

## HFS Medical Programs (Provider Snapshot)

### Contains Multiple Files for Multiple Yearly Snapshots

#### Provider Data for Services Performed beginning of the calendar year through end of the calendar year

CY 2010 Data: Claims Adjudicated Through February 10, 2012

CY 2011 Data: Claims Adjudicated Through January 21, 2013

## READ ME

We have created a file that describes many different attributes of HFS Medical Program providers.

There are approximately 90,000 rows in this data, each describing a single provider.

Data users can create pivot tables to examine interesting patterns of providers and services. This file complies with Illinois Transparency legislation, which mandates that we provide a means for the public to access more data about our programs.

**Please note:** We provide the data in a .txt format to ensure its completeness and usability. Users of Excel can import the .txt file into this spreadsheet for usability. Users of Excel 2003 will need to split the data and paste it into two tabs, as the 100,000+ rows of data exceed the 65,000-row limit of Excel 1997-2003.

By law, we must provide names and locations of providers, as well as information on the money we pay them. Voluntarily, we've included some information on the various services that providers give to patients.

Providers included here include all individuals in the medical sciences, allied health, social services, and support services fields who were reimbursed for services provided to program recipients in respective calendar years (2010, 2011).

While all providers are included, in order to preserve patient privacy, we have excluded the name, NPI, zip code, and other identifying data on any provider who served less than six Medicaid recipients in that year. This complies with HIPAA requirements about the privacy of patients.

**Please note:** Providers can be located anywhere in the state of Illinois and sometimes outside of Illinois. Information included on a provider's location may not include all locations where they conduct their medical practice, but will typically reflect a primary location.

The costs shown are the costs for claims adjudicated through the date shown at the top of this page. A claim is considered adjudicated when we have determined that it is ready for payment and passed the payment instruction to the Comptroller. A few claims that ultimately may have been paid late during the next year may not have been adjudicated by the above date.

The costs shown do NOT include non-claims payments. These are payments that are not associated with a specific recipient and healthcare service or otherwise do not flow through our claims systems. Non-claims payments include, but are not limited to, hospital supplemental payments. Hospital supplemental payments are about 40% of our total hospital costs.

It is simple to aggregate the data via Excel pivot tables. Alternatively, the data can be imported into other software. HFS does not provide 'how to' support for data analysis.

For descriptions of data fields, see the output file format in this workbook.

**Transparency Data  
Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
ProviderNPI	CHAR(10)	Demographic	Provider National Provider Id	A 10-digit numeric identifier assigned to an individual health care provider and mandated for use in all administrative and financial transactions covered by HIPAA; the numerical ID assigned to providers included in the data set, provided they are assigned such a number as a part of their licensing and certification and have provided this number to Medicaid.	Some values may be missing.
ProviderTypeCd	CHAR(3)	Demographic	Provider Type	A classification of providers as defined by their role (and typically their license) in the healthcare system.	Some values may be missing.
ProviderTypeDesc	VARCHAR(100)	Demographic	Provider Type Description	A classification of providers as defined by their role (and typically their license) in the healthcare system.	Some values may be missing.
ProviderName	VARCHAR(30)	Demographic	Provider Name	The first and last name of a healthcare provider.	Some values may be missing.
ProvZipCd	CHAR(5)	Demographic	Provider Zip Code	The five-digit geographic identifier on file for the provider as of the anchor date or last eligibility date.	This data may include inaccurate, null, or incorrectly reported zip codes; this data is not cleaned or revised by HFS prior to data release.
OfficeCountyCd	CHAR(3)	Demographic	Office County Code	One of 102 geographic and administrative areas within the state of Illinois, denoted by a code. Providers located outside Illinois are identified by state.	The county may be inaccurate, outdated, or incorrectly reported with respect to the recipient's true current address. Please note that county codes included in the data sets are not FIPS codes or Environmental Protection Agency codes.
OfficeCountyDesc	VARCHAR(30)	Demographic	Office County Description	One of 102 geographic and administrative areas within the state of Illinois, denoted by a proper name. Providers located outside Illinois are identified by state.	The county may be inaccurate, outdated, or incorrectly reported with respect to the recipient's true current address. Please note that county codes included in the data sets are not FIPS codes or Environmental Protection Agency codes.
ReimbursementTypeCd	CHAR(12)	Demographic	Hospital Reimbursement Type	A code indicating one of several categories under which reimbursement may be dispensed from HFS to a hospital for services rendered; these include ambulatory surgical centers; per diem rates for various hospital types; renal dialysis center payments; ARS payments; and DRG-based payments.	No known problems
ReimbursementTypeDesc	VARCHAR(30)	Demographic	Hospital Reimbursement Type Description	A code indicating one of several categories under which reimbursement may be dispensed from HFS to a hospital for services rendered.	No known problems
CriticalAccessInd	CHAR(1)	Demographic	Critical Access	An indicator that describes if a hospital, or a provider associated with a hospital, meets the definition of "critical access hospital."	No known problems

**Transparency Data  
Provider Table Description**

Field Name	Type	Category1	Business Name	Definition	Known Problems
PCPInd	CHAR(1)	Demographic	Primary Care Physician Indicator	An indicator which denotes whether a health care provider provides primary care services. <i>See also</i> Medical home.	No known problems
PrimSpecCdDesc	VARCHAR(80)	Demographic	Primary Speciality Description	A wide range of classifications for providers based on the specific type of medicine practiced.	No known problems
CaseMgmt_InsuranceRINS	INTEGER	TOS	Case Management and Insurance	A broad Type of Service encompassing multiple types of case management and insurance benefits to recipients, including Administration; Coinsurance and Deductibles; Health Insurance Payments: MCO Capitation Fees; Primary Care Case Management Services; Prepaid Health Plans (PHPs); and Targeted Case Management Services. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
ClinicServicesRINS	INTEGER	TOS	Clinic Services	A broad Type of Service encompassing various type of outpatient clinic services to recipients, including those given at clinics, Federally Qualified Health Centers, and Rural Health Centers. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
DentalServicesRINS	INTEGER	TOS	Dental Services	A Type of Service provided by a dentist or a certified local public health department that are intended to preserve or augment dental health, including periodontal, orthodontic, and endodontic services (FCOS 260). All EPSDT dental services are also included here if they are rendered by a dentist. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
EPSDTRINS	INTEGER	TOS	EPSDT Screening Services	"Early and Periodic Screening, Diagnosis, and Treatment;" a Type of Service primarily focused on screening all children enrolled in an HFS medical benefits program, via scheduled periodic assessment of a child's overall well-being, an unclothed physical exam, immunizations, laboratory testing, health history and health education, followed by preventive care and/or treatment as necessary (FCOS 500) provided by any type of provider except dentists (provider type 011). The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
ERRINS	INTEGER	TOS	Emergency Room Services	A Type of Service provided in a department specialized to provide care to persons experiencing urgent and emergent medical needs, provided by a general hospital (provider type 030; FCOS 722). The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems

**Transparency Data  
Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
HCBSRINS	INTEGER	TOS	Home- and Community-Based Services	Waivers under Section 1915(c) of the Social Security Act that allow Illinois to cover home and community services and provide programs that are designed to meet the unique needs of individuals with disabilities who qualify for the level of care provided in an institution but who, with special services, may remain in their homes and communities. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
HomeHealthRINS	INTEGER	TOS	Home Health Services	A Type of Service that involves community health agencies (provider type 050), home health agencies (provider type 051), and local departments of public health (provider type 052) providing nursing and nursing assistant-level services to persons in their own places of residence, under a physician's written plan of care, often as an alternative to residential long-term care (FCOS 380). This Type of Service is defined in administrative code 42 CFR 440.70 and is distinct from home health services for recipients of HCBS waivers. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
HospiceRINS	0/1	TOS	Hospice Benefits	A type of services provided at a hospice (provider type 039), targeted towards persons who are terminally ill, designed to offer palliative care and respite care as well as social, mental, and/or spiritual support in the final weeks or months of life (FCOS 780), and carried out under the written plan of a physician. This Type of Service is defined in 42 CFR 418.202. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
ICFMRRINS	INTEGER	TOS	IntCareFac-DD	A Type of Service rendered by any public or private Intermediate Care Facility for the Mentally Retarded or Developmentally Disabled (ICF/MR), Nursing Facility, State-operated facility, or developmental training provider, designed to accommodate developmentally disabled persons specifically and regulated under 42 CFR 440.150, that provides healthcare services, social services, and residential care to four or more intellectually disabled individuals (FCOS 112, 140, 142, 144, 148, 150, and 158). This Type of Service is distinct from the age-delimited services provided to developmentally disabled children and young adults who receive residential care as part of waiver benefits. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems

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Provider Table Description**

Field Name	Type	Category1	Business Name	Definition	Known Problems
InpatientCareRINS	INTEGER	TOS	Inpatient Hospital	A broad Type of Service including all care rendered to inpatients, whether maternity without delivery, labor and delivery, care to newborns, substance abuse care, psychiatric care, emergency care to undocumented aliens, and all other inpatient care. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
LabRadiologyRINS	INTEGER	TOS	Laboratory and Radiology Services	A Type of Service, defined by 42 CFR 440.30, rendered by a physician (provider type 010), independent laboratory (provider type 061), or imaging service (provider type 063), including diagnostic testing, pathology services, X-rays and other medical imaging services, and various other services rendered in a laboratory or radiology setting (FCOS 350), outside the inpatient and outpatient departments of a hospital. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
NursingFacilityRINS	INTEGER	TOS	Nursing Facility Services - Regular Payments	A Type of Service encompassing all services delivered in a Nursing Facility (provider types 033 and 038 and FCOS 110 and 118) which is not an institute of mental diseases, is licensed by the Illinois Department of Public Health, as described in Section 1919(b,c, and d) of the Act, and is paid via a series of payments at scheduled intervals. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
OtherServiceRINS	INTEGER	TOS	Other Services	Types of Service provided by optometrists, podiatrists, chiropractors, Nurse Practitioners, and Registered Nurses and defined under Federal Categories of Service as 'Other Practitioner Services,' 'Other Practitioner Private Duty Nursing Services' and 'Other Practitioner Personal Care Support Services' that require regular payments and are not defined elsewhere in this list. By law, this Type of Service excludes private duty nursing, services of practitioners that are billed by a hospital, services that provide eyeglasses or hearing aids, and services by speech therapists, audiologists, opticians, physical therapists, and occupational therapists. It is defined by administrative code 42 CFR 440.60 and 42 CFR 440.80. Also includes abortion, non-emergency medical transportation, nursing, private duty nursing, physicians and surgical services, sterilizations, services by other practitioners, and a wide variety of other types of services. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems

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Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
OutPatientRINS	INTEGER	TOS	Outpatient Hospital Services - Regular Payments	Preventive, therapeutic, diagnostic, rehabilitative, or palliative Services that are provided on an outpatient basis (FCOS 200 and 202) and are provided by general hospitals (provider type 030), psychiatric hospitals (provider type 031), rehabilitative hospitals (provider type 032), ambulatory surgical treatment centers (provider type 046) and certified hospital organized satellite clinics (CHOSC, provider type 054). This Type of Service excludes laboratory and radiology services and may overlap clinical services; it is further defined in 42 CFR 440.20. A figure indicating the number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
PDDERINS	INTEGER	TOS	Prosthetic Devices, Dentures, Eyeglasses	A Type of Service, provided by dentists, optometrists, opticians, Federally Qualified Health Centers (FQHCs) and other providers of durable medical equipment, encompassing services that help recipients access prosthetics, eyeglasses and dentures (FCOS 729 and 730) to recipients in need of such devices; a wide variety of procedure codes are associated with these claims. Limitations exist as to eyeglass costs, as the fabrication of eyeglasses is provided by Illinois Department of Corrections. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
PrescDRUGsRINS	INTEGER	TOS	Prescribed Drugs	A Type of Service, defined by administrative code 42 CFR 440.120(a), that captures the data for all chemical substances intended for the cure, mitigation, or prevention of disease, that are issued to recipients (FCOS 230) and provided by pharmacies (provider type 060) and other suppliers of medical equipment and supplies (provider type 063), after prescription by a doctor or another licensed healthcare professional who is legally permitted to issue prescriptions. This category includes costs for over-the-counter drugs that are prescribed by a physician to a Medicaid recipient. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems

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Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
RehabRINS	INTEGER	TOS	Rehabilitation	A Type of Service in which a community mental health provider (provider type 036) provides care to a recipient in a rehabilitative facility (FCOS 708, 709 or 710), and described by Section 1905(a)(13) of Title XIX of the Social Security Acts as "recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level." This definition will be amended as of January 1, 2013, by Public Law 111-148, §4106(a). Includes mental health and substance abuse rehabilitation. A figure indicating the number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
SchoolBasedRINS	INTEGER	TOS	School Based Services	A Type of Service that encompasses any healthcare services, including physical therapy, occupational therapy, speech and language therapy, audiology, mental health services, specialized transportation, and other services, as well as school-based medical equipment use, delivered in a local education agency (provider type 047) or state-operated school (DHS) (provider type 053). A category of service for which HFS facilitates federal fund-matching and does not otherwise contribute. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
TherapyRINS	INTEGER	TOS	Therapy	Service provided by a licensed occupational therapist (provider type 023), licensed physical therapist (provider type 022), or speech therapists and audiologists (provider types 024 and 025) that meets Illinois standards, to persons who are not recipients of a Home- and Community-Based Services Waiver. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
CaseMgmt_InsuranceEvents	INTEGER	TOS	Case Management and Insurance	A broad Type of Service encompassing multiple types of case management and insurance benefits to recipients, including Administration; Coinsurance and Deductibles; Health Insurance Payments; MCO Capitation Fees; Primary Care Case Management Services; Prepaid Health Plans (PHPs); and Targeted Case Management Services. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	

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<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
ClinicServicesEvents	INTEGER	TOS	Clinic Services	A broad Type of Service encompassing various type of outpatient clinic services to recipients, including those given at clinics, Federally Qualified Health Centers, and Rural Health Centers. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
DentalServicesEvents	INTEGER	TOS	Dental Services	A Type of Service provided by a dentist or a certified local public health department that are intended to preserve or augment dental health, including periodontal, orthodontic, and endodontic services (FCOS 260). All EPSDT dental services are also included here if they are rendered by a dentist. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
EPSDTEvents	INTEGER	TOS	EPSDT Screening Services	"Early and Periodic Screening, Diagnosis, and Treatment;" a Type of Service primarily focused on screening all children enrolled in an HFS medical benefits program, via scheduled periodic assessment of a child's overall well-being, an unclothed physical exam, immunizations, laboratory testing, health history and health education, followed by preventive care and/or treatment as necessary (FCOS 500) provided by any type of provider except dentists (provider type 011). A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
EREvents	INTEGER	TOS	Emergency Room Services	A Type of Service provided in a department specialized to provide care to persons experiencing urgent and emergent medical needs, provided by a general hospital (provider type 030; FCOS 722). A count of the number of events of this Type of Service that the recipient had, where the event is defined as "a healthcare service provided to one recipient, by one Emergency Room, on one day."	No known problems

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Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
HCBSEvents	INTEGER	TOS	Home- and Community-Based Services	Waivers under Section 1915(c) of the Social Security Act that allow Illinois to cover home and community services and provide programs that are designed to meet the unique needs of individuals with disabilities who qualify for the level of care provided in an institution but who, with special services, may remain in their homes and communities. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
HomeHealthEvents	INTEGER	TOS	Home Health Services	A Type of Service that involves community health agencies (provider type 050), home health agencies (provider type 051), and local departments of public health (provider type 052) providing nursing and nursing assistant-level services to persons in their own places of residence, under a physician's written plan of care, often as an alternative to residential long-term care (FCOS 380). This Type of Service is defined in administrative code 42 CFR 440.70. This Type of Service is distinct from home health services for recipients of HCBS waivers. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
HospiceEvents	0/1	TOS	Hospice Benefits	A type of services provided at a hospice (provider type 039), targeted towards persons who are terminally ill, designed to offer palliative care and respite care as well as social, mental, and/or spiritual support in the final weeks or months of life (FCOS 780), and carried out under the written plan of a physician. This Type of Service is defined in 42 CFR 418.202. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems

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Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
ICFMREvents	INTEGER	TOS	IntCareFac-DD	A Type of Service rendered by any public or private Intermediate Care Facility for the Mentally Retarded or Developmentally Disabled (ICF/MR), Nursing Facility, State-operated facility, or developmental training provider, designed to accommodate developmentally disabled persons specifically and regulated under 42 CFR 440.150, that provides healthcare services, social services, and residential care to four or more intellectually disabled individuals (FCOS 112, 140, 142, 144, 148, 150, and 158). This Type of Service is distinct from the age-delimited services provided to developmentally disabled children and young adults who receive residential care as part of waiver benefits. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
InpatientCareEvents	INTEGER	TOS	Inpatient Hospital	A broad Type of Service including all care rendered to inpatients, whether maternity without delivery, labor and delivery, care to newborns, substance abuse, psychiatric, emergency care to undocumented aliens, and all other inpatient care. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
LabRadiologyEvents	INTEGER	TOS	Laboratory and Radiology Services	A Type of Service, defined by 42 CFR 440.30, rendered by a physician (provider type 010), independent laboratory (provider type 061), or imaging service (provider type 063), including diagnostic testing, pathology services, X-rays and other medical imaging services, and various other services rendered in a laboratory or radiology setting (FCOS 350), outside the inpatient and outpatient departments of a hospital. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems

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Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
NursingFacilityEvents	INTEGER	TOS	Nursing Facility Services - Regular Payments	A Type of Service encompassing all services delivered in a Nursing Facility (provider types 033 and 038 and FCOS 110 and 118) which is not an institute of mental diseases, is licensed by the Illinois Department of Public Health, as described in Section 1919(b,c, and d) of the Act, and is paid via a series of payments at scheduled intervals. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
OtherServiceEvents	INTEGER	TOS	Other Services	A broad Type of Service, encompassing abortion, non-emergency medical transportation, nursing, private duty nursing, physicians and surgical services, sterilizations, services by other practitioners, and a wide variety of other types of services. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
OutPatientEvents	INTEGER	TOS	Outpatient Hospital Services - Regular Payments	Preventive, therapeutic, diagnostic, rehabilitative, or palliative Services that are provided on an outpatient basis (FCOS 200 and 202) and are provided by general hospitals (provider type 030), psychiatric hospitals (provider type 031), rehabilitative hospitals (provider type 032), ambulatory surgical treatment centers (provider type 046) and certified hospital organized satellite clinics (CHOSC, provider type 054). This Type of Service excludes laboratory and radiology services and may overlap clinical services; it is further defined in 42 CFR 440.20. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems

**Transparency Data  
Provider Table Description**

Field Name	Type	Category1	Business Name	Definition	Known Problems
PDDEEvents	INTEGER	TOS	Prosthetic Devices, Dentures, Eyeglasses	A Type of Service, provided by dentists, optometrists, opticians, Federally Qualified Health Centers (FQHCs) and other providers of durable medical equipment, encompassing services that help recipients access prosthetics, eyeglasses and dentures (FCOS 729 and 730) to recipients in need of such devices; a wide variety of procedure codes are associated with these claims. Limitations exist as to eyeglass costs, as the fabrication of eyeglasses is provided by Illinois Department of Corrections. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
PrescDRUGsEvents	INTEGER	TOS	Prescribed Drugs	A Type of Service, defined by administrative code 42 CFR 440.120(a), that captures the data for all chemical substances intended for the cure, mitigation, or prevention of disease, that are issued to recipients (FCOS 230) and provided by pharmacies (provider type 060) and other suppliers of medical equipment and supplies (provider type 063), after prescription by a doctor or another licensed healthcare professional who is legally permitted to issue prescriptions. This category includes costs for over-the-counter drugs that are prescribed by a physician to a Medicaid recipient. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a prescription provided to one recipient, by one provider, on one day."	No known problems
RehabEvents	INTEGER	TOS	Rehabilitation	A Type of Service in which a community mental health provider (provider type 036) provides care to a recipient in a rehabilitative facility (FCOS 708, 709 or 710), and described by Section 1905(a)(13) of Title XIX of the Social Security Acts as "recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level." This definition will be amended as of January 1, 2013, by Public Law 111-148, §4106(a). Includes mental health and substance abuse rehabilitation. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a prescription provided to one recipient, by one provider, on one day."	No known problems

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<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
SchoolBasedEvents	INTEGER	TOS	School Based Services	A Type of Service that encompasses any healthcare services, including physical therapy, occupational therapy, speech and language therapy, audiology, mental health services, specialized transportation, and other services, as well as school-based medical equipment use, delivered in a local education agency (provider type 047) or state-operated school (DHS) (provider type 053). A category of service for which HFS facilitates federal fund-matching and does not otherwise contribute. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
TherapyEvents	INTEGER	TOS	Therapy	Service provided by a licensed occupational therapist (provider type 023), licensed physical therapist (provider type 022), or speech therapists and audiologists (provider types 024 and 025) that meets Illinois standards, to persons who are not recipients of a Home- and Community-Based Services Waiver. A count of the number of events of this Type of Service that the provider gave to recipients, where the event is defined as "a healthcare service provided to one recipient, by one provider, on one day."	No known problems
CaseMgmt_InsuranceUOS	INTEGER	TOS	Case Management and Insurance	A broad Type of Service encompassing multiple types of case management and insurance benefits to recipients, including Administration; Coinsurance and Deductibles; Health Insurance Payments: MCO Capitation Fees; Primary Care Case Management Services; Prepaid Health Plans (PHPs); and Targeted Case Management Services. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	
ClinicServicesUOS	INTEGER	TOS	Clinic Services	A broad Type of Service encompassing various type of outpatient clinic services to recipients, including those given at clinics, Federally Qualified Health Centers, and Rural Health Centers. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems
DentalServicesUOS	INTEGER	TOS	Dental Services	A Type of Service provided by a dentist or a certified local public health department that are intended to preserve or augment dental health, including periodontal, orthodontic, and endodontic services (FCOS 260). All EPSDT dental services are also included here if they are rendered by a dentist. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems

**Transparency Data  
Provider Table Description**

Field Name	Type	Category1	Business Name	Definition	Known Problems
EPSDTUOS	INTEGER	TOS	EPSDT Screening Services	"Early and Periodic Screening, Diagnosis, and Treatment;" a Type of Service primarily focused on screening all children enrolled in an HFS medical benefits program, via scheduled periodic assessment of a child's overall well-being, an unclothed physical exam, immunizations, laboratory testing, health history and health education, followed by preventive care and/or treatment as necessary (FCOS 500) provided by any type of provider except dentists (provider type 011). A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems
ERUOS	INTEGER	TOS	Emergency Room Services	A Type of Service provided in a department specialized to provide care to persons experiencing urgent and emergent medical needs, provided by a general hospital (provider type 030; FCOS 722). A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one ER visit."	No known problems
HCBSUOS	INTEGER	TOS	Home- and Community-Based Services	Waivers under Section 1915(c) of the Social Security Act that allow Illinois to cover home and community services and provide programs that are designed to meet the unique needs of individuals with disabilities who qualify for the level of care provided in an institution but who, with special services, may remain in their homes and communities. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems
HomeHealthUOS	INTEGER	TOS	Home Health Services	A Type of Service that involves community health agencies (provider type 050), home health agencies (provider type 051), and local departments of public health (provider type 052) providing nursing and nursing assistant-level services to persons in their own places of residence, under a physician's written plan of care, often as an alternative to residential long-term care (FCOS 380). This Type of Service is defined in administrative code 42 CFR 440.70. This Type of Service is distinct from home health services for recipients of HCBS waivers. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems

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Provider Table Description**

Field Name	Type	Category1	Business Name	Definition	Known Problems
HospiceUOS	0/1	TOS	Hospice Benefits	A type of services provided at a hospice (provider type 039), targeted towards persons who are terminally ill, designed to offer palliative care and respite care as well as social, mental, and/or spiritual support in the final weeks or months of life (FCOS 780), and carried out under the written plan of a physician. This Type of Service is defined in 42 CFR 418.202. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems
ICFMRUOS	INTEGER	TOS	IntCareFac-DD	A Type of Service rendered by any public or private Intermediate Care Facility for the Mentally Retarded or Developmentally Disabled (ICF/MR), Nursing Facility, State-operated facility, or developmental training provider, designed to accommodate developmentally disabled persons specifically and regulated under 42 CFR 440.150, that provides healthcare services, social services, and residential care to four or more intellectually disabled individuals (FCOS 112, 140, 142, 144, 148, 150, and 158). This Type of Service is distinct from the age-delimited services provided to developmentally disabled children and young adults who receive residential care as part of waiver benefits. TA count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems
InpatientCareUOS	INTEGER	TOS	Inpatient Hospital	A broad Type of Service including all care rendered to inpatients, whether maternity without delivery, labor and delivery, care to newborns, substance abuse, psychiatric, emergency care to undocumented aliens, and all other inpatient care. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems
LabRadiologyUOS	INTEGER	TOS	Laboratory and Radiology Services	A Type of Service, defined by 42 CFR 440.30, rendered by a physician (provider type 010), independent laboratory (provider type 061), or imaging service (provider type 063), including diagnostic testing, pathology services, X-rays and other medical imaging services, and various other services rendered in a laboratory or radiology setting (FCOS 350), outside the inpatient and outpatient departments of a hospital. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems

**Transparency Data  
Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
NursingFacilityUOS	INTEGER	TOS	Nursing Facility Services - Regular Payments	A Type of Service encompassing all services delivered in a Nursing Facility (provider types 033 and 038 and FCOS 110 and 118) which is not an institute of mental diseases, is licensed by the Illinois Department of Public Health, as described in Section 1919(b,c, and d) of the Act, and is paid via a series of payments at scheduled intervals. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems
OtherServiceUOS	INTEGER	TOS	Other Services	A broad Type of Service, encompassing abortion, non-emergency medical transportation, nursing, private duty nursing, physicians and surgical services, sterilizations, services by other practitioners, and a wide variety of other types of services. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems
OutPatientUOS	INTEGER	TOS	Outpatient Hospital Services - Regular Payments	Preventive, therapeutic, diagnostic, rehabilitative, or palliative Services that are provided on an outpatient basis (FCOS 200 and 202) and are provided by general hospitals (provider type 030), psychiatric hospitals (provider type 031), rehabilitative hospitals (provider type 032), ambulatory surgical treatment centers (provider type 046) and certified hospital organized satellite clinics (CHOSC, provider type 054). This Type of Service excludes laboratory and radiology services and may overlap clinical services; it is further defined in 42 CFR 440.20. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems
PDDEUOS	INTEGER	TOS	Prosthetic Devices, Dentures, Eyeglasses	A Type of Service, provided by dentists, optometrists, opticians, Federally Qualified Health Centers (FQHCs) and other providers of durable medical equipment, encompassing services that help recipients access prosthetics, eyeglasses and dentures (FCOS 729 and 730) to recipients in need of such devices; a wide variety of procedure codes are associated with these claims. Limitations exist as to eyeglass costs, as the fabrication of eyeglasses is provided by Illinois Department of Corrections. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems

**Transparency Data  
Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
PrescDRUGsUOS	INTEGER	TOS	Prescribed Drugs	A Type of Service, defined by administrative code 42 CFR 440.120(a), that captures the data for all chemical substances intended for the cure, mitigation, or prevention of disease, that are issued to recipients (FCOS 230) and provided by pharmacies (provider type 060) and other suppliers of medical equipment and supplies (provider type 063), after prescription by a doctor or another licensed healthcare professional who is legally permitted to issue prescriptions. This category includes costs for over-the-counter drugs that are prescribed by a physician to a Medicaid recipient. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one day of one prescription."	No known problems
RehabUOS	INTEGER	TOS	Rehabilitation	A Type of Service in which a community mental health provider (provider type 036) provides care to a recipient in a rehabilitative facility (FCOS 708, 709 or 710), and described by Section 1905(a)(13) of Title XIX of the Social Security Acts as "recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level." This definition will be amended as of January 1, 2013, by Public Law 111-148, §4106(a). Includes mental health and substance abuse rehabilitation. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one day of one prescription."	No known problems
SchoolBasedUOS	INTEGER	TOS	School Based Services	A Type of Service that encompasses any healthcare services, including physical therapy, occupational therapy, speech and language therapy, audiology, mental health services, specialized transportation, and other services, as well as school-based medical equipment use, delivered in a local education agency (provider type 047) or state-operated school (DHS) (provider type 053). A category of service for which HFS facilitates federal fund-matching and does not otherwise contribute. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems

**Transparency Data  
Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
TherapyUOS	INTEGER	TOS	Therapy	Service provided by a licensed occupational therapist (provider type 023), licensed physical therapist (provider type 022), or speech therapists and audiologists (provider types 024 and 025) that meets Illinois standards, to persons who are not recipients of a Home- and Community-Based Services Waiver. A count of the number of units of this Type of Service that the recipient had, where the event is defined as "one paid procedure."	No known problems
CaseMgmt_InsuranceCost	Decimal(11,2)	TOS	Case Management and Insurance	A broad Type of Service encompassing multiple types of case management and insurance benefits to recipients, including Administration; Coinsurance and Deductibles; Health Insurance Payments: MCO Capitation Fees; Primary Care Case Management Services; Prepaid Health Plans (PHPs); and Targeted Case Management Services. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
ClinicServicesCost	Decimal(11,2)	TOS	Clinic Services	A broad Type of Service encompassing various type of outpatient clinic services to recipients, including those given at clinics, Federally Qualified Health Centers, and Rural Health Centers. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
DentalServicesCost	Decimal(11,2)	TOS	Dental Services	A Type of Service provided by a dentist or a certified local public health department that are intended to preserve or augment dental health, including periodontal, orthodontic, and endodontic services (FCOS 260). All EPSDT dental services are also included here if they are rendered by a dentist. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems

**Transparency Data  
Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
EPSDTCost	Decimal(11,2)	TOS	EPSDT Screening Services	"Early and Periodic Screening, Diagnosis, and Treatment;" a Type of Service primarily focused on screening all children enrolled in an HFS medical benefits program, via scheduled periodic assessment of a child's overall well-being, an unclothed physical exam, immunizations, laboratory testing, health history and health education, followed by preventive care and/or treatment as necessary (FCOS 500) provided by any type of provider except dentists (provider type 011). Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
ERCost	Decimal(11,2)	TOS	Emergency Room Services	A Type of Service provided in a department specialized to provide care to persons experiencing urgent and emergent medical needs, provided by a general hospital (provider type 030; FCOS 722). Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
HCBSCost	Decimal(11,2)	TOS	Home- and Community-Based Services	Waivers under Section 1915(c) of the Social Security Act that allow Illinois to cover home and community services and provide programs that are designed to meet the unique needs of individuals with disabilities who qualify for the level of care provided in an institution but who, with special services, may remain in their homes and communities. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
HomeHealthCost	Decimal(11,2)	TOS	Home Health Services	A Type of Service that involves community health agencies (provider type 050), home health agencies (provider type 051), and local departments of public health (provider type 052) providing nursing and nursing assistant-level services to persons in their own places of residence, under a physician's written plan of care, often as an alternative to residential long-term care (FCOS 380). This Type of Service is defined in administrative code 42 CFR 440.70. This Type of Service is distinct from home health services for recipients of HCBS waivers. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems

**Transparency Data  
Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
HospiceCost	Decimal(11,2)	TOS	Hospice Benefits	A type of services provided at a hospice (provider type 039), targeted towards persons who are terminally ill, designed to offer palliative care and respite care as well as social, mental, and/or spiritual support in the final weeks or months of life (FCOS 780), and carried out under the written plan of a physician. This Type of Service is defined in 42 CFR 418.202. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
ICFMRCost	Decimal(11,2)	TOS	IntCareFac-DD	A Type of Service rendered by any public or private Intermediate Care Facility for the Mentally Retarded or Developmentally Disabled (ICF/MR), Nursing Facility, State-operated facility, or developmental training provider, designed to accommodate developmentally disabled persons specifically and regulated under 42 CFR 440.150, that provides healthcare services, social services, and residential care to four or more intellectually disabled individuals (FCOS 112, 140, 142, 144, 148, 150, and 158). This Type of Service is distinct from the age-delimited services provided to developmentally disabled children and young adults who receive residential care as part of waiver benefits. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
InpatientCareUOS	Decimal(11,2)	TOS	Inpatient Hospital	A broad Type of Service including all care rendered to inpatients, whether maternity without delivery, labor and delivery, care to newborns, substance abuse, psychiatric, emergency care to undocumented aliens, and all other inpatient care. The number of recipients to whom the provider gave this Type of Service during the experience period.	No known problems
LabRadiologyCost	Decimal(11,2)	TOS	Laboratory and Radiology Services	A Type of Service, defined by 42 CFR 440.30, rendered by a physician (provider type 010), independent laboratory (provider type 061), or imaging service (provider type 063), including diagnostic testing, pathology services, X-rays and other medical imaging services, and various other services rendered in a laboratory or radiology setting (FCOS 350), outside the inpatient and outpatient departments of a hospital. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems

**Transparency Data  
Provider Table Description**

Field Name	Type	Category1	Business Name	Definition	Known Problems
NursingFacilityCost	Decimal(11,2)	TOS	Nursing Facility Services - Regular Payments	A Type of Service encompassing all services delivered in a Nursing Facility (provider types 033 and 038 and FCOS 110 and 118) which is not an institute of mental diseases, is licensed by the Illinois Department of Public Health, as described in Section 1919(b,c, and d) of the Act, and is paid via a series of payments at scheduled intervals. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
OtherServiceCost	Decimal(11,2)	TOS	Other Services	A broad Type of Service, encompassing abortion, non-emergency medical transportation, nursing, private duty nursing, physicians and surgical services, sterilizations, services by other practitioners, and a wide variety of other types of services. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
OutPatientCost	Decimal(11,2)	TOS	Outpatient Hospital Services - Regular Payments	Preventive, therapeutic, diagnostic, rehabilitative, or palliative Services that are provided on an outpatient basis (FCOS 200 and 202) and are provided by general hospitals (provider type 030), psychiatric hospitals (provider type 031), rehabilitative hospitals (provider type 032), ambulatory surgical treatment centers (provider type 046) and certified hospital organized satellite clinics (CHOSC, provider type 054). This Type of Service excludes laboratory and radiology services and may overlap clinical services; it is further defined in 42 CFR 440.20. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
PDDECost	Decimal(11,2)	TOS	Prosthetic Devices, Dentures, Eyeglasses	A Type of Service, provided by dentists, optometrists, opticians, Federally Qualified Health Centers (FQHCs) and other providers of durable medical equipment, encompassing services that help recipients access prosthetics, eyeglasses and dentures (FCOS 729 and 730) to recipients in need of such devices; a wide variety of procedure codes are associated with these claims. Limitations exist as to eyeglass costs, as the fabrication of eyeglasses is provided by Illinois Department of Corrections. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems

**Transparency Data  
Provider Table Description**

Field Name	Type	Category1	Business Name	Definition	Known Problems
PrescDRUGsCost	Decimal(11,2)	TOS	Prescribed Drugs	A Type of Service, defined by administrative code 42 CFR 440.120(a), that captures the data for all chemical substances intended for the cure, mitigation, or prevention of disease, that are issued to recipients (FCOS 230) and provided by pharmacies (provider type 060) and other suppliers of medical equipment and supplies (provider type 063), after prescription by a doctor or another licensed healthcare professional who is legally permitted to issue prescriptions. This category includes costs for over-the-counter drugs that are prescribed by a physician to a Medicaid recipient. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
RehabCost	INTEGER	TOS	Rehabilitation	A Type of Service in which a community mental health provider (provider type 036) provides care to a recipient in a rehabilitative facility (FCOS 708, 709 or 710), and described by Section 1905(a)(13) of Title XIX of the Social Security Acts as "recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level." This definition will be amended as of January 1, 2013, by Public Law 111-148, §4106(a). Includes mental health and substance abuse rehabilitation. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems
SchoolBasedCost	Decimal(11,2)	TOS	School Based Services	A Type of Service that encompasses any healthcare services, including physical therapy, occupational therapy, speech and language therapy, audiology, mental health services, specialized transportation, and other services, as well as school-based medical equipment use, delivered in a local education agency (provider type 047) or state-operated school (DHS) (provider type 053). A category of service for which HFS facilitates federal fund-matching and does not otherwise contribute. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems

**Transparency Data  
Provider Table Description**

<b>Field Name</b>	<b>Type</b>	<b>Category1</b>	<b>Business Name</b>	<b>Definition</b>	<b>Known Problems</b>
TherapyCost	Decimal(11,2)	TOS	Therapy	Service provided by a licensed occupational therapist (provider type 023), licensed physical therapist (provider type 022), or speech therapists and audiologists (provider types 024 and 025) that meets Illinois standards, to persons who are not recipients of a Home- and Community-Based Services Waiver. Medicaid's net liability for the costs of this service (excluding all reductions in cost due to bill negotiation, private insurance and Medicare payments towards the cost of this service).	No known problems