

# LTSS MASTER PROVIDER FILE

## Process Overview

### Overview

HHSC's LTSS Master Provider File process allows MCOs to identify enrolled providers who are providing LTSS services in STAR+PLUS and STAR Kids. Once providers has submitted an MCO LTSS provider enrollment application, HHSC will assign the providers an alphanumeric ID--an atypical provider Identifier (API). An encounter can be submitted with an API in which encounter edits require that the value in the Billing Provider NPI field is either present on the Medicaid Master Provider file or is an HHSC-assigned LTSS ID/API.

**Note: As of July 2018, HHSC is no longer issue APIs without the provider submitting an MCO LTSS provider enrollment application.**

LTSS_SVC_TYPE_CD	LTSS_SVC_TYPE_DESC	ID_TYPE	ID_PREFIX	TAXONOMY_1	TAXONOMY_2	TAXONOMY_3	TAXONOMY_4	TAXONOMY_5	TAXONOMY_6
X1	ADULT DAY CARE/DAY ACTIVITY AND HEALTH SERVICES	FACILITY BASED	F	261QA0600X					
X2	PRIMARY HOME CARE / NURSING SERVICES	STATEWIDE	S	251J00000X	374U00000X	3747P1801X	372600000X	376J00000X	251E00000X
X3	VALUE ADDED	STATEWIDE	S	372500000X					
X4	RESPIRE CARE / ASSISTED LIVING	FACILITY BASED	F	310400000X	385H00000X	385HR2050X	251E00000X	251J00000X	
X5	ADULT FOSTER CARE	FACILITY BASED	F	311ZA0620X					
X6	EMERGENCY RESPONSE SYSTEM	STATEWIDE	S	333300000X					
X7	NURSING FACILITY	FACILITY BASED	F	313M00000X	314000000X				
X8	HOME DELIVERED MEALS	STATEWIDE	S	332U00000X	174200000X				
X9	ADAPTIVE AIDES / MEDICAL EQUIPMENT	STATEWIDE	S	332B00000X	332S00000X	171WV0202X			
XA	MINOR HOME MODIFICATIONS	STATEWIDE	S	171WH0202X					
XB	PHYSICAL THERAPY	STATEWIDE	S	225100000X					
XC	OCCUPATIONAL THERAPY	STATEWIDE	S	225X00000X					
XD	SPEECH THERAPY	STATEWIDE	S	261QH0700X					
XE	EMPLOYMENT ASSISTANCE	STATEWIDE	S	251S00000X					
XF	AGENCY ADULT FOSTER CARE	STATEWIDE	S	311ZA0620X	25300000X				
XH	HABILITATION	STATEWIDE	S	251C00000X	251E00000X				
XN	PRIMARY HOME CARE / NURSING SERVICES / ATTENDANT CARTE / CFC	STATEWIDE	S	251J00000X	374U00000X	3747P1801X	372600000X	376J00000X	251E00000X
XS	SUPPORTED EMPLOYMENT	STATEWIDE	S	251S00000X					
XU	FINANCIAL MANAGEMENT SERVICES	STATEWIDE	S	251X00000X					
XY	TRANSITION ASSISTANCE SERVICES	STATEWIDE	S	305S00000X					
	CASE MANAGEMENT/CARE COORDINATOR	STATEWIDE	S	171M00000X					
	VEHICLE MODIFICATIONS	STATEWIDE	S	347C00000X					
	IN-HOME SUPPORTIVE CARE	STATEWIDE	S	253Z00000X					

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ASSISTED LIVING-BEHAVIORAL HEALTH DISTURBANCE/MEMORY CARE	FACILITY BASED	F	3104A0630X					
HOSPICE, PALLATIVE CARE - COMMUNITY	STATEWIDE	S	251G00000X					

### HHSC Monthly File Creation Process

As of July 2018, HHSC will no longer assign APIs via MCO request unless the provider has completed the MCO LTSS provider enrollment process. The “enrolled/inflight” list, which includes all API assignments for newly enrolled providers and those going through enrollment, active providers (**PTXSPJJJ**), is then uploaded to the MCODETA directory every Monday using the following layout:

ELEMENT	DESCRIPTION	TYPE	SIZE	VALUE	VALUEDESCRIPTION
LTSS_PROVIDER_ID	Value assigned by State of Texas. (HPO LTC Provider System)	Text	9		9 character value with first character designating if ID is a Facility Based or Statewide ID. F = Facility Based S = Statewide
TIN	Taxpayer Identification Number	Text	9		9 character value; no dashes
PROVIDER_NAME	Provider Business Name	Text	50		Format = ABC HOME HEALTH
LTSS_SVC_TYPE_CD	Designates the category of services that can be rendered under LTSS_PROVIDER_ID	Text	2		
				X1	ADULT DAY CARE / DAY ACTIVITY AND HEALTH SERVICES
				X2	PRIMARY HOME CARE / NURSING SERVICES
				X3	VALUE ADDED
				X4	RESPIRE CARE / ASSISTED LIVING
				X5	ADULT FOSTER CARE
				X6	EMERGENCY RESPONSE SYSTEM
	<i>Sunsetted as of August 2016 Master Provider File</i>			X7	NURSING FACILITY
				X8	HOME DELIVERED MEALS
				X9	ADAPTIVE AIDES / MEDICAL EQUIPMENT
				XA	MINOR HOME MODIFICATIONS
				XB	PHYSICAL THERAPY
				XC	OCCUPATIONAL THERAPY
				XD	SPEECH THERAPY
				XE	EMPLOYMENT ASSISTANCE

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				XF	AGENCY ADULT FOSTER CARE
				XH	HABILITATION
				XN	PRIMARY HOME CARE / NURSING SERVICES / ATTENDANT CARTE / CFC
				XS	SUPPORTED EMPLOYMENT
				XU	FINANCIAL MANAGEMENT SERVICES
				XY	TRANSITION ASSISTANCE SERVICES
ADDRESS_1	First line of Address	Text	50		Interface Note 1
ADDRESS_2	Second line of Address	Text	50		Interface Note 1
CITY	City Name of Address	Text	25		Interface Note 2
STATE	State Abbreviation of Address	Text	2		Format = TX
ZIP	Zip Code of the Address	Text	5		Format = 78704
COUNTY_CD	County Code of Address	Text	3		Reference Appendix B in TAA JIP
API	Atypical Provider ID	Text	10		
Taxonomy (1)	Primary Taxonomy	Text	10		
Taxonomy (2)	Additional Taxonomy	Text	10		
Taxonomy (3)	Additional Taxonomy	Text	10		
Taxonomy (4)	Additional Taxonomy	Text	10		
Taxonomy (5)	Additional Taxonomy	Text	10		
Taxonomy (6)	Additional Taxonomy	Text	10		
Taxonomy (7)	Additional Taxonomy	Text	10		
Taxonomy (8)	Additional Taxonomy	Text	10		
Taxonomy (9)	Additional Taxonomy	Text	10		
Taxonomy (10)	Additional Taxonomy	Text	10		
NPI	National Provider ID	Text	10		
API Activation Date	Date API activated by HHSC due to provider completing enrollment process	Text	10		Format = mm/dd/yyyy
API Expiration Date	Date API expired by HHSC due to provider not completing enrollment process	Text	10		Format = mm/dd/yyyy

**Record Length**

**355**