

2019 Provider-Level Data

Data Dictionary

The Provider data for services performed during calendar year 2019. Claims adjudicated through May 13, 2021

The Provider-Level data describes many different attributes of HFS Medical Program providers. There are approximately 100,000 rows in the data, each describing a single provider. Providers include those from medical sciences, allied health, social services, and support services fields that have been reimbursed for services provided to program recipients in respective calendar years. Providers can be located in and out of the state of Illinois. Information included on a provider's location may not include all locations where they conduct medical practice, but will typically reflect a primary location. For Capitations or Non-Fee for Service payments, only information on the amounts paid by HFS to the Prepaid health plans is currently available.

The file complies with Illinois Transparency legislation, which mandates that HFS program data is accessible to the public. HFS must also provide names and locations of providers along with any monetary disbursements made to them by HFS. In compliance with HIPAA requirements to preserve patient privacy, HFS has excluded recipient names, NPI, zip code, and any other identifying data from providers who served less than six Medicaid recipients in that calendar year.

The costs shown reflect the costs for claims adjudicated through the data shown at the top of this page. A claim is considered adjudicated when HFS has determined that it is ready for payment and passed 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.

**Provider-Level Data
Data Dictionary**

| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|-------------------|--------------|------------------|---------------------------|--|--|
| ProviderKeyID | INTEGER | Demographic | Provider Key ID | An ID assigned to the provider for identification purposes within this data table only; a series of digits that neither reflects any other ID number assigned to the provider nor identifies any other characteristic of the provider. | No known problems. |
| NPI | CHAR(10) | Demographic | 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 Code | 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. |

**Provider-Level Data
Data Dictionary**

| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|----------------------------|-------------|-------------|---|---|--|
| 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 Code | 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 Indicator | An indicator that describes if a hospital, or a provider associated with a hospital, meets the definition of "critical access hospital." | No 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 Specialty Code Description | A wide range of classifications for providers based on the specific type of medicine practiced. | No known problems. |
| CareCoordRINS | INTEGER | TOS | Care Coordination | The average number of RINS per month for a broad Type of Service in which recipients are enrolled in a Prepaid Health Plan on a per member per month basis. | No known problems.(Please note if a plan has less the 5 members per month, number will be listed as 0) |
| CaseMgmt_Insuranc eRINS | 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: Primary Care Case Management Services;; 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. |

**Provider-Level Data
Data Dictionary**

| Field Name | Type | Category1 | Business Name | Definition | 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 | 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. |
| 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 | INTEGER | 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. |

**Provider-Level Data
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| Field Name | Type | Category1 | Business Name | Definition | 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. |
| 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. |

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| Field Name | Type | Category1 | Business Name | Definition | 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. |
| 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. |
| PDDRINS | 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. |

**Provider-Level Data
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| Field Name | Type | Category1 | Business Name | Definition | 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. |
| 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. |

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| Field Name | Type | Category1 | Business Name | Definition | 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: Primary Care Case Management Services; 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." | No known problems. |
| 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. |

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| Field Name | Type | Category1 | Business Name | Definition | 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. |
| EREEvents | 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. |
| 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. |

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| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|---------------------|-------------|------------------|----------------------|--|-----------------------|
| HospiceEvents | INTEGER | 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. |
| 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. |

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| Field Name | Type | Category1 | Business Name | Definition | 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. |
| 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. |

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| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|-------------------|-------------|------------------|--|---|-----------------------|
| PDDEvents | 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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| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
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| 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_Insuranc eUOS | 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: Primary Care Case Management Services; 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." | No known problems. |
| 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. |

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| 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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| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|-------------------|-------------|------------------|-----------------------------------|---|-----------------------|
| HospiceUOS | INTEGER | 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. |

**Provider-Level Data
Data Dictionary**

| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|--------------------|-------------|------------------|---|--|-----------------------|
| 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. |
| PDDUOS | 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. |

**Provider-Level Data
Data Dictionary**

| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|-------------------|-------------|------------------|-----------------------|--|-----------------------|
| 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. |

**Provider-Level Data
Data Dictionary**

| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|------------------------|---------------|------------------|-------------------------------|--|-----------------------|
| 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: Primary Care Case Management Services; 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. |

**Provider-Level Data
Data Dictionary**

| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|-------------------|---------------|------------------|------------------------------------|---|-----------------------|
| 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. |
| HCBCost | 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. |

**Provider-Level Data
Data Dictionary**

| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|-------------------|---------------|------------------|-----------------------------------|---|-----------------------|
| 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. |
| InpatientCareCost | 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. |

**Provider-Level Data
Data Dictionary**

| 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. |
| PDDCost | 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. |

**Provider-Level Data
Data Dictionary**

| 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. |

**Provider-Level Data
Data Dictionary**

| Field Name | Type | Category1 | Business Name | Definition | Known Problems |
|---------------------------|---------------|------------------|-------------------------------------|--|-----------------------|
| 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. |
| TotalCost | Decimal(11,2) | TOS | Total Costs | Total non capitation costs paid to a providers for claims payments. | No known problems. |
| HospStaticPayment | Decimal(11,2) | TOS | Hospital Static Payments | Costs associated to static supplemental or assessment payments usually paid to hospitals. May be related to either inpatient or outpatient services. | No known problems. |
| CapitationPayments | Decimal(11,2) | TOS | Capitation Payments | Payments made to Prepaid Health Plans either for recipients enrolled on a per member per month basis or as an advance per their contact with HFS. | No known problems. |
| HospEncounterAddOnPayment | Decimal(11,2) | Encounter | Amount of Add On Encounter Payments | Supplemental or 'kick' payments are payments to hospitals to augment the fees paid per service by managed care organizations. | No known problems. |