

User Guide

Medicaid Access Payment Rate Comparison Tool User Guide

September 2018

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A. GETTING STARTED

A1. Introduction to the Medicaid Access Payment Rate Comparison Tool and User Guide

To support the submission of Medicaid Access plans by states, the Centers for Medicare & Medicaid Services (CMS) has provided an Excel-based tool that allows states to enter payment rate data from Medicaid, Medicare, and other payer sources and transform that data into percentage comparisons for reporting in Medicaid Access plans. States are not required to use this tool for submitting payment rate data for Medicaid Access plans, but it should be a valuable resource for future submissions.

When the tool is opened, users are prompted to enter payment rate data from Medicaid, Medicare, and other payer sources into separate tabs. The tool automatically validates the data, assigns a service type to the CPT code/provider type, merges the Medicaid, Medicare, and other payer data together, and provides unweighted and weighted percentage comparisons between the three sources. States can use tables or graphs created from this tool for reporting purposes.

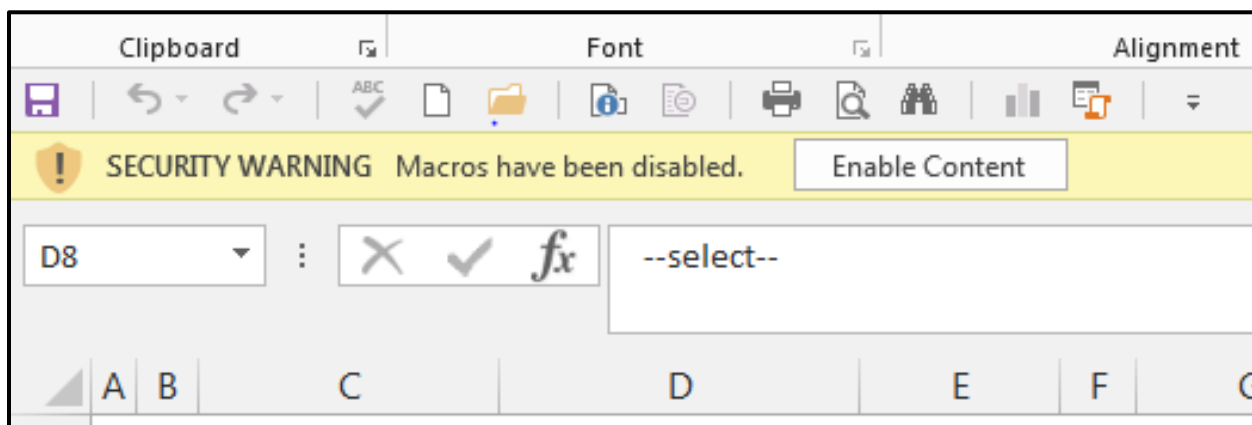
This document provides instructions on how to use the tool as well as a description of the processing that occurs within it.

A2. Opening the Medicaid Access Payment Rate Comparison Tool

Open the tool using Microsoft Excel, version 2007 or newer. This Excel document does contain macros, so users will need to save the tool and open it in a macro-enabled folder on their workstation. If you need help identifying where a macro-enabled folder is located on your machine, contact your state technical support team.

Once you have opened the tool, you will need to enable macros. You can do this by clicking “Enable Content” on the macro ribbon.

Figure 1: Screenshot of accepting macros – macro ribbon



A3. Welcome tab

Once macros are enabled, you can begin to review the welcome page. On the welcome page, you will specify the following:

1. The state or territory that will use the tool. Enter your state/territory name.
2. The time period for the payment rate data that you will enter. Enter the year or range of years being used for the analysis.
3. The region for the payment rate data that you will enter. Enter the specific zip code, county, metropolitan statistical area (MSA), or other geographical region for the payment data you will enter. Should you be reporting on a statewide basis, please enter "Entire State/Territory."
4. The names of the other payer types that you will enter. Enter the name of the other payer source. Should you not have another payer source, please leave the value as the default.

Finally, the welcome tab will also include a "Clear All Data Entry Tabs" button. Clicking this button will clear all the data that was entered on the Medicaid Entry Screen, Medicare Entry Screen, and the Other Payer Entry Screen.

Figure 2: Screenshot of the "Welcome" screen

Welcome to the Medicaid Access Rate Calculation Tool

This CMS-provided tool was created in order to support the state submission of percentage comparisons of payment rate data from Medicaid, Medicare, and other payer sources.

Prior to entering in any data or exploring the tool, please enable macros. For more information on the tool, enabling macros, and instructions for how to begin, please refer to the user guide for the tool.

Please provide the following reporting information

State/Territory:	Select the state/territory
Time Period:	Insert time period in this box
Region:	Insert region in this box

For time period, please enter in the year or range of years being used for the analysis of the payment rate data.

For region, please enter in the specific zip code, county, metropolitan statistical area (MSA), or other geographical region being used for the analysis of payment rate data. Should the analysis be at a state-wide basis, please enter "Entire State/Territory".

If you would like to customize labels for "Other Payer Types", please enter below. (Defaults will be "Other Payer Type #1", "Other Payer Type #2, and "Other Payer Type #3)

Other Payer Type #1:	Enter Other Payer Type Label
Other Payer Type #2:	Enter Other Payer Type Label
Other Payer Type #3:	Enter Other Payer Type Label

Clear All Data Entry Tabs

Note: This action will delete all user-entered values within the following tabs:

- Medicaid Entry
- Medicare Entry
- Other Payer Entry

B. DATA ENTRY

B1. Entering data

Once you have submitted the information in the welcome tab, you can begin the data entry process in each of the three tabs: Medicaid, Medicare, and Other Payer. Enter data on the white and gray lines only, in the specified columns (details below); all other cells should remain locked so that the integrity and accuracy of the validation and calculation process are preserved. (These processes will be discussed in later sections.)

For each of the three tabs, enter your payment rate data from the appropriate source: Medicaid, Medicare, or other payer. The information can be entered line by line or cut and pasted in a bulk submission directly from a fee schedule, artifact from the Medicare or Tricare tool, or a third sheet that the user maintains. At this point, state-submitted data should not exceed 4,000 unique service type, CPT, modifier, provider type, rate type, and rate description combinations. If you want to submit more than 4,000 records, please contact CMS.

Each data entry tab contains the following data elements to be submitted:

1. **CPT Code:** You can enter the CPT codes in any order in the three tabs. For example, CPT codes entered for Medicaid do not have to be in the same order as the CPT codes for Medicare or Other Payer.
2. **Modifier:** You can enter any modifier code for each CPT code you submit. This field is free-text and no validations will be performed on the text you enter. Please note that any misspellings of this modifier may result in records not merging together properly. Please exercise caution when entering in modifier codes.
3. **Provider Type:** Provider type is limited to a list specified by the TMSIS reporting system. A valid value list can be found in the appendix.
4. **Rate Type:** Rate type is limited to "Non-Facility" or "Facility." If your rate type does not fit into these categories, please enter the appropriate information in the comments field.
5. **Rate Description:** You can enter any rate description for each record you submit. This field is free-text and no validations will be performed on the text you enter. Please note that any misspellings of this rate description may result in records not merging together properly. Please exercise caution when entering in rate descriptions.
6. **Payment Rate:** This may be Medicaid, Medicare, or other payer depending on the data entry tab. Please notice that if you have more than one other payer data source, you are allowed to enter a total of three other payer source payment rate data in the other payer tab. Please enter this data in with a dollar sign and two digits.
7. **Comments:** Any additional information that needs to be specified for these rates can go in the comments field. It will not be used in our processing, but it will be there for your own documentation purposes.

8. **# Medicaid Claim Lines:** This data element shows up only on the Medicaid data entry tab. It is defined as the number of claim lines that contain the CPT code in question found in the state's Medicaid system. We ask for this information so that we can provide a weighted percentage payment rate calculation for each service type. We ask that this data be entered in as an integer with no decimals.

Once you have entered and finalized the data in the data entry tab, click the “Populate Service Type” button. This button will auto-populate the service type associated with either the CPT code or the combination of CPT code and provider type (if provider type is provided). The process of assigning a service type to a CPT code or CPT code and provider type will need to be done in all three tabs (Medicaid, Medicare, and Other Payer) by clicking on the corresponding button in each tab. If you are interested in learning how we have allocated a service type to a CPT code or CPT code and provider, please refer to the toolkit.

Figure 3: Screenshot of the “Populate Service Type” button

Populate Service Type	Use the button 'Populate Service Type' to perform an automated look up of Service Type based on CPT Code and Provider Type (if populated).
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Once the service type designations have been made, you have the option to override the service type designation if you do not agree with the pre-populated value. If you choose to override the value, you will need to choose another one using the valid value list found in the appendix.

Please note that once the service type has been populated or you have overridden the service type designation, it will not be updated until you delete the value. Please take this into consideration if you modify any CPT codes or provider type codes.

Figure 4: Screenshot of the Medicaid data entry screen

Medicaid Rates									
Data Entry Summary		Data Error Summary*			Data Warning Summary*				
Total Number of Records:	0								
Total Number of Completed Records:	0								
Total Number of Incomplete Records:	0								
Total Number of Unique Service Types:	0								
Total Number of CPT Codes:	0								
Total Number of Provider Types:	0								
Populate Service Type		Use the button 'Populate Service Type' to perform an automated look up of Service Type based on CPT Code and Provider Type (if populated).							
Service Type	CPT Code	Modifier	Provider Type	Rate Type	Rate Description	Medicaid Rate	# Medicaid Claim Lines	Comments	Validation Message

Figure 5: Screenshot of the Medicare data entry screen

Medicare Rates									
Data Entry Summary		Data Error Summary*			Data Warning Summary*				
Total Number of Records:		0							
Total Number of Completed Records:		0							
Total Number of Incomplete Records:		0							
Total Number of Unique Service Types:		0							
Total Number of CPT Codes:		0							
Total Number of Provider Types:		0							
Populate Service Type		Use the button "Populate Service Type" to perform an automated look up of Service Type based on CPT Code and Provider Type (if populated).							
Service Type	CPT Code	Modifier	Provider Type	Rate Type	Rate Description	Medicare Rate	Comments	Validation Message	

Figure 6: Screenshot of the other payer data entry screen

Medicare Rates		Data Entry Summary		Data Error Summary*		Data Warning Summary*		
Total Number of Records:	0							
Total Number of Completed Records:	0							
Total Number of Incomplete Records:	0							
Total Number of Unique Service Types:	0							
Total Number of CPT Codes:	0							
Total Number of Provider Types:	0							
Populate Service Type		Use the button 'Populate Service Type' to perform an automated look up of Service Type based on CPT Code and Provider Type (if populated).						
Service Type	CPT Code	Modifier	Provider Type	Rate Type	Rate Description	Medicare Rate	Comments	Validation Message

B2. Validating data

As you enter or paste data into the templates, you will notice that the validation message field gets populated in real time with the data submission. This column provides the states with information regarding the validation of their data. These real-time messages are divided into warnings and errors and you should not attempt to manipulate its contents. The tool will show a comment with the definition of warnings and errors by clicking on the cell with the asterisk in the excel tool.

Figure 7: Screenshot of errors and warnings

Data Entry Summary		Data Error Summary*		Data Warning Summary*	
Total Number of Records:	0				
Total Number of Completed Records:	0				
Total Number of Incomplete Records:	0				
Total Number of Unique Service Types:	0				
Total Number of CPT Codes:	0				
Total Number of Provider Types:	0				

A record is flagged with a warning when there might be an issue with a record and we would like the state to confirm the submission. If you confirm that the record is correct, that is fine. Processing can continue with one or many warnings.

Validation message	Corrective action
[WARNING]: The CPT Code provided is not recognized.	Confirm that the CPT code is valid given AMA guidelines. <ul style="list-style-type: none"> If the CPT code is valid, ignore the warning. If the CPT code is invalid, reenter the CPT code.
[WARNING]: No Provider Type has been included.	Confirm your intention to submit the CPT code without a provider type. <ul style="list-style-type: none"> If you do not want to submit with a provider type, ignore the warning. If you do want to submit with a provider type, enter a provider type.
[WARNING]: No Rate Type provided.	Confirm your intention to submit the CPT code without a rate type. <ul style="list-style-type: none"> If you do not want to submit with a rate type, ignore the warning. If you do want to submit with a rate type, enter a rate type.

When there is an issue with the record, it will be flagged with an error. These issues must be addressed before further processing can occur.

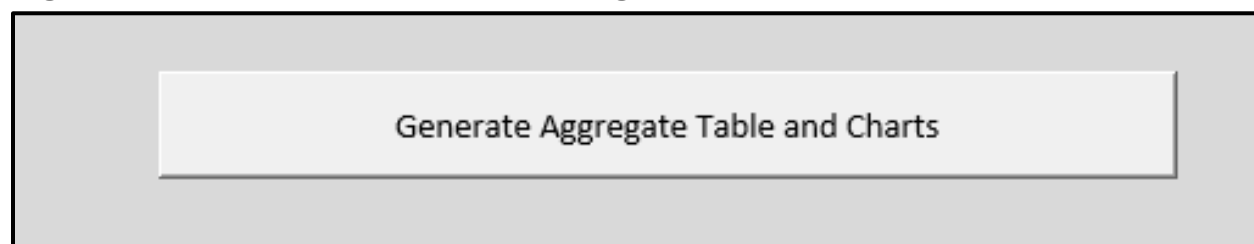
Validation message	Corrective action
[ERROR]: No Service Type provided. Use "Populate Service Type" button for look-up function based on CPT code.	Click the "Populate Service Type" button in order to populate the service type. Note: If you have made overrides to the service type designations prior to clicking the "Populate Service Type" button, those changes will be lost.
[ERROR]: The Service Type provided is not recognized. Please refer to the user guide for a list of valid values for service type.	Reenter the service type using a value that is valid. Valid values for service type can be found in the appendix.
[ERROR]: A CPT Code has not been provided.	A CPT code is a required data element for submitting payment rate data. If there is no CPT code for the payment rate, please delete the record from this analysis.
[ERROR]: The Provider Type is not recognized. Please refer to the user guide for a list of valid values for provider type.	Reenter the provider type using a value that is valid. Valid values for provider type can be found in the appendix.
[ERROR]: The Rate Type provided is not recognized. Please refer to the user guide for a list of valid values for rate type.	Reenter the rate type using a value that is valid. Valid values for rate type can be found in the appendix.
[ERROR]: Please provide a non-zero and non-negative Payment Rate.	The payment rate submitted is either zero or negative. Please submit a payment rate that is numeric and positive. If the payment rate is indeed zero, please delete the record. It will not be used in the analysis.
[ERROR]: Please provide a numeric Payment Rate.	The payment rate submitted is non-numeric. Please submit a payment rate that is numeric and positive. If you are trying to indicate that the payment rate is not applicable, please delete the record. It will not be used in the analysis.
[ERROR]: Please provide a Payment Rate.	The payment rate submitted is null. Please submit a payment rate that is numeric and positive. If you are trying to indicate that the payment rate is not applicable, please delete the record. It will not be used in the analysis.
[ERROR]: Please provide a non-zero and non-negative value for # Medicaid Claim Lines.	The number of Medicaid claim lines submitted is either zero or negative. Please submit a number that is numeric and positive. If the number is indeed zero, please delete the record. It will not be used in the analysis.
[ERROR]: Please provide a numeric value for # Medicaid Claim Lines.	The number of Medicaid claim lines submitted is non-numeric. Please submit a number that is numeric and positive. If you are trying to indicate that the number of Medicaid claim lines is not applicable, please delete the record. It will not be used in the analysis.

Validation message	Corrective action
[ERROR]: Please provide # Medicaid Claim Lines.	The number of Medicaid claim lines submitted is null. Please submit a number that is numeric and positive. If you are trying to indicate that the number of Medicaid claim lines is not applicable, please delete the record. It will not be used in the analysis.
[ERROR]: This line matches a previously entered line in this tab on Service Type, CPT Code, Provider Type, and Rate Type.	There is a duplicate entry. Records are defined by the unique combination of service type, CPT code, provider type, and rate type. If that combination is not unique, please delete the record; only one will be used in the analysis. Otherwise, change a data element (service type, CPT code, provider type, or rate type) in the record to eliminate the duplication.

B3. Submitting data

With the data entered and the errors addressed, the user can now review the summary tab and validation tab and submit the data by clicking the “Generate Aggregate Table and Charts” button, which is found at the bottom of the “Summary” tab. Submission of the data may take some time as the data is merged and the percentage comparisons are calculated. The merging process and percentage comparisons are described in later sections.

Figure 8: Screenshot of the button to generate output data



C. MERGING SUBMITTED DATA

C1. Matching Criteria

After the data has been entered, validated, and submitted, the tool will merge the three data entry tabs into one. To merge the data, the tool uses a unique combination of service type, CPT code, modifier code, provider type, rate type, and rate description to make a valid comparison between payment types.

This is important to note because if no rate type is entered—that is, if it is left null—there is the potential that a facility rate and a non-facility rate could be compared. It could also explain why, when a comparison for a particular CPT code is expected to show up in the merged tab, one does not show up. The reason could be that this unique combination of service type, CPT code, modifier code, provider type, rate type, and rate description do not match between two or three payment sources. Additionally, if misspellings occur in the modifier code and rate description free-text fields, this may also result in a particular record not showing up in the output. Please double-check modifier codes and rate descriptions for any discrepancies.

Figure 9: Screenshot of mismatched data entries for same service type, CPT code, modifier, provider type, rate type, and rate description.

Validation Report

Only the first 200 instances of records will appear here. All records with either a Type 1 or Type 2 error will be EXCLUDED from the final output.

Type 1 - Records Entered in Medicaid BUT NOT in Medicare Or Other Payer

Data Provided?								
Service Type	CPT Code	Modifier	Provider Type	Rate Type	Rate Description	Medicaid	Medicare	Other Payer

Type 2 - Records Entered in Other Payer OR Medicare BUT NOT in Medicaid

Data Provided?								
Service Type	CPT Code	Modifier	Provider Type	Rate Type	Rate Description	Medicaid	Medicare	Other Payer

In this example, you can see that a record is given in the Medicaid entry tab with the rate type “Facility.” However, when you review the Medicare/Other Payer tab validation summary, you will see a record where the rate type is null. As a result of the matching and merging criteria described above, these two records will not be matched because one has a rate type of “Facility” and the other has a rate type of null. Additionally, due to the record mismatch, the payment rate data will not be included in the analysis.

In order to make the records match, you would need to either provide a rate type for the Medicare/Other Payer record or remove the rate type from the Medicaid record.

D. CALCULATIONS

D1. Payment rate percentage comparisons by CPT code

After the data is merged, the tool calculates the percentage comparison by CPT code. To calculate the comparison, the tool uses this equation: $\text{Percentage Comparison Rate at a CPT Code Level} = 100 * (\text{Medicaid Rate} - \text{Comparison Rate}) / (\text{Comparison Rate})$. The percentage calculations are presented in their own tab and can be copied and pasted into the state’s Medicaid Access plan should the user choose to include them.

Figure 10: Screenshot of payment rate percentage comparison by CPT code

Rate Compare by CPT														
This table contains payment rate percentage comparisons between Medicaid and Medicare and Medicaid and Other Payer payment source data. These percentage comparisons are calculated based on state-submitted data in the data entry tabs.														
If you are interested in learning more about the merging and calculation functionality, please refer to the user guide.														
Any cells in the table below denoted with "-" indicates input data not provided.														
Table: Unweighted Payment Rate Percentage Comparison by CPT Code between Medicaid and Medicare and Medicaid and Other Payer Payment Sources														
Service Type	CPT Code	Modifier	Provider Type	Rate Type	Rate Description	Medicaid Rate	Medicare Rate	Georgia Rate	Florida Rate	Other Payer Type #3 Rate	CPT Percentage Comparison: Medicaid to Medicare	CPT Percentage Comparison: Medicaid to Georgia	CPT Percentage Comparison: Medicaid to Florida	CPT Percentage Comparison: Medicaid to Other Payer
Primary Care	99201	205	-	-	-	\$30.00	\$44.04	\$55.13	\$55.13	-	-11.88%	-14.60%	-14.60%	-
Primary Care	99202	-	203	-	-	\$53.00	\$75.39	\$54.37	\$54.37	-	-29.51%	-2.88%	-2.88%	-
Primary Care	99203	-	-	-	-	\$78.00	\$108.85	\$76.53	\$76.53	-	-28.34%	1.92%	1.92%	-
Primary Care	99204	-	-	-	-	\$112.00	\$166.13	\$110.51	\$110.51	-	-31.18%	0.44%	0.44%	-
Primary Care	99205	-	-	-	-	\$142.00	\$208.38	\$137.12	\$137.12	-	-31.86%	3.56%	3.56%	-
Primary Care	99211	-	-	-	-	\$17.00	\$20.05	\$17.46	\$17.46	-	-15.21%	-2.63%	-2.63%	-
Primary Care	99212	-	-	-	-	\$31.00	\$43.64	\$29.87	\$29.87	-	-26.01%	4.48%	4.48%	-

D2. Payment rate percentage comparisons by service type

Additionally, the tool calculates the percentage comparison by service type, weighted by the number of Medicaid claim lines that were submitted in the Medicaid data entry tab. To calculate the comparison, the tool uses this equation: $\text{Percentage Comparison Rate aggregated to the Service Type Level} = 100 * [(\text{SUM} (\text{Medicaid Payment Rate} * \text{Number of State’s Medicaid Claims Lines})) / (\text{SUM} (\text{Comparison Payment Rate} * \text{Number of State’s Medicaid Claims Lines}))]$. The percentage calculations are presented in their own tab and can be copied and pasted into the state’s Medicaid Access plan should the user choose to include them.

Figure 11: Screenshot of payment rate percentage comparison aggregated by service type

Aggregate Rate Compare by Service Type				
<p>This table contains payment rate percentage comparisons between Medicaid and Medicare and Medicaid and Other Payer payment source data by Service Type. These percentage comparisons are calculated based on state-submitted data in the data entry tabs and weighted accordingly by the number of Medicaid claims lines. If you are interested in learning more about the merging and calculation functionality, please refer to the user guide.</p> <p>Any cells in the table below denoted with "-" indicates input data not provided.</p>				
Table: Weighted Payment Rate Percentage Comparison by Service Type between Medicaid and Medicare and Medicaid and Other Payer Payment Sources				
Service Type	Aggregate Rate Percent Comparison: Medicaid to Medicare	Aggregate Rate Percent Comparison: Medicaid to Georgia	Aggregate Rate Percent Comparison: Medicaid to Florida	Aggregate Rate Percent Comparison: Medicaid to Other Payer Type #3
Primary Care	64.25%	95.92%	95.92%	-
Home Health	69.48%	88.83%	88.83%	-

D3. Graph of percentage comparisons by service type

Finally, using the payment rate percentage comparison aggregated by service type calculation, the tool represents these comparisons in an easy-to-view bar graph. The bar graphs are presented in their own tab and can be copied and pasted into the state's Medicaid Access plan should the user choose to include them.

Only two graphs are shown in the screenshot below. Two more are available as well, based on whether states submitted more than one other payer source for analysis.

Figure 12: Screenshot of bar graphs: payment rate percentage comparison aggregated by service type



E. CLOSING THE TOOL

Before closing the tool, users have the option to save the entered data, which can be a valuable reference tool should questions arise about the underlying payment rate data that was submitted. We encourage users to save the data for their own reference.

Finally, after saving, simply click on the upper-left-hand “X” to close the Excel window.

F. APPENDIX

F1. List of valid values for data entry data elements**Valid Value List 1: Service type – specified by the final rule**

Physician Specialist Services
Pre- and Post- Natal Obstetrics
Home Health
Behavioral Health
Primary Care

Valid Value List 2: Provider type – specified by the TMSIS data dictionary

Addiction Medicine
Advance Diagnostic Imaging
All Other Suppliers
Allergy/Immunology
Ambulance Service Provider
Ambulatory Surgical Center
Anesthesiologist Assistant
Anesthesiology
Audiologist
Cardiac Electrophysiology
Cardiac Rehabilitation & Intensive Cardiac Rehabilitation
Cardiac Surgery
Cardiology
Certified Clinical Nurse Specialist
Certified Nurse Midwife
Certified Registered Nurse Anesthetist (CRNA)
Chiropractic
Clinical Laboratory
Colorectal Surgery (formerly proctology)
Critical Care (Intensivists)
Dentistry
Department Store
Dermatology
Diagnostic Radiology
Emergency Medicine
Endocrinology
Family Practice
Gastroenterology
General Practice

General Surgery
Geriatric Medicine
Geriatric Psychiatry
Grocery Store
Gynecological/Oncology
Hand Surgery
Hematology
Hematology/Oncology
Home Health Agency
Hospice and Palliative Care
Hospital-General
Indian Health Service facility
Individual Certified Orthotist-Prosthetist
Individual Certified Orthotist
Individual Certified Prosthetist
Infectious Disease
Intermediate Care Nursing Facility
Internal Medicine
Interventional Pain Management
Interventional Radiology
Licensed Clinical Social Worker
Mammography Center
Mass Immunization Roster Biller
Maxillofacial Surgery
Medical Oncology
Medical Supply Company with Orthotist
Medical Supply Company with Orthotist-Prosthetist
Medical supply company with pedorthic personnel
Medical Supply Company with Pharmacist
Medical Supply Company with Prosthetist
Medical Supply Company with Respiratory Therapist
Nephrology
Neurology
Neuropsychiatry
Neurosurgery
Nuclear Medicine
Nurse Practitioner
Obstetrics/Gynecology
Occupational Therapist in Private Practice

Ocularist
Ophthalmology
Optician
Optometry
Oral Surgery (dentists only)
Orthopedic Surgery
Osteopathic Manipulative Therapy
Other Medical Supply Company
Other Nursing Facility
Otolaryngology
Oxygen supplier
Pain Management
Pathology
Pediatric Medicine
Pedorthic personnel
Peripheral Vascular Disease
Pharmacy
Physical Medicine and Rehabilitation
Physical Therapist in Private Practice
Physician Assistant
Plastic and Reconstructive Surgery
Podiatry
Portable X-Ray Supplier
Preventive Medicine
Psychiatry
Psychologist, Clinical
Psychologist, Clinical
Public Health or Welfare Agency
Pulmonary Disease
Radiation Oncology
Radiation Therapy Center
Registered Dietitian or Nutrition Professional
Rehabilitation Agency
Rheumatology
Single or Multispecialty Clinic or Group Practice
Skilled Nursing Facility
Slide Preparation Facility
Speech Language Pathologist
Sports Medicine

Surgical Oncology
Thoracic Surgery
Urology
Vascular Surgery
Voluntary Health or Charitable Agency

Valid Value List 3: Rate type

Facility
Non-Facility

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