2023 Quarterly CCO DSN Provider Capacity Report Instructions

February 14, 2023

Overview

The DSN Provider Capacity Report, required under Exhibit G of the CCO 2.0 Contract, is an inventory of each individual provider (i.e., physician, mid-level practitioner, or other non-physician), facility/clinic, or business/healthcare service provider, whether employed by or under subcontract with a CCO, or paid fee-for-service, who agrees to provide the described services or items to Medicaid and fully dual-eligible CCO members.

The quarterly DSN Provider Capacity Report is comprised of two sections, one for individual provider information and the other for facility/clinic or business/healthcare service provider information. The file must follow the instructions and specifications included in this document, meeting all file extraction specifications and minimum required data elements to be accepted. The CCOs should validate data field values to identify and correct any errors (i.e., truncated or missing leading zeroes, whitespaces, etc.) prior to submitting the DSN Provider Capacity Report. Failure to submit a DSN Provider Capacity Report as described in this document can result in the rejection of the CCO's report submission and required resubmission.

File Extract Specifications

Table 1 describes the specific file extraction requirements for the DSN Provider Capacity file extract specifications.

Table 1—File Extract Specifications for CCO DSN Provider Capacity Report

Requirement	Specification
Individual Providers	• Include individual providers employed by or under subcontract with a CCO or its delegate. • Include individual providers with single case/non-participating provider agreements. • All individual provider locations and specialties reported via relevant taxonomy codes should be included. Note that this may create multiple records for some providers.
Facility/Clinic or Business/Healthcare Service Providers	• Include facilities/clinics and business/healthcare service providers, whether contracted by or under subcontract with a CCO or its delegate. • Facilities/clinics and business/healthcare service providers must have agreed to provide services or items to Medicaid and fully dual-eligible CCO members.

Requirement	Specification
	• All facilities/clinics and business/healthcare service provider locations and specialties reported via relevant taxonomy codes should be included. Note that this may create multiple records for some providers.
Extraction Date	• Extract data for the last day of the contract year's quarter (i.e., March, June, September, and December) for: — All active and contracted providers. — Any contracted providers pending Medicaid enrollment and/or credentialing.
Submission Date	• Quarterly submissions are due to OHA no later than 45 days following the end of each calendar quarter. Please submit to the CCO deliverables mailbox at CCO.MCODeliverableReports@odhsoha.oregon.gov. NOTE: Failure to submit the requested data elements in the required file layout will cause the file submission to be rejected. CCOs will be required to resubmit the file until a complete and accurate file is received.
File Format	Files may be submitted in any of the following file formats: • ASCII text file (preferred) • Spreadsheet file (e.g., see MS Excel CY23 Quarterly CCO DSN Provider Capacity Report template) • Other file types as coordinated with OHA

Data Element Requirements – Individual Provider Section

Table 2 identifies the data element requirements for the Individual Provider Section of the DSN Provider Capacity Report.

Table 2—Data Element Requirements for CCO Individual Provider Section

Data Field Name	Data Field Definition	Data Field Description	Required
NPI	Individual Provider's NPI	**Description:** *This data field must be populated with the Individual Provider's NPI.* **Format/Value:** 10-digit numeric value / active in NPPES Registry (https://npiregistry.cms.hhs.gov/)	Yes
Provider_FName	Individual Provider's First Name	**Description:** *This data field must be populated with the Individual Provider's First Name.* **Format/Value:** alphabetic characters, spaces, special characters associated with names	Yes

Data Field Name	Data Field Definition	Data Field Description	Required
Provider_MName	Individual Provider's Middle Name	**Description:** *This data field should be populated with the Individual Provider's Middle Name or Initial.* **Format/Value:** alphabetic characters, spaces, special characters associated with names **Null Value:** Blank—do not use NA, N/A, or other conventions	No
Provider_LName	Individual Provider's Last Name	**Description:** *This data field must be populated with the Individual Provider's Last Name.* **Format/Value:** alphabetic characters, spaces, special characters associated with names	Yes
Taxonomy	Individual Provider's Taxonomy Code	**Description:** *This data field must be populated with the Individual Provider's Taxonomy Code associated with the participating provider's NPI and Division of Medical Assistance Program (DMAP) registration.* ***Note: Each distinct and relevant (i.e., practiced under) Taxonomy Code should be listed as a separate entry.*** **Format/Value:** 10-digit alphanumeric value / active in NUCC Taxonomy Lookup (https://taxonomy.nucc.org/)	Yes
Age_Group	Age Group Served by the Individual Provider	**Description:** *This data field indicates the population of CCO members the Individual Provider is contracted with the CCO to serve based on age.* **Format/Value:** 1-digit alphabetic character / "B" = Both Pediatric and Adult members, "P" = Pediatric members only, "A" = Adult members only	Yes
SoloProv_Ind	Individual Provider's Solo Indicator	**Description:** *This data field indicates whether the Individual Provider is solo/sole proprietor.*	Yes

Data Field Name	Data Field Definition	Data Field Description	Required
		Format/Value: 1-digit alphabetic character / "Y" = Solo Provider, "N" = Not a Solo Provider	
GrpNPI	Individual Provider's Group's NPI	**Description:** *This data field must be populated with the Individual Provider's affiliated Group Practice or Clinic's NPI.* ***Notes:*** ***This element should correspond to the relevant NPI information on the Facility Section of the DSN Report. Each distinct Group Practice and or Clinic where an Individual Provider practices should be listed as a separate entry.*** ***For providers with SoloProv_Ind=Y, report the non-individual provider (type 2) NPI associated with the solo practice. If the solo provider does not have an associated non-individual provider (type 2) NPI, report the individual provider (type 1) NPI in this field.*** **Format/Value:** 10-digit numeric value / active in NPPES Registry (https://npiregistry.cms.hhs.gov/)	Yes
GrpName	Individual Provider's Group Practice or Clinic Name	**Description:** *This data field must be populated with the Individual Provider's affiliated Group Practice, Clinic, or Facility name. This element should reflect the name of the physical practice location.* ***Notes:*** ***Each distinct Group Practice and or Clinic where an Individual Provider practices should be listed as a separate entry.*** ***For providers with SoloProv_Ind=Y, the GrpName should be the name of the solo provider's business entity. If there is no separate business entity name, the full name of the provider should be entered.*** **Format/Value:** alphabetic characters, spaces, special characters associated with names	Yes

Data Field Name	Data Field Definition	Data Field Description	Required
TIN	Individual Provider's Taxpayer Identification Number (TIN)	**Description:** *This data field must be populated with the Individual Provider's TIN.* **Format/Value:** 9- or 10-digit numeric value	Yes
DMAP_ID	Individual Service Provider's DMAP (Medicaid ID)	**Description:** *This data field must be populated with the Individual Provider's ID issued upon enrollment as an Oregon Medicaid provider.* **Format/Value:** 6- or 9-digit numeric value	Yes
CredDate	Individual Provider's Credentialing Date	**Description:** *This data field must be populated with the Individual Provider's most recent credentialing date; either the Individual Provider's initial credentialing date, if contracted within the past three years, or their most recent recredentialing date. All dates for contracted providers should be within three years of the file extraction date.* ***Note: For providers pending credentialing, enter 12/31/9999 for CredDate.*** **Format/Value:** MM/DD/YYYY (e.g., 01/01/2023) / within 3 years of the Extraction Date (see page 2)	Yes
Lang1	Individual Provider's Non-English Language 1	**Description:** *This data field identifies a language other than English spoken by the Individual Provider.* **Format/Value:** alphabetic characters, spaces, special characters associated with names **Null Value:** Blank—do not use NA, N/A, or other conventions	Yes, if applicable
Lang2	Individual Provider's Non-English Language 2	**Description:** *This data field identifies a language other than English spoken by the Individual Provider.*	Yes, if applicable

Data Field Name	Data Field Definition	Data Field Description	Required
		Format/Value: alphabetic characters, spaces, special characters associated with names **Null Value:** Blank—do not use NA, N/A, or other conventions	
Lang3	Individual Provider's Non-English Language 3	**Description:** *This data field identifies a language other than English spoken by the Individual Provider.* **Format/Value:** alphabetic characters, spaces, special characters associated with names **Null Value:** Blank—do not use NA, N/A, or other conventions	Yes, if applicable
Address	Individual Provider's Address	**Description:** *This data field must be populated with the Individual Provider's site location (physical street address).* ***Note: Practice name is not captured in this field. The address should reflect the location at which services are rendered. The address should correspond to the address connected to the NPI provided in the GrpNPI field.*** **Format/Value:** alphanumeric values, spaces, special characters associated with names (e.g., 1234 S Main St)	Yes
Address2	Individual Provider's Address 2	**Description:** *This data field identifies the Individual Provider's site location (suite number, etc.).* **Format/Value:** alphanumeric values, spaces, special characters associated with names (e.g., Ste 100) **Null Value:** Blank—do not use NA, N/A, or other conventions	Yes, if applicable
City	Individual Provider's City	**Description:** *This data field must be populated with the Individual Provider's site location (city).*	Yes

Data Field Name	Data Field Definition	Data Field Description	Required
		Format/Value: alphabetic characters, spaces, special characters associated with names (e.g., Salem)	
State	Individual Provider's State	**Description:** *This data field must be populated with the Individual Provider's site location (state).* **Format/Value:** 2-digit alphabetic characters (e.g., OR) / valid US state	Yes
ZIP	Individual Provider's ZIP Code	**Description:** *This data field must be populated with the Individual Provider's site location (ZIP).* **Format/Value:** 5- or 9- digit numeric value (e.g., 97301) / valid US ZIP Code	Yes
County	Individual Provider's County	**Description:** *This data field must be populated with the Individual Provider's site location (county).* **Format/Value:** alphabetic characters, spaces, special characters associated with names (e.g., Marion)/ valid US county	Yes
ServiceArea_Ind	Individual Provider's Location in Relation to the CCO's Service Area	**Description:** *This data field indicates whether the Individual Provider's physical practice location is within the CCO's defined service area.* **Format/Value:** 1-digit alphabetic character / "Y" = Within service area, "N" = Not within service area	Yes
Phone	Individual Provider's Phone Number	**Description:** *This data field must be populated with the Individual Provider's site location (phone number).* **Format/Value:** 10-digit numeric value (e.g., 5035551234)	Yes

Data Field Name	Data Field Definition	Data Field Description	Required
Accept_Ind	Individual Providers Accepting New Medicaid Members	**Description:** *This data field indicates whether the Individual Provider is accepting new Medicaid members.* **Format/Value:** 1-digit alphabetic character / "Y" = Accepting new CCO members, "N" = Not accepting new CCO members	Yes
PCP_Ind	Individual Provider Primary Care Provider (PCP) Indicator	**Description:** *This data field indicates whether the Individual Provider is contracted with the CCO as a PCP as defined in OAR 410-120-0000.* ***Note: Primary Care Providers and Specialty Providers providing primary care within the scope of their practice for identified CCO members should be noted as a PCP for this data element.*** **Format/Value:** 1-digit alphabetic character / "Y" = Primary Care Provider, "N" = Not a Primary Care Provider	Yes
PCP_Cap	Individual Provider Capacity *(PCPs only)*	**Description:** *This data field identifies the number of members a Primary Care Provider has the capacity to serve and render primary care services to; also referred to as provider panel size.* **Format/Value:** numeric value **Null Value:** Blank—do not use NA, N/A, or other conventions	Required if PCP_Ind = "Y"
PCP_Assign	Number of Members Assigned to Individual Provider *(PCPs only)*	**Description:** *This data field identifies the number of members assigned to a Primary Care Provider's panel within the CCO's network.* **Format/Value:** numeric value **Null Value:** Blank—do not use NA, N/A, or other conventions	Required if PCP_Ind = "Y"

Data Field Name	Data Field Definition	Data Field Description	Required
PCPCH_Ind	Individual Service Provider's Patient Centered Primary Care Home (PCPCH) Indicator	**Description:** *This data field indicates whether the Individual Provider is PCPCH recognized/designated.* **Format/Value:** 1-digit alphabetic character (i.e., "Y" = PCPCH recognized/designated or "N" = Not PCPCH recognized/designated)	Yes
PCPCH_Tier	Individual Service Provider's PCPCH Tier	**Description:** *This data field defines the tier status of an Individual Provider as PCPCH recognized/designated. PCPCH Tier designation is "1" though "5.".* **Format/Value:** 1-digit numeric value / 1, 2, 3, 4, 5	Required if PCPCH_Ind = "Y"
Participating_Ind	Individual Provider's Network Status as Participating or Non-participating	**Description:** *This data field indicates whether the Individual Provider is a participating provider (i.e., a provider with an executed contract with the CCO or its delegate/subcontractor and is on the CCO's panel of providers, otherwise known as "in-network") or a non-participating provider (i.e., A provider with no contractual relationship with the CCO and is not on the CCO's provider panel, otherwise known as "out of network").* ***Note: Single case agreements/out of network agreements are not considered executed contracts for this reporting element.*** **Format/Value:** 1-digit alphabetic character / "Y" = Participating Provider, "N" = Non-participating Provider	Yes
BHDP_Tier	Individual Provider's BH Revenue Tier Level	**Description:** *This data field defines the tier status of an Individual Provider's Behavioral Health revenue derived from providing Medicaid services in the prior contract year for the purpose of tracking behavioral health directed payments (BHDP).* *For more information on Behavioral Health Directed Payments (BHDP) see -*	Required for all Behavioral Health providers

Data Field Name	Data Field Definition	Data Field Description	Required
		https://www.oregon.gov/oha/HSD/OHP/Pages/BH-Rate-Increase.aspx ***Format/Value:*** *1-digit numeric character / 1 = Tier 1 (Primarily Non-Medicaid): defined as providers with less than 50% of BH revenue derived from providing Medicaid services in the prior contract year, 2 = Tier 2 (Primarily Medicaid): defined as providers with 50% or more of BH revenue derived from providing Medicaid services in the prior contract year.*	
BHDP_CLSS_Elig	Individual Providers eligible for CLSS enhanced payments.	**Description:** *This data field identifies Individual Providers eligible for culturally and/or linguistically specific services (CLSS) enhanced behavioral health directed payments (BHDP).* *For more information on Behavioral Health Directed Payments (BHDP) see -* *https://www.oregon.gov/oha/HSD/OHP/Pages/BH-Rate-Increase.aspx* ***Format/Value:*** *1 - digit alphabetic character / "R" = providers in rural areas who are CLSS eligible, "U" = providers in urban areas who are CLSS eligible, "N" = not CLSS eligible.*	Required for all Behavioral Health providers
BHDP_COD_Elig	Individual Providers eligible for COD enhanced payments.	**Description:** *This data field identifies Individual Providers eligible for co-occurring disorder (COD) enhanced behavioral health directed payments (BHDP) .* *For more information on Behavioral Health Directed Payments (BHDP) see -* *https://www.oregon.gov/oha/HSD/OHP/Pages/BH-Rate-Increase.aspx* ***Format/Value:*** *1 or 2 - digit alphabetic character / "R" = Residential providers, "M" = Masters providers, "NM" = Non-Masters providers, "N" = not COD eligible.*	Required for all Behavioral Health providers

Data Element Requirements – Facility/Clinic/Business/Healthcare Service Provider Section (Facility Section)

Table 3 identifies the data element requirements for the Facility Section of the DSN Provider Capacity Report.

Table 2—Data Element Requirements for CCO Facility Section

Data Field Name	Data Field Definition	Data Field Description	Required
NPI	Facility/Clinic or Business/Healthcare Service Provider's NPI	**Description:** *This data field must be populated with the Facility/Clinic or Business/Healthcare Service Provider's NPI.* ***Note: This element should correspond to the relevant GrpNPI information on the Individual Provider Section of the DSN Report. NPIs for Facility/Clinic or Business/Healthcare Service Providers without associated providers on the Individual Provider Section of the DSN Report must also be reported here.*** **Format/Value:** 10-digit alphanumeric value / active in NPPES Registry (https://npiregistry.cms.hhs.gov/)	Yes
FacilityName	Facility/Clinic or Business/Healthcare Service Provider's Name	**Description:** *This data field must be populated with the Facility/Clinic or Business/Healthcare Service Provider's Name.* ***Note: For providers with SoloProv_Ind=Y on the individual section of the report, the FacilityName should be the name of the solo provider's business entity. If there is no separate business entity name, the full name of the provider should be entered.*** **Format/Value:** alphabetic characters, spaces, special characters associated with names	Yes
Taxonomy	Facility/Clinic or Business/Healthcare Service Provider's Taxonomy Code	**Description:** *This data field must be populated with the Facility/Clinic or Business/Healthcare Service Provider's Taxonomy Code associated with the participating provider's NPI and DMAP registration.*	Yes

Data Field Name	Data Field Definition	Data Field Description	Required
		Format/Value: 10-digit alphanumeric value (e.g., 314000000X) / active in NUCC Taxonomy Lookup (https://taxonomy.nucc.org/)	
TIN	Facility/Clinic, or Business/Healthcare Service Provider's Taxpayer Identification Number (TIN)	**Description:** *This data field must be populated with the Facility/Clinic, or Business/Healthcare Service Provider's TIN.* **Format/Value:** 9- or 10-digit numeric value	Yes
DMAP_ID	Facility/Clinic, or Business/Healthcare Service Provider's DMAP Number (Medicaid ID)	**Description:** *This data field must be populated with the Facility/Clinic, or Business/Healthcare Service Provider's number issued to upon enrollment as an Oregon Medicaid provider.* **Format/Value:** 6- or 9-digit numeric value	Yes
Address	Facility/Clinic, or Business/Healthcare Service Provider's Address	**Description:** *This data field must be populated with the Facility/Clinic, or Business/Healthcare Service Provider's site location (physical street address).* ***Note: Facility name is not captured in this field.*** **Format/Value:** alphanumeric values, spaces, special characters associated with names (e.g., 1234 S Main St)	Yes
Address2	Facility/Clinic, or Business/Healthcare Service Provider's Address 2	**Description:** *This data field must be populated with the Facility/Clinic, or Business/Healthcare Service Provider's site location (suite number, etc.).* **Format/Value:** alphanumeric values, spaces, special characters associated with names (e.g., Ste 100) **Null Value:** Blank—do not use NA, N/A, or other conventions	Yes, if applicable
City	Facility/Clinic, or Business/Healthcare Service	**Description:** *This data field must be populated with the Facility/Clinic, or Business/Healthcare Service Provider's site location (city).*	Yes

Data Field Name	Data Field Definition	Data Field Description	Required
	Provider's City	**Format/Value:** alphabetic characters, spaces, special characters associated with names (e.g., Salem)	
State	Facility/Clinic, or Business/Healthcare Service Provider's State	**Description:** *This data field must be populated with the Facility/Clinic, or Business/Healthcare Service Provider's site location (state).* **Format/Value:** 2-digit alphabetic characters (e.g., OR)/ valid US state	Yes
ZIP	Facility/Clinic, or Business/Healthcare Service Provider's Zip Code	**Description:** *This data field must be populated with the Facility/Clinic, or Business/Healthcare Service Provider's site location (ZIP).* **Format/Value:** 5- or 9-digit numeric value (e.g., 97301)/ valid ZIP Code	Yes
County	Facility/Clinic, or Business/Healthcare Service Provider's County	**Description:** *This data field must be populated with the Facility/Clinic, or Business/Healthcare Service Provider's site location (county).* **Format/Value:** alphabetic characters, spaces, special characters associated with names (e.g., Marion)/ valid US county	Yes
ServiceArea_Ind	Facility/Clinic, or Business/Healthcare Service Provider's Location in Relation to the CCO's Service Area	**Description:** *This data field indicates whether the Facility/Clinic, or Business/Healthcare Service Provider's physical location is within the CCO's defined service area.* **Format/Value:** 1-digit alphabetic character / "Y" = Within service area, "N" = Not within service area	Yes
Phone	Facility/Clinic, or Business/Healthcare Service Provider's Phone Number	**Description:** *This data field must be populated with the Facility/Clinic, or Business/Healthcare* Service *Provider's site location—phone number.*	Yes

Data Field Name	Data Field Definition	Data Field Description	Required
		Format/Value: 10-digit numeric value (e.g., 5035551234)	
Telehealth_Ind	Facility/Clinic or Business/Healthcare Service Provider's Telehealth/ Telemedicine Indicator	**Description:** *This data field indicates whether the Facility/Clinic or Business/Healthcare Service Provider renders telemedicine/telehealth services to members using synchronous and/or asynchronous telecommunication technologies (as defined in OAR 410-141-3566).* **Format/Value:** 1-digit alphabetic character / "Y" = Renders telehealth/telemedicine services, "N" = Does not render telehealth/telemedicine services or unknown	Yes
PCPCH_Ind	Facility/Clinic, or Business/Healthcare Service Provider's Patient Centered Primary Care Home (PCPCH) Indicator	**Description:** *This data field indicates whether the Facility/Clinic, or Business/Healthcare Service Provider is Patient Centered Primary Care Home (PCPCH) recognized/designated.* **Format/Value:** 1-digit alphabetic character / "Y" = PCPCH recognized/designated, "N" = Not PCPCH recognized/designated	Yes
PCPCH_Tier	Facility/Clinic, or Business/Healthcare Service Provider's PCPCH Tier	**Description:** *This data field identifies the tier status of a Facility/Clinic, or Business/Healthcare Service Provider as PCPCH recognized/designated. PCPCH Tier designation is "1" though "5.".* **Format/Value:** 1-digit numeric value / 1, 2, 3, 4, 5 **Null Value:** Blank—do not use NA, N/A, or other conventions	Required if PCPCH_Ind = "Y"
IHS_THS_Ind	Facility/Clinic, or Business/Healthcare Service Provider's Status as an Indian Health Service/Tribal	**Description:** *This data field indicates the status of a Facility/Clinic, or Business/Healthcare Service Provider as an Indian Health Service/Tribal Health (IHS/THS) Service Provider.* **Format/Value:** 1-digit alphabetic character / "Y" = IHS/THS, "N" = Not IHS/THS	Yes

Data Field Name	Data Field Definition	Data Field Description	Required
	Health Service Provider		
Participating_Ind	Facility/Clinic, or Business/Healthcare Service Provider's Status as Participating or Non-participating	**Description:** *This data field indicates whether the Facility/Clinic, or Business/Healthcare Service Provider is a participating provider (i.e., a provider with an executed contract with the CCO or its delegate/subcontractor and is on the CCO's panel, otherwise known as "in-network") or a non-participating provider (i.e., A provider with no contractual relationship with the CCO and is not on the CCO's provider panel, otherwise known as "out of network").* **Note: Single case agreements/out of network agreements are not considered executed contracts for this reporting element.** **Format/Value:** 1-digit alphabetic character / "Y" = Participating, "N" = Non-participating	Yes
BHDP_Tier	Facility/Clinic, or Business/Healthcare Service Provider's BH Revenue Tier Level	**Description:** *This data field defines the tier status of a Facility/Clinic, or Business/Healthcare Service Provider's Behavioral Health revenue derived from providing Medicaid services in the prior contract year for the purpose of tracking behavioral health directed payments (BHDP).* *For more information on Behavioral Health Directed Payments (BHDP) see -* *https://www.oregon.gov/oha/HSD/OHP/Pages/BH-Rate-Increase.aspx* ***Format/Value:*** *1-digit numeric character / 1 = Tier 1 (Primarily Non-Medicaid): defined as providers with less than 50% of BH revenue derived from providing Medicaid services in the prior contract year, 2 = Tier 2 (Primarily Medicaid): defined as providers with 50% or more of BH revenue derived from providing Medicaid services in the prior contract year.*	Required for all Facility/Clinics, or Business/Healthcare Service Providers offering behavioral health services.
BHDP_CLSS_Elig	Facility/Clinic, or Business/Healthcare Service Providers	**Description:** *This data field identifies Facility/Clinic, or Business/Healthcare Service Providers eligible for culturally and/or linguistically specific services*	Required for all Facility/Clinics, or Business/Healthcare

Data Field Name	Data Field Definition	Data Field Description	Required
	eligible for CLSS enhanced payments.	*(CLSS) enhanced behavioral health directed payments (BHDP).* *For more information on Behavioral Health Directed Payments (BHDP) see -* *https://www.oregon.gov/oha/HSD/OHP/Pages/BH-Rate-Increase.aspx* ***Format/Value:*** *1 - digit alphabetic character / "R" = providers in rural areas who are CLSS eligible, "U" = providers in urban areas who are CLSS eligible, "N" = not CLSS eligible.*	Service Providers offering behavioral health services.
BHDP_COD_Elig	Facility/Clinic, or Business/Healthcare Service Providers eligible for COD enhanced payments.	**Description:** *This data field Facility/Clinic, or Business/Healthcare Service Providers eligible for co-occurring disorder (COD) enhanced behavioral health directed payments (BHDP) .* *For more information on Behavioral Health Directed Payments (BHDP) see -* *https://www.oregon.gov/oha/HSD/OHP/Pages/BH-Rate-Increase.aspx* ***Format/Value:*** *1 or 2 - digit alphabetic character / "R" = Residential providers, "M" = Masters providers, "NM" = Non-Masters providers, "N" = not COD eligible.*	Required for all Facility/Clinics, or Business/Healthcare Service Providers offering behavioral health services.