Michigan Network Data Template
INSTRUCTIONS

1. Overview

The Michigan Insurance Code and the Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010) (ACA) set forth requirements and standards for health care provider networks. These apply to health and dental insurers, health maintenance organizations (HMOs), and Alternative Finance Delivery Systems (AFDS) (collectively issuers) that offer health plans which utilize provider networks.

Each designated provider network must include a sufficient number and type of providers, including providers specializing in mental health and substance use disorder services to ensure covered services are available and accessible to members without unreasonable delay. This includes geographic accessibility (meeting time/distance standards) in relation to where members live or work and accessibility for persons with disabilities or limited English proficiency.

Additionally, 45 CFR § 156.235 establishes requirements for inclusion of Essential Community Providers (ECPs) in issuer networks offered On Marketplace. ECPs predominantly serve low-income and medically underserved individuals. ECPs are defined in section 340B(a)(4) of the Public Health Service Act; and 1927(c)(1)(D)(i)(IV) of the Social Security Act. ECPs are provider organizations that by legal obligation, organizational mission, or geographic location serve a patient population that has been at risk for inadequate access to care.

2. Purpose

The purpose of the Michigan Network Data Template, FIS 2273 (Template) is to collect detailed contracted health care provider network data. DIFS will review and evaluate this data to determine whether applicable state and federal network adequacy standards and requirements are met. See DIFS' Michigan Network Adequacy Guidance (Guidance).

This document guides issuers through the steps to complete the Template. These instructions apply to Service Area Expansion filings and On and Off Marketplace Qualified Health Plans (QHPs) and Stand-Alone Dental Plans (SADPs) Plan Management Binder submissions in the System for Electronic Rate and Form Filing (SERFF).

3. Data Requirements

To complete the Template, issuers need:

1. Health Insurance Oversight System (HIOS) Issuer identification (ID), if applicable
2. Proposed Service Area(s) by county for each network
    a.   Names of relevant Townships and Cities for any partial counties requested
3. Plan type
4. Market type
5. **Note:** Plan ID is no longer required.
6. Network ID
7. Network URL to network provider directory, for each network
8. 3-year member enrollment projections

9. List of providers in each of the proposed networks, including providers outside the service area (such as in contiguous counties, even if they are across state lines). If a provider is in-network and members can access that service, include:
   a. **Note:** National Provider Identifier (NPI) is no longer required.
   b. Name (individual/facility)
   c. Type
   d. Sub-specialty
   e. Address: physical location providing services, county, city, zip code
10. Names of hospital(s) where providers have admitting privileges, if applicable
11. Whether provider is accepting new patients
12. **Note:** whether Provider is an ECP and ECP Category are no longer required.

4. Quick Reference

4.1 Key Changes for Plan Year 2021

- Error Validation (Macro)
  - See Section 5.2.2.2
- Custom Data Sort and Filter
  - See Section 5.2.2.2.1
- Data Entry No Longer Required (cells are neutral/yellow)
  - Request Summary Worksheet
    - Plan ID (Column G)
  - Network Data Worksheet
    - National Provider Identification (NPI) (Column C)
    - Whether Provider is an ECP (Column O)
    - ECP Category (Column P)

4.2 HIGHLIGHTS

- The correct version of the Template shows 4/20 in the first cell (A1) of each worksheet. The latest version of the Template is available for download from DIFS' website at: https://www.michigan.gov/difs/0,5269,7-303-13047_13049---,00.html or through SERFF in Supporting Documentation.
- To initiate the template and allow data entry, enable template macros using the Options button on the Security Warning toolbar, and select *Enable this content*. Then save the file before entering/pasting data.
- All data fields required are identified with a red asterisk (*) next to the field name in the instructions below.
- When a cell is shaded in yellow, data entry is no longer required and should remain blank.
- Issuers should complete the Issuer ID, if applicable, and Legal Name fields in each worksheet before entering data in each worksheet.
- Use Ambulatory Center for Provider Sub-specialty rather than Ambulatory *Surgery* Center to avoid errors (when Provider Type is Ancillary).

5. Template Instructions

Follow the instructions below to complete the Template. The Template can be accessed on DIFS' website at: https://www.michigan.gov/difs/0,5269,7-303-13047_13049---,00.html or through SERFF in Supporting Documentation.

When opening the Template, if asked to enable macros, use the Options button on the Security Warning toolbar, and select *Enable this content*.

5.1   Guidelines

5.1.1   File Size

- Template file must be compressed/zipped in one single file before issuer uploads to Supporting Documentation in SERFF.
- SERFF size limitations for file uploads to Supporting Documentation:
  - 10 MB or less - Form/Rate filings
    - Service Area Expansions
  - 30 MB or less - Plan Management Binders
    - For Qualified Health Plans (QHPs) and Stand-alone Dental Plans (SADPs) in, Templates must be.
- If Template file size exceeds these limitations, contact DIFS for access to its File Transfer Service.
- Neither worksheet within the Template allows the creation of additional rows or worksheets/tabs.
  - 200 rows in Request Summary
  - 500,000 rows in Network Data
  - If additional rows are needed, contact DIFS.

5.1.2   File Naming

- Standard Naming Convention:
  - Issuer Name Abbreviation
  - MINetworkDataTemplate
  - Add chronological version number if resubmission: V1, V2, V3, etc.
    - Example: IssuerName_MINetworkDataTemplate_Version#

5.1.3   Valid Data Entry

Issuers must enter valid data only into the Template to avoid errors. All data validation errors must be corrected before submitting to DIFS for review and evaluation.

- Data entered should:
  - Conform to acceptable values based on the Template Instructions and heading detail for each cell
  - Be exactly the same as data in drop-down lists of acceptable values
    - It is recommended to closely review data source before copying/exporting data from and then pasting/importing into the Template
  - Match DIFS'-preferred terminology (see also Appendix A)
- All required data fields are marked by a red asterisk (*).

5.2   Detailed Worksheet Instructions

5.2.1   Request Summary Worksheet

This worksheet collects network data on the requested service area (whether seeking full or partial county approval, Plan Type, Network Product, Network ID, link to provider directory and 3-year member enrollment projections.

- Enter HIOS Issuer ID in Row 8, merged Columns B and C, (if applicable).
- Enter "Carrier" Legal Name in Row 9, merged Columns B and C (required).

- Rows 13-200, Columns A-L allow data entry with the exception of Column G (Plan ID) which is no longer required.
- A separate row should be provided for each combination of County, Plan Type, Network Product, and Network ID.

Table – Request Summary Worksheet

Request Summary Worksheet	
Column/Heading	Steps
A. Requested County/Service Area*	Enter one of the 83 Michigan counties where issuer seeks to market product(s). When requesting entire state, each of the 83 counties must be entered separately (one row, per county)
B. County Type Designation*	This field will automatically fill based on the selection from previous column (A), Requested County/Service Area to indicate whether selected county has a designation of rural, micropolitan, or metropolitan. County designations are detailed in Appendix B of these instructions
C. Full or Partial?*	Select from drop-down to indicate whether seeking full or partial county approval for the corresponding county.
D. Identify Townships/Cities:	*Required *if* requesting partial county (Column C). Separate names of Townships/Cities by a comma. - If requesting Full county approval, field auto-fills "Not Applicable"
E. Plan Type*	Enter the type of plan being marketed such as HMO, PPO, POS, EPO, etc.
F. Network Product*	Select from drop-down: On Marketplace, Off Marketplace, Both, MIChild, Dual Eligible, Commercial, or Other
G. Plan ID NO LONGER REQUIRED	Data entry is no longer required. LEAVE BLANK.

Request Summary Worksheet	
Column/Heading	Steps
H. Network ID*	- The Network ID is a unique identifier specific to one network. - It must be the same as what is listed on the federal Network ID Template (if applicable) and associated with its Network Name that members will use to find in-network providers in issuer's provider directory. - Dual-product issuers must create separate Network IDs for medical and dental plans.

Note: Data entry for Network ID relates to data entry for Network Product. See table below.

Table below illustrates completion of Network ID field.

Figure 1 – Network Product - Network ID

Network Product *	Network ID*	[Expected Result]
On Marketplace		Enter Network ID from federal template
Off Marketplace		Enter Network ID from federal template
Both		Enter Network ID from federal template
Medicaid	Medicaid	Field auto-fills
MIChild	MIChild	Field auto-fills
Dual Eligible	Dual Eligible	Field auto-fills
Commercial		Enter "MIN001," "MIN002," for each network
Other	Other	Field auto-fills

Each distinct network requires a separate and unique Network ID.

For *each* network, issuers must identify *each* county in the service area issuer proposes *each* network to serve by row. See Example and Figure 2 below.

Example: Issuer has two networks MIN001 and MIN002 that cover the same 3 Michigan counties (Clinton, Eaton, and Ingham):

- Each network must be associated with each county on a separate row
  - MIN002 will also be listed 3 times, once for each county
    - MIN001 - Clinton
    - MIN001 – Eaton
    - MIN001 - Ingham

- o MIN002 will also be listed 3 times, once for each county
  - MIN001 - Clinton
  - MIN001 – Eaton
  - MIN001 - Ingham

Figure 2 Networks – Requested Service Area

Requested County/ Service Area*	County Type Designation*	Network ID*
Clinton	METROPOLITAN	MIN001
Eaton	METROPOLITAN	MIN001
Ingham	METROPOLITAN	MIN001
Clinton	METROPOLITAN	MIN002
Eaton	METROPOLITAN	MIN002
Ingham	METROPOLITAN	MIN002

Table – Request Summary Worksheet (Continued)

Request Summary Worksheet	
Column/Heading	Steps
I. Network URL*	Enter contracted network provider directory web address and ensure link is operational for the intended webpage before submitting.
J. 1st - Year Enrollment*	Enter the projected member enrollment by county for each year. (This projection should include the total membership for all network products).
K. 2nd - Year Enrollment*	
L. 3rd - Year Enrollment*	

5.2.2 Network Data Worksheet

This worksheet collects detailed contracted network provider information for the issuer's entire network of providers (PCPs, specialists, ancillary, hospital, pharmacy, and dental).

This detail includes Provider Location (by Michigan County, Mail, Mobile or Out of State), Name, Type, Sub-specialty/ies (up to 3), Address, Hospital Admitting Privileges, and Acceptance of New Patients.

- Enter HIOS Issuer ID in Row 8, Columns B and C merged, (if applicable).
- Enter "Carrier" Legal Name in Row 8, Columns B and C merged (required).
- Rows 13-500,000, Columns A-P allow data entry with the exception of Columns C, O, and P which no longer require data entry.
- Issuers are required to include all network provider detail on one worksheet, including multiple networks.
- A separate row should be provided for each combination of Network ID, Provider Name, Type, Sub-specialty, and Address.

Table – Network Data Worksheet

Network Data Worksheet	
Column/Heading	Steps
A. Provider Location*	Select from drop-down either one of 83 Michigan counties, Mail, Mobile, or Out of State, relative to where provider is located, or members will receive services.
B. Network ID	- Enter Network ID from Request Summary worksheet, in which provider participates. When provider participates in more than one network, the provider detail must be included for each network the provider is a participant. See Figure 3 below. - Providers should be listed separately for each Network (ID) provider participates.

Figure 3 Different Networks – Same Provider

Provider Location*	Network ID*	National Provider ID Number (NPI) No Longer Required	Provider Name*	Provider Type*	Provider Sub-specialty 1*	Address 1*
Wayne	MIN00**1**		Doe, Jane	PCP	General Pediatrics	123 Doctor Dr
Wayne	MIN00**2**		Doe, Jane	PCP	General Pediatrics	123 Doctor Dr

5.2.2.1 Tiered Network Providers

Tiered networks and networks with provider access exceptions require additional identification on the Network Data Worksheet to reflect different network access levels. Issuers must identify which tier(s) each provider participates in the network. This is accomplished by modifying the *third digit* in the Network ID as described below.

- Tier 1 providers are identified by the relevant Network ID as entered in the Network Request Summary Worksheet/Network ID/Column H and generated from the federal Network ID Template, if applicable. Also, Tier 1 providers must reflect the broadest tier of providers.
    - MIN**0**01
    - MIN**0**02
    - MIN**0**03
- Tier 2 providers and beyond are identified by modifying the *third digit* in the Network ID. This number is changed to reflect the tier level. Tier 2 providers are identified by changing the third digit *from a zero to a two*. Tier 3 providers are identified by changing the third digit *from a zero to a three*.

Table – One Network – Three Tiers

Network ID	Tier
MIN001	1 (broadest tier)
MIN201	2
MIN301	3

This identification applies to all tiered networks and networks with provider access exceptions.

Figure 4 Identifying Network Provider Tiers – 1 Network, 2 Tiers

Provider Location*	Network ID*	National Provider ID Number (NPI) No Longer Required	Provider Name*	Provider Type*	Provider Sub-specialty 1*	Address 1*
Wayne	MIN001		Doe, John	Specialist	General Pediatrics	123 Doctor Dr
Wayne	MIN201		Smith, Jane	Specialist	General Pediatrics	456 Medicine Ave

Example: Issuer has 3 networks (MIN001, MIN002, MIN003); two of which are tiered (MIN002 and MIN003):

- MIN001 does not have tiers nor restrictions in member access to providers in network.
  - MIN001
- MIN002 is tiered with 2 tier-levels
  - MIN002 (1st/broadest tier)
  - MIN202 (2nd tier)
- MIN003 is tiered with 3 tier-levels
  - MIN003 (1st/broadest tier)
  - MIN203 (2nd tier)
  - MIN303 (3rd tier)

Issuers would identify the network tiers in the Network IDs in the table below.

Table – Identifying Tiers for Multiple Networks

Network ID	Tiered?	Tier Level/ Network ID
MIN001	No	No Tiers
MIN002	Yes; 2 tiers	1. MIN002
		2. MIN202
MIN003	Yes; 3 tiers	1. MIN003
		2. MIN203
		3. MIN303

Figure 5 Identifying Network Provider Tiers – Multiple Networks

Network ID*	National Provider ID Number (NPI) No Longer Required	Provider Name*	Provider Type*	Provider Sub-specialty 1*	Address 1*
MIN001		Doe, Jane	PCP	General Pediatrics	123 Doctor Dr
MIN001		Family Health	PCP	Family Practice	345 Nurse Ln
MIN002		Johnson, Jack	PCP	General Pediatrics	567 Kid Dr
MIN202		Pediatric Care	PCP	General Pediatrics	789 Child Dr
MIN003		Jones, Robert	Specialist	Anesthesiology	910 Medical St
MIN203		Sayad, Omar	Specialist	Anesthesiology	1011 Scripts
MIN303		Smith, Alex	Specialist	Anesthesiology	112 Medicine

Note: Networks designed with access exceptions must meet network adequacy standards at the broadest level of providers. Meaning, any network that differentiates provider access based on tiers, cost- share, prior authorization, or any other variation must meet network adequacy standards at the lowest cost-share level.

These networks must be identified and described on the Checklist for Individual and Small Group [Medical/Stand-Alone Dental] Plans - Network Adequacy (Medical FIS 2313/Dental FIS 2314) and Network Submission Summary.

Additionally, networks with access exceptions must identify providers that have additional access requirements in the Template. These providers must be associated with the proper Network ID, following the process for tiered networks as referenced above.

Table – Network Data Worksheet (continued)

Network Data Worksheet	
Column/Heading	Steps
C. National Provider Identifier (NPI) NO LONGER REQUIRED	Data entry is no longer required. LEAVE BLANK.
D. Provider Name*	Enter LAST name, FIRST name (in that order) for each individual provider. For entity provider, enter name of group, hospital, facility, pharmacy, etc. as applicable
E. Provider Type*	Indicate the Type of Provider, choosing from the following: 1. PCP 2. Specialist 3. Ancillary 4. Pharmacy 5. Hospital 6. Dental

Note: *Issuers must* recognize DIFS'-preferred *terminology for these common provider types before* completing the Template to ensure not to inadvertently omit or fail to align issuer's terminology with DIFS'. See Appendix A.	
F. Provider Sub-Specialty 1*	▪ *Required *if* Provider Type (Column E) is PCP, Specialist, Ancillary, or Dental. ▪ IF Provider Type is Hospital or Pharmacy, leave blank. ▪ The sub-specialty drop-down list depends upon the "Provider Type" entered in column E. ▪ *Only* enter Provider Sub-specialty/ies (up to 3), if applicable, from the drop-down list in the Template. See also Appendix A to identify DIFS'-preferred terminology for Provider Sub-Specialties to report in the template. ▪ Do not enter the same Sub-specialty more than once in the same row.
G. Provider Sub-Specialty 2 **H.** Provider Sub-Specialty 3	▪ Optional when Provider Type is PCP, Specialist, Ancillary, or Dental. ▪ IF Provider Type is Hospital or Pharmacy, leave blank. ▪ Do not enter the same Sub-specialty more than once in the same row.
Note: There are no sub-specialties applicable when provider type is Hospital or Pharmacy. Entering a sub-specialty in Column F, G, or H would be invalid	

Table – Provider Type and Sub-specialty Requirement

PROVIDER TYPES	# OF SUB-SPECIALTY/IES
Ancillary	≥1
Dental	≥1
Hospital	None
PCP	≥1
Pharmacy	None
Specialist	≥1

Note: DIFS has noticed issuers have failed either to include or accurately identify the following providers in the Template:

Table – Providers Often Missing from Template or Not Accurately Identified

PROVIDER TYPES AVAILABLE	SUB-SPECIALTY
Ancillary	DME
	Hospice
	Home Infusion
	Home Health
	Laboratory
	Radiology
	Speech Therapy
Specialist	Anesthesiology

Failure to properly align issuer's terminology with DIFS'-preferred terminology for Provider Type/Sub-specialty may result in perceived deficiencies in issuer's network (i.e., insufficient number and/or type of providers) and will delay DIFS' review process.

Note: Issuers should make certain when choosing "Other" as a Sub-specialty that an additional Sub-specialty will also be entered to clearly identify services available through provider and to avoid the appearance of deficiencies. Issuer may convey to DIFS information relevant to how issuer identifies providers outside of DIFS' Provider Type/Specialty/Sub-Specialty List (Appendix A) through the Network Submission Summary. See Guidance.

Table – Network Data Worksheet (continued)

Network Data Worksheet	
Column/Heading	Steps
I. Address 1	▪ Enter address for the physical location where provider practices and members will receive services. ▪ Use the official United States Postal Service (USPS) for street suffix abbreviations. ▪ DO NOT include secondary unit designators (number for suite, office, building, etc.) under Address 1 (See USPS website Appendix C.) This information should be entered in Column J/Address 2 (see below). ▪ If the provider has multiple locations, enter each address in a separate row including all corresponding detail. See Figure 6 below.

Figure 6 Same Provider-Different Locations

Requested County/ Service Area*	Network ID*	National Provider ID (NPI) No Longer Required	Provider Name*	Provider Type*	Provider Sub-specialty 1	Address 1*	City*	Zip Code*
Ingham	MIN001		Doe, John	Specialist	Pediatrics	123 Main St	Lansing	48933
Clinton	MIN001		Doe, John	Specialist	Pediatrics	456 Bridge St	DeWitt	48820

Table – Network Data Worksheet (Continued)

Network Data Worksheet	
Column/Heading	Steps
J. Address 2	Optional: enter additional information such as suite, floor, building. etc. DO NOT enter address 2 information in the Address 1 column.
Note: Issuers are expected to review provider location information to ensure accuracy. Providers should only be listed once with the same Network ID, Name, Type, Sub-specialty, and Address within each network. Abbreviating part of one address and not another whether in Address 1 or Address 2 may result in duplicates. Duplicates inflate number of providers and do not accurately reflect network composition.	
K. City	Enter provider location by city
L. Zip Code	Enter **five-digit** zip code of provider location.
M. Hospital Admitting Privileges	- List hospital(s) where provider has admitting privileges. - Separate hospitals by commas. - Include all hospitals in same field. - DO NOT enter on a separate line/different row for providers using the same address with admitting privileges at multiple hospitals **Note:** 500-character limit
Note: Issuers may obtain updated hospital name and location information here: http://www.michigan.gov/lara/0,4601,7-154-63294_75598---,00.html The Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems (BCHS), provides directories of state licensed and federally certified Michigan providers. Directories will be updated in February and August of each year.	
N. Accepting New Patients	Select from drop-down whether provider accepts new patients, if applicable.
O. Essential Community Provider NO LONGER REQUIRED	Data entry is no longer required. LEAVE BLANK.

Network Data Worksheet	
Column/Heading	Steps
P. ECP Category NO LONGER REQUIRED	Data entry is no longer required. LEAVE BLANK.

Note: Issuers should include all network providers relied on to meet network requirements and standards.

5.2.2.2 Error Validation

An "Error Validation" macro has been added to the Network Data Worksheet to identify invalid data. Conditional formatting will be used to change the cell background color of invalid data. This formatting applies only to the following:

Network Data Worksheet:

1. Column A/Provider Location
2. Column E/Provider Type
3. Column F/Provider Sub-specialty 1
4. Column F/Provider Sub-specialty 2
5. Column F/Provider Sub-specialty 3

The background of cells containing errors will be highlighted as follows:

Red = invalid data entered (i.e., Provider Type or Sub-specialty do not match dropdown list options)

Yellow = duplicate data entered (i.e., same Sub-specialty entered more than once in the same row)

All highlighted cells containing errors must be corrected before submitting Template to DIFS.

5.2.2.2.1   Custom Data Sort and Filter

Once the Error Validation has been run and errors are highlighted, the data can be sorted and filtered to aid issuer in identifying and addressing errors:

A custom sort is preset to group together highlighted cells containing errors and to arrange at the top.

If issuers alter the pre-set custom sort, it may be achieved by the following:

1. Select/Highlight all provider data to sort, selecting from row 13, Columns A-P, down to last row with data entered. (Ctrl Shift ↓)

2. In the ribbon:
   a. Select Home (top left)
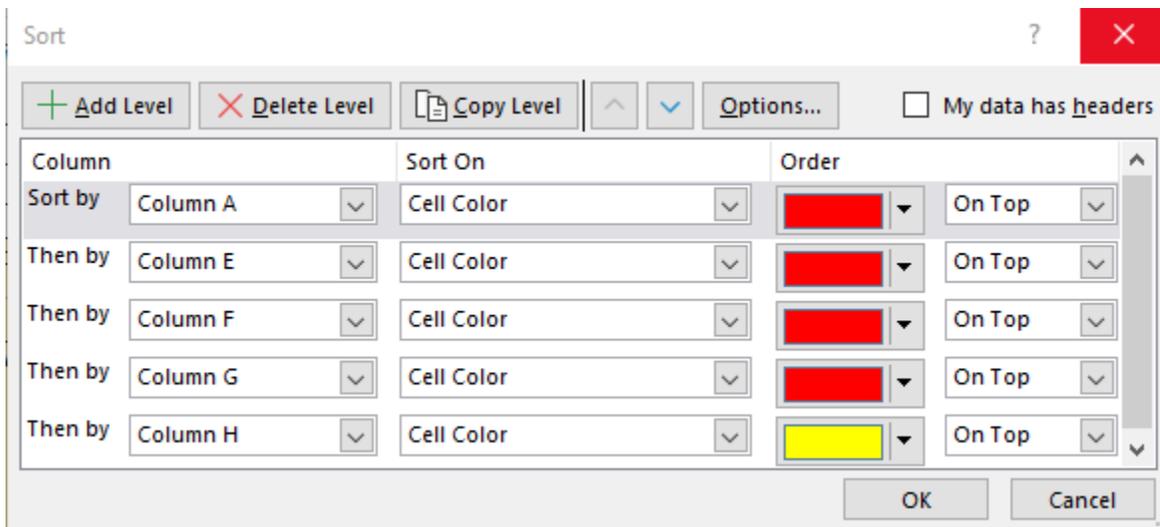   b. Select Sort & Filter (top right under Editing on menu bar)
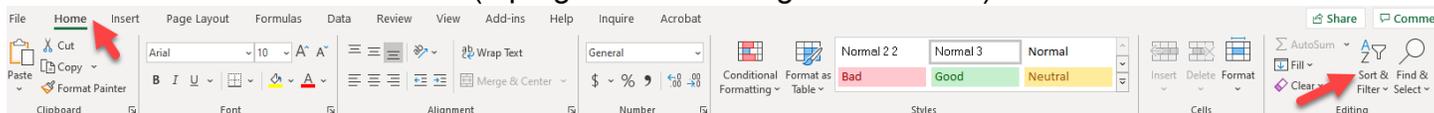

   c. Select Custom Sort
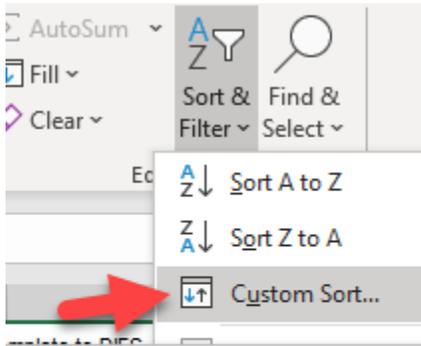
Custom Sort

Choose more options, such as sorting by multiple columns or rows, and case-sensitive sorts.

    i. Under the Sort On heading in the dialog box, choose Cell Color from the drop-down list.

    ii. If there are not 5 levels, add or delete levels until there are 5:

1. Column to sort by:
   a. Column A
   b. Column E
   c. Column F
   d. Column G
   e. Column H
2. Sort on Cell Color for all 5 sort levels/columns
3. Choose On Top under the sort order so that the red and yellow-colored data will be at the top of the list.
4. Order First level this will allow you to sort all columns by the color.
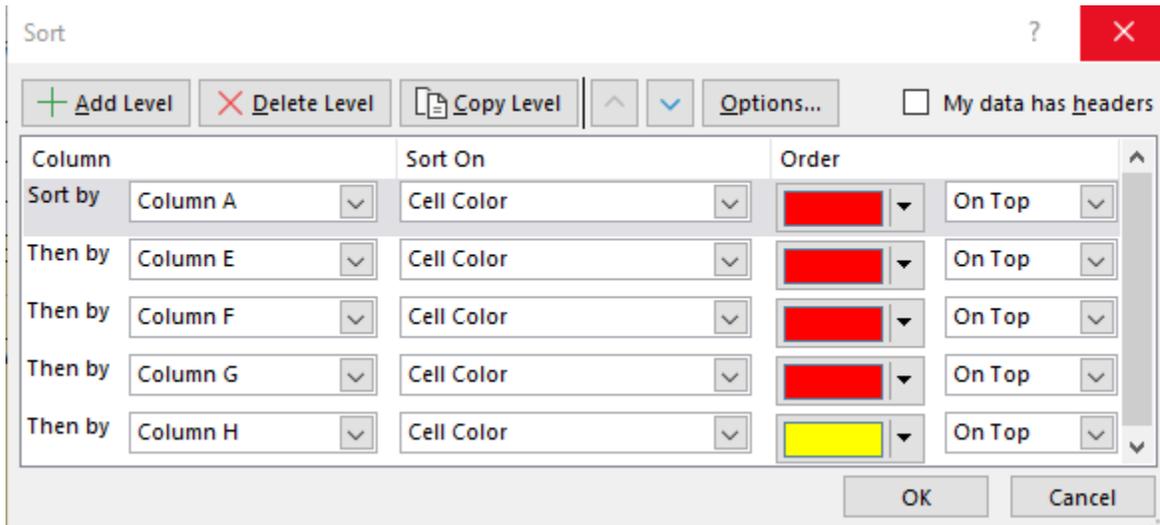
Again, All highlighted cells containing errors must be corrected before submitting Template to DIFS.

6. Provider Requirements

DIFS distinguishes network providers as those providers who have been credentialed *and* are either employed by or, have executed contracts (signed by all parties) or participating provider agreements with the issuer *prior* to submission of Template in SERFF.

An issuer is prohibited from submitting provider information on the Template for providers who have not met the above requirements by the date of submission.

Issuers are required to attest to having met these requirements by submission of a Network Attestation as detailed in the Guidance.

7.   Network Submission Summary

All issuers must submit a summary in the Supporting Documentation tab of SERFF to provide DIFS with greater clarity of the issuer's network and service area submission. Issuers may submit any relevant information including geo access maps, an explanation of any unique circumstance(s), the availability or lack of providers in a requested county, referral patterns for health care services, and any telehealth and adjacent/contiguous county providers relied on to meet network adequacy standards. See Guidance for additional information.

Appendix A: Provider Type/Specialty/Sub-Specialty List[1]

PROVIDER TYPES	
PCP[2]	Dental[2]
Specialist	Pharmacy
Ancillary	Hospital[2]

SPECIALTY/SUB-SPECIALTY	
PCP	
Family Practice	Nurse Practitioner
General Pediatrics	OB/GYN
General Practitioner	Physician Assistant
Internal Medicine	OTHER

SPECIALIST	
Allergy/Immunology	Oncology
Anesthesiology	Ophthalmology
Cardiovascular Medicine	Orthopedic Surgery
Cardiovascular Surgery	Otolaryngology
Colon/Rectal	Pain Medicine
Critical Care	Palliative Medicine
Dermatology	Pathology
Emergency Medicine	Pediatrics
Endocrinology	Plastic Surgery
Gastroenterology	Podiatry
General Surgery	Psychiatry
Geriatric Medicine	Psychology
Hematology	Pulmonology
Hematology/Oncology	Radiology
Infectious Diseases[2]	Rheumatology[2]
Internal Medicine	Sleep Medicine
Midwife	Thoracic Surgery
Nephrology	Urology
Neurology	Vascular Medicine
Neurosurgery	Other
OB/GYN	

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[1] This list is not intended to be exclusive of all provider types available in Michigan nor a limitation of the types of providers issuers should include in networks.

[2] CMS provider review historically focused on this provider type and/or specialty/sub-specialty

ANCILLARY	
Ambulatory Center	Optometry
Audiology	Orthotics/Prosthetics
Chiropractic Medicine	Pain Management
Diagnostics	Physical Therapy
Dialysis[2]	Public Health Clinic
DME	Radiology
Home Health	Skilled Nursing
Home Infusion	Speech Therapy
Hospice	Substance Abuse[2]
Imaging	Urgent Care
Laboratory	Vision Center
Mental/Behavioral Health[2]	Weight Management
Occupational Therapy	OTHER

Dental[2]	
Dental Assistant	Oral and Maxillofacial Radiology
Dental Hygienist	Oral and Maxillofacial Surgery
Dental Lab Tech	Orthodontics and Dentofacial Orthopedics
Dental Public Health	Pediatric Dentistry
Endodontics	Periodontics
General Dentistry	Prosthodontic
Oral and Maxillofacial Pathology	OTHER

Note: No sub-specialty for Pharmacy or Hospital.

Appendix B. Michigan County Designations

County	Designation
Alcona	RURAL
Alger	RURAL
Allegan	MICROPOLITAN
Alpena	MICROPOLITAN
Antrim	RURAL
Arenac	RURAL
Baraga	RURAL
Barry	METROPOLITAN
Bay	METROPOLITAN
Benzie	MICROPOLITAN
Berrien	METROPOLITAN
Branch	MICROPOLITAN
Calhoun	METROPOLITAN
Cass	METROPOLITAN
Charlevoix	RURAL
Cheboygan	RURAL
Chippewa	MICROPOLITAN
Clare	RURAL
Clinton	METROPOLITAN
Crawford	RURAL
Delta	MICROPOLITAN
Dickinson	MICROPOLITAN
Eaton	METROPOLITAN
Emmet	RURAL
Genesee	METROPOLITAN
Gladwin	RURAL
Gogebic	RURAL
Grand Traverse	MICROPOLITAN
Gratiot	MICROPOLITAN
Hillsdale	RURAL
Houghton	MICROPOLITAN
Huron	RURAL
Ingham	METROPOLITAN
Ionia	METROPOLITAN
Iosco	RURAL
Iron	RURAL
Isabella	MICROPOLITAN
Jackson	METROPOLITAN
Kalamazoo	METROPOLITAN
Kalkaska	MICROPOLITAN
Kent	METROPOLITAN
Keweenaw	MICROPOLITAN

County	Designation
Lake	RURAL
Lapeer	METROPOLITAN
Leelanau	MICROPOLITAN
Lenawee	MICROPOLITAN
Livingston	METROPOLITAN
Luce	RURAL
Mackinac	RURAL
Macomb	METROPOLITAN
Manistee	RURAL
Marquette	MICROPOLITAN
Mason	RURAL
Mecosta	MICROPOLITAN
Menominee	MICROPOLITAN
Midland	MICROPOLITAN
Missaukee	MICROPOLITAN
Monroe	METROPOLITAN
Montcalm	RURAL
Montmorency	RURAL
Muskegon	METROPOLITAN
Newaygo	METROPOLITAN
Oakland	METROPOLITAN
Oceana	RURAL
Ogemaw	RURAL
Ontonagon	RURAL
Osceola	RURAL
Oscoda	RURAL
Otsego	RURAL
Ottawa	METROPOLITAN
Presque Isle	RURAL
Roscommon	RURAL
Saginaw	METROPOLITAN
Sanilac	RURAL
Schoolcraft	RURAL
Shiawassee	MICROPOLITAN
St. Clair	METROPOLITAN
St. Joseph	MICROPOLITAN
Tuscola	RURAL
Van Buren	METROPOLITAN
Washtenaw	METROPOLITAN
Wayne	METROPOLITAN
Wexford	MICROPOLITAN