disease Hospital - Inpatient	281P00000X	Chronic Disease Hospital	N	B	UB-04	837I	PSR
01	Hospital	005	Long Term or Chronic Disease Hospital - Inpatient	281PC2000X	Chronic Disease Hospital for Children	N	B	UB-04	837I	PSR
01	Hospital	005	Long Term or Chronic Disease Hospital - Inpatient	282E00000X	Long Term Care Hospital	N	B	UB-04	837I	PSR
01	Hospital	005	Long Term or Chronic Disease Hospital - Inpatient	283XC2000X	Rehabilitation Hospital for Children	N	B	UB-04	837I	PSR
01	Hospital	005	Long Term or Chronic Disease Hospital - Inpatient	283X00000X	Rehabilitation Hospital	N	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	251C00000X	Agencies - Day Training, Developmentally Disabled Services	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	261QC1500X	Clinic/Center - Community Health	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	261QD1600X	Ambulatory Health Care Facilities-Clinic-Developmental Disabilities	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	261QE0002X	Clinic/Center - Emergency Care	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	261QM0801X	Clinic/Center - Mental Health (Including Community Mental Health Center)	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	261QM0850X	Ambulatory Health Care Facilities-Clinic-Adult Mental Health	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	261QM0855X	Ambulatory Health Care Facilities-Clinic-Adolescent&Children Mental Health	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	261QP2000X	Clinic/Center - Physical Therapy	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	261QR0200X	Clinic/Center - Radiology: Radiology	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	261QR0400X	Clinic/Center - Rehabilitation	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	282N00000X	General Acute Care Hospital	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	261QE0700X	Clinic/Center - End-Stage Renal Disease (ESRD) Treatment	Y	B	UB-04	837I	PSR
01	Hospital	007	Outpatient	282NC0060X	General Acute Care Hospital - Critical Access	Y	B	N/A		N/A
01	Hospital	008	Outpatient	261QM0801X	Clinic/Center - Mental Health (Including Community Mental Health Center)	Y	B	UB-04	837I	PSR
01	Hospital	008	Psychiatric - Outpatient	261QM0850X	Ambulatory Health Care Facilities-Clinic-Adult Mental Health	Y	B	UB-04	837I	PSR
01	Hospital	008	Psychiatric - Outpatient	261QM0855X	Ambulatory Health Care Facilities-Clinic-Adolescent&Children Mental Health	Y	B	UB-04	837I	PSR
01	Hospital	010	Intermediate Duration Acute Psychiatric Care	283Q00000X	Psychiatric Hospital	N	B	UB-04	837I	PSR
01	Hospital	018	Birth Center	261QB0400X	Clinic/Center - Birthing	N	B	UB-04	837I	PSR

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01	Hospital	019	Long Term or Chronic Disease Hospital - Outpatient	282E00000X	Long Term Care Hospital	N	B	UB-04	837I	Combo
01	Hospital	019	Long Term or Chronic Disease Hospital - Outpatient	283X00000X	Rehabilitation Hospital	N	B	UB-04	837I	Combo
01	Hospital	019	Long Term or Chronic Disease Hospital - Outpatient	281P00000X	Chronic Disease Hospital	N	B	UB-04	837I	Combo
01	Hospital	086	Dental Clinic	261QD0000X	Clinic/Center - Dental	N	B	ADA-2006	837D	Max
01	Hospital	086	Dental Clinic	261QS0112X	Clinic/Center - Surgery, Oral & Maxillofacial	N	B	ADA-2006	837D	Max
02	Resident	700	Medical Resident	390200000X	Student in an Organized Health Care Education/Training Program	N	R	CMS-1500, RX, UB	837P, 837I, NCPDP	Max for 837P, NA RX or UB
02	Resident	701	Dental Resident	390200000X	Student in an Organized Health Care Education/Training Program	N	R	CMS-1500, RX, UB	837P, 837I, NCPDP	Max for 837P, NA RX or UB
02	Resident	702	Podiatrist Resident	390200000X	Student in an Organized Health Care Education/Training Program	N	R	CMS-1500, RX, UB	837P, 837I, NCPDP	Max for 837P, NA RX or UB
* 03	Extended Care Facility	005	Chronic - Inpatient	281P00000X	Chronic Disease Hospital	Y	B	UB-04	837I	PSR
* 03	Extended Care Facility	005	Chronic - Inpatient	282E00000X	Long Term Care Hospital	Y	B	UB-04	837I	PSR
* 03	Extended Care Facility	005	Chronic - Inpatient	283XC2000X	Rehabilitation Hospital for Children	Y	B	UB-04	837I	PSR
03	Extended Care Facility	030	Chronic/Conv Nursing & Rest Homes w/Nursing Supv	282E00000X	Long Term Care Hospital	Y	B	UB-04	837I	PSR
03	Extended Care Facility	030	Chronic/Conv Nursing & Rest Homes w/Nursing Supv	313M00000X	Nursing Facility/Intermediate Care Facility	Y	B	UB-04	837I	PSR
03	Extended Care Facility	035	Chronic & Convalescent Nursing Home	314000000X	Skilled Nursing Facility	Y	B	UB-04	837I	PSR
03	Extended Care Facility	035	Chronic & Convalescent Nursing Home	313M00000X	Nursing Facility/Intermediate Care Facility	N	B	UB-04	837I	PSR
03	Extended Care Facility	038	ICF/IID (Non Bed Count Specific)	310500000X	Nursing&Cust Care-ICF/Mental Illness	Y	B	UB-04	837I	PSR
03	Extended Care Facility	038	ICF/IID (Non Bed Count Specific)	315P00000X	Intermediate Care Facility, Mentally Retarded	Y	B	UB-04	837I	PSR
03	Extended Care Facility	041	Skilled Nursing Facility	282E00000X	Long Term Care Hospital	N	B	UB-04	837I	PSR
03	Extended Care Facility	041	Skilled Nursing Facility	314000000X	Skilled Nursing Facility	N	B	UB-04	837I	PSR
03	Extended Care Facility	042	Rest Homes with Nursing Supervision	313M00000X	Nursing Facility/Intermediate Care Facility	N/A	B	UB-04	837I	PSR
05	Home Health Agency	050	Home Health Agency	251E00000X	Agencies - Home Health	Y	B	UB-04	837I	PSR
08	Clinic	020	Ambulatory Surgical Center (ASC)	261QA1903X	Clinic/Center - Ambulatory Surgical	Y	B	CMS-1500	837P	Max
08	Clinic	020	Ambulatory Surgical Center (ASC)	261QE0800X	Clinic/Center - Endoscopy	Y	B	CMS-1500	837P	Max
08	Clinic	020	Ambulatory Surgical Center (ASC)	261QS0132X	Clinic/Center - Surgery, Ophthalmologic	Y	B	CMS-1500	837P	Max
08	Clinic	040	Rehabilitation Facility	261QA0900X	Ambulatory Health Care - Clinic - Amputee	Y	B	CMS-1500	837P	Max
08	Clinic	040	Rehabilitation Facility	261QR0400X	Clinic/Center - Rehabilitation	Y	B	CMS-1500	837P	Max
08	Clinic	040	Rehabilitation Facility	261QR0401X	Clinic/Center - Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF)	Y	B	CMS-1500	837P	Max
* 08	Clinic	045	Urgent Care Clinic (UCC)	261QU0200X	Clinic/Center - Urgent Care	N/A	B	CMS-1500	837P	Max
08	Clinic	081	Rural Health Clinic (RHC)	261Q00000X	Clinic/Center	Y	B	CMS-1500	837P	Max
08	Clinic	081	Rural Health Clinic (RHC)	261QR1300X	Clinic/Center - Rural Health	N	B	CMS-1500	837P	Max
08	Clinic	083	Family Planning Clinic	261QA0005X	Clinic/Center - Ambulatory Family Planning Facility	Y	B	CMS-1500	837P	Max
08	Clinic	083	Family Planning Clinic	261QF0050X	Ambulatory Health Care Facilities-Clinic-Family Planning/Non-Surgical	Y	B	CMS-1500	837P	Max

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* 08	Clinic	084	Nurse Practitioner Clinic	101Y00000X	Counselor	N	B	N/A		N/A
08	Clinic	085	PCMH Primary Care Clinic	207QA0505X	Physicians/Family Medicine, Adult Medicine	N/A	B	CMS-1500	837P	Max
08	Clinic	088	Pediatric Clinic	261Q00000X	Clinic/Center	Y	B	CMS-1500	837P	Max
08	Clinic	096	Methadone Clinic	261QM2800X	Ambulatory Health Care Facilities-Clinic-Methadone	Y	B	CMS-1500	837P	PSR
08	Clinic	300	Free-standing Renal Dialysis Clinic	261Q00000X	Clinic/Center	Y	B	CMS-1500	837P	Max
08	Clinic	300	Free-standing Renal Dialysis Clinic	261QE0700X	Clinic/Center - End - Stage Renal Disease (ESRD) Treatment	Y	B	CMS-1500	837P	Max
08	Clinic	519	School Based Health Clinic	251S00000X	Community/Behavioral Health	N	B	CMS-1500	837P	Max
08	Clinic	519	School Based Health Clinic	261Q00000X	Clinic/Center	N	B	CMS-1500	837P	Max
08	Clinic	519	School Based Health Clinic	261QC1500X	Clinic/Center - Community Health	N	B	CMS-1500	837P	Max
08	Clinic	519	School Based Health Clinic	261QD1600X	Ambulatory Health Care Facilities-Clinic-Developmental Disabilities	N	B	CMS-1500	837P	Max
08	Clinic	519	School Based Health Clinic	261QH0100X	Clinic/Center - Health	N	B	CMS-1500	837P	Max
08	Clinic	519	School Based Health Clinic	261QM1300X	Clinic/Center - Multi-Specialty	N	B	CMS-1500	837P	Max
08	Clinic	519	School Based Health Clinic	261QM2500X	Ambulatory Health Care Facilities-Clinic-Medical Specialty	N	B	CMS-1500	837P	Max
08	Clinic	519	School Based Health Clinic	261QP2300X	Clinic/Center - Primary Care	N	B	CMS-1500	837P	Max
08	Clinic	519	School Based Health Clinic	261QS1000X	Clinic/Center - Student Health	N	B	CMS-1500	837P	Max
08	Clinic	520	Dental FQHC	261Q00000X	Clinic/Center	N	B	ADA-2006	837D	PSR
08	Clinic	520	Dental FQHC	261QD0000X	Clinic/Center - Dental	N	B	ADA-2006	837D	PSR
08	Clinic	520	Dental FQHC	261QF0400X	Clinic/Center - Federally Qualified Health Center (FQHC)	N	B	ADA-2006	837D	PSR
08	Clinic	520	Dental FQHC	261QS0112X	Clinic/Center - Surgery, Oral & Maxillofacial (FQHC)	N	B	ADA-2006	837D	PSR
08	Clinic	521	Medical FQHC & Tribal Svs Medical FQHC	261QF0400X	Clinic/Center - Federally Qualified Health Center (FQHC)	N - As of 11/1/09	B	CMS-1500	837P	PSR
08	Clinic	521	Medical FQHC & Tribal Svs Medical FQHC	261QH0100X	Clinic/Center - Health	N - As of 11/1/09	B	CMS-1500	837P	PSR
08	Clinic	521	Medical FQHC & Tribal Svs Medical FQHC	261QP2300X	Clinic/Center - Primary Care	N - As of 11/1/09	B	CMS-1500	837P	PSR
08	Clinic	522	Behavioral Health FQHC	261QF0400X	Clinic/Center - Federally Qualified Health Center (FQHC)	N	B	CMS-1500	837P	PSR
08	Clinic	522	Behavioral Health FQHC	261QM0801X	Clinic/Center - Mental Health (Including Community Mental Health Center)	N	B	CMS-1500	837P	PSR
08	Clinic	522	Behavioral Health FQHC	261QM0850X	Ambulatory Health Care Facilities-Clinic-Adult Mental Health	N	B	CMS-1500	837P	PSR
08	Clinic	522	Behavioral Health FQHC	261QM0855X	Ambulatory Health Care Facilities-Clinic-Adolescent&Children Mental Health	N	B	CMS-1500	837P	PSR
08	Clinic	523	Medical Clinic	251S00000X	Community/Behavioral Health	Y	B	CMS-1500	837P	Max
08	Clinic	523	Medical Clinic	261Q00000X	Clinic/Center	Y	B	CMS-1500	837P	Max
08	Clinic	523	Medical Clinic	261QC1500X	Clinic/Center - Community Health	Y	B	CMS-1500	837P	Max
08	Clinic	523	Medical Clinic	261QD1600X	Ambulatory Health Care Facilities-Clinic-Developmental Disabilities	Y	B	CMS-1500	837P	Max
08	Clinic	523	Medical Clinic	261QH0100X	Clinic/Center - Health	Y	B	CMS-1500	837P	Max
08	Clinic	523	Medical Clinic	261QM1300X	Clinic/Center - Multi-Specialty	N	B	CMS-1500	837P	Max
08	Clinic	523	Medical Clinic	261QM2500X	Ambulatory Health Care Facilities-Clinic-Medical Specialty	Y	B	CMS-1500	837P	Max
08	Clinic	523	Medical Clinic	261QP2300X	Clinic/Center - Primary Care	Y	B	CMS-1500	837P	Max

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08	Clinic	523	Medical Clinic	261QS1000X	Clinic/Center - Student Health	Y	B	CMS-1500	837P	Max
08	Clinic	524	Dental Clinic	261QD0000X	Clinic/Center - Dental	N	B	ADA-2006	837D	Max
08	Clinic	524	Dental Clinic	261QS0112X	Clinic/Center - Surgery, Oral & Maxillofacial	N	B	ADA-2006	837D	Max
08	Clinic	525	Behavioral Health Clinic	261Q00000X	Clinic/Center	Y	B	CMS-1500	837P	Combo
08	Clinic	525	Behavioral Health Clinic	261QM0801X	Clinic/Center - Mental Health (Including Community Mental Health Center)	Y	B	CMS-1500	837P	Combo
08	Clinic	525	Behavioral Health Clinic	261QM0850X	Ambulatory Health Care Facilities-Clinic-Adult Mental Health	Y	B	CMS-1500	837P	Combo
08	Clinic	525	Behavioral Health Clinic	261QM0855X	Ambulatory Health Care Facilities-Clinic-Adolescent&Children Mental Health	Y	B	CMS-1500	837P	Combo
08	Clinic	525	Behavioral Health Clinic	261QR0405X	Clinic/Center - Rehabilitation, Substance Use Disorder	Y	B	CMS-1500	837P	Combo
08	Clinic	526	Enhanced Care Clinic (ECC)	261QM0801X	Clinic/Center - Mental Health (Including Community Mental Health Center)	N	B	CMS-1500	837P	Max
08	Clinic	526	Enhanced Care Clinic (ECC)	261QM0850X	Ambulatory Health Care Facilities-Clinic-Adult Mental Health	N	B	CMS-1500	837P	Max
08	Clinic	526	Enhanced Care Clinic (ECC)	261QM0855X	Ambulatory Health Care Facilities-Clinic-Adolescent&Children Mental Health	N	B	CMS-1500	837P	Max
08	Clinic	526	Enhanced Care Clinic (ECC)	261QR0405X	Clinic/Center - Rehabilitation, Substance Use Disorder	N	B	CMS-1500	837P	Max
08	Clinic	527	FQHC Physician Services-Non-Mental Health	193200000X	Multispecialty	N	B	CMS-1500	837P	Max
08	Clinic	527	FQHC Physician Services-Non-Mental Health	207Q00000X	Family Medicine	N	B	CMS-1500	837P	Max
08	Clinic	527	FQHC Physician Services-Non-Mental Health	207R00000X	Internal Medicine	N	B	CMS-1500	837P	Max
08	Clinic	527	FQHC Physician Services-Non-Mental Health	208000000X	General Pediatrics	N	B	CMS-1500	837P	Max
08	Clinic	527	FQHC Physician Services-Non-Mental Health	207V00000X	Obstetrics & Gynecology	N	B	CMS-1500	837P	Max
08	Clinic	527	FQHC Physician Services-Non-Mental Health	367A00000X	Advanced Practice Midwife	N	B	CMS-1500	837P	Max
08	Clinic	527	FQHC Physician Services-Non-Mental Health	176B00000X	Certified Nurse Midwife	N	B	CMS-1500	837P	Max
08	Clinic	527	FQHC Physician Services-Non-Mental Health	363L00000X	Nurse Practitioner	N	B	CMS-1500	837P	Max
08	Clinic	527	FQHC Physician Services-Non-Mental Health	363A00000X	Physician Assistant	N	B	CMS-1500	837P	Max
08	Clinic	527	FQHC Physician Services-Non-Mental Health	213E00000X	Podiatrist	N	B	CMS-1500	837P	Max
08	Clinic	528	FQHC Physician Services-Mental Health	2084P0800X	Psychiatry & Neurology-Psychiatry	N	B	CMS-1500	837P	Max
08	Clinic	528	FQHC Physician Services-Mental Health	2084P0804X	Psychiatry & Neurology-Child & Adolescent Psychiatry	N	B	CMS-1500	837P	Max
08	Clinic	528	FQHC Physician Services-Mental Health	363LP0808X	Nurse Practitioner - Psychiatric/Mental Health	N	B	CMS-1500	837P	Max
09	Advance Practice Nurse	090	Pediatric Nurse Practitioner	363LP0200X	Nurse Practitioner - Pediatrics: Pediatrics	Y	E	CMS-1500	837P	Max
09	Advance Practice Nurse	091	Obstetric Nurse Practitioner	363LX0001X	Nurse Practitioner - Obstetrics & Gynecology: Obstetrics & Gynecology	Y	E	CMS-1500	837P	Max
09	Advance Practice Nurse	092	Family Nurse Practitioner	363LF0000X	Nurse Practitioner - Family	Y	E	CMS-1500	837P	Max
09	Advance Practice Nurse	093	Nurse Practitioner (Other)	363L00000X	Nurse Practitioner	Y	E	CMS-1500	837P	Max
09	Advance Practice Nurse	094	Certified Registered Nurse Anesthetist (CRNA)	367500000X	Nurse Anesthetist, Certified Registered	Y	E	CMS-1500	837P	Max
09	Advance Practice Nurse	097	Acute Care Nurse Practitioner	363LA2100X	Nurse Practitioner - Acute Care	N	E	CMS-1500	837P	Max
09	Advance Practice Nurse	098	Adult Health Nurse Practitioner	363LA2200X	Nurse Practitioner - Adult Health	N	E	CMS-1500	837P	Max
09	Advance Practice Nurse	099	Community Health Nurse Practitioner	363LC1500X	Nurse Practitioner - Community Health	N	E	CMS-1500	837P	Max
09	Advance Practice Nurse	100	Critical Care Nurse Practitioner	363LC0200X	Nurse Practitioner - Critical Care Medicine	N	E	CMS-1500	837P	Max
09	Advance Practice Nurse	101	Neonatal Nurse Practitioner	363LN0000X	Nurse Practitioner - Neonatal	N	E	CMS-1500	837P	Max
09	Advance Practice Nurse	102	Neonatal Critical Care Nurse Practitioner	363LN0005X	Nurse Practitioner - Neonatal: Critical Care	N	E	CMS-1500	837P	Max
09	Advance Practice Nurse	103	Occupational Health Nurse Practitioner	363LX0106X	Nurse Practitioner - Occupational Health	N	E	CMS-1500	837P	Max
09	Advance Practice Nurse	104	Pediatric Critical Care Nurse Practitioner	363LP0222X	Nurse Practitioner - Pediatrics: Critical Care	N	E	CMS-1500	837P	Max

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17	Therapist	170	Physical Therapist	2251H1200X	Physical Therapist - Hand	Y	E	CMS-1500	837P	Max
17	Therapist	170	Physical Therapist	2251H1300X	Physical Therapist - Human Factors	Y	E	CMS-1500	837P	Max
17	Therapist	170	Physical Therapist	2251N0400X	Physical Therapist - Psychiatry & Neurology: Neurology	Y	E	CMS-1500	837P	Max
17	Therapist	170	Physical Therapist	2251P0200X	Physical Therapist - Pediatrics: Pediatrics	Y	E	CMS-1500	837P	Max
17	Therapist	170	Physical Therapist	2251S0007X	Physical Therapist - Sports	Y	E	CMS-1500	837P	Max
17	Therapist	170	Physical Therapist	2251X0800X	Physical Therapist - Uncategorized: Orthopedic	Y	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225X00000X	Occupational Therapist	Y	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XE0001X	Occupational Therapist - Environmental Modification	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XE1200X	Occupational Therapist - Ergonomics	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XF0002X	Occupational Therapist - Feeding, Eating & Swallowing	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XG0600X	Occupational Therapist - Gerontology	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XH1200X	Occupational Therapist - Hand	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XH1300X	Occupational Therapist - Human Factors	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XL0004X	Occupational Therapist - Low Vision	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XM0800X	Occupational Therapist - Mental Health	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XN1300X	Occupational Therapist - Neurorehabilitation	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XP0019X	Occupational Therapist - Physical Rehabilitation	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XP0200X	Occupational Therapist - Pediatrics	N	E	CMS-1500	837P	Max
17	Therapist	171	Occupational Therapist	225XR0403X	Occupational Therapist - Driving and Community Mobility	N	E	CMS-1500	837P	Max
17	Therapist	173	Audiologist Therapist	231H00000X	Audiologist	Y	E	CMS-1500	837P	Max
17	Therapist	173	Audiologist Therapist	231HA2400X	Audiologist - Assistive Technology Practitioner	Y	E	CMS-1500	837P	Max
17	Therapist	173	Audiologist Therapist	235500000X	Specialist/Technologist	Y	E	CMS-1500	837P	Max
17	Therapist	173	Audiologist Therapist	235Z00000X	Speech - Language Pathologist	Y	E	CMS-1500	837P	Max
17	Therapist	173	Audiologist Therapist	237600000X	Audiologist - Hearing Aid Fitter	Y	E	CMS-1500	837P	Max
17	Therapist	173	Audiologist Therapist	237700000X	Hearing Instrument Specialist	Y	E	CMS-1500	837P	Max
17	Therapist	176	Speech Therapist	231H00000X	Audiologist	Y	E	CMS-1500	837P	Max
17	Therapist	176	Speech Therapist	231HA2400X	Audiologist - Assistive Technology Practitioner	Y	E	CMS-1500	837P	Max
17	Therapist	176	Speech Therapist	235500000X	Specialist/Technologist	Y	E	CMS-1500	837P	Max
17	Therapist	176	Speech Therapist	235Z00000X	Speech - Language Pathologist	Y	E	CMS-1500	837P	Max
17	Therapist	176	Speech Therapist	237600000X	Audiologist - Hearing Aid Fitter	Y	E	CMS-1500	837P	Max
17	Therapist	176	Speech Therapist	237700000X	Hearing Instrument Specialist	Y	E	CMS-1500	837P	Max
18	Optometrist	180	Optometry	152W00000X	Optometrist	Y	E	CMS-1500	837P	Max: 90%
18	Optometrist	180	Optometry	152WC0802X	Eye&Vision Services-Corneal&Contact Mgmt	Y	E	CMS-1500	837P	Max: 90%
18	Optometrist	180	Optometry	152WL0500X	Optometrist - Low Vision	Y	E	CMS-1500	837P	Max: 90%
18	Optometrist	180	Optometry	152WP0200X	Optometrist - Pediatrics: Pediatrics	Y	E	CMS-1500	837P	Max: 90%
18	Optometrist	180	Optometry	152WS0006X	Optometrist - Sports Vision	Y	E	CMS-1500	837P	Max: 90%
18	Optometrist	180	Optometry	152WV0400X	Optometrist - Vision Therapy	Y	E	CMS-1500	837P	Max: 90%
18	Optometrist	180	Optometry	152WX0102X	Optometrist - Occupational Vision	Y	E	CMS-1500	837P	Max: 90%
18	Optometrist	180	Optometry	156FX1800X	Technician/Technologist - Optician	Y	E	CMS-1500	837P	Max: 90%
19	Optician	190	Optician	156F00000X	Technician/Technologist	Y	E	CMS-1500	837P	Max
19	Optician	190	Optician	156FX1800X	Technician/Technologist - Optician	Y	E	CMS-1500	837P	Max
22	Local Health Department	202	Local Health Department	251K00000X	Public Health or Welfare	N	B	CMS-1500	837P	Max
24	Pharmacy	240	Pharmacy	183500000X	Pharmacist	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	1835G0000X	Uncategorized: General Practice	N	B	RX	NCPDP	RX

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24	Pharmacy	240	Pharmacy	1835G0303X	Pharmacist - Geriatric	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	1835X0200X	Pharmacist - Oncology	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	333600000X	Pharmacy	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	3336C0002X	Clinic Pharmacy	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	3336C0003X	Community/Retail Pharmacy	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	3336C0004X	Compounding Pharmacy	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	3336H0001X	Home Infusion Therapy Pharmacy	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	3336I0012X	Institutional Pharmacy	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	3336L0003X	Long Term Care Pharmacy	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	3336M0002X	Mail Order Pharmacy	N	B	RX	NCPDP	RX
24	Pharmacy	240	Pharmacy	3336S0011X	Specialty Pharmacy	N	B	RX	NCPDP	RX
25	DME/Medical Supply Dealer	220	Hearing Aid Dealer	231H00000X	Audiologist	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	220	Hearing Aid Dealer	237700000X	Hearing Instrument Specialist	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	220	Hearing Aid Dealer	332B00000X	Durable Medical Equipment & Medical Supplies	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	220	Hearing Aid Dealer	332S00000X	Hearing Aid Equipment	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	248	Medical and Surgical Supplies	332B00000X	Durable Medical Equipment & Medical Supplies	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	249	Durable Medical Goods	332B00000X	Durable Medical Equipment & Medical Supplies	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	250	DME/Medical Supply Dealer	332B00000X	Durable Medical Equipment & Medical Supplies	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	250	DME/Medical Supply Dealer	332BP3500X	Durable Medical Equipment & Medical Supplies - Parenteral & Enteral Nutrition	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	250	DME/Medical Supply Dealer	332BX2000X	Durable Medical Equipment & Medical Supplies - Oxygen Equipment & Supplies	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	277	Orthotic And Prosthetic Devices	222Z00000X	Orthotist	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	277	Orthotic And Prosthetic Devices	224P00000X	Prosthetist	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	277	Orthotic And Prosthetic Devices	225000000X	Orthotics/Prosthetics Fitter	Y	B	CMS-1500	837P	Max
* 25	DME/Medical Supply Dealer	277	Orthotic And Prosthetic Devices	231HA2400X	Audiologist - Assistive Technology Practitioner	Y	B	CMS-1500	837P	Max
* 25	DME/Medical Supply Dealer	277	Orthotic And Prosthetic Devices	237700000X	Hearing Instrument Specialist	Y	B	CMS-1500	837P	Max
* 25	DME/Medical Supply Dealer	277	Orthotic And Prosthetic Devices	261QA3000X	Ambulatory Health Care Facilities-Clinic-Augmentative Communication	Y	B	CMS-1500	837P	Max
25	DME/Medical Supply Dealer	277	Orthotic And Prosthetic Devices	332B00000X	Durable Medical Equipment & Medical Supplies	Y	B	CMS-1500	837P	Max
* 25	DME/Medical Supply Dealer	277	Orthotic And Prosthetic Devices	332S00000X	Hearing Aid Equipment	Y	B	CMS-1500	837P	Max

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25	DME/Medical Supply Dealer	277	Orthotic And Prosthetic Devices	335E00000X	Prosthetic/Orthotic Supplier	Y	B	CMS-1500	837P	Max
26	Transportation Provider	260	Ambulance	341600000X	Ambulance	Y	B	CMS-1500	837P	PSR
26	Transportation Provider	260	Ambulance	3416L0300X	Ambulance - Land	Y	B	CMS-1500	837P	PSR
26	Transportation Provider	260	Ambulance	3416S0300X	Ambulance - Water Transport	N	B	CMS-1500	837P	PSR
26	Transportation Provider	261	Air Ambulance	3416A0800X	Ambulance - Air	Y	B	CMS-1500	837P	PSR
26	Transportation Provider	261	Air Ambulance	344800000X	Air Carrier	Y	B	CMS-1500	837P	PSR
26	Transportation Provider	262	Critical Care Helicopter	3416A0800X	Ambulance - Air	Y	B	CMS-1500	837P	PSR
* 26	Transportation Provider	263	Taxi	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
* 26	Transportation Provider	264	Common Carrier (Ambulatory)	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
* 26	Transportation Provider	265	Common Carrier (Non-ambulatory)	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
26	Transportation Provider	268	Transportation Broker	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
26	Transportation Provider	268	Transportation Broker	347E00000X	Transportation Broker	N	B	N/A		N/A
* 26	Transportation Provider	560	Travel Agent	-----	Taxonomy Not Applicable (non-medical services)	Y	B	CMS-1500	837P	PSR
26	Transportation Provider	561	Non-emergency Livery/Taxi	344600000X	Taxi	N	R	N/A	N/A	N/A
26	Transportation Provider	562	Wheel Chair Van (Non-emergency Invalid Coach)	343900000X	Non-emergency Medical Transportation (Van)	N	R	N/A	N/A	N/A
26	Transportation Provider	565	Transportation Network Company	347C00000X	Transportation Services-Private Vehicle	N/A	R	N/A	N/A	N/A
27	Dentist	270	Endodontist	1223E0200X	Dentist - Endodontics	N	E	ADA-2006	837D	Max
27	Dentist	271	General Dentistry Practitioner	1223G0001X	Dentist - General Practice	N	E	ADA-2006	837D	Max
27	Dentist	272	Oral and Maxillofacial Surgeon	1223S0112X	Dentist - Oral and Maxillofacial Surgery	N	E	ADA-2006	837D	Max
27	Dentist	273	Orthodontist	1223X0400X	Dentist - Orthodontics	N	E	ADA-2006	837D	Max
27	Dentist	274	Pediatric Dentist (Pedodontist)	1223P0221X	Dentist - Pediatric Dentistry (Pedodontics)	N	E	ADA-2006	837D	Max
27	Dentist	275	Periodontist	1223P0300X	Dentist - Periodontics	N	E	ADA-2006	837D	Max
27	Dentist	276	Oral and Maxillofacial Pathologist	1223P0106X	Dentist - Oral and Maxillofacial Pathology	N	E	ADA-2006	837D	Max
27	Dentist	278	Dental Hygienist	124Q00000X	Dental Hygienist	N	E	ADA-2006	837D	Max
27	Dentist	293	Oral and Maxillofacial Radiologist	1223X0008X	Dentist - Oral and Maxillofacial Radiology	N	E	ADA-2006	837D	Max
27	Dentist	294	Public Health Dentist	1223D0001X	Dentist - Dental Public Health	N	E	ADA-2006	837D	Max
27	Dentist	295	Prosthodontist	1223P0700X	Dentist- Prosthodontics	N	E	ADA-2006	837D	Max
27	Dentist	296	Dental Anesthesiologist	122300000X	Dentist	N	E	ADA-2006	837D	Max
27	Dentist	296	Dental Anesthesiologist	1223D0004X	Dentist Anesthesiologist	N	E	ADA-2006	837D	Max
28	Laboratory	280	Independent Lab	207ZP0105X	Physician-Pathology-Clinical Pathology/Laboratory Medicine	Y	B	CMS-1500	837P	Max
28	Laboratory	280	Independent Lab	291U00000X	Clinical Medical Laboratory	Y	B	CMS-1500	837P	Max
29	Radiology	290	Portable Radiology	261QR0200X	Clinic/Center - Radiology: Radiology	Y	B	CMS-1500	837P	Max
29	Radiology	290	Portable Radiology	293D00000X	Physiological Laboratory	Y	B	CMS-1500	837P	Max
29	Radiology	290	Portable Radiology	261QX0203X	Clinic/Center - Oncology, Radiation	Y	B	CMS-1500	837P	Max
29	Radiology	290	Portable Radiology	261QR0207X	Clinic/Center - Radiology: Mobile Mammography	Y	B	CMS-1500	837P	Max
29	Radiology	290	Portable Radiology	261QR0208X	Clinic/Center - Radiology: Mobile	Y	B	CMS-1500	837P	Max
29	Radiology	290	Portable Radiology	335V00000X	Portable X - Ray Supplier	Y	B	CMS-1500	837P	Max
29	Radiology	291	Non-Portable Radiology	261QR0200X	Clinic/Center - Radiology: Radiology	Y	B	CMS-1500	837P	Max
29	Radiology	291	Non-Portable Radiology	261QR0206X	Clinic/Center - Radiology: Mammography	Y	B	CMS-1500	837P	Max
29	Radiology	291	Non-Portable Radiology	293D00000X	Physiological Laboratory	Y	B	CMS-1500	837P	Max
31	Physician	272	Oral and Maxillofacial Surgeon	204E00000X	Physician-Ophthalmology-Oral & Maxillofacial Surgery	Y	E	CMS-1500	837P	Max
31	Physician	301	Hepatology	207R10008X	Physician-Hepatology	N	E	CMS-1500	837P	Max
31	Physician	302	Hospitalist	208M00000X	Physician-Hospitalist	N	E	CMS-1500	837P	Max

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31	Physician	303	Neuromusculoskeletal & Sports Medicine	204C00000X	Physician-Neuromusculoskeletal Medicine, Sports Medicine	N	E	CMS-1500	837P	Max
31	Physician	303	Neuromusculoskeletal & Sports Medicine	207PS0010X	Physician-Emergency Medicine-Sports Medicine	N	E	CMS-1500	837P	Max
31	Physician	303	Neuromusculoskeletal & Sports Medicine	207QS0010X	Physician-Family Medicine-Sports Medicine	N	E	CMS-1500	837P	Max
31	Physician	303	Neuromusculoskeletal & Sports Medicine	207RS0010X	Physician-Internal Medicine-Sports Medicine	N	E	CMS-1500	837P	Max
31	Physician	303	Neuromusculoskeletal & Sports Medicine	207XX0005X	Physician-Orthopedic Surgery-Sports Medicine	N	E	CMS-1500	837P	Max
31	Physician	303	Neuromusculoskeletal & Sports Medicine	2081S0010X	Physician-Physical Medicine&Rehab-Sports Medicine	N	E	CMS-1500	837P	Max
31	Physician	303	Neuromusculoskeletal & Sports Medicine	2083S0010X	Physician-Preventive Medicine-Sports Medicine	N	E	CMS-1500	837P	Max
31	Physician	303	Neuromusculoskeletal & Sports Medicine	2084S0010X	Physician-Psychiatry&Neurology-Sports Medicine	N	E	CMS-1500	837P	Max
31	Physician	304	Nuclear Medicine	207U00000X	Physician-Nuclear Medicine	N	E	CMS-1500	837P	Max
31	Physician	304	Nuclear Medicine	207UN0901X	Physician-Nuclear Medicine-Nuclear Cardiology	N	E	CMS-1500	837P	Max
31	Physician	304	Nuclear Medicine	207UN0902X	Physician-Nuclear Medicine-Nuclear Imaging & Therapy	N	E	CMS-1500	837P	Max
31	Physician	304	Nuclear Medicine	207UN0903X	Physician-Nuclear Medicine-In Vivo & In Vitro Nuclear Medicine	N	E	CMS-1500	837P	Max
31	Physician	305	Pain Medicine	208VP0000X	Physician-Pain Medicine-Pain Management	N	E	CMS-1500	837P	Max
31	Physician	305	Pain Medicine	208VP0014X	Physician-Pain Medicine-Interventional Pain medicine	N	E	CMS-1500	837P	Max
31	Physician	306	Preventative Medicine	2083A0100X	Physician-Preventive Medicine-Aerospace Medicine	N	E	CMS-1500	837P	Max
31	Physician	306	Preventative Medicine	2083P0011X	Physician-Preventive Medicine-Undersea and Hyperbaric Medicine	N	E	CMS-1500	837P	Max
31	Physician	306	Preventative Medicine	2083P0500X	Physician-Preventive Medicine-Preventive Med/Occupational Environmental Med	N	E	CMS-1500	837P	Max
31	Physician	306	Preventative Medicine	2083P0901X	Physician-Preventive Medicine-Public Health&General Preventive Medicine	N	E	CMS-1500	837P	Max
31	Physician	306	Preventative Medicine	2083T0002X	Physician-Preventive Medicine-Medical Toxicology	N	E	CMS-1500	837P	Max
31	Physician	306	Preventative Medicine	2083X0100X	Physician-Preventive Medicine-Occupational Medicine	N	E	CMS-1500	837P	Max
31	Physician	307	Medical Genetics	207SG0201X	Physician-Medical Genetics-Clinical Genetics(M.D.)	N	E	CMS-1500	837P	Max
31	Physician	308	Sleep Medicine	207QS1201X	Physician-Family Medicine-Sleep Medicine	N	E	CMS-1500	837P	Max
31	Physician	308	Sleep Medicine	207RS0012X	Physician-Internal Medicine-Sleep Medicine	N	E	CMS-1500	837P	Max
31	Physician	308	Sleep Medicine	207YS0012X	Physician-Otolaryngology-Sleep Medicine	N	E	CMS-1500	837P	Max
31	Physician	308	Sleep Medicine	2084S0012X	Physician-Psychiatry & Neurology-Sleep Medicine	N	E	CMS-1500	837P	Max
31	Physician	309	Transplant Surgery	204F00000X	Physician-Surgery-Transplant Surgery	N	E	CMS-1500	837P	Max
31	Physician	310	Allergy	207K00000X	Physician-Allergy & Immunology	Y	E	CMS-1500	837P	Max
31	Physician	310	Allergy	207KA0200X	Physician-Allergy&Immunology-Allergy	Y	E	CMS-1500	837P	Max
31	Physician	310	Allergy	207KI0005X	Physician-Allergy&Immunology-Immunology	Y	E	CMS-1500	837P	Max
31	Physician	310	Allergy	207RA0201X	Physician-Internal Medicine-Allergy & Immunology	Y	E	CMS-1500	837P	Max
31	Physician	311	Anesthesiology	207L00000X	Physician-Anesthesiology	Y	E	CMS-1500	837P	Max
31	Physician	311	Anesthesiology	207LA0401X	Physician-Anesthesiology-Addiction Medicine	N	E	CMS-1500	837P	Max
31	Physician	311	Anesthesiology	207LC0200X	Physician-Anesthesiology-Critical Care Medicine	N	E	CMS-1500	837P	Max
31	Physician	311	Anesthesiology	207LH0002X	Physician-Anesthesiology-Hospice & Palliative Medicine	N	E	CMS-1500	837P	Max
31	Physician	311	Anesthesiology	207LP2900X	Physician-Anesthesiology-Pain Medicine	N	E	CMS-1500	837P	Max
31	Physician	312	Cardiology	207RC0000X	Physician-Internal Medicine-Cardiovascular Disease	Y	E	CMS-1500	837P	Max
31	Physician	312	Cardiology	207RH0005X	Hypertension Medicine	Y	E	CMS-1500	837P	Max
31	Physician	312	Cardiology	207RI0011X	Physician-Internal Medicine-Interventional Cardiology	Y	E	CMS-1500	837P	Max

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31	Physician	313	Cardiovascular Surgery	2086S0129X	Physician-Surgery-Vascular Surgery	N	E	CMS-1500	837P	Max
31	Physician	314	Dermatology	207N00000X	Physician-Dermatology	Y	E	CMS-1500	837P	Max
31	Physician	314	Dermatology	207ND0101X	Physician-Dermatology-MOHS-Micrographic Surgery	Y	E	CMS-1500	837P	Max
31	Physician	314	Dermatology	207ND0900X	Physician-Dermatology-Dermatopathology	Y	E	CMS-1500	837P	Max
31	Physician	314	Dermatology	207NI0002X	Physician-Dermatology-Clinical Laboratory Dermatological Immunology	N	E	CMS-1500	837P	Max
31	Physician	314	Dermatology	207NS0135X	Physician-Dermatology-Dermatological Surgery	Y	E	CMS-1500	837P	Max
31	Physician	315	Emergency Medicine	207P00000X	Physician-Emergency Medicine	N	E	CMS-1500	837P	Max
31	Physician	315	Emergency Medicine	207PE0004X	Physician-Emergency Medicine-Emergency Medical Services	N	E	CMS-1500	837P	Max
31	Physician	315	Emergency Medicine	207PE0005X	Physician-Emergency Medicine-Undersea & Hyperbaric Medicine	N	E	CMS-1500	837P	Max
31	Physician	315	Emergency Medicine	207PH0002X	Physician-Emergency Medicine-Hospice & Palliative Medicine	N	E	CMS-1500	837P	Max
31	Physician	315	Emergency Medicine	207PT0002X	Physician-Emergency Medicine-Medical Toxicology	N	E	CMS-1500	837P	Max
31	Physician	316	Family Medicine	207Q00000X	Physician-Family Medicine	Y	E	CMS-1500	837P	Max
31	Physician	316	Family Medicine	207QA0000X	Physician-Family Medicine-Adolescent Medicine	Y	E	CMS-1500	837P	Max
31	Physician	316	Family Medicine	207QA0401X	Physician-Family Medicine-Addiction Medicine	Y	E	CMS-1500	837P	Max
31	Physician	316	Family Medicine	207QA0505X	Physician-Family Medicine-Adult Medicine	Y	E	CMS-1500	837P	Max
31	Physician	316	Family Medicine	207QB0002X	Physician-Family Medicine-Bariatric Medicine	N	E	CMS-1500	837P	Max
31	Physician	316	Family Medicine	207QH0002X	Physician-Family Medicine-Hospice and Palliative Medicine	N	E	CMS-1500	837P	Max
31	Physician	317	Gastroenterology	207RG0100X	Physician-Internal Medicine-Gastroenterology	N	E	CMS-1500	837P	Max
31	Physician	318	General Practice Medicine	208D00000X	Physician-General Practice Medicine	Y	E	CMS-1500	837P	Max
31	Physician	319	General Surgery	208600000X	Physician-Surgery	Y	E	CMS-1500	837P	Max
31	Physician	319	General Surgery	2086H0002X	Physician-Surgery-Hospice and Palliative Medicine	N	E	CMS-1500	837P	Max
31	Physician	319	General Surgery	2086S0102X	Physician-Surgery-Surgical Critical Care	Y	E	CMS-1500	837P	Max
31	Physician	319	General Surgery	2086S0105X	Physician-Surgery-Surgery of the Hand	N	E	CMS-1500	837P	Max
31	Physician	319	General Surgery	2086S0127X	Physician-Surgery-Trauma Surgery	Y	E	CMS-1500	837P	Max
31	Physician	319	General Surgery	2086X0206X	Physician-Surgery-Surgical Oncology	Y	E	CMS-1500	837P	Max
31	Physician	320	Geriatric Medicine	207QG0300X	Physician-Family Medicine-Geriatric Medicine	Y	E	CMS-1500	837P	Max
31	Physician	320	Geriatric Medicine	207RG0300X	Physician-Internal Medicine-Geriatric Medicine	Y	E	CMS-1500	837P	Max
31	Physician	322	Internal Medicine	207R00000X	Physician-Internal Medicine	Y	E	CMS-1500	837P	Max
31	Physician	322	Internal Medicine	207RA0000X	Physician-Internal Medicine-Adolescent Medicine	N	E	CMS-1500	837P	Max
31	Physician	322	Internal Medicine	207RA0401X	Physician-Internal Medicine-Addiction Medicine	Y	E	CMS-1500	837P	Max
31	Physician	322	Internal Medicine	207RB0002X	Physician-Internal Medicine-Bariatric Medicine	N	E	CMS-1500	837P	Max
31	Physician	322	Internal Medicine	207RC0001X	Physician-Internal Medicine-Clinical Cardiac Electrophysiology	Y	E	CMS-1500	837P	Max
31	Physician	322	Internal Medicine	207RC0200X	Physician-Internal Medicine- Critical Care Medicine	Y	E	CMS-1500	837P	Max
31	Physician	322	Internal Medicine	207RH0002X	Physician-Internal Medicine-Hospice and Palliative Medicine	N	E	CMS-1500	837P	Max
31	Physician	322	Internal Medicine	207RI0001X	Physician-Internal Medicine-Clinical & Laboratory Immunology	N	E	CMS-1500	837P	Max
31	Physician	322	Internal Medicine	207RM1200X	Physician-Internal Medicine-Magnetic Resonance Imaging (MRI)	N	E	CMS-1500	837P	Max

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31	Physician	322	Internal Medicine	207RT0003X	Physician-Internal Medicine-Transplant Hepatology	N	E	CMS-1500	837P	Max
31	Physician	324	Nephrology	207RN0300X	Physician-Nephrology	N	E	CMS-1500	837P	Max
31	Physician	325	Neurological Surgery	207T00000X	Physician-Neurological Surgery	N	E	CMS-1500	837P	Max
31	Physician	326	Neurology	204D00000X	Physician-Neuromusculoskeletal Medicine & OMM	Y	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084A0401X	Physician-Psychiatry&Neurology	N	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084B0002X	Physician-Psychiatry&Neurology-Bariatric Medicine	N	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084F0202X	Physician-Psychiatry&Neurology-Forensic Psychiatry	N	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084H0002X	Physician-Psychiatry&Neurology-Hospice & Palliative Care	N	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084N0008X	Physician-Psychiatry&Neurology-Neuromuscular Medicine	N	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084N0400X	Physician-Psychiatry&Neurology-Neurology	Y	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084N0600X	Physician-Psychiatry&Neurology-Clinical Neurophysiology	Y	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084P0005X	Physician-Psychiatry&Neurology-Neurodevelopmental Disabilities	Y	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084P0015X	Physician-Psychiatry&Neurology-Psychosomatic Medicine	N	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084P2900X	Physician-Psychiatry&Neurology-Pain Medicine	Y	E	CMS-1500	837P	Max
31	Physician	326	Neurology	2084V0102X	Physician-Psychiatry&Neurology-Vascular Neurology	Y	E	CMS-1500	837P	Max
31	Physician	328	Obstetrics and Gynecology	207V00000X	Physician-Obstetrics & Gynecology	Y	E	CMS-1500	837P	Max
31	Physician	328	Obstetrics and Gynecology	207VB0002X	Physician-Obstetrics & Gynecology-Bariatric Medicine	N	E	CMS-1500	837P	Max
31	Physician	328	Obstetrics and Gynecology	207VC0200X	Physician-Obstetrics & Gynecology-Critical Care Medicine	Y	E	CMS-1500	837P	Max
31	Physician	328	Obstetrics and Gynecology	207VE0102X	Physician-Obstetrics & Gynecology- Reproductive Endocrinology	Y	E	CMS-1500	837P	Max
31	Physician	328	Obstetrics and Gynecology	207VF0040X	Physician-Obstetrics & Gynecology-Female Pelvic Medicine and Reconstructive Surgery	N	E	CMS-1500	837P	Max
31	Physician	328	Obstetrics and Gynecology	207VG0400X	Physician-Obstetrics & Gynecology-Gynecology	Y	E	CMS-1500	837P	Max
31	Physician	328	Obstetrics and Gynecology	207VH0002X	Physician-Obstetrics & Gynecology-Hospice & Palliative Medicine	N	E	CMS-1500	837P	Max
31	Physician	328	Obstetrics and Gynecology	207VM0101X	Physician-Obstetrics & Gynecology-Maternal & Fetal Medicine	Y	E	CMS-1500	837P	Max
31	Physician	328	Obstetrics and Gynecology	207VX0000X	Physician-Obstetrics & Gynecology- Obstetrics	Y	E	CMS-1500	837P	Max
31	Physician	328	Obstetrics and Gynecology	207VX0201X	Physician-Obstetrics & Gynecology-Gynecologic Oncology	Y	E	CMS-1500	837P	Max
31	Physician	329	Oncology	207RH0003X	Physician-Hematology&Oncology	N	E	CMS-1500	837P	Max
31	Physician	329	Oncology	207RX0202X	Physician-Medical Oncology	N	E	CMS-1500	837P	Max
31	Physician	330	Ophthalmology	207W00000X	Physician-Ophthalmology	Y	E	CMS-1500	837P	Max
31	Physician	331	Orthopedic Surgery	207X00000X	Physician-Orthopedic Surgery	Y	E	CMS-1500	837P	Max
31	Physician	331	Orthopedic Surgery	207XS0106X	Physician-Orthopedic Surgery-Hand Surgery	Y	E	CMS-1500	837P	Max
31	Physician	331	Orthopedic Surgery	207XS0114X	Physician-Orthopedic Surgery-Adult Reconstructive Orthopedic Surgery	Y	E	CMS-1500	837P	Max
31	Physician	331	Orthopedic Surgery	207XS0117X	Physician-Orthopedic Surgery- Orthopedic Surgery of the Spine	Y	E	CMS-1500	837P	Max

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31	Physician	331	Orthopedic Surgery	207XX0004X	Physician-Orthopedic Surgery-Foot and Ankle Orthopedics	Y	E	CMS-1500	837P	Max
31	Physician	331	Orthopedic Surgery	207XX0801X	Physician-Orthopedic Surgery- Orthopedic Trauma	Y	E	CMS-1500	837P	Max
31	Physician	332	Otology, Laryngology and Rhinology	207Y00000X	Physician-Otolaryngology	Y	E	CMS-1500	837P	Max
31	Physician	332	Otology, Laryngology and Rhinology	207YS0123X	Physician-Otolaryngology-Facial Plastic Surgery	N	E	CMS-1500	837P	Max
31	Physician	332	Otology, Laryngology and Rhinology	207YX0007X	Physician-Otolaryngology-Plastic Surgery within the Head & Neck	N	E	CMS-1500	837P	Max
31	Physician	332	Otology, Laryngology and Rhinology	207YX0602X	Physician-Otolaryngology-Otolaryngic Allergy	Y	E	CMS-1500	837P	Max
31	Physician	332	Otology, Laryngology and Rhinology	207YX0901X	Physician-Otolaryngology- Otology & Neurotology	Y	E	CMS-1500	837P	Max
31	Physician	332	Otology, Laryngology and Rhinology	207YX0905X	Physician-Otolaryngology-Otolaryngology/Facial Plastic Surgery	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZB0001X	Physician-Pathology-Blood Banking & Transfusion Medicine	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZC0500X	Physician-Pathology-Cytopathology	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZC0006X	Physician-Pathology-Clinical Pathology	N	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZD0900X	Physician-Pathology-Dermatopathology	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZF0201X	Physician-Pathology-Forensic Pathology	N	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZH0000X	Physician-Pathology-Hematology	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZI0100X	Physician-Pathology-Immunopathology	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZM0300X	Physician-Pathology-Medical Microbiology	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZN0500X	Physician-Pathology-Neuropathology	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZP0007X	Physician-Pathology-Molecular Genetic Pathology	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZP0101X	Physician-Pathology-Anatomic Pathology	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZP0102X	Physician-Pathology-Anatomic Pathology & Clinical Pathology	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZP0104X	Physician-Pathology-Chemical Pathology	Y	E	CMS-1500	837P	Max
31	Physician	333	Pathology	207ZP0105X	Physician-Pathology-Clinical Pathology/Laboratory Medicine	Y	E	CMS-1500	837P	Max
31	Physician	336	Physical Medicine and Rehabilitation	208100000X	Physician-Physical Medicine&Rehab	Y	E	CMS-1500	837P	Max
31	Physician	336	Physical Medicine and Rehabilitation	2081H0002X	Physician-Physical Medicine&Rehab-Hospice and Palliative Medicine	N	E	CMS-1500	837P	Max
31	Physician	336	Physical Medicine and Rehabilitation	2081N0008X	Physician-Physical Medicine&Rehab-Neuromuscular Medicine	N	E	CMS-1500	837P	Max
31	Physician	336	Physical Medicine and Rehabilitation	2081P0004X	Physician-Physical Medicine&Rehab-Spinal Cord Injury Medicine	Y	E	CMS-1500	837P	Max
31	Physician	336	Physical Medicine and Rehabilitation	2081P2900X	Physician-Physical Medicine&Rehab-Pain Medicine	Y	E	CMS-1500	837P	Max
31	Physician	337	Plastic Surgery	208200000X	Physician-Plastic Surgery	Y	E	CMS-1500	837P	Max
31	Physician	337	Plastic Surgery	2082S0099X	Physician-Plastic Surgery-Plastic Surgery within the Head and Neck	Y	E	CMS-1500	837P	Max
31	Physician	337	Plastic Surgery	2082S0105X	Physician-Plastic Surgery-Surgery of the Hand	Y	E	CMS-1500	837P	Max
31	Physician	337	Plastic Surgery	2086S0122X	Physician-Surgery-Plastic&Reconstructive Surgery	Y	E	CMS-1500	837P	Max
31	Physician	338	Colon and Rectal Surgery	208C00000X	Physician-Colon & Rectal Surgery	Y	E	CMS-1500	837P	Max
31	Physician	339	Psychiatry	2084P0800X	Physician-Psychiatry&Neurology-Psychiatry	Y	E	CMS-1500	837P	Max
31	Physician	339	Psychiatry	2084P0802X	Physician-Psychiatry&Neurology-Addiction Psychiatry	Y	E	CMS-1500	837P	Max

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31	Physician	339	Psychiatry	2084P0804X	Physician-Psychiatry&Neurology-Child&Adolescent Psychiatry	Y	E	CMS-1500	837P	Max
31	Physician	339	Psychiatry	2084P0805X	Physician-Psychiatry&Neurology-Geriatric Psychiatry	Y	E	CMS-1500	837P	Max
31	Physician	340	Pulmonology	207RP1001X	Physician-Pulmonology	N	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085B0100X	Physician-Radiology-Body Imaging	Y	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085H0002X	Physician-Radiology-Hospice & Palliative Medicine	N	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085N0700X	Physician-Radiology-Neuroradiology	Y	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085N0904X	Physician-Radiology-Nuclear Radiology	Y	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085P0229X	Physician-Radiology-Pediatric Radiology	Y	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085R0001X	Physician-Radiology-Radiation Oncology	Y	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085R0202X	Physician-Radiology-Diagnostic Radiology	Y	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085R0203X	Physician-Radiology-Therapeutic Radiology	Y	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085R0204X	Physician-Radiology-Vascular&Interventional Radiology	Y	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085R0205X	Physician-Radiology-Radiological Physics	Y	E	CMS-1500	837P	Max
31	Physician	341	Radiology	2085U0001X	Physician-Radiology-Diagnostic Ultrasound	Y	E	CMS-1500	837P	Max
31	Physician	342	Thoracic Surgery	208G00000X	Physician-Surgery-Thoracic Surgery(Cardiothoracic Vascular Surgery)	Y	E	CMS-1500	837P	Max
31	Physician	343	Urology	208800000X	Physician-Surgery-Urology	Y	E	CMS-1500	837P	Max
31	Physician	343	Urology	2088F0040X	Physician-Female Pelvic Medicine & Reconstructive Surgery	N	E	CMS-1500	837P	Max
31	Physician	345	General Pediatrics	208000000X	Physician-Pediatrics	Y	E	CMS-1500	837P	Max
31	Physician	345	General Pediatrics	2080T0004X	Physician-Pediatrics- Transplant Hepatology	N	E	CMS-1500	837P	Max
31	Physician	348	Endocrinology	207RE0101X	Physician-Endocrinology, Diabetes & Metabolism	N	E	CMS-1500	837P	Max
31	Physician	349	Hematology	207RH0000X	Physician-Hematology	N	E	CMS-1500	837P	Max
31	Physician	350	Infectious Diseases	207RI0200X	Physician-Infectious Disease	N	E	CMS-1500	837P	Max
31	Physician	351	Rheumatology	207RR0500X	Physician-Rheumatology	N	E	CMS-1500	837P	Max
31	Physician	353	Homeopath	175L00000X	Physician-Homeopath	Y	E	CMS-1500	837P	Max
31	Physician	611	Pediatric Emergency Department Medicine	207PP0204X	Physician-Emergency Medicine-Pediatric Emergency Medicine	N	E	CMS-1500	837P	Max
31	Physician	612	Pediatric Emergency Medicine	2080P0204X	Physician-Pediatrics-Pediatric Emergency Medicine	N	E	CMS-1500	837P	Max
31	Physician	613	Pediatric Anesthesiology	207LP3000X	Physician-Anesthesiology-Pediatric	N	E	CMS-1500	837P	Max
31	Physician	614	Pediatric Adolescent Medicine	2080A0000X	Physician-Pediatrics-Adolescent Medicine	N	E	CMS-1500	837P	Max
31	Physician	615	Developmental-Behavioral Pediatrics	2080P0006X	Physician-Pediatrics-Developmental Behavioral Pediatrics	N	E	CMS-1500	837P	Max
31	Physician	616	Neonatal-Perinatal Medicine	2080N0001X	Physician-Pediatrics-Neonatal Perinatal Medicine	N	E	CMS-1500	837P	Max
31	Physician	617	Pediatric Neurodevelopmental Disabilities	2080P0008X	Physician-Pediatrics-Neurodevelopmental Disabilities	N	E	CMS-1500	837P	Max
31	Physician	618	Pediatric Allergy-Immunology	2080P0201X	Physician-Pediatrics-Pediatric Allergy & Immunology	N	E	CMS-1500	837P	Max
31	Physician	619	Pediatric Clinical & Laboratory Immunology	2080I0007X	Physician-Pediatrics-Clinical&Lab Immunology	N	E	CMS-1500	837P	Max
31	Physician	620	Pediatric Cardiology	2080P0202X	Physician-Pediatrics-Pediatric Cardiology	N	E	CMS-1500	837P	Max
31	Physician	621	Pediatric Critical Care Medicine	2080P0203X	Physician-Pediatrics-Pediatric Critical Care Medicine	N	E	CMS-1500	837P	Max
31	Physician	622	Pediatric Endocrinology	2080P0205X	Physician-Pediatrics-Pediatric Endocrinology	N	E	CMS-1500	837P	Max
31	Physician	623	Pediatric Gastroenterology	2080P0206X	Physician-Pediatrics-Pediatric Gastroenterology	N	E	CMS-1500	837P	Max
31	Physician	624	Pediatric Hematology-Oncology	2080P0207X	Physician-Pediatrics-Pediatric Hematology Oncology	N	E	CMS-1500	837P	Max
31	Physician	625	Pediatric Hospice and Palliative Medicine	2080H0002X	Physician-Pediatrics-Hospice & Palliative Medicine	N	E	CMS-1500	837P	Max
31	Physician	626	Pediatric Infectious Diseases	2080P0208X	Physician-Pediatric-Pediatric Infectious Diseases	N	E	CMS-1500	837P	Max

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31	Physician	627	Pediatric Nephrology	2080P0210X	Physician-Pediatrics-Pediatric Nephrology	N	E	CMS-1500	837P	Max
31	Physician	628	Pediatric Medical Toxicology	2080T0002X	Physician-Pediatrics-Medical Toxicology	N	E	CMS-1500	837P	Max
31	Physician	629	Pediatric Pulmonology	2080P0214X	Physician-Pediatrics-Pediatric Pulmonology	N	E	CMS-1500	837P	Max
31	Physician	630	Pediatric Rehabilitation Medicine	2081P0010X	Physician-Physical Medicine&Rehab-Pediatric Rehab Medicine	N	E	CMS-1500	837P	Max
31	Physician	631	Pediatric Rheumatology	2080P0216X	Physician-Pediatrics-Pediatric Rheumatology	N	E	CMS-1500	837P	Max
31	Physician	632	Pediatric Dermatology	207NP0225X	Physician-Dermatology-Pediatric Dermatology	N	E	CMS-1500	837P	Max
31	Physician	633	Pediatric Orthopedic Surgery	207XP3100X	Physician-Orthopedic Surgure-Pediatric	N	E	CMS-1500	837P	Max
31	Physician	634	Pediatric Otolaryngology	207YP0228X	Physician-Otolaryngology-Pediatric Otolaryngology	N	E	CMS-1500	837P	Max
31	Physician	635	Pediatric Pathology	207ZP0213X	Physician-Pathology-Pediatric Pathology	N	E	CMS-1500	837P	Max
31	Physician	636	Pediatric Sleep Medicine	2080S0012X	Physician-Pediatrics-Sleep Medicine	N	E	CMS-1500	837P	Max
31	Physician	637	Pediatric Sports Medicine	2080S0010X	Physician-Pediatrics-Sports Medicine	N	E	CMS-1500	837P	Max
31	Physician	638	Pediatric Urology	2088P0231X	Physician-Surgery-Pediatric Urology	N	E	CMS-1500	837P	Max
31	Physician	639	Child & Adolescent Psychiatry	2084D0003X	Physician-Psychiatry&Neurology-Diagnostic Neuroimaging	N	E	CMS-1500	837P	Max
31	Physician	640	Neurology with Special Qualifications in Child Neurology	2084N0402X	Physician-Psychiatry&Neurology-Neurology with Special Qual in Child Neurolo	N	E	CMS-1500	837P	Max
31	Physician	641	Pediatric Surgery	2086S0120X	Physician-Surgery-Pediatric Surgery	N	E	CMS-1500	837P	Max
32	Nurse Midwife	095	Certified Nurse Midwife	367A00000X	Advanced Practice Nurse	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	112	Psychology	103G00000X	Neuropsychologist	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103T00000X	Psychologist	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TA0400X	Psychologist - Addiction (Substance Use Disorder)	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TA0700X	Psychologist - Adult Development & Aging	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TB0200X	Psychologist - Behavioral	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TC0700X	Psychologist - Clinical	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TC1900X	Psychologist - Counseling	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TC2200X	Psychologist - Child, Youth & Family	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TE1000X	Psychologist - Educational	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TE1100X	Psychologist - Exercise & Sports	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TF0000X	Psychologist - Family	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TF0200X	Psychologist - Forensic	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TH0004X	Psychologist - Health Psychologist	N	E	CMS-1500	837P	Max: 85% or 90%

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33	Behavioral Health Clinician	112	Psychology	103TH0100X	Psychologist - Health Service	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TM1700X	Psychologist - Men & Masculinity	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TP0016X	Psychologist - Prescribing (Medical)	N	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TM1800X	Psychologist - Mental Retardation & Developmental Disabilities	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TP0814X	Behavioral Health-Psychoanalysis	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TP2700X	Psychologist - Psychotherapy	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TR0400X	Rehabilitation	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TS0200X	Rehabilitation - School	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	112	Psychology	103TW0100X	Rehabilitation - Women	Y	E	CMS-1500	837P	Max: 85% or 90%
33	Behavioral Health Clinician	115	Licensed Clinical Social Worker	101YA0400X	Counselor - Addiction (Substance Use Disorder)	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	115	Licensed Clinical Social Worker	101YM0800X	Counselor - Mental Health	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	115	Licensed Clinical Social Worker	104100000X	Social Worker	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	115	Licensed Clinical Social Worker	1041C0700X	Social Worker - Clinical	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	115	Licensed Clinical Social Worker	1041S0200X	Social Worker - School	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	118	Licensed Drug and Alcohol Counselor	101YA0400X	Counselor - Addiction (Substance Use Disorder)	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	119	Marital and Family Therapist	101YM0800X	Counselor - Mental Health	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	119	Marital and Family Therapist	106H00000X	Marriage & Family Therapist	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	121	Professional Counselor	101Y00000X	Counselor	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	121	Professional Counselor	101YA0400X	Counselor - Addiction (Substance Use Disorder)	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	121	Professional Counselor	101YM0800X	Counselor - Mental Health	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	121	Professional Counselor	101YP1600X	Counselor - Pastoral	Y	E	CMS-1500	837P	Max
33	Behavioral Health Clinician	121	Professional Counselor	101YP2500X	Counselor - Professional	Y	E	CMS-1500	837P	Max

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33	Behavioral Health Clinician	121	Professional Counselor	101YS0200X	Counselor - School	Y	E	CMS-1500	837P	Max
36	Personal Care Services	361	Personal Care - Agency	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Max
36	Personal Care Services	361	Personal Care - Agency	3747P1801X	Personal Care Attendant	N	B	CMS-1500	837P	Max
36	Personal Care Services	362	PCA Service Provider	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Max
* 36	Personal Care Services	363	PCA Fiscal Intermediary	-----	Taxonomy Not Applicable (non-medical services)	N/A	B	CMS-1500	837P	Max
40	Autism Specialist	405	Board Certified Behavior Analyst	103K00000X	Board Certified Behavior Analyst	N	E	CMS-1500	837P	Max
* 41	Adult Day Care	410	Adult Day Care	261QA0600X	Clinic/Center - Adult Day Care	N	B	N/A	N/A	N/A
42	Acupuncturist	402	Acupuncturist	171100000X	Acupuncturist	N/A	E	CMS-1500	837P	Max
50	Community First Choice	501	CFC FI/PCA Services	-----	Taxonomy Not Applicable (non-medical services)	N/A	B	CMS-1500	837P	Max Fee
50	Community First Choice	502	CFC Access Agencies	-----	Taxonomy Not Applicable (non-medical services)	N/A	B	CMS-1500	837P	Combo
50	Community First Choice	506	CFC Support and Planning Coach	-----	Taxonomy Not Applicable (non-medical services)	N/A	B	CMS-1500	837P	Max Fee
51	Autism Waiver	503	Autism Service Provider	-----	Taxonomy Not Applicable (non-medical services)	N/A	B	CMS-1500	837P	Max
51	Autism Waiver	504	Autism Fiscal Intermediary	-----	Taxonomy Not Applicable (non-medical services)	N/A	B	CMS-1500	837P	Max
51	Autism Waiver	505	Autism Case Management Provider	-----	Taxonomy Not Applicable (non-medical services)	N/A	N/A	N/A	N/A	N/A
52	Acquired Brain Injury	026	ABI Case Management Provider	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	PSR
52	Acquired Brain Injury	027	ABI Service Provider	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Max
52	Acquired Brain Injury	029	Acquired Brain Injury Fiduciary	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Max
52	Acquired Brain Injury	029	Acquired Brain Injury Fiduciary	3747A0650X	Nursing Service Related-Attendant Care Provider	N	B	CMS-1500	837P	Max
52	Acquired Brain Injury	029	Acquired Brain Injury Fiduciary	376J00000X	Homemaker	N	B	CMS-1500	837P	Max
53	BHH/TCM/Waiver Billing Provider	529	MFP - IFS/Comp Waiver Biller	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Combo
* 53	BHH/TCM/Waiver Billing Provider	530	FI MFP - IFS/Comp Waiver Biller	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Combo
53	BHH/TCM/Waiver Billing Provider	531	DDS Comp Waiver Biller	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Combo
53	BHH/TCM/Waiver Billing Provider	532	DDS IFS Waiver Biller	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Combo
53	BHH/TCM/Waiver Billing Provider	534	DDS Employment and Day Supports Billing Provider	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	PSR
* 53	BHH/TCM/Waiver Billing Provider	537	Autism Waiver	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Max
* 53	BHH/TCM/Waiver Billing Provider	538	Early Childhood Autism	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Max
53	BHH/TCM/Waiver Billing Provider	539	TCM-CMI Private Fee for Service	163WC0400X	Registered Nurse - Case Management	N	B	CMS-1500	837P	Max
53	BHH/TCM/Waiver Billing Provider	545	DMHAS TCM Biller	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Max
53	BHH/TCM/Waiver Billing Provider	546	DMHAS BHH Biller	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Max
54	BHH/TCM/ Waiver Performing Provider	533	DDS TCM Performing Provider	-----	Taxonomy Not Applicable (non-medical services)	N	R	CMS-1500	837P	
54	BHH/TCM/ Waiver Performing Provider	533	DDS TCM Performing Provider	3747A0650X	Nursing Service Related-Attendant Care Provider	N	R	CMS-1500	837P	

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* 61	Social Worker	356	Social Worker	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
62	Naturopath	355	Naturopath	175F00000X	Naturopath	Y	E	CMS-1500	837P	Max: 90%
63	Drug and Alcohol Abuse Center	001	Inpatient	283Q00000X	Psychiatric Hospital	N	B	CMS-1500	837P	Combo
63	Drug and Alcohol Abuse Center	001	Inpatient	324500000X	Substance Use Rehabilitation Facility	N	B	CMS-1500	837P	Combo
63	Drug and Alcohol Abuse Center	001	Inpatient	3245S0500X	RTF-Substance Abuse Rehab Fac	N	B	CMS-1500	837P	Combo
63	Drug and Alcohol Abuse Center	007	Outpatient	261QR0405X	Clinic/Center - Rehabilitation, Substance Use Disorder	N	B	CMS-1500	837P	Combo
* 63	Drug and Alcohol Abuse Center	550	Halfway House	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
* 63	Drug and Alcohol Abuse Center	551	Long Term Care	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
* 63	Drug and Alcohol Abuse Center	552	Residential	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
65	Naturopath Group	355	Naturopath	175F00000X	Naturopath	Y	B	CMS-1500	837P	Max: 90%
66	CT Housing Engagement and Support Services	660	CT Housing Engagement and Support Services	-----	Taxonomy Not Applicable (non-medical services)	N/A	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111N00000X	Chiropractor	Y	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NI0013X	Chiropractor - Independent Medical Examiner	N	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NI0900X	Chiropractor - Internist	N	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NN0400X	Chiropractor - Neurology	N	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NN1001X	Chiropractor - Nutrition	N	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NP0017X	Chiropractor - Pediatric Chiropractor	N	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NR0200X	Chiropractor - Radiology	N	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NR0400X	Chiropractor - Rehabilitation	Y	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NS0005X	Chiropractor - Sports Physician	N	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NT0100X	Chiropractor - Thermography	N	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NX0100X	Chiropractor - Occupational Medicine	N	B	CMS-1500	837P	Max
68	Chiropractor Group	150	Chiropractor	111NX0800X	Chiropractor - Uncategorized: Orthopedic	Y	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	090	Pediatric Nurse Practitioner	363LP0200X	Nurse Practitioner - Pediatrics: Pediatrics	Y	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	091	Obstetric Nurse Practitioner	363LX0001X	Nurse Practitioner - Obstetrics & Gynecology: Obstetrics & Gynecology	Y	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	092	Family Nurse Practitioner	363LF0000X	Nurse Practitioner - Family	Y	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	093	Nurse Practitioner (Other)	363L00000X	Nurse Practitioner	Y	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	094	Certified Registered Nurse Anesthetist (CRNA)	367500000X	Nurse Anesthetist, Certified Registered	Y	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	097	Acute Care Nurse Practitioner	363LA2100X	Nurse Practitioner - Acute Care	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	098	Adult Health Nurse Practitioner	363LA2200X	Nurse Practitioner - Adult Health	N	B	CMS-1500	837P	Max

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70	Advance Practice Nurse Group	099	Community Health Nurse Practitioner	363LC1500X	Nurse Practitioner - Community Health	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	100	Critical Care Nurse Practitioner	363LC0200X	Nurse Practitioner - Critical Care Medicine	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	101	Neonatal Nurse Practitioner	363LN0000X	Nurse Practitioner - Neonatal	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	102	Neonatal Critical Care Nurse Practitioner	363LN0005X	Nurse Practitioner - Neonatal: Ceritical Care	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	103	Occupational Health Nurse Practitioner	363LX0106X	Nurse Practitioner - Occupational Health	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	104	Pediatric Critical Care Nurse Practitioner	363LP0222X	Nurse Practitioner - Pediatrics: Critical Care	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	105	Perinatal Nurse Practitioner	363LP1700X	Nurse Practitioner - Perinatal	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	106	Psychiatric/Mental Health Nurse Practitioner	363LP0808X	Nurse Practitioner - Psychiatric/Mental Health	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	107	School Nurse Practitioner	363LS0200X	Nurse Practitioner - School	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	122	Women's Health Nurse Practitioner	363LW0102X	Nurse Practitioner - Women's Health	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	123	Geriatric Nurse Practitioner	363LG0600X	Nurse Practitioner - Gerontology	N	B	CMS-1500	837P	Max
70	Advance Practice Nurse Group	124	Primary Care Nurse Practitioner	363LP2300X	Nurse Practitioner - Primary Care	N	B	CMS-1500	837P	Max
71	Nurse Midwife Group	095	Certified Nurse Midwife	367A00000X	Midwife, Certified Nurse	Y	B	CMS-1500	837P	Max
72	Physician Group	272	Oral and Maxillofacial Surgeon	204E00000X	Physician-Ophthalmology-Oral & Maxillofacial Surgery	Y	B	CMS-1500	837P	Max
72	Physician Group	301	Hepatology	207RI0008X	Physician-Hepatology	N	B	CMS-1500	837P	Max
72	Physician Group	302	Hospitalist	208M00000X	Physician-Hospitalist	N	B	CMS-1500	837P	Max
72	Physician Group	303	Neuromusculoskeletal & Sports Medicine	204C00000X	Physician-Neuromusculoskeletal Medicine, Sports Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	303	Neuromusculoskeletal & Sports Medicine	207PS0010X	Physician-Emergency Medicine-Sports Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	303	Neuromusculoskeletal & Sports Medicine	207QS0010X	Physician-Family Medicine-Sports Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	303	Neuromusculoskeletal & Sports Medicine	207RS0010X	Physician-Internal Medicine-Sports Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	303	Neuromusculoskeletal & Sports Medicine	207XX0005X	Physician-Orthopedic Surgery-Sports Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	303	Neuromusculoskeletal & Sports Medicine	2081S0010X	Physician-Physical Medicine&Rehab-Sports Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	303	Neuromusculoskeletal & Sports Medicine	2083S0010X	Physician-Preventive Medicine-Sports Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	303	Neuromusculoskeletal & Sports Medicine	2084S0010X	Physician-Psychiatry&Neurology-Sports Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	304	Nuclear Medicine	207U00000X	Physician-Nuclear Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	304	Nuclear Medicine	207UN0901X	Physician-Nuclear Medicine-Nuclear Cardiology	N	B	CMS-1500	837P	Max
72	Physician Group	304	Nuclear Medicine	207UN0902X	Physician-Nuclear Medicine-Nuclear Imaging & Therapy	N	B	CMS-1500	837P	Max
72	Physician Group	304	Nuclear Medicine	207UN0903X	Physician-Nuclear Medicine-In Vivo & In Vitro Nuclear Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	305	Pain Medicine	208VP0000X	Physician-Pain Medicine-Pain Management	N	B	CMS-1500	837P	Max
72	Physician Group	305	Pain Medicine	208VP0014X	Physician-Pain Medicine-Interventional Pain medicine	N	B	CMS-1500	837P	Max

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72	Physician Group	306	Preventative Medicine	2083A0100X	Physician-Preventive Medicine-Aerospace Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	306	Preventative Medicine	2083P0011X	Physician-Preventive Medicine-Undersea and Hyperbaric Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	306	Preventative Medicine	2083P0500X	Physician-Preventive Medicine-Preventive Med/Occupational Environmental Med	N	B	CMS-1500	837P	Max
72	Physician Group	306	Preventative Medicine	2083P0901X	Physician-Preventive Medicine-Public Health&General Preventive Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	306	Preventative Medicine	2083T0002X	Physician-Preventive Medicine-Medical Toxicology	N	B	CMS-1500	837P	Max
72	Physician Group	306	Preventative Medicine	2083X0100X	Physician-Preventive Medicine-Occupational Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	307	Medical Genetics	207SG0201X	Physician-Medical Genetics-Clinical Genetics(M.D.)	N	B	CMS-1500	837P	Max
72	Physician Group	308	Sleep Medicine	207QS1201X	Physician-Family Medicine-Sleep Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	308	Sleep Medicine	207RS0012X	Internal Medicine / Sleep Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	308	Sleep Medicine	207YS0012X	Physician-Otolaryngology-Sleep Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	308	Sleep Medicine	2084S0012X	Psychiatry & Neurology/Sleep Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	309	Transplant Surgery	204F00000X	Physician-Surgery-Transplant Surgery	N	B	CMS-1500	837P	Max
72	Physician Group	310	Allergy	207K00000X	Physician-Allergy & Immunology	Y	B	CMS-1500	837P	Max
72	Physician Group	310	Allergy	207KA0200X	Physician-Allergy&Immunology-Allergy	Y	B	CMS-1500	837P	Max
72	Physician Group	310	Allergy	207KI0005X	Physician-Allergy&Immunology-Immunology	Y	B	CMS-1500	837P	Max
72	Physician Group	310	Allergy	207RA0201X	Physician-Internal Medicine-Allergy & Immunology	Y	B	CMS-1500	837P	Max
72	Physician Group	311	Anesthesiology	207L00000X	Physician-Anesthesiology	Y	B	CMS-1500	837P	Max
72	Physician Group	311	Anesthesiology	207LA0401X	Physician-Anesthesiology-Addiction Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	311	Anesthesiology	207LC0200X	Physician-Anesthesiology-Critical Care Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	311	Anesthesiology	207LH0002X	Physician-Anesthesiology-Hospice & Palliative Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	311	Anesthesiology	207LP2900X	Physician-Anesthesiology-Pain Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	312	Cardiology	207RC0000X	Physician-Internal Medicine-Cardiovascular Disease	Y	B	CMS-1500	837P	Max
72	Physician Group	312	Cardiology	207RH0005X	Hypertension Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	312	Cardiology	207RI0011X	Physician-Internal Medicine-Interventional Cardiology	Y	B	CMS-1500	837P	Max
72	Physician Group	313	Cardiovascular Surgery	2086S0129X	Physician-Surgery-Vascular Surgery	N	B	CMS-1500	837P	Max
72	Physician Group	314	Dermatology	207N00000X	Physician-Dermatology	Y	B	CMS-1500	837P	Max
72	Physician Group	314	Dermatology	207ND0101X	Physician-Dermatology-MOHS-Micrographic Surgery	Y	B	CMS-1500	837P	Max
72	Physician Group	314	Dermatology	207ND0900X	Physician-Dermatology-Dermatopathology	Y	B	CMS-1500	837P	Max
72	Physician Group	314	Dermatology	207NI0002X	Physician-Dermatology-Clinical & Laboratory Dermatological Immunology	N	B	CMS-1500	837P	Max
72	Physician Group	314	Dermatology	207NS0135X	Physician-Dermatology-Dermatological Surgery	Y	B	CMS-1500	837P	Max
72	Physician Group	315	Emergency Medicine	207P00000X	Physician-Emergency Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	315	Emergency Medicine	207PE0004X	Physician-Emergency Medicine-Emergency Medical Services	N	B	CMS-1500	837P	Max
72	Physician Group	315	Emergency Medicine	207PE0005X	Physician-Emergency Medicine-Undersea & Hyperbaric Medicine	N	E	CMS-1500	837P	Max
72	Physician Group	315	Emergency Medicine	207PH0002X	Physician-Emergency Medicine-Hospice & Palliative Medicine	N	E	CMS-1500	837P	Max
72	Physician Group	315	Emergency Medicine	207PT0002X	Physician-Emergency Medicine-Medical Toxicology	N	B	CMS-1500	837P	Max
72	Physician Group	316	Family Medicine	207Q00000X	Physician-Family Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	316	Family Medicine	207QA0000X	Physician-Family Medicine-Adolescent Medicine	Y	B	CMS-1500	837P	Max

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72	Physician Group	316	Family Medicine	207QA0401X	Physician-Family Medicine-Addiction Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	316	Family Medicine	207QA0505X	Physician-Family Medicine-Adult Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	316	Family Medicine	207QB0002X	Physician-Family Medicine-Bariatric Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	316	Family Medicine	207QH0002X	Physician-Family Medicine-Hospice and Palliative Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	317	Gastroenterology	207RG0100X	Physician-Internal Medicine-Gastroenterology	N	B	CMS-1500	837P	Max
72	Physician Group	318	General Practice Medicine	208D00000X	Physician-General Practice Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	319	General Surgery	208600000X	Physician-Surgery	Y	B	CMS-1500	837P	Max
72	Physician Group	319	General Surgery	2086H0002X	Physician-Surgery-Hospice and Palliative Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	319	General Surgery	2086S0102X	Physician-Surgery-Surgical Critical Care	Y	B	CMS-1500	837P	Max
72	Physician Group	319	General Surgery	2086S0105X	Physician-Surgery-Surgery of the Hand	N	B	CMS-1500	837P	Max
72	Physician Group	319	General Surgery	2086S0127X	Physician-Surgery-Trauma Surgery	Y	B	CMS-1500	837P	Max
72	Physician Group	319	General Surgery	2086X0206X	Physician-Surgery-Surgical Oncology	Y	B	CMS-1500	837P	Max
72	Physician Group	320	Geriatric Medicine	207QG0300X	Physician-Family Medicine-Geriatric Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	320	Geriatric Medicine	207RG0300X	Physician-Internal Medicine-Geriatric Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	322	Internal Medicine	207R00000X	Physician-Internal Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	322	Internal Medicine	207RA0000X	Physician-Internal Medicine-Adolescent Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	322	Internal Medicine	207RA0401X	Physician-Internal Medicine-Addiction Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	322	Internal Medicine	207RB0002X	Physician-Internal Medicine-Bariatric Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	322	Internal Medicine	207RC0001X	Physician-Internal Medicine-Clinical Cardiac Electrophysiology	Y	B	CMS-1500	837P	Max
72	Physician Group	322	Internal Medicine	207RC0200X	Physician-Internal Medicine- Critical Care Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	322	Internal Medicine	207RH0002X	Physician-Internal Medicine- Hospice and Palliative Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	322	Internal Medicine	207RI0001X	Physician-Internal Medicine-Clinical & Laboratory Immunology	N	B	CMS-1500	837P	Max
72	Physician Group	322	Internal Medicine	207RM1200X	Physician-Internal Medicine-Magnetic Resonance Imaging (MRI)	N	B	CMS-1500	837P	Max
72	Physician Group	322	Internal Medicine	207RT0003X	Physician-Internal Medicine-Transplant Hematology	N	B	CMS-1500	837P	Max
72	Physician Group	324	Nephrology	207RN0300X	Physician-Internal Medicine-Nephrology	N	B	CMS-1500	837P	Max
72	Physician Group	325	Neurological Surgery	207T00000X	Physician-Neurological Surgery	N	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	204D00000X	Physician-Neuromusculoskeletal Medicine & OMM	Y	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	2084A0401X	Physician-Psychiatry&Neurology	N	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	2084B0002X	Physician-Psychiatry&Neurology-Bariatric Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	2084F0202X	Physician-Psychiatry&Neurology-Forensic Psychiatry	N	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	2084H0002X	Physician-Psychiatry&Neurology-Hospice & Palliative Care	N	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	2084N0008X	Physician-Psychiatry&Neurology-Neuromuscular Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	2084N0400X	Physician-Psychiatry&Neurology-Neurology	Y	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	2084N0600X	Physician-Psychiatry&Neurology-Clinical Neurophysiology	Y	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	2084P0015X	Physician-Psychiatry&Neurology-Psychosomatic Medicine	N	B	CMS-1500	837P	Max

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72	Physician Group	326	Neurology	2084P0005X	Physician-Psychiatry&Neruoogy-Neurodevelopmental Disabilities	Y	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	2084P2900X	Physician-Psychiatry&Neurology-Pain Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	326	Neurology	2084V0102X	Physician-Psychiatry&Neurology-Vascular Neurology	Y	B	CMS-1500	837P	Max
72	Physician Group	328	Obstetrics and Gynecology	207V00000X	Physician-Obstetrics & Gynecology	Y	B	CMS-1500	837P	Max
72	Physician Group	328	Obstetrics and Gynecology	207VB0002X	Physician-Obstetrics & Gynecology Bariatric Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	328	Obstetrics and Gynecology	207VC0200X	Physician-Obstetrics & Gynecology-Critical Care Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	328	Obstetrics and Gynecology	207VE0102X	Physician-Obstetrics & Gynecology- Reproductive Endocrinology	Y	B	CMS-1500	837P	Max
72	Physician Group	328	Obstetrics and Gynecology	207VF0040X	Physician-Obstetrics & Gynecology-Female Pelvic Medicine and Reconstructive Surgery	N	B	CMS-1500	837P	Max
72	Physician Group	328	Obstetrics and Gynecology	207VG0400X	Physician-Obstetrics & Gynecology-Gynecology	Y	B	CMS-1500	837P	Max
72	Physician Group	328	Obstetrics and Gynecology	207VH0002X	Physician-Obstetrics & Gynecology-Hospice and Palliative Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	328	Obstetrics and Gynecology	207VM0101X	Physician-Obstetrics & Gynecology-Maternal & Fetal Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	328	Obstetrics and Gynecology	207VX0000X	Physician-Obstetrics & Gynecology- Obstetrics	Y	B	CMS-1500	837P	Max
72	Physician Group	328	Obstetrics and Gynecology	207VX0201X	Physician-Obstetrics & Gynecology-Gynecologic Oncology	Y	B	CMS-1500	837P	Max
72	Physician Group	329	Oncology	207RH0003X	Physician-Hematology&Oncology	N	B	CMS-1500	837P	Max
72	Physician Group	329	Oncology	207RX0202X	Physician-Medical Oncology	N	B	CMS-1500	837P	Max
72	Physician Group	330	Ophthalmology	207W00000X	Physician-Ophthalmology	Y	B	CMS-1500	837P	Max
72	Physician Group	331	Orthopedic Surgery	207X00000X	Physician-Orthopedic Surgery	Y	B	CMS-1500	837P	Max
72	Physician Group	331	Orthopedic Surgery	207XS0106X	Physician-Orthopedic Surgery-Hand Surgery	Y	B	CMS-1500	837P	Max
72	Physician Group	331	Orthopedic Surgery	207XS0114X	Physician-Orthopedic Surgery-Adult Reconstructive Orthopedic Surgery	Y	B	CMS-1500	837P	Max
72	Physician Group	331	Orthopedic Surgery	207XS0117X	Physician-Orthopedic Surgery- Orthopedic Surgery of the Spine	Y	B	CMS-1500	837P	Max
72	Physician Group	331	Orthopedic Surgery	207XX0004X	Physician-Orthopedic Surgery-Foot and Ankle Orthopedics	Y	B	CMS-1500	837P	Max
72	Physician Group	331	Orthopedic Surgery	207XX0801X	Physician-Orthopedic Surgery- Orthopedic Trauma	Y	B	CMS-1500	837P	Max
72	Physician Group	332	Otology, Laryngology and Rhinology	207Y00000X	Physician-Otolaryngology	Y	B	CMS-1500	837P	Max
72	Physician Group	332	Otology, Laryngology and Rhinology	207YS0012X	Physician-Otolaryngology-Facial Plastic Surgery	N	B	CMS-1500	837P	Max
72	Physician Group	332	Otology, Laryngology and Rhinology	207YX0007X	Physician-Otolaryngology-Plastic Surgery within the Head & Neck	N	B	CMS-1500	837P	Max
72	Physician Group	332	Otology, Laryngology and Rhinology	207YX0602X	Physician-Otolaryngology-Otolaryngic Allergy	Y	B	CMS-1500	837P	Max
72	Physician Group	332	Otology, Laryngology and Rhinology	207YX0901X	Physician-Otolaryngology- Otology & Neurotology	Y	B	CMS-1500	837P	Max
72	Physician Group	332	Otology, Laryngology and Rhinology	207YX0905X	Physician-Otolaryngology-Otolaryngology/Facial Plastic Surgery	Y	B	CMS-1500	837P	Max
72	Physician Group	333	Pathology	207ZB0001X	Physician-Pathology-Blood Banking & Transfusion Medicine	Y	B	CMS-1500	837P	Max
72	Physician Group	333	Pathology	207ZC0006X	Physician-Pathology-Clinical Pathology	N	B	CMS-1500	837P	Max
72	Physician Group	333	Pathology	207ZC0500X	Physician-Pathology-Cytopathology	Y	B	CMS-1500	837P	Max
72	Physician Group	333	Pathology	207ZD0900X	Physician-Pathology-Dermatopathology	Y	B	CMS-1500	837P	Max

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Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description	Taxonomy	Taxonomy Description	Applies to Encounter (Discontinued 1/1/2012)	Billing (B)/ Rendering (R)/ Either (E)/ or Ordering Prescribing or Referring only (OPR)	iC Claim Form	837 form or NCPDP	iC Pricing PSR = Provider specific, Max = Max Fee, Combo = Both PSR and Max fee, NA - Not applicable, RX - Pharm Pricing, Billed
72	Physician Group	345	General Pediatrics	2080T0004X	Physician-Pediatrics-Transplant Hepatology	N				
72	Physician Group	348	Endocrinology	207RE0101X	Physician-Endocrinology, Diabetes & Metabolism	N	B	CMS-1500	837P	Max
72	Physician Group	349	Hematology	207RH0000X	Physician-Hematology	N	B	CMS-1500	837P	Max
72	Physician Group	350	Infectious Diseases	207RI0200X	Physician-Infectious Disease	N	B	CMS-1500	837P	Max
72	Physician Group	351	Rheumatology	207RR0500X	Physician-Rheumatology	N	B	CMS-1500	837P	Max
72	Physician Group	353	Homeopath	175L00000X	Physician-Homeopath	Y	B	CMS-1500	837P	Max
72	Physician Group	611	Pediatric Emergency Department Medicine	207PP0204X	Physician-Emergency Medicine-Pediatric Emergency Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	612	Pediatric Emergency Medicine	2080P0204X	Physician-Pediatrics-Pediatric Emergency Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	613	Pediatric Anesthesiology	207LP3000X	Physician-Anesthesiology-Pediatric	N	B	CMS-1500	837P	Max
72	Physician Group	614	Pediatric Adolescent Medicine	2080A0000X	Physician-Pediatrics-Adolescent Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	615	Developmental-Behavioral Pediatrics	2080P0006X	Physician-Pediatrics-Developmental Behavioral Pediatrics	N	B	CMS-1500	837P	Max
72	Physician Group	616	Neonatal-Perinatal Medicine	2080N0001X	Physician-Pediatrics-Neonatal Perinatal Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	617	Pediatric Neurodevelopmental Disabilities	2080P0008X	Physician-Pediatrics-Neurodevelopmental Disabilities	N	B	CMS-1500	837P	Max
72	Physician Group	618	Pediatric Allergy-Immunology	2080P0201X	Physician-Pediatrics-Pediatric Allergy & Immunology	N	B	CMS-1500	837P	Max
72	Physician Group	619	Pediatric Clinical & Laboratory Immunology	2080I0007X	Physician-Pediatrics-Clinical&Lab Immunology	N	B	CMS-1500	837P	Max
72	Physician Group	620	Pediatric Cardiology	2080P0202X	Physician-Pediatrics-Pediatric Cardiology	N	B	CMS-1500	837P	Max
72	Physician Group	621	Pediatric Critical Care Medicine	2080P0203X	Physician-Pediatrics-Pediatric Critical Care Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	622	Pediatric Endocrinology	2080P0205X	Physician-Pediatrics-Pediatric Endocrinology	N	B	CMS-1500	837P	Max
72	Physician Group	623	Pediatric Gastroenterology	2080P0206X	Physician-Pediatrics-Pediatric Gastroenterology	N	B	CMS-1500	837P	Max
72	Physician Group	624	Pediatric Hematology-Oncology	2080P0207X	Physician-Pediatrics-Pediatric Hematology Oncology	N	B	CMS-1500	837P	Max
72	Physician Group	625	Pediatric Hospice and Palliative Medicine	2080H0002X	Physician-Pediatrics-Hospice & Palliative Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	626	Pediatric Infectious Diseases	2080P0208X	Physician-Pediatric-Pediatric Infectious Diseases	N	B	CMS-1500	837P	Max
72	Physician Group	627	Pediatric Nephrology	2080P0210X	Physician-Pediatrics-Pediatric Nephrology	N	B	CMS-1500	837P	Max
72	Physician Group	628	Pediatric Medical Toxicology	2080T0002X	Physician-Pediatrics-Medical Toxicology	N	B	CMS-1500	837P	Max
72	Physician Group	629	Pediatric Pulmonology	2080P0214X	Physician-Pediatrics-Pediatric Pulmonology	N	B	CMS-1500	837P	Max
72	Physician Group	630	Pediatric Rehabilitation Medicine	2081P0010X	Physician-Physical Medicine&Rehab-Pediatric Rehab Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	631	Pediatric Rheumatology	2080P0216X	Physician-Pediatrics-Pediatric Rheumatology	N	B	CMS-1500	837P	Max
72	Physician Group	632	Pediatric Dermatology	207NP0225X	Physician-Dermatology-Pediatric Dermatology	N	B	CMS-1500	837P	Max
72	Physician Group	633	Pediatric Orthopedic Surgery	207XP3100X	Physician-Orthopedic Surgure-Pediatric	N	B	CMS-1500	837P	Max
72	Physician Group	634	Pediatric Otolaryngology	207YP0228X	Physician-Otolaryngology-Pediatric Otolaryngology	N	B	CMS-1500	837P	Max
72	Physician Group	635	Pediatric Pathology	207ZP0213X	Physician-Pathology-Pediatric Pathology	N	B	CMS-1500	837P	Max
72	Physician Group	636	Pediatric Sleep Medicine	2080S0012X	Physician-Pediatrics-Sleep Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	637	Pediatric Sports Medicine	2080S0010X	Physician-Pediatrics-Sports Medicine	N	B	CMS-1500	837P	Max
72	Physician Group	638	Pediatric Urology	2088P0231X	Physician-Surgery-Pediatric Urology	N	B	CMS-1500	837P	Max
72	Physician Group	639	Child & Adolescent Psychiatry	2084D0003X	Physician-Psychiatry&Neurology-Diagnostic Neuroimaging	N	B	CMS-1500	837P	Max
72	Physician Group	640	Neurology with Special Qualifications in Child Neurology	2084N0402X	Physician-Psychiatry&Neurology-Neurology with Special Qual in Child Neurolo	N	B	CMS-1500	837P	Max
72	Physician Group	641	Pediatric Surgery	2086S0120X	Physician-Surgery-Pediatric Surgery	N	B	CMS-1500	837P	Max
73	Podiatrist Group	140	Podiatrist	213E00000X	Podiatrist	Y	B	CMS-1500	837P	Max: 90%
73	Podiatrist Group	140	Podiatrist	213EG0000X	Podiatrist - Uncategorized: General Practice	Y	B	CMS-1500	837P	Max: 90%
73	Podiatrist Group	140	Podiatrist	213EP0504X	Podiatrist - Public Medicine	N	B	CMS-1500	837P	Max: 90%

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73	Podiatrist Group	140	Podiatrist	213EP1101X	Podiatrist - Primary Podiatric Medicine	Y	B	CMS-1500	837P	Max: 90%
73	Podiatrist Group	140	Podiatrist	213ER0200X	Podiatrist - Radiology: Radiology	Y	B	CMS-1500	837P	Max: 90%
73	Podiatrist Group	140	Podiatrist	213ES0000X	Podiatrist - Uncategorized: Sports Medicine	Y	B	CMS-1500	837P	Max: 90%
73	Podiatrist Group	140	Podiatrist	213ES0103X	Podiatrist - Surgery, Foot & Ankle	Y	B	CMS-1500	837P	Max: 90%
73	Podiatrist Group	140	Podiatrist	213ES0131X	Podiatrist - Surgery, Foot	Y	B	CMS-1500	837P	Max: 90%
74	Optometrist Group	180	Optometry	152W00000X	Optometrist	Y	B	CMS-1500	837P	Max: 90%
74	Optometrist Group	180	Optometry	152WC0802X	Eye&Vision Services-Corneal&Contact Mgmt	Y	B	CMS-1500	837P	Max: 90%
74	Optometrist Group	180	Optometry	152WL0500X	Optometrist - Low Vision	Y	B	CMS-1500	837P	Max: 90%
74	Optometrist Group	180	Optometry	152WP0200X	Optometrist - Pediatrics: Pediatrics	Y	B	CMS-1500	837P	Max: 90%
74	Optometrist Group	180	Optometry	152WS0006X	Optometrist - Sports Vision	Y	B	CMS-1500	837P	Max: 90%
74	Optometrist Group	180	Optometry	152WV0400X	Optometrist - Vision Therapy	Y	B	CMS-1500	837P	Max: 90%
74	Optometrist Group	180	Optometry	152WX0102X	Optometrist - Occupational Vision	Y	B	CMS-1500	837P	Max: 90%
74	Optometrist Group	180	Optometry	156FX1800X	Technician/Technologist - Optician	Y	B	CMS-1500	837P	Max: 90%
75	Optician Group/Optical Shop	190	Optician	156F00000X	Technician/Technologist	Y	B	CMS-1500	837P	Max
75	Optician Group/Optical Shop	190	Optician	156FX1800X	Technician/Technologist - Optician	Y	B	CMS-1500	837P	Max
75	Optician Group/Optical Shop	190	Optician	332H00000X	Optician	Y	B	CMS-1500	837P	Max
76	Dentist Group	270	Endodontist	1223E0200X	Dentist - Endodontics	N	B	ADA-2006	837D	Max
76	Dentist Group	271	General Dentistry Practitioner	1223G0001X	Dentist - General Practice	N	B	ADA-2006	837D	Max
76	Dentist Group	272	Oral and Maxillofacial Surgeon	1223S0112X	Dentist - Oral and Maxillofacial Surgery	N	B	ADA-2006	837D	Max
76	Dentist Group	273	Orthodontist	1223X0400X	Dentist - Orthodontics	N	B	ADA-2006	837D	Max
76	Dentist Group	274	Pediatric Dentist (Pedodontist)	1223P0221X	Dentist - Pediatric Dentistry (Pedodontics)	N	B	ADA-2006	837D	Max
76	Dentist Group	275	Periodontist	1223P0300X	Dentist - Periodontics	N	B	ADA-2006	837D	Max
76	Dentist Group	276	Oral and Maxillofacial Pathologist	1223P0106X	Dentist - Oral and Maxillofacial Pathology	N	B	ADA-2006	837D	Max
76	Dentist Group	278	Dental Hygienist	124Q00000X	Dental Hygienist	N	B	ADA-2006	837D	Max
76	Dentist Group	293	Oral and Maxillofacial Radiologist	1223X0008X	Dentist - Oral and Maxillofacial Radiology	N	B	ADA-2006	837D	Max
76	Dentist Group	294	Public Health Dentist	1223D0001X	Dentist - Dental Public Health	N	E	ADA-2006	837D	Max
76	Dentist Group	295	Prosthodontist	1223P0700X	Dentist- Prosthodontics	N	B	ADA-2006	837D	Max
76	Dentist Group	296	Dental Anesthesiologist	122300000X	Dentist	N	B	ADA-2006	837D	Max
76	Dentist Group	296	Dental Anesthesiologist	1223D0004X	Dentist	N	B	ADA-2006	837D	Max
77	Mental Health Waiver	770	MH Waiver FI	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Max
77	Mental Health Waiver	771	MH Waiver Service Provider	-----	Taxonomy Not Applicable (non-medical services)	N	B	CMS-1500	837P	Max
77	Mental Health Waiver	772	MH Waiver Assisted Living	310400000X	Nursing & Custodial Care - Assisted Living	N	B	CMS-1500	837P	Max
***	Mental Health Waiver Performing Provider	780	Mental Health Waiver Performing Provider	-----	Taxonomy Not Applicable (non-medical services)	N	R	CMS-1500	837P	Max
79	Hospice Agency	060	Hospice	251G00000X	Agencies - Hospice Care, Community Based	Y	B	CMS-1500 or UB-04	837P or I	Combo
80	Autism Specialist Group	405	Board Certified Behavior Analyst	103K00000X	Board Certified Behavior Analyst	N	B	CMS-1500	837P	Max
82	Acupuncture Group	402	Acupuncturist	171100000X	Acupuncturist	N/A	B	CMS-1500	837P	Max
**	Federally Licensed MCO	074	Partial Capitation	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
**	Federally Licensed MCO	075	Full Capitation	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
86	Behavioral Health Clinician	112	Psychology	103G00000X	Neuropsychologist	Y	B	CMS-1500	837P	Max: 85% or 90%

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86	Behavioral Health Clinician Groups	112	Psychology	103T0000X	Psychologist	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TA0400X	Psychologist - Addiction (Substance Use Disorder)	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TA0700X	Psychologist - Adult Development & Aging	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TB0200X	Psychologist - Behavioral	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TC0700X	Psychologist - Clinical	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TC1900X	Psychologist - Counseling	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TC2200X	Psychologist - Child, Youth & Family	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TE1000X	Psychologist - Educational	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TE1100X	Psychologist - Exercise & Sports	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TF0000X	Psychologist - Family	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TF0200X	Psychologist - Forensic	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TH0004X	Psychologist - Health Psychologist	N	B	CMS-1501	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TH0100X	Psychologist - Health Service	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TM1700X	Psychologist - Men & Masculinity	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TM1800X	Psychologist - Mental Retardation & Developmental Disabilities	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TP0016X	Psychologist - Prescribing (Medical)	N	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TP0814X	Behavioral Health-Psychoanalysis	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TP2700X	Psychologist - Psychotherapy	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TP2701X	Psychologist - Psychotherapy, Group	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TR0400X	Rehabilitation	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TS0200X	Rehabilitation - School	Y	B	CMS-1500	837P	Max: 85% or 90%
86	Behavioral Health Clinician Groups	112	Psychology	103TW0100X	Rehabilitation - Women	Y	B	CMS-1500	837P	Max: 85% or 90%

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86	Behavioral Health Clinician Groups	115	Licensed Clinical Social Worker	101YA0400X	Counselor - Addiction (Substance Use Disorder)	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	115	Licensed Clinical Social Worker	101YM0800X	Counselor - Mental Health	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	115	Licensed Clinical Social Worker	104100000X	Social Worker	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	115	Licensed Clinical Social Worker	1041C0700X	Social Worker - Clinical	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	115	Licensed Clinical Social Worker	1041S0200X	Social Worker - School	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	118	Licensed Drug and Alcohol Counselor	101Y00000X	Counselor	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	118	Licensed Drug and Alcohol Counselor	101YA0400X	Counselor - Addiction (Substance Use Disorder)	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	119	Marital and Family Therapist	101YM0800X	Counselor - Mental Health	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	119	Marital and Family Therapist	106H00000X	Marriage & Family Therapist	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	121	Professional Counselor	101Y00000X	Counselor	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	121	Professional Counselor	101YA0400X	Counselor - Addiction (Substance Use Disorder)	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	121	Professional Counselor	101YM0800X	Counselor - Mental Health	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	121	Professional Counselor	101YP1600X	Counselor - Pastoral	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	121	Professional Counselor	101YP2500X	Counselor - Professional	Y	B	CMS-1500	837P	Max
86	Behavioral Health Clinician Groups	121	Professional Counselor	101YS0200X	Counselor - School	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	225100000X	Physical Therapist	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	2251C2600X	Physical Therapist - Cardiopulmonary	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	2251E1200X	Physical Therapist - Ergonomics	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	2251E1300X	Physical Therapist - Electrophysiology, Clinical	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	2251G0304X	Physical Therapist - Geriatrics	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	2251H1200X	Physical Therapist - Hand	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	2251H1300X	Physical Therapist - Human Factors	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	2251N0400X	Physical Therapist - Psychiatry & Neurology: Neurology	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	2251P0200X	Physical Therapist - Pediatrics: Pediatrics	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	2251S0007X	Physical Therapist - Sports	Y	B	CMS-1500	837P	Max
87	Therapist Group	170	Physical Therapist	2251X0800X	Physical Therapist - Uncategorized: Orthopedic	Y	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225X00000X	Occupational Therapist	Y	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XE0001X	Occupational Therapist - Environmental Modification	N	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XE1200X	Occupational Therapist - Ergonomics	N	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XF0002X	Occupational Therapist - Feeding, Eating & Swallowing	N	B	CMS-1500	837P	Max

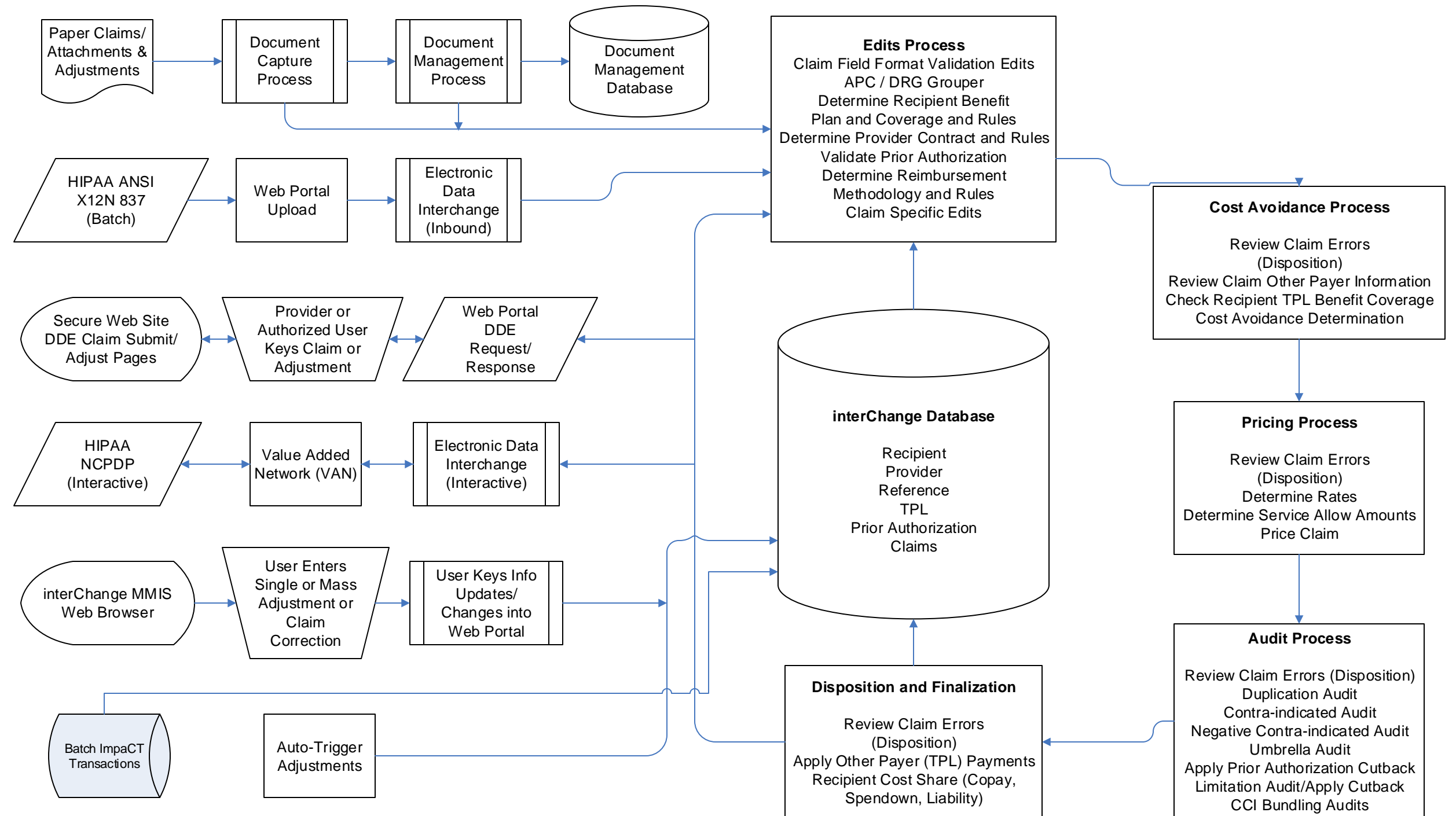
Provider Type/Specialty/Taxonomy Crosswalk

*Indicates that this type/specialty/taxonomy combination is not currently used.										
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Reimbursement for the following specialties within the given provider type may vary based on the rate type: - OBS Rate Type - 08/527, 09/092, 31/316, 70/092, 72/316, 09/091, 31/328, 32/095, 70/091, 71/095, 72/328. If billing provider type is 08/527, then performing providers must be one of the types / specialties listed here. - PED Rate Type - 08/527, 09/090, 09/092, 09/101, 09/102, 09/104, 31/316, 31/345, 31/611 thru 31/641, 70/090, 70/092, 70/101, 70/102, 70/104, 72/316, 72/345, 72/611 thru 72/641. If billing provider type is 08/527, then performing providers must be one of the types / specialties listed here. - BPH Rate Type - Provider type/specialty varies by procedure code Note: The data in column L represents most pricing scenarios.										
Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description	Taxonomy	Taxonomy Description	Applies to Encounter (Discontinued 1/1/2012)	Billing (B)/ Rendering (R/ Either (E)/ or Ordering Prescribing or Referring only (OPR)	iC Claim Form	837 form or NCPDP	iC Pricing PSR = Provider specific, Max = Max Fee, Combo = Both PSR and Max fee, NA - Not applicable, RX - Pharm Pricing, Billed
87	Therapist Group	171	Occupational Therapist	225XG0600X	Occupational Therapist - Gerontology	N	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XH1200X	Occupational Therapist - Hand	N	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XH1300X	Occupational Therapist - Human Factors	N	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XL0004X	Occupational Therapist - Low Vision	N	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XM0800X	Occupational Therapist - Mental Health	N	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XN1300X	Occupational Therapist - Neurorehabilitation	N	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XP0019X	Occupational Therapist - Physical Rehabilitation	N	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XP0200X	Occupational Therapist - Pediatrics	N	B	CMS-1500	837P	Max
87	Therapist Group	171	Occupational Therapist	225XR0403X	Occupational Therapist - Driving and Community Mobility	N	B	CMS-1500	837P	Max
87	Therapist Group	176	Speech Therapist	231H00000X	Audiologist	Y	B	CMS-1500	837P	Max
87	Therapist Group	176	Speech Therapist	231HA2400X	Audiologist - Assistive Technology Practitioner	Y	B	CMS-1500	837P	Max
87	Therapist Group	176	Speech Therapist	235500000X	Specialist/Technologist	Y	B	CMS-1500	837P	Max
87	Therapist Group	176	Speech Therapist	235Z00000X	Speech - Language Pathologist	Y	B	CMS-1500	837P	Max
87	Therapist Group	176	Speech Therapist	237600000X	Audiologist - Hearing Aid Fitter	Y	B	CMS-1500	837P	Max
87	Therapist Group	176	Speech Therapist	261QH0700X	Ambulatory Health Care Facilities-Clinic-Hearing&Speech	Y	B	CMS-1500	837P	Max
88	Non-Federally Licensed MCO	074	Partial Capitation	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
88	Non-Federally Licensed MCO	075	Full Capitation	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
* 90	State Institution	001	Inpatient	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
90	State Institution	002	Psychiatric/Inpatient Under 21	261QM0855X	Ambulatory Health Care Facilities-Clinic-Adolescent&Children Mental Health	N	B	UB-04	837I	PSR
90	State Institution	002	Psychiatric/Inpatient Under 21	273R00000X	Psychiatric Unit	N	B	UB-04	837I	PSR
90	State Institution	002	Psychiatric/Inpatient Under 21	282E00000X	Long Term Care Hospital	N	B	UB-04	837I	PSR
90	State Institution	002	Psychiatric/Inpatient Under 21	283Q00000X	Psychiatric Hospital	N	B	UB-04	837I	PSR
90	State Institution	003	Psychiatric/Inpatient 21-64 (Crossovers)	273R00000X	Psychiatric Unit	N	B	UB-04	837I	PSR
90	State Institution	003	Psychiatric/Inpatient 21-64 (Crossovers)	282E00000X	Long Term Care Hospital	N	B	UB-04	837I	PSR
90	State Institution	003	Psychiatric/Inpatient 21-64 (Crossovers)	283Q00000X	Psychiatric Hospital	N	B	UB-04	837I	PSR
90	State Institution	004	Psychiatric/Inpatient 65+	273R00000X	Psychiatric Unit	N	B	UB-04	837I	PSR
90	State Institution	004	Psychiatric/Inpatient 65+	282E00000X	Long Term Care Hospital	N	B	UB-04	837I	PSR
90	State Institution	004	Psychiatric/Inpatient 65+	283Q00000X	Psychiatric Hospital	N	B	UB-04	837I	PSR
90	State Institution	005	Chronic - Inpatient	281P00000X	Chronic Disease Hospital	N	B	UB-04	837I	PSR
90	State Institution	005	Chronic - Inpatient	282E00000X	Long Term Care Hospital	N	B	UB-04	837I	PSR
90	State Institution	006	Alcohol and Drug Abuse Inpatient	-----	Taxonomy Not Applicable (non-medical services)	N	B	UB-04	837I	PSR
90	State Institution	008	Psychiatric - Outpatient	261QM0801X	Clinic/Center - Mental Health (Including Community Mental Health Center)	N	B	UB-04	837I	Max
90	State Institution	008	Psychiatric - Outpatient	261QM0850X	Ambulatory Health Care Facilities-Clinic-Adult Mental Health	N	B	UB-04	837I	Max
90	State Institution	008	Psychiatric - Outpatient	261QM0855X	Ambulatory Health Care Facilities-Clinic-Adolescent&Children Mental Health	N	B	UB-04	837I	Max
90	State Institution	009	Alcohol and Drug Abuse Outpatient	-----	Taxonomy Not Applicable (non-medical services)	N	B	UB-04	837I	PSR
* 90	State Institution	017	Chronic - Outpatient	-----	Taxonomy Not Applicable (non-medical services)	N	B	UB-04	837I	PSR
90	State Institution	033	Psy Res Trmt Fac	323P00000X	Psychiatric Residential Treatment Facility	N	B	UB-04	837I	PSR

Provider Type/Specialty/Taxonomy Crosswalk

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Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description	Taxonomy	Taxonomy Description	Applies to Encounter (Discontinued 1/1/2012)	Billing (B)/ Rendering (R)/ Either (E)/ or Ordering Prescribing or Referring only (OPR)	iC Claim Form	837 form or NCPDP	iC Pricing PSR = Provider specific, Max = Max Fee, Combo = Both PSR and Max fee, NA - Not applicable, RX - Pharm Pricing, Billed	
90	State Institution	038	ICF/IID (Non Bed Count Specific)	315P00000X	Intermediate Care Facility, Mentally Retarded	N	B	UB-04	837I	PSR	
90	State Institution	038	ICF/IID (Non Bed Count Specific)	320600000X	Residential Treatment Facility - Mentally Retardation &/or Develop Disab	N	B	UB-04	837I	PSR	
*	90	State Institution	039	ICF-2	-----	Taxonomy Not Applicable (non-medical services)	N	B	UB-04	837I	PSR
*	90	State Institution	040	Rehabilitation Facility	-----	Taxonomy Not Applicable (non-medical services)	N	B	UB-04	837I	PSR
90	State Institution	111	Behavioral Health Clinic	261QM0801X	Clinic/Center - Mental Health (Including Community Mental Health Center)	N	B	UB-04	837P	Max	
90	State Institution	111	Behavioral Health Clinic	261QM0850X	Ambulatory Health Care Facilities-Clinic-Adult Mental Health	N	B	UB-04	837P	Max	
90	State Institution	111	Behavioral Health Clinic	261QM0855X	Ambulatory Health Care Facilities-Clinic-Adolescent&Children Mental Health	N	B	UB-04	837P	Max	
*	90	State Institution	523	Medical Clinic	-----	Taxonomy Not Applicable (non-medical services)	N	B	N/A		N/A
97	Physician Assistant	995	Medical Physician Assistant	363AM0700X	Medical	Y	R	CMS-1500 or UB-04	837P or I	N/A	
97	Physician Assistant	996	Surgical Physician Assistant	363AS0400X	Surgical	Y	R	CMS-1500 or UB-04	837P or I	N/A	
97	Physician Assistant	997	Primary Care Physician Assistant	363A00000X	Physician Assistant	Y	R	CMS-1500 or UB-04	837P or I	N/A	
98	Other Providers	999	Other	-----	Taxonomy Not Applicable (non-medical services)	N	E	N/A		N/A	

interChange Claim Processing Overview



F. Addendum 1 Acknowledgment

**State of Connecticut
Department of Social Services
Fiscal Intermediary Services
Request for Proposals
FIS RFP 11232021**

Addendum 1 issue date: [1/7/2022](#)

This Addendum acknowledgement must be signed and returned with your submission.

Authorized Official Signature

Name of Authorized Official

Name of Organization