U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

Annual Statistical Report Definitions and Instructions for State Medicaid Fraud Control Units

Department of Health and Human Services

Office of Inspector General

Effective as of October 1, 2022. Document revised May 3, 2022.

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OBJECTIVE

The Office of Inspector General (OIG) has created this tool to:

- Assist OIG in determining a Medicaid Fraud Control Unit's (MFCU or Unit) adherence with OIG's MFCU Performance Standards.
- Enable OIG to produce useful data concerning the operations of MFCUs in response to requests from stakeholders, including Congress, the Government Accountability Office and others.
- Enable OIG to identify Medicaid fraud trends.

GENERAL INSTRUCTIONS

All MFCU Annual Statistical Reports (ASRs) must be submitted to the OIG ASR Portal for each Federal fiscal year (FY) by November 30 following the end of the FY. Statistics are based on activities which occurred during the FY. Caseload and personnel numbers should be reported as they were on the last day of the FY.

When reporting monetary recoveries for the Medicaid program, the MFCU should ensure that all dollar amounts include both the State and Federal portion of the recovery. Civil judgments and recoveries should be reported only when a case is finalized, i.e., when agreements are executed by all parties, and, where necessary, court approved.

PLEASE ENSURE THAT ALL INFORMATION AND STATISTICS ARE CURRENT AT THE TIME THEY ARE SUBMITTED TO OIG.

UNIT INFORMATION

Enter the State and Fiscal Year information exactly as provided in the examples below.
State: Insert the full State name. For example, Alabama.
Federal Fiscal Year (FY): The year being reported on. For example, 2015.

TABLE 1: PERSONNEL

Total Staff on Board: The total number of MFCU staff actually employed at the end of the FY.
Attorneys, Investigators, Auditors, Other: The actual number of MFCU staff in each category at the end of the FY.
Total Approved Positions: The total number of MFCU staff authorized and approved under the grant.

TABLE 2: NUMBER OF INVESTIGATIONS BY CASE TYPE

Note: All Abuse or Neglect cases are defined to include "patient funds" cases.

Open Cases (End of the Prior FY): Total number of open investigations as of the end date of the prior FY (includes global and Federal cases). Include all open investigations, not just those that were opened during the FY.

New Cases (Current Year): Number of investigations opened for each category (Fraud and Abuse or Neglect) at any time during the FY.

Closed Cases (Current Year): Number of investigations closed for each category (Fraud and Abuse or Neglect) at any time during the FY.

Open Cases (Current Total): Total number of open investigations at the end of the FY (includes global and Federal cases). Include all currently open investigations.

TABLE 3A: OPEN INVESTIGATIONS, CASE RESULTS, AND RECOVERIES BY PROVIDER TYPE

Before entering Open Investigations information into ASR, please review the following instructions to ensure that you enter data appropriately.

1) **Provider Type** - The purpose of Table 3A is to categorize open investigations, case results, and recoveries by provider type. See **Appendix A** for Provider Categories and Types. The categories are organized into Organizations and Individual Provider type sub-categories.
    a. **Organizations and Individual Provider Types** - See the table below to determine whether the provider should be categorized as an Organization or an Individual Provider Type.

PROVIDER TYPES	Known facts of the case
Categorize case under the provider type of the Organization	Alleged fraud or abuse is committed or caused by an **unknown**: 1. organization, 2. owner, 3. manager, or 4. employee of an organization.
	Alleged fraud is committed or caused by an individual: 1. owner, 2. manager, or 3. employee of an organization, **and** the individual is operating in his or her capacity as the organization's: 1. owner, 2. manager, **or** 3. the individual does not hold a specific provider type status.

Categorize case under the provider type of the Individual	Alleged fraud or abuse is committed or caused by an individual: 1. owner, 2. manager, or 3. employee of an organization who 1. holds a specific provider status, **and** 2. is operating in his or her capacity as a specified provider type.

Example 1: If a nurse who is employed by a home health agency to provide skilled nursing services is alleged to be committing or causing the submission of false claims to the program, categorize the case under FRAUD: Licensed Practitioners-Nurse (LPN, RN or Other Licensed). In contrast, if the owner or manager of a home health agency is responsible for committing or causing the fraud and the owner is not operating as an individual provider, categorize the case as Fraud: Medical Services (Home Health Agency).

2) **Table 3A and Corresponding Fields in Other Tables** – The total open investigations, case results, and recoveries that are reported by provider type in Table 3A correspond with the open investigations, case results, and recoveries that are reported in several of the preceding and/or subsequent tables in the ASR. Please see the table below for a description of how Table 3A's column totals should correspond to other ASR tables.

HOW TABLE 3A'S COLUMN TOTALS SHOULD CORRESPOND TO OTHER ASR TABLES		
Sum of Table 3A Column(s)		**Corresponding Field(s) In Other Tables**
Criminal Open Investigations + Civil Open Investigations	=	Table 2: Open Cases (Current Total)
Criminal		
Convictions	=	Table 4A: Total Convicted
Indicted/Charged	=	Table 4A: Total Indicted/Charged
Amount of Recoveries	=	Table 4B Total Ordered
Civil		
Settlements and Judgments	=	Table 5A Cases Settled + Table 5A Cases with Successful Judgments + Table 5C Cases Settled + Table 5C Cases with Successful Judgments
Amount of Recoveries	=	Table 5B Total Recoveries + Table 5D Total Recoveries

3) **Hybrid or Blended Cases** - Cases that involve both fraud and abuse/neglect allegations should be categorized based upon which set of allegations, in the judgment of the MFCU, are predominant. For example, a case involving both Medicaid billing fraud and abuse/neglect by a personal care attendant should be categorized, in the judgment of the MFCU, based upon which set of allegations are most central to the investigation or that will result in the more significant criminal or civil outcomes.

4) **Cases involving "Fraud in the Administration of the Program" and "Activities of Providers"** - Cases involving Medicaid program administration or fraudulent activities of providers, but which do not involve Medicaid provider fraud, should be categorized under "Fraud" for purposes of Table 3A. This includes drug diversion cases not involving an identified loss to the Medicaid program; see State Fraud Policy Transmittal 2020-3, MFCU Authority to Receive Federal Funding to Investigate and Prosecute Diversion and Misuse of Pharmaceuticals.

5) **Drug Diversion Cases** - Drug diversion case information by provider type should also be included in Table 3A. Drug diversion cases should also be entered in Table 3B; see instructions below for reporting drug diversion cases *as a case type*.

6) **When a Target Changes Over Time** - If the target of an investigation changes after you have categorized it in your case management system, or other information obtained while the case is still open causes you to believe that the category in which you previously placed the case is no longer accurate, you should change the category to the one that is more appropriate prior to submitting the ASR.

7) **Multiple Targets** - If the MFCU chooses to maintain a single case file for multiple targets/suspects, categorize the case under the provider type of the initial or primary target/suspect. If an investigation reveals multiple targets/subjects, the MFCUs may open a separate case file for each target/subject. Each case should be categorized under the provider type of the target/subject assigned to that case file.

8) **Conspirators** - If you have an open case in which the target is a non-provider based on their role as a conspirator with one or more Medicaid providers, you should categorize the non-provider in the same category that you have placed the provider with whom the non-provider is conspiring. For example, if the target is a beneficiary who is conspiring with a personal care agency to enable billings for services not rendered, then you should categorize the beneficiary's case as Fraud- Personal Care Services Agency.

9) **Use of "Other" as a Category** - Make every effort to categorize a case in the appropriate category and avoid using "Other." Do not default to the "Other" categories because you are having difficulty determining which of two (or multiple) categories is best. Units should use judgment to identify the appropriate category. The "Other" categories should be used only when there is not a relevant category to your case.

   Special Note: If you are unable to locate a specific provider type or an appropriate provider category in Table 3A, categorize the provider under "Other," and if possible

provide a description of the provider type in the Comments section at the end of the ASR template.

10) **Imposters** - Cases involving imposters and individuals perpetrating Medicaid provider fraud through the use of false professional credentials should be categorized under the provider category for which the target is posing.

CRIMINAL CASE RESULTS: Outcomes, Convictions, Indictments/Charges, and Recoveries.

- **Open Investigations**: Provide total numbers of open criminal investigations for each provider type as of the end of the FY.
- **Convictions**: The total number of individuals or organizations convicted in the FY. Convictions should be reported at the time of sentencing, rather than at the date of the finding of guilt. (*Note*- A conviction occurs when any of the conditions set out in 42 CFR 1001.2 are met, including):
    - When a Federal, State, or local court judgment of conviction has been entered against the individual or organization, regardless of whether there is an appeal pending, or whether the judgment of conviction or other record of criminal conduct has been expunged.
    - When there has been a finding of guilt against the individual or organization by a Federal, State, or local court.
    - When a Federal, State, or local court has accepted a plea of guilt or nolo contendere by an individual or organization.
    - When the individual or organization has entered into a first offender program, deferred legal settlement, or other legal arrangement or judicially sanctioned program where judgment of conviction has been withheld.
    - Convictions do not include so-called "deferred prosecutions" where defendants, as part of plea negotiations, have had charges against them dropped before a plea has been accepted in court. If a defendant is convicted of two counts by the same court in the same proceeding, this action should be reported as one conviction. The number of counts that a defendant is convicted of during any one proceeding cannot be counted as more than one conviction.
- **Indicted/Charged**: The total number of persons and/or organizations that had criminal charges, indictments, complaints, informations, and/or arrest warrants filed against them in the FY. (*Note*- A case may be considered indicted/charged more than once if the offenses are not based on one or more connected acts or transactions. Submitting false claims over a period of time is considered a series of connected acts and may not be counted more than once.)
- **Amount of Recoveries**: The total amount of money defendants were ordered to pay in criminal cases.

CIVIL CASE RESULTS: Judgments/Settlements and Recoveries.

- **Open Investigations**: Provide total numbers of open civil investigations for each provider type as of the end of the FY. Include information for both global and non-global civil cases.

- **Civil Judgments/Settlements**: The total number of civil judgments, civil settlements, and pre-filing settlements obtained by the MFCU. Include also MFCU State settlements obtained through a global case. Settlements are to be reported only when finalized (or when approved by a court).
- **Amount of Recoveries**: The total money ordered to be paid from civil cases or settlements.

TABLE 3B: OPEN INVESTIGATIONS, CASE RESULTS, AND RECOVERIES FOR DRUG DIVERSION CASES

Before entering Drug Diversion information into ASR, please review the following instructions to ensure that you enter data appropriately. In Table 3B, report drug diversion cases *as a case type*. In Table 3A, report drug diversion cases *by provider type* as with all other cases.

- **Drug Diversion**: Involves the fraudulent billing of the Medicaid program, or the fraudulent activities of a Medicaid provider, for a drug not delivered to the intended beneficiary and which was diverted from legal and medically necessary uses.
- **Open Investigations**: Provide total numbers of open drug diversion investigations as of the end of the FY.
- **Convictions**: The total number of individuals or organizations convicted on all or some of the charges filed against them in the FY. (*Note*- A conviction occurs when any of the conditions set out in 42 CFR 1001.2 is met. See conviction definition in Table 3A instructions for additional clarification)
- **Indicted/Charged**: The total number of persons and/or organizations that had criminal charges, indictments, complaints, informations, and/or arrest warrants filed against them in drug diversion cases in the FY.
- **Amount of Recoveries**: The total amount of money defendants were ordered to pay in criminal drug diversion cases or the total money ordered to be paid from civil drug diversion cases or settlements.
- **Settlements and Judgments**: The total number of civil judgments, civil settlements, and pre-filing settlements obtained by the MFCU in drug diversion cases. Settlements are to be reported only when finalized (or when approved by a court).

TABLE 4A: CRIMINAL CASE RESULTS BY CASE TYPE

- **Indicted/Charged**: The total number of persons and/or organizations that had either criminal charges, indictments, complaints, informations, and/or arrest warrants filed against them. (*Note*- A case may be considered indicted/charged more than once if the offenses are not based on one or more connected acts or transactions. Submitting false claims over a period of time is considered a series of connected acts and may not be counted more than once.)
- **Acquitted**: The total number of individuals or organizations that were acquitted on all charges filed against them.

- **Dismissed**: The total number of cases in which, after charging, all formal charges were dismissed and the prosecution terminated. (*Note*- A nolle prosequi is a dismissal.)
- **Convicted**: The total number of individuals or organizations convicted on all or some of the charges filed against them. (*Note*- A conviction occurs when any of the conditions set out in 42 CFR 1001.2 is met.)
- **Referred for Prosecution:** The total number of cases investigated by the MFCU in which, the case was formally referred by the MFCU to another law enforcement agency (District Attorney, U.S. Attorney, etc.) for prosecution by attorneys outside of the MFCU.

TABLE 4B: CRIMINAL SENTENCING INFORMATION AND OUTCOMES BY CASE TYPE

- **Sentenced**: The total number of defendants that a court sentenced during the FY that were the result of previous convictions.
- **Other Non-Monetary Penalties**: The total number of defendants whose criminal sentence includes additional, non-monetary terms other than incarceration. Includes probation, deferred sentences, limits on future employment, and limits on contact with certain individuals.
- **Medicaid Restitution Ordered:** The amount of money an individual defendant or organization is sentenced to pay as damages to the Medical Assistance Program.
- **Fines Ordered**: The total amount of money an individual defendant or organization is sentenced by a court to pay as an assessed fine for committing an offense.
- **Investigative Costs Ordered**: The total amount of money an individual defendant or organization is sentenced to pay as reimbursement for the cost of the investigation and/or prosecution of a case.
- **Other Monetary Payments Ordered**: The amount of money an individual defendant or organization is sentenced to pay as part of a criminal judgment, which is not already reported as Medicaid Restitution or Investigative Costs. This may include restitution to victims other than Medicaid, penalties, interest, asset forfeitures, appointed counsel fees, or any other monies the defendant is ordered to pay.
- **Total Ordered**: The sum of Medicaid Restitution Ordered, Fines Ordered, Investigative Costs Ordered, and other Monetary Payments Ordered. This field will automatically total.

TABLE 5A: NON-GLOBAL CIVIL CASE RESULTS

For the purposes of this report, a "global" case is defined as one in which the National Association of Medicaid Fraud Control Units (NAMFCU) has appointed a settlement, investigation, or litigation team and in which the state signed a settlement agreement drafted by or participated in a successful judgment litigated by the NAMFCU team. Cases involving multiple States or the Federal Government in which a NAMFCU signed settlement agreement is not involved are considered "Non-Global" for the purpose of completing the ASR.

When a Unit opens a civil case, the Unit should initially categorize the case under Table 5A Non-Global Civil Case Results (even if NAMFCU is involved). If, at a later date, the matter

proceeds to a global settlement or judgment, the case should be transferred to Table 5C Global Civil Case Results.

- **Cases Opened, Filed or Referred for Filing**: The total number of non-global civil cases opened by the MFCU or non-global civil actions filed by the MFCU, as well as the number of cases investigated by the MFCU and formally referred by the MFCU to another law enforcement agency (i.e., state Attorney General, U.S. Attorney) for civil action.
- **Cases Declined, Dismissed, Terminated, or Closed Without Successful Settlement or Judgment**: The total number of cases in which, after the opening or filing of civil actions, those actions were declined, dismissed, terminated, or closed without successful settlement or judgment.
- **Cases Settled**: The total number of civil settlements obtained by the MFCU. Settlements are to be reported only when finalized (or when approved by a court).
- **Cases with Successful Judgments**: The total number of civil judgments obtained by the MFCU. Successful Judgments are to be reported only when finalized (or when issued by a court).

TABLE 5B: NON-GLOBAL CIVIL CASE MONETARY RECOVERIES

- **Recoveries to the Medicaid Program**: The amount of money that an individual defendant or organization must pay in actual (or single) damages to the Medicaid Program as a result of a civil settlement, judgment, or prefiling settlement. This should include both the State and Federal shares of recoveries to the Medicaid program.
- **Other Recoveries**: The State and Federal shares of all other monies that an individual defendant or organization must pay as part of a civil settlement, judgment, or prefiling settlement. This should include penalties, interest, relator's share, double or treble damages, as well as restitution to programs other than Medicaid. If the agreement or judgment does not specify the actual (or single) damages, the Unit should estimate the actual damages and other recoveries based on the investigation of the underlying claims.
- **Total Recoveries:** Total Recoveries should equal the sum of Recoveries to the Medicaid Program and Other Recoveries. This field will automatically total. (Note: Table 5B Total Recoveries + Table 5D Total Recoveries should equal the total Amount of Recoveries reported for civil cases in Table 3A.)

TABLE 5C: GLOBAL CIVIL CASE RESULTS

For the purposes of this report, a "global" case is defined as one in which the National Association of Medicaid Fraud Control Units (NAMFCU) has appointed a settlement, investigation, or litigation team and in which the state signed a settlement agreement drafted by or participated in a successful judgment litigated by the NAMFCU team. Global cases do not include cases involving multiple States or the Federal Government in which NAMFCU is not involved.

When a Unit opens a civil case, the Unit should initially categorize the case under Table 5A Non-Global Civil Case Results. If, at a later date, the matter proceeds to a global settlement or judgment, the case should be transferred to Table 5C Global Civil Case Results.

- **Total Cases Opened**: The total number of global civil cases opened by the MFCU (see definition of a global case above). Cases Opened should equal the sum of Cases Settled and Cases with Successful Judgments.
- **Cases Settled**: The total number of civil settlements obtained by the MFCU. Settlements are to be reported only when finalized (or when approved by a court). Settlements arising from the same conduct should be counted as one settlement.
- **Cases with Successful Judgments:** The total number of civil judgments obtained by the MFCU. Successful Judgments are to be reported only when finalized (or when issued by a court).

TABLE 5D: GLOBAL CIVIL CASE MONETARY RECOVERIES

- **Recoveries to the Medicaid Program**: The total amount of money that an individual or organization must pay in actual (or single) damages to the Medicaid Program as a result of a global civil settlement, judgment, or prefiling settlement. This should include both the State and Federal shares of recoveries to the Medicaid program.
- **Other Recoveries**: The State and Federal shares of all other monies that an individual defendant or organization must pay as part of a civil settlement, judgment, or prefiling settlement. This should include penalties, interest, relator's share, double or treble damages, as well as restitution to programs other than Medicaid. If the agreement or judgment does not specify the actual (or single) damages, the Unit should estimate the actual damages and other recoveries based on the investigation of the underlying claims.
- **Total Recoveries:** Total Recoveries should equal the sum of Recoveries to the Medicaid Program and Other Recoveries. This field will automatically total. (Note: Table 5B Total Recoveries + Table 5D Total Recoveries should equal the total Amount of Recoveries reported for civil cases in Table 3A.)

TABLE 6: COLLECTIONS

- **Monies Actually Collected on Criminal Cases**: Monies actually collected on MFCU criminal judgments during the FY.
- **Monies Actually Collected on Civil Cases**: Monies actually collected on MFCU non-global and global civil judgments, settlements and pre-filing settlements during the FY.

TABLE 7: REFERRALS AND CASES OPENED DURING FY

- **Referrals Received:** Provide the number of referrals received from the listed agencies, by category, where some investigative or legal review or action was undertaken by MFCU staff.

1. Global cases received from the NAMFCU global case committee should not be included as referrals for Table 7.
2. Managed care referrals include those from "accountable care organizations" and other organizations that operate on a per capita basis similar to MCOs.
3. For "Managed Care Organizations," provide the number of referrals received directly from MCOs. This includes "simultaneous referrals" that were referred from an MCO to both the Medicaid agency SURS/PIU ***and*** to the MFCU.
4. For "Medicaid Agency SURS or Program Integrity Unit (PIU): *referrals received from MCOs and sent to MFCU by SURS/PIU*," provide the number of managed care referrals received from SURS/PIU that originated from MCOs. This should include (1) managed care referrals received by the SURS/PIU and forwarded to the MFCU and (2) managed care referrals generated by SURS/PIU's own activities, such as data mining. If an MCO sends a referral simultaneously to SURS/PIU and the MFCU, include that referral under "Managed Care Organizations: *referrals received directly from MCOs*."
5. For "Medicaid Agency SURS or PIU: *referrals received from SURS/PIU not originating from MCOs,*" provide the number of referrals received from SURS/PIU that did not originate from MCOs. This includes fee-for-service referrals, as well as managed care referrals, not originating from an MCO, generated from the SURS/PIU's own activities or from other sources.

- **Cases Opened:** Provide fraud and abuse or neglect cases that were opened for formal investigation and/or prosecution as a result of the referral.

TABLE 8: CASES REFERRED DURING FY

- **Fraud and Patient Abuse or Neglect Referrals**: Enter the number of referrals the MFCU made to the listed agencies, by case type.

COMMENTS

This section is designed to clarify any information provided on the ASR report. Please reference the comments to table numbers and items on the report.

APPENDIX A: TABLE 3A PROVIDER CATEGORIES AND TYPES

Facility-Based Medicaid Providers/Programs- Inpatient and/or Residential	
Assisted Living Facility	A facility, also known as a "board and care facility," that provides a residential setting which receives payment from or on behalf of two or more unrelated adults who reside in such facility, and for whom one or both of the following is provided: o Nursing care services provided by, or under the supervision of, a registered nurse, licensed practical nurse, or licensed nursing assistant. o A substantial amount of personal care services that assist residents with the activities of daily living, including personal hygiene, dressing, bathing, eating, toileting, ambulation, transfer, positioning, self-medication, body care, travel to medical services, essential shopping, meal preparation, laundry, and housework.
Developmental Disability Facility (Residential)	A location, public or private, in a mental health center, hospital or clinic where residential services (i.e., inpatient or residential) are provided to persons with developmental disabilities. (*Note*- If the case involves individuals with both developmental disabilities and mental health issues use your best judgment to determine the appropriate category for this case.
Hospital	An institution that meets the Medicare definition as set forth in section 1861(e) of the Social Security Act, 42 U.S.C. 1395x(e), that it is primarily engaged in providing, by or under the supervision of physicians, to inpatients (a) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (b) rehabilitation services for the injured, disabled, or sick persons.
Inpatient Psychiatric Services for Individuals Under Age 21	A psychiatric hospital providing services pursuant to 42 CFR 440.160 and 42 CFR Part 441 Subpart D.
Nursing Facility	A proprietary, non-profit or government sponsored institution that is a nursing facility as described by 42 CFR § 440.155; i.e., licensed to provide, on a regular basis, health-related services to individuals who do not require hospital care, but whose mental or physical condition requires services that are above the level of room and board and can be made available only through institutional facilities.
Other Inpatient Mental Health Facility	A psychiatric hospital providing services to Medicaid patients other than one providing inpatient psychiatric services to individuals under age 21. (*Note*- If the case involves individuals with both developmental disabilities and mental health issues use your best judgment to determine the appropriate category for this case.)
Other Long Term Care Facility	Any other residential setting (i.e., inpatient or residential and not in the categories above) which receives payment from or on behalf of two or

	more unrelated residents, and provides medical services for residents, regardless of residents' age or reason residential care is necessary. Please provide a description of the "Other Long Term Care Facility" provider type in the Comments section at the end of the ASR template.
Facility-Based Medicaid Providers/Programs—Outpatient and/or Day Services	
Adult Day Center	An organized outpatient program that provides health, therapeutic, and social services and activities to program participants in a facility setting.
Ambulatory Surgical Center (ASC)	An entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization, and the expected duration of services is less than 24 hours following admission. Federal regulations governing ASCs are found at 42 CFR Part 416.
Developmental Disability Facility (Non-Residential)	A location, public or private, in a mental health center, hospital or clinic where non-residential (i.e., day or outpatient) services are provided to persons with developmental disabilities. (*Note*- If the case involves individuals with both developmental disabilities and mental health issues use your best judgment to determine the appropriate category for this case.)
Dialysis Center	A freestanding facility for the treatment of kidney diseases.
Mental Health Facility (Non-Residential)	A location, public or private, in a mental health center, hospital or clinic where non-residential (i.e., day or outpatient) services provided to patients with mental illness are intended to reduce symptoms. (*Note*- If the case involves individuals with both developmental disabilities and mental health issues use your best judgment to determine the appropriate category for this case.)
Substance Abuse Treatment Center	A facility that provides medically supervised withdrawal from a dependence on alcohol or drugs, and also provides counseling, crisis intervention, and ongoing clinical services. (*Note*- If the case involves treatment of individuals with both substance abuse and mental health issues use your best judgment to determine the appropriate category for this case.)
Other Facility (Non-Residential)	Any non-residential facility that is not individually licensed as a hospital, long term care facility, or substance abuse treatment center and is not a mental health facility, and which provides ambulatory health services. Please provide a description of the "Other Facility (Non-Residential)" provider type in the Comments section at the end of the ASR template.
Physicians (MD/DO) by Medical Specialty	
Persons licensed to practice medicine or medical related activities, providing and billing for health care services, whether individually, as part of a partnership or other formal organization of practitioners. Includes medical specialists/doctors who have completed advanced education and clinical training in a specific area of medicine (their specialty area).	
Allergist/Immunologist	
Anesthesiologist	
Cardiologist	

Dermatologist	
Emergency Medicine	
Family Practice	
Gastroenterologist	
Geriatrician	
Internal Medicine	
Neurologist	
Obstetrician/Gynecologist	
Oncologist	
Ophthalmologist	
Orthopedist	
Pediatrician	
Physical Medicine and Rehabilitation	
Psychiatrist	
Radiologist	
Surgeon	
Urologist	
Other MD/DO	A doctor of medicine or osteopathy, including a partnership or other formal organization of physicians, licensed to provide medical care of any specialty not listed above. Please provide a description of the "Other MD/DO" provider type in the Comments section at the end of the ASR template.
Licensed Practitioners	
An individual other than a physician who is licensed or otherwise authorized by the State to provide health care services. (Note that for each of these, the category applies to both individual practitioners as well as partnerships or to other formal organizations of such practitioners.)	
Audiologist	
Chiropractor	
Clinical Social Worker	
Dental Hygienist	
Dentist	
Nurse (LPN, RN, or other licensed)	
Nurse Practitioner	
Optometrist	
Pharmacist	
Physician Assistant	
Podiatrist	
Psychologist	
Therapist (Non-Mental Health; such as PT, ST, OT, RT)	Physical therapists help injured or ill people improve their movement and manage their pain. Speech therapists (sometimes called speech-language pathologists) assess, diagnose, treat, and help to prevent communication and swallowing disorders in patients. Occupational therapists treat

	injured, ill, or disabled patients through the therapeutic use of everyday activities. Radiation therapists treat cancer and other diseases in patients by administering radiation treatments.
Other Therapist/ Counselor (Mental Health) – Licensed, such as LMHP	Therapist/Counselors who are licensed by the State, including Licensed Mental Health Professionals (LMHPs), that are not listed above.
Other Licensed Practitioner	Please provide a description of the "Other Licensed Practitioner" provider type in the Comments section at the end of the ASR template.
Other Individual Providers	
EMTs or Paramedics	
Nurse's Aide (CNA or other)	
Optician	
Personal Care Services Attendant (Agency or Self-Directed)	An individual who provides nonmedical services supporting activities of daily living, including bathing, dressing, light housework, money management, meal preparation, and transportation, regardless of whether the individual is enrolled as a provider. The attendant may be hired by an agency or participating in a "self-directed" program, in which the beneficiary may choose his or her own attendant, such as a family member or friend. This does not include an individual who is providing skilled medical services such as a home health aide.
Pharmacy Technician	
Unlicensed Counselor (Mental Health)	
Unlicensed Therapist (Non-Mental Health)	
Other Individual Providers	Please provide a description of the "Other Individual Providers" provider type in the Comments section at the end of the ASR template.
Medical and other Support Services	
Ambulance	A person or organization that provides ground and air ambulance trips, when medically necessary, to transport a beneficiary to the closest health care facility meeting their needs.
Billing Services	An individual or entity paid by a provider to submit claims for reimbursement on their behalf.
Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)	Persons or organization that sell or lease disposable and/or non-disposable medical equipment and/or supplies.
Home Health Agency (excluding Personal Care Services)	An agency that bills for services, supplies, equipment and/or appliances described in 42 CFR § 440.70, notably nursing services and physical, occupational, speech and audiology therapy services. This is not to be used if the services billed for are activities of daily living, including bathing, dressing, light housework, money management, meal preparation,

	and transportation. (*Note*- An entity fits within this category even if it does *not* meet Medicare requirements referenced in 42 CFR § 440.70(d).)
Hospice (All Settings)	A public agency, private organization, or a subdivision of either that is primarily engaged in providing care to terminally ill consumers as set forth in § 1861(dd)(2) of the Social Security Act. Hospice services may be provided in either facility or non-facility settings. As long as those services are deemed hospice services under the regulations of your Medicaid agency, cases involving such services should be treated as hospice for the purposes of the ASR.
Lab (Clinical)	A lab that performs tests on specimens taken from the human body (such as blood or urine) and used to help physicians diagnose or assess health.
Lab (Radiology and Physiology)	A lab that performs ultrasounds, Doppler services, non-invasive peripheral vascular studies, etc.
Lab (Other)	
Medical Device Manufacturer	
Pain Management Clinic	An outpatient facility or practice that focuses on the diagnosis and management of chronic pain. In addition to physicians, this includes non-physicians who provide a significant portion of the treatment, such as nurses, physical therapists, and acupuncturists.
Personal Care Services Agency (excluding home health care)	An organization that bills for individuals who provide assistance with activities of daily living to beneficiaries. This is not to be used if the services billed for are skilled medical services, such as those provided by a Home Health Agency or Home Care Aide.
Pharmaceutical Manufacturer	
Pharmacy (Hospital)	
Pharmacy (Institutional/Wholesale)	
Pharmacy (Retail)	
Targeted Case Management and Case Management	Case management consists of services which help beneficiaries gain access to needed medical, social, educational, and other services. "Targeted" case management services are those aimed specifically at special groups of enrollees such as those with developmental disabilities or chronic mental illness.
Transportation (Non-Emergency)	A person or organization that provides non-emergency, health care-related, transportation services to and from the beneficiary's home to the closest medical provider capable of providing a medically necessary examination or treatment.
Other Medical and Support Services	Please provide a description of the "Other Medical and Support Services" provider type in the Comments section at the end of the ASR template.

Program Related	
Managed Care Organization (MCO)	An entity that contracts with a State Medicaid Agency (SMA) or an SMA's designee to provide for the delivery of Medicaid health benefits in exchange for capitated payments. Report cases that involve fraud or misconduct by MCOs themselves.
Medicaid Program Administration	An individual or organization providing support services to the Medicaid program. Report cases that involve the investigation and prosecution of violations of applicable State laws in the administration of the Medicaid program.
Other Program Related	Fiscal contractor or other individual or entity providing program-related services and who is not a health care provider. If possible, provide a description of the "Other Program Related" provider type in the Comments section at the end of the ASR template.
Other Perpetrators	
Family member or Guardian	
Marketer or Telemarketer	
Other Perpetrator not listed above	Please provide a description of the "Other Perpetrator" provider type in the Comments section at the end of the ASR template.