

IDOI Medical Group Location Update Form

Illinois Provider Directory Submission Form

Instructions

Purpose

This form is used to submit medical group and practice location information for medical groups that have multiple health care professionals, in accordance with Illinois Department of Insurance (IDOI) requirements. This includes data required for each practice location listed in the provider directory. This form supports:

- New medical group location onboarding information
- Updates to previously submitted medical group location information
- Corrections to inaccurate directory listings
- Notification of location or group closures
- Location-specific participation details (e.g., services available, accessibility features, and hours of operation)

If a medical group has multiple locations, this form must be completed for each location.

Submission Instructions

This form is based on the Illinois Department of Insurance Uniform Directory Template and is used to submit medical group location demographic updates as required by state regulation. All fields and terminology reflect the IL-mandated template and must be completed as instructed.

- Complete all required fields marked with an asterisk (*). Fields marked “(if applicable)” should be completed when relevant.
- Attach additional pages if submitting multiple locations. Each medical group location must be reported separately. If multiple locations exist, complete a separate entry for each location.
- For hospital and ancillary changes, please email completed form(s) to:
 - Medical: CPOCIMs@Evernorth.com
 - Behavioral: BehavioralPDM@Evernorth.com
- Per Illinois requirements, no paper or fax submissions can be accepted
- Include any required supporting documentation

Provider Directory Information: Use and Requirements

We use your demographic and location information to:

- Publish an online provider directory
- Send communications to providers
- Process claims
- Assign a primary care provider for customers with benefit plans that require one to be selected and the customer has not done so
- Comply with state laws requiring accurate directory listings
- Determine network adequacy

In accordance with Illinois requirements, providers must notify Cigna electronically or in writing:

- Within 10 business days of any changes to the information listed in the provider directory
- Within 20 business days of deciding to cease accepting new patients covered by the plan if the new patient limitation is expected to last 40 business days or longer

Provider Status

Complete all required fields marked with *. Fields marked "(if applicable)" should be completed when relevant.

Field	Response
Update Type*	<input type="checkbox"/> New <input type="checkbox"/> No Change <input type="checkbox"/> Update <input type="checkbox"/> Termination
Update Requested*	<input type="checkbox"/> Term from Service location <input type="checkbox"/> Add to Group
Effective Date (YYYYMMDD)*	_____
Change Effective Date (YYYYMMDD)*	_____
Attested Date (YYYYMMDD)*	_____

Practice Information

Complete all required fields marked with *. Fields marked "(if applicable)" should be completed when relevant.

Field	Response
Group NPI*	_____
Medical Group Practice Name*	_____
Legal Business Name*	_____
Primary Taxonomy ^{1*}	_____
Secondary Taxonomy (if applicable) ¹	_____
Additional Taxonomy (if applicable) ¹	_____
Illinois Medicaid ID (if applicable)	_____

¹-Use taxonomy from Non-Individual taxonomy reference (see [Appendix B](#)).

Location Information

Complete this section with information for each practice location, as applicable.

Field	Response
Location Type*	_____
Location Name*	_____
Address Type*	<p>Required for Practice and Combination addresses; Address type for the listed practice location:</p> <p><input type="checkbox"/> P = is the Practice address where a member can schedule and be seen by appointment. Practice address may also include locations where the provider does not see patients by appointment on a regular schedule such as an on call / covering location, however, such address locations should always be suppressed from the directories.</p> <p><input type="checkbox"/> C = is an address type where the practice and billing address are the same</p> <p><input type="checkbox"/> M = is the address type where the provider will only receive mail.</p> <p><input type="checkbox"/> F = is the Facility place of service address where a Hospital Based Provider provides service one or more days per month and may bill for service. Facilities includes, but not limited to hospitals, surgery centers, nursing homes, etc.)</p>

Field	Response
Address 1*	_____
Address 2*	_____
City*	_____
State*	_____
Zip Code*	_____
County*	_____
Location Phone*	_____
Location Fax*	_____
Appointment Phone <i>(if different than Location Phone)</i>	_____
Provider Fax Number <i>(if different than Location Fax)</i>	_____
Call Coverage Phone <i>(if different than Location Phone)</i>	_____
Website*	_____
Practice Web Address (URL) Type:*	<p>Identifies if the Practice Web Address (URL) includes functionality for patients to schedule Telehealth and/or in-person appointments, a single sign-on portal that the member logs in to interface with the providers office or is a general website without the ability to schedule appointments:</p> <p><input type="checkbox"/> T = Capable of accessing URL to schedule telehealth appointments</p> <p><input type="checkbox"/> I = Capable of accessing URL to schedule in-person appointments</p> <p><input type="checkbox"/> S = Single Sign-On portal where patients login to interface with the provider office</p> <p>"Blank" indicates the practice web address is a general site that does not have appointment scheduling capabilities.</p>
Email <i>(if applicable)</i>	_____
Consent to publish Individual Provider Email Address*	<p>Does the provider permit to publish the providers email address in the directory?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Office Manager First Name <i>(not required)</i>	_____
Office Manager Last Name <i>(not required)</i>	_____
Office Manager Email <i>(not required)</i>	_____
Office Manager Contact Phone Number <i>(suggested)</i>	_____

BEP Information

Complete all required fields marked with (*). Fields marked "(if applicable)" should be completed when relevant.

Field	Response
BEP Provider Certified (Y/N) (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minority Business Enterprise MBE (Y/N) (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Women's Business Enterprise WBE (Y/N) (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Billing Information

Complete this section with billing and remittance information for the facility.

Field	Response
Tax Identification Number*	_____
Primary Tax Identification Number*	_____
Legal Business Name*	_____
Remittance Address 1*	_____
Remittance Address 2*	_____
Remittance City*	_____
Remittance State*	_____
Remittance Zip Code*	_____
Billing Fax Number (if applicable)	_____
Billing Phone Number (if applicable)	_____

Location Hours*

Provide the office's opening and closing times for each day in standard format (e.g., HH:MM AM/PM). If the office is closed, please indicate "Closed."

Day	Location Hours Open	Location Hours Close
Sunday*	_____	_____
Monday*	_____	_____
Tuesday*	_____	_____
Wednesday*	_____	_____
Thursday*	_____	_____
Friday*	_____	_____
Saturday*	_____	_____

Language Information

Provide languages spoken at this location, as applicable.

Field	Response
Primary Language Spoken at Location*	_____
Secondary Language Spoken at Location (if applicable)	_____
Additional Language Spoken at Location (if applicable)	_____
Additional Language Spoken at Location by (if applicable)	_____
Secondary Language Spoken at Location (if applicable)	_____
Additional Language Spoken at Location (if applicable)	_____

Field	Response
Additional Language Spoken at Location by <i>(if applicable)</i>	_____
Location offers American Sign Language (ASL)*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telecommunication Device for Deaf (TDD) Number <i>(if applicable)</i>	_____
Text Telephony (TTY) Number <i>(if applicable)</i>	_____

Access to Public Transportation

Indicate available public transportation options near the provider's location.

Field	Response
Access to Public Transportation Bus*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Public Transportation Rail/Regional Train*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access to Public Transportation Taxicab*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Practice Limitation

Provide practice limitation information, as applicable. Select from the approved list of Practice Limitations (see [Appendix A](#)).

Field	Response
Primary Practice Limitation <i>(if applicable)</i>	_____
Additional Practice Limitation <i>(if applicable)</i>	_____
Additional Practice Limitation <i>(if applicable)</i>	_____

Location Services

Provide services and accessibility features available at this location, as applicable.

Field	Response
Primary Location Service <i>(if applicable)</i>	_____
Secondary Location Service <i>(if applicable)</i>	_____
Additional Location Service <i>(if applicable)</i>	_____
Additional Location Service <i>(if applicable)</i>	_____
Additional Location Service <i>(if applicable)</i>	_____
Language Line Available*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualified Onsite Medical Interpreter Available*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Call Ahead for Onsite Interpreter*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documents Available in Languages Other than English*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Credentialing Contact Information

Provide credentialing contact information.

Field	Response
Credentialing Contact First Name*	_____
Credentialing Contact Last Name*	_____
Credentialing Contact Phone*	_____
Credentialing Contact Fax*	_____
Credentialing Contact Email*	_____

Required Training

Confirm completion status of required provider trainings (e.g., Yes/No or Completed/Not Completed).

Field	Response
Completion of Cultural Competency Training*	_____
Completion of Annual FWA Training*	_____
Completion of the Model of Care Training*	_____
Completion of Critical Incident Training*	_____

ADA – Programmatic Access

Complete all required fields marked with (*). Fields marked “(if applicable)” should be completed when relevant.

Field	Response
Do you provide accessible communication for those who are deaf or hard of hearing?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide accessible communication for individuals with cognitive disabilities? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you allow service animals to accompany individuals in waiting and examination rooms? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are nurses and medical staff trained to safely assist or lift patients from wheelchairs to examination tables or other equipment? Alternatively, is a Hoyer lift available? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are doctors, nurses and other staff trained in operating accessible medical equipment such as height exam tables, mammography machines and weight scales? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the appointment scheduling process, are members with disabilities asked if they will need assistance? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are alternative Media Formats available? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADA – Parking

Complete all required fields marked with (*). Fields marked “(if applicable)” should be completed when relevant.

Field	Response
Does every accessible parking space have a vertical sign posted with the International Symbol of Accessibility? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are accessible parking spaces including access aisles wide enough? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the correct number of accessible parking spaces provided? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADA – Exterior Route

Complete all required fields marked with (*). Fields marked “(if applicable)” should be completed when relevant.

Field	Response
Is the route of travel to the building clear and accessible? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curb route from Parking to the accessible entrance? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curb route from Public Transportation to accessible entrance? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curb route from Public Sidewalk to accessible entrance? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADA – Ramps

Complete all required fields marked with (*). Fields marked “(if applicable)” should be completed when relevant.

Field	Response
Is each run (leg) of the ramp no longer than 30 feet between landings? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
And no steeper than 1 foot rise for every 12 feet long? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are 60 inches (5 feet) long, level landings provided at the top and bottom of each ramp run? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Field	Response
Are handrails provided on both sides of the ramp? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all ramps at least 36 inches wide? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADA – Building Entrance

Complete all required fields marked with (*). Fields marked “(if applicable)” should be completed when relevant.

Field	Response
Is there an entrance to the building that has zero steps? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an entrance, which has a ramp or lift? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a main entrance is not accessible, is there directional signage indicating the location of the accessible entrance? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the accessible entry door open to at least 32” wide? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do entrance doors have handles that can be opened without grasping, pinching, or twisting of the wrist? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is space available for a wheelchair user to approach, maneuver, and open the door? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADA – Elevators

Complete all required fields marked with (*). Fields marked “(if applicable)” should be completed when relevant.

Field	Response
Is the elevator equipped with both visible and audible door opening/closing and floor indicators? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a raised letter and Braille sign on each side of each elevator jamb? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the hall call buttons for the elevator no higher than 42” above the floor? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the elevator car large enough for a wheelchair or scooter user to enter, turn to reach the controls, and exit? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the buttons on the control panel inside the elevator have Braille and raised characters/symbols near the buttons? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADA – Interior Route

Complete all required fields marked with (*). Fields marked “(if applicable)” should be completed when relevant.

Field	Response
Are all interior paths of travel at least 36 inches wide? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all rooms accessed from a public hallway include signage with raised letters and Braille? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there are stairs on the accessible route, are there handrails on each side? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a platform lift is used, can it be used without assistance? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADA – Restrooms

Complete all required fields marked with (*). Fields marked “(if applicable)” should be completed when relevant.

Field	Response
If a single user toilet room is provided, is it accessible for a person who uses a wheelchair or scooter? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do toilet room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees, measured between the face of the door and the opposite stop? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are grab bars provided, one on the wall behind the toilet and one on the wall next to the toilet? Are horizontal grab bars provided on the wall behind and the wall next to the toilet? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Field	Response
Are toilet stalls and approaches accessible to individuals who use wheelchairs and scooters? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a vertical grab bar provided on the wall next to the toilet? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
In a toilet room with stalls, is there a 60-inch diameter turning circle or a 60 inch x 60 inch “T”-shaped space inside the toilet room with stalls to allow a turnaround for wheelchair and scooter users? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the top of the toilet seat 17–19 inches from the floor? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the toilet paper dispenser between 7 inches and 9 inches in front of the toilet and at least 15 inches above the floor? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a space that is at least 30 inches wide and 48 inches deep to allow wheelchair users to approach and use the sink? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the soap and towel dispensers 48 inches or less from the floor? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are faucet handles operable with one hand and without grasping, pinching, or twisting? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADA – Exam/Treatment Room

Complete all required fields marked with (*). Fields marked “(if applicable)” should be completed when relevant.

Field	Response
Do exam room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a 60 inch diameter turning circle or a 60 inch x 60 inch “T”-shaped space so that a wheelchair or scooter user can make a 180° turn? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a height adjustable exam and procedure table? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a weight scale available that can accommodate an individual that use a wheelchair or scooter? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there space next to the height adjustable exam table for a wheelchair or scooter user to approach, park, and transfer or be assisted to transfer onto the table? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADA – Equipment

Complete all required fields marked with (*). Fields marked “(if applicable)” should be completed when relevant.

Field	Response
Does your practice have a Hoyer-type lift available to transfer a patient onto an exam table? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there height adjustable equipment (chairs and tables) that lowers between 17 inches and 19 inches from the floor to the top of the cushion for various pieces of equipment? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can mammography machine accommodate wheelchair users? Is a Mammography chair available for those who must be seated? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Telemedicine

Indicate telemedicine capabilities and services offered at this location, as applicable.

Field	Response
None / Not Offered*	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If “None / Not Offered” is selected, select “no” for all additional telemedicine capabilities or services.</i>
Audio Only*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audio and Video*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Caregiver Allowed*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remote Patient Monitoring Device*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Field	Response
Texting / Chatting*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Online Adaptive Interviews*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Care*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consultation*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Medical Items or Services*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospice*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Items and Services*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Items and Services*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outpatient Mental Health Treatment*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapy*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Therapy*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Veterans Affairs Community Care Network (VA CCN)

Indicates whether the provider participates in the VA Community Care Network (CCN), which connects eligible Veterans to community healthcare providers.

Field	Response
Veterans Affairs Community Care Network (VA CCN) Provider? <i>(if applicable)</i> *	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix A: Practice Limitations

The following standardized Practice Limitations must be used when completing the Practice Limitation fields in this form. When applicable, select and enter values **exactly as listed below**.

- Hospital Based Services Only
- In Home Services Only
- Indian Health Service Only
- Minute Clinic Services Only
- Nursing Home Services Only
- Pediatric Medicare Eligible Enrollees Only
- Skilled Nursing Services Only
- Telemedicine Services Only
- Urgent Care Services Only
- Veteran Affairs Only
- Virtual Visit Services Only

Appendix B: Provider Specialties – Non-Individual Taxonomy

The following standardized provider specialties must be used when completing specialty-related fields in this form. Specialty values are based on the Illinois Uniform Directory Template (Taxonomy, Non-Individuals tab).

Provider Facility Listings

Facility Type	Facility Sub-type	Facility Specialty (if applicable)	Facility Subspecialty (if applicable)
Agencies			
Agencies	Case Management Agency		
Agencies	Community/Behavioral Health Agency		
Agencies	Developmentally Disabled Services Day Training Agency		
Agencies	Early Intervention Provider Agency		
Agencies	Foster Care Agency		
Agencies	Home Health Agency		
Agencies	Home Infusion Agency		
Agencies	Community Based Hospice Care Agency		
Agencies	In Home Supportive Care Agency		
Agencies	Local Education Agency (LEA)		
Agencies	Nursing Care Agency		
Agencies	Program of All-Inclusive Care for the Elderly (PACE) Provider Organization		
Agencies	Public Health or Welfare Agency		
Agencies	Supports Brokerage Agency		
Agencies	Voluntary or Charitable Agency		
Ambulatory Health Care Facilities			
Ambulatory Health Care Facilities	Clinic/Center		
Ambulatory Health Care Facilities	Clinic/Center	Adolescent and Children Mental Health Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Adult Day Care Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Adult Mental Health Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Family Planning Facility	
Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Fertility Facility	
Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Surgical Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Amputee Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Augmentative Communication Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Birthing Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Community Health Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Corporate Health Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Critical Access Hospital Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Dental Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Developmental Disabilities Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Emergency Care Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	End-Stage Renal Disease (ESRD) Treatment Clinic/Center	

Facility Type	Facility Sub-type	Facility Specialty (if applicable)	Facility Subspecialty (if applicable)
Ambulatory Health Care Facilities	Clinic/Center	Endoscopy Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Non-Surgical Family Planning Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Federally Qualified Health Center (FQHC)	
Ambulatory Health Care Facilities	Clinic/Center	Genetics Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Health Service Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Hearing and Speech Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Infusion Therapy Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Lithotripsy Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Magnetic Resonance Imaging (MRI) Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Medical Specialty Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Medically Fragile Infants and Children Day Care	
Ambulatory Health Care Facilities	Clinic/Center	Mental Health Clinic/Center (Including Community Mental Health Center)	
Ambulatory Health Care Facilities	Clinic/Center	Methadone Clinic	
Ambulatory Health Care Facilities	Clinic/Center	Migrant Health Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Military Ambulatory Procedure Visits Operational (Transportable) Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Military and U.S. Coast Guard Ambulatory Procedure Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Military Outpatient Operational (Transportable) Component Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Military/U.S. Coast Guard Outpatient Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Multi-Specialty Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Occupational Medicine Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Oncology Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Radiation Oncology Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Ophthalmologic Surgery Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Oral and Maxillofacial Surgery Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Pain Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Physical Therapy Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Podiatric Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Primary Care Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Prison Health Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Federal Public Health Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	State or Local Public Health Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Radiology Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Mammography Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Mobile Radiology Clinic/Center	

Facility Type	Facility Sub-type	Facility Specialty (if applicable)	Facility Subspecialty (if applicable)
Ambulatory Health Care Facilities	Clinic/Center	Mobile Mammography Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Recovery Care Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Cardiac Rehabilitation Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Comprehensive Outpatient Rehabilitation Facility (CORF)	
Ambulatory Health Care Facilities	Clinic/Center	Substance Use Disorder Rehabilitation Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Research Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Rural Health Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Sleep Disorder Diagnostic Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Student Health Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	Urgent Care Clinic/Center	
Ambulatory Health Care Facilities	Clinic/Center	VA Clinic/Center	
Hospital Units			
Hospital Units	Epilepsy Hospital Unit		
Hospital Units	Medicare Defined Swing Bed Hospital Unit		
Hospital Units	Psychiatric Hospital Unit		
Hospital Units	Rehabilitation Hospital Unit		
Hospital Units	Substance Use Disorder Rehabilitation Hospital Unit		
Hospitals			
Hospitals	Chronic Disease Hospital		
Hospitals	Chronic Disease Hospital	Children's Chronic Disease Hospital	
Hospitals	General Acute Care Hospital		
Hospitals	General Acute Care Hospital	Children's Hospital	
Hospitals	General Acute Care Hospital	Critical Access Hospital	
Hospitals	General Acute Care Hospital	Rural Acute Care Hospital	
Hospitals	General Acute Care Hospital	Women's Hospital	
Hospitals	Long Term Care Hospital		
Hospitals	Military Hospital		
Hospitals	Military Hospital	Military General Acute Care Hospital	
Hospitals	Military Hospital	Operational (Transportable) Military General Acute Care Hospital	
Hospitals	Psychiatric Hospital		
Hospitals	Rehabilitation Hospital		
Hospitals	Rehabilitation Hospital	Children's Rehabilitation Hospital	
Hospitals	Religious Nonmedical Health Care Institution		
Hospitals	Special Hospital		
Laboratories			
Laboratories	Clinical Medical Laboratory		
Laboratories	Dental Laboratory		

Facility Type	Facility Sub-type	Facility Specialty (if applicable)	Facility Subspecialty (if applicable)
Laboratories	Military Clinical Medical Laboratory		
Laboratories	Physiological Laboratory		
Managed Care Organizations			
Managed Care Organizations	Exclusive Provider Organization		
Managed Care Organizations	Health Maintenance Organization		
Managed Care Organizations	Point of Service		
Managed Care Organizations	Preferred Provider Organization		
Nursing & Custodial Care Facilities			
Nursing & Custodial Care Facilities	Alzheimer Center (Dementia Center)		
Nursing & Custodial Care Facilities	Assisted Living Facility		
Nursing & Custodial Care Facilities		Assisted Living Facility (Behavioral Disturbances)	
Nursing & Custodial Care Facilities		Assisted Living Facility (Mental Illness)	
Nursing & Custodial Care Facilities	Custodial Care Facility		
Nursing & Custodial Care Facilities		Adult Care Home Facility	
Nursing & Custodial Care Facilities	Inpatient Hospice		
Nursing & Custodial Care Facilities	Intellectual Disabilities Intermediate Care Facility		
Nursing & Custodial Care Facilities	Mental Illness Intermediate Care Facility		
Nursing & Custodial Care Facilities	Nursing Facility/Intermediate Care Facility		
Nursing & Custodial Care Facilities	Skilled Nursing Facility		
Nursing & Custodial Care Facilities	Skilled Nursing Facility	Pediatric Skilled Nursing Facility	
Nursing & Custodial Care Facilities	Other Service Providers		
Nursing & Custodial Care Facilities	Other Service Providers	Lodging Provider	
Nursing & Custodial Care Facilities	Other Service Providers	Meals Provider	
Nursing & Custodial Care Facilities	Residential Treatment Facilities		
Nursing & Custodial Care Facilities	Residential Treatment Facilities	Mental Illness Community Based Residential Treatment Facility	
Nursing & Custodial Care Facilities	Residential Treatment Facilities	Intellectual and/or Developmental Disabilities Community Based Residential Treatment Facility	
Nursing & Custodial Care Facilities	Residential Treatment Facilities	Psychiatric Residential Treatment Facility	
Nursing & Custodial Care Facilities	Residential Treatment Facilities	Emotionally Disturbed Children's Residential Treatment Facility	
Nursing & Custodial Care Facilities	Residential Treatment Facilities	Intellectual and/or Developmental Disabilities Residential Treatment Facility	

Facility Type	Facility Sub-type	Facility Specialty (if applicable)	Facility Subspecialty (if applicable)
Nursing & Custodial Care Facilities	Residential Treatment Facilities	Physical Disabilities Residential Treatment Facility	
Nursing & Custodial Care Facilities	Residential Treatment Facilities	Substance Abuse Rehabilitation Facility	
Nursing & Custodial Care Facilities		Substance Abuse Rehabilitation Facility	Children's Substance Abuse Rehabilitation Facility
Nursing & Custodial Care Facilities	Respite Care Facility		
Nursing & Custodial Care Facilities	Respite Care Facility	Respite Care	
Nursing & Custodial Care Facilities	Respite Care Facility	Respite Care	Respite Care Camp
Nursing & Custodial Care Facilities	Respite Care Facility	Respite Care	Child Mental Illness Respite Care
Nursing & Custodial Care Facilities	Respite Care Facility	Respite Care	Child Intellectual and/or Developmental Disabilities Respite Care
Nursing & Custodial Care Facilities	Respite Care Facility	Respite Care	Child Physical Disabilities Respite Care
Nursing & Custodial Care Facilities	Suppliers		
Nursing & Custodial Care Facilities	Suppliers	Blood Bank	
Nursing & Custodial Care Facilities	Suppliers	Department of Veterans Affairs (VA) Pharmacy	
Nursing & Custodial Care Facilities	Suppliers	Durable Medical Equipment & Medical Supplies	
Nursing & Custodial Care Facilities	Suppliers	Durable Medical Equipment & Medical Supplies	Customized Equipment (DME)
Nursing & Custodial Care Facilities	Suppliers	Durable Medical Equipment & Medical Supplies	Dialysis Equipment & Supplies (DME)
Nursing & Custodial Care Facilities	Suppliers	Durable Medical Equipment & Medical Supplies	Nursing Facility Supplies (DME)
Nursing & Custodial Care Facilities	Suppliers	Durable Medical Equipment & Medical Supplies	Oxygen Equipment & Supplies (DME)
Nursing & Custodial Care Facilities	Suppliers	Durable Medical Equipment & Medical Supplies	Parenteral & Enteral Nutrition Supplies (DME)
Nursing & Custodial Care Facilities	Suppliers	Emergency Response System Companies	
Nursing & Custodial Care Facilities	Suppliers	Eye Bank	
Nursing & Custodial Care Facilities	Suppliers	Eyewear Supplier	
Nursing & Custodial Care Facilities	Suppliers	Hearing Aid Equipment	
Nursing & Custodial Care Facilities	Suppliers	Home Delivered Meals	
Nursing & Custodial Care Facilities	Suppliers	Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy	
Nursing & Custodial Care Facilities	Suppliers	Medical Foods Supplier	
Nursing & Custodial Care Facilities	Suppliers	Military/U.S. Coast Guard Pharmacy	
Nursing & Custodial Care Facilities	Suppliers	Non-Pharmacy Dispensing Site	

Facility Type	Facility Sub-type	Facility Specialty (if applicable)	Facility Subspecialty (if applicable)
Nursing & Custodial Care Facilities	Suppliers	Organ Procurement Organization	
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	Clinic Pharmacy
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	Community/Retail Pharmacy
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	Compounding Pharmacy
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	Home Infusion Therapy Pharmacy
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	Institutional Pharmacy
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	Long Term Care Pharmacy
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	Mail Order Pharmacy
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	Managed Care Organization Pharmacy
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	Nuclear Pharmacy
Nursing & Custodial Care Facilities	Suppliers	Pharmacy	Specialty Pharmacy
Nursing & Custodial Care Facilities	Suppliers	Portable X-ray and/or Other Portable Diagnostic Imaging Supplier	
Nursing & Custodial Care Facilities	Suppliers	Prosthetic/Orthotic Supplier	
Nursing & Custodial Care Facilities	Transportation Services		
Nursing & Custodial Care Facilities	Transportation Services	Air Carrier	
Nursing & Custodial Care Facilities	Transportation Services	Ambulance	
Nursing & Custodial Care Facilities	Transportation Services	Air Ambulance	
Nursing & Custodial Care Facilities	Transportation Services	Land Ambulance	
Nursing & Custodial Care Facilities	Transportation Services	Water Ambulance	
Nursing & Custodial Care Facilities	Bus		
Nursing & Custodial Care Facilities	Military/U.S. Coast Guard Transport		
Nursing & Custodial Care Facilities	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Air Transport Ambulance	
Nursing & Custodial Care Facilities	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Ground Transport Ambulance	
Nursing & Custodial Care Facilities	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Water Transport Ambulance	
Nursing & Custodial Care Facilities	Non-emergency Medical Transport (VAN)		
Nursing & Custodial Care Facilities	Private Vehicle		

Facility Type	Facility Sub-type	Facility Specialty (if applicable)	Facility Subspecialty (if applicable)
Nursing & Custodial Care Facilities	Secured Medical Transport (VAN)		
Nursing & Custodial Care Facilities	Taxi		
Nursing & Custodial Care Facilities	Train		
Nursing & Custodial Care Facilities	Transportation Broker		
Nursing & Custodial Care Facilities	Transportation Network Company		