

RCO Capitation Payment Service List by Fund Code

Fund Code	Fund Code & Description	Category ⁵	FY17/FY18 - RCO Responsibility	RCO Financial Responsibility
001	001 - NURSING FAC	Nursing Facility		Excluded Service - Nursing Facility Service
011	011 - INPAT HOSP	IP	X	Included Service
012	012 - OUTPAT HOSP	OP	X	Included Service
013	013 - AMB SURG CTR	OP	X	Included Service
014	014 - HOME HEALTH	Home Health		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
015	015 - FAM PLN-INST	IP	X	Included Service
016	016 - FP INST OP	OP	X	Included Service
018	018 - INPAT PSY HOSP	IP	X	Included Service
021	021 - FP-FQHC	FQHC/RHC	X	Included Service
023	023 - HOSP-OTHER	Other	X	Included Service
024	024 - STERILZ-HOSP	IP	X	Included Service
025	025 - PBRHC	FQHC/RHC	X	Included Service
026	026 - PHP	Other		Excluded Service
027	027 - HIV/AIDS WAIVER	Waiver Services		Excluded Service - Waiver Service
029	029 - STERILZ-HOSP OP	OP	X	Included Service
031	031 - ID WAIVER	Waiver Services		Excluded Service - Waiver Service
032	032 - MENTL HEALTH	MH/SA	X	Included Service
034	034 - ICF-MR PUBLIC	ICFMR		Excluded Service - ICFMR Service
035	035 - ICF-MR PRIVT	ICFMR		Excluded Service - ICFMR Service
036	036 - MRS FCLTY-MD	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
037	037 - TCM-MI	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
039	039 - SUBST ABUSE	MH/SA		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
040	040 - E&D WAIVR DPH	Waiver Services		Excluded Service
041	041 - E&D WVR-COA	Waiver Services		Excluded Service
042	042 - MI NET	Other		Excluded Service
044	044 - MHS/REHB-DHR	MH/SA		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
045	045 - MHS/REHB-DYS	MH/SA		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
046	046 - MHS/REHB-DPH	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
047	047 - TCM-ADULT PSI	Other		Excluded Service
048	048 - TCM-MR ADULT	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
049	049 - HOSPICE ³	Hospice		Excluded Service
050	050 - PREV HLTH ED	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
051	051 - DRUGS	Rx		Excluded Service
052	052 - FAM PLN DRUG	Rx		Excluded Service
053	053 - HOMEBND WVR	Waiver Services		Excluded Service - Waiver Service
054	054 - PHYSICIANS	Specialty	X	Included Service
055	055 - DENTAL	Other		Excluded Service - Dental
056	056 - OPTOMETRIST	Other	X	Included Service
057	057 - EYEGLASSES	Other	X	Included Service
058	058 - LAB	Lab/Rad	X	Included Service
059	059 - FREE STND RAD	Lab/Rad	X	Included Service
060	060 - PROSTHETIC DEVICES	Other	X	Included Service
061	061 - EPSDT	Other	X	Included Service
062	062 - HEARING	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
063	063 - STATE LAB	Lab/Rad		Excluded Service

Fund Code	Fund Code & Description	Category ⁵	FY17/FY18 - RCO Responsibility	RCO Financial Responsibility
064	064 - FP PHYSICIAN	Other	X	Included Service
065	065 - FP CLINIC	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
066	066 - TRANSPORT ⁴	Other	X	Included Service
067	067 - DME	Other	X	Included Service
068	068 - RURL HLTH CL	FQHC/RHC	X	Included Service
069	069 - MNGED CARE	Other		Excluded Service
070	070 - MATERNITY CARE	Other	X	Included Service
072	072 - FQHC	FQHC/RHC	X	Included Service
073	073 - PRIV DTY NRS	OP	X	Included Service
074	074 - OTHER PRACTR	Other	X	Included Service
075	075 - TCM-HD CHILD	Other		Excluded Service
076	076 - TCM-FS CHILD	Other		Excluded Service
077	077 - TCM-PRENATAL	Other		Excluded Service
078	078 - TCM-AIDS	Other		Excluded Service
079	079 - THERAPISTS	Other	X	Included Service
080	080 - MEDICL-OTHER	Other	X	Included Service
081	081 - HOSPICE RM & BOARD	Hospice		Excluded Service - Nursing Facility Service
082	082 - TA WAIVER	Waiver Services		Excluded Service - Waiver Service
151	151 - EPSDT-OTHER	Other	X	Included Service
152	152 - NURSE MIDWIFE	Other	X	Included Service
153	153 - PRENATL CLIN	Other	X	Included Service
154	154 - PREV HLTH ED	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
155	155 - STERILZ-PHYS	PCP	X	Included Service
156	156 - REHAB	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
157	157 - CRNA/NS PRAC	Other	X	Included Service
158	158 - PHY LAB XRAY	Lab/Rad	X	Included Service
159	159 - RNL DIAL CTR	OP	X	Included Service
160	160 - DRUG CAS MGT	Other		Excluded Service - N/A
161	161 - FP-LAB	Other	X	Included Service
162	162 - NON-DRUG PHARMACEUTICALS	Rx		Excluded Service
163	163 - CM-PATIENT FIRST	Other		Excluded Service
164	164 - CHILD SPEC CL	Other		Excluded Service Years 1-2, Included Service Thereafter
165	165 - FP-PBRHC	Other	X	Included Service
166	166 - CLINICS HD	Specialty		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
167	167 - FP-RHC	Other	X	Included Service
168	168 - TRANSPLANTS	Other		Excluded Service
169	169 - PCCM WAIVER ¹	Other	X	Included Service
170	170 - MEDICARE HMO	Other		Excluded Service
171	171 - FP1115 WVR	Other		Excluded Service
172	172 - FP1115 WVR ED	Other		Excluded Service
173	173 - FP1115 WVR DRG	Other		Excluded Service
174	174 - LIVING AT HOME WAIVER	Waiver Services		Excluded Service - Waiver Service
175	175 - PLAN FIRST SCP	Other		Excluded Service
201	201 - NURSING FAC DYS	Other		Excluded Service - DYS
211	211 - INPAT HOSP DYS	IP		Excluded Service - DYS
212	212 - OUTPAT HOSP DYS	ER		Excluded Service - DYS
213	213 - AMB SURG CTR DYS	Other		Excluded Service - DYS
214	214 - HOME HEALTH DYS	Home Health		Excluded Service - DYS
215	215 - FAM PLN-INST DYS	Other		Excluded Service - DYS

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218	218 - INPAT PSY HOSP DYS	IP		Excluded Service - DYS
221	221 - FP-FQHC DYS	FQHC/RHC		Excluded Service - DYS
222	222 - IP HOSP ENHANCE ²	Other	X	Included Service
223	223 - HOSP-OTHER DYS	Other		Excluded Service - DYS
224	224 - STERILZ-HOSP DYS	Other		Excluded Service - DYS
225	225 - PBRHC DYS	FQHC/RHC		Excluded Service - DYS
226	226 - NURSEHM ENHANCE	Other		Excluded Service - Nursing Facility Service
231	231 - ID WAIVER DYS	Other		Excluded Service - DYS
232	232 - MENTL HEALTH DYS	MH/SA		Excluded Service - DYS
234	234 - ICF-MR PUBLIC DYS	Other		Excluded Service - DYS
235	235 - ICF-MR PRIVT DYS	Other		Excluded Service - DYS
236	236 - MRS FCLTY-MD DYS	Other		Excluded Service - DYS
237	237 - TCM-MI DYS	Other		Excluded Service - DYS
239	239 - SUBST ABUSE DYS	MH/SA		Excluded Service - DYS
240	240 - E&D WAIVR DPH DYS	Other		Excluded Service - DYS
241	241 - E&D WVR-COA DYS	Other		Excluded Service - DYS
244	244 - MHS/REHB-DHR DYS	MH/SA		Excluded Service - DYS
245	245 - MHS/REHB-DYS DYS	MH/SA		Excluded Service - DYS
246	246 - MHS/REHB-DPH DYS	Other		Excluded Service - DYS
247	247 - TCM-ADULT PSI DYS	Other		Excluded Service - DYS
248	248 - TCM-MR ADULT DYS	Other		Excluded Service - DYS
249	249 - HOSPICE DYS	Other		Excluded Service - DYS
250	250 - PREV HLTH ED DYS	Other		Excluded Service - DYS
251	251 - DRUGS DYS	Rx		Excluded Service - DYS
252	252 - FAM PLN DRUG DYS	Rx		Excluded Service - DYS
253	253 - HOMEBND WVR DYS	Other		Excluded Service - DYS
254	254 - PHYSICIANS DYS	Specialty		Excluded Service - DYS
255	255 - DENTAL DYS	Other		Excluded Service - DYS
256	256 - OPTOMETRIST DYS	Other		Excluded Service - DYS
257	257 - EYEGASSES DYS	Other		Excluded Service - DYS
258	258 - LAB DYS	Lab/Rad		Excluded Service - DYS
259	259 - FREE STND RAD DYS	Lab/Rad		Excluded Service - DYS
261	261 - EPSDT DYS	Other		Excluded Service - DYS
262	262 - HEARING DYS	Other		Excluded Service - DYS
263	263 - STATE LAB DYS	Lab/Rad		Excluded Service - DYS
264	264 - FP PHYSICIAN DYS	PCP		Excluded Service - DYS
265	265 - FP CLINIC DYS	Other		Excluded Service - DYS
266	266 - TRANSPORT DYS	Other		Excluded Service - DYS
267	267 - DME DYS	Other		Excluded Service - DYS
268	268 - RURL HLTH CL DYS	FQHC/RHC		Excluded Service - DYS
269	269 - MNGED CARE DYS	Other		Excluded Service - DYS
270	270 - MAT WVR-FOC DYS	Other		Excluded Service - DYS
272	272 - FQHC DYS	FQHC/RHC		Excluded Service - DYS
273	273 - PRIV DTY NRS DYS	Other		Excluded Service - DYS
274	274 - OTHER PRACTR DYS	Other		Excluded Service - DYS
275	275 - TCM-HC CHILD DYS	Other		Excluded Service - DYS
276	276 - TCM-FS CHILD DYS	Other		Excluded Service - DYS
277	277 - TCM-PRENATAL DYS	Other		Excluded Service - DYS
278	278 - TCM-AIDS DYS	Other		Excluded Service - DYS
279	279 - THERAPISTS DYS	Other		Excluded Service - DYS
280	280 - MEDICL-OTHER DYS	Other		Excluded Service - DYS
351	351 - EPSDT-OTHER DYS	Other		Excluded Service - DYS

Fund Code	Fund Code & Description	Category ⁵	FY17/FY18 - RCO Responsibility	RCO Financial Responsibility
352	352 - NURSE MIDWIFE DYS	Other		Excluded Service - DYS
353	353 - PRENATL CLIN DYS	Other		Excluded Service - DYS
354	354 - PREV HLTH ED DYS	Other		Excluded Service - DYS
355	355 - STERILZ-PHYS DYS	Other		Excluded Service - DYS
356	356 - REHAB DYS	Other		Excluded Service - DYS
357	357 - DRNA/NS PRAC DYS	Other		Excluded Service - DYS
358	358 - PHY LAB XRAY DYS	Lab/Rad		Excluded Service - DYS
359	359 - RNL DIAL CTR DYS	Other		Excluded Service - DYS
360	360 - DRUG CAS MGT DYS	Other		Excluded Service - DYS
361	361 - FP-LAB DYS	PCP		Excluded Service - DYS
362	362 - NON-DRUG PHARMACEUT. DYS	Rx		Excluded Service - DYS
363	363 - TCM-MED AT RISK DYS	Other		Excluded Service - DYS
364	364 - CHILD SPEC CL DYS	Other		Excluded Service - DYS
365	365 - FP-PBRHC DYS	Other		Excluded Service - DYS
366	366 - CLINICS HD DYS	Other		Excluded Service - DYS
367	367 - FP-RHC DYS	Other		Excluded Service - DYS
368	368 - TRANSPLANTS DYS	Other		Excluded Service - DYS
369	369 - PCCM WAIVER DYS	Other		Excluded Service - DYS
370	370 - MEDICARE HMO DYS	Other		Excluded Service - DYS
371	371 - FP1115 WVR DYS	Other		Excluded Service - DYS
372	372 - FP1115 WVR DYS ED	Other		Excluded Service - DYS
373	373 - FP1115 WVR DRG DYS	Other		Excluded Service - DYS
401	401 - NH VENT	Nursing Facility		Excluded Service - Nursing Facility Service
411	411 - INPAT HOSP CYS	Other		Excluded Service - CYS
412	412 - OUTPAT HOSP CYS	Other		Excluded Service - CYS
413	413 - AMB SURG CTR CYS	Other		Excluded Service - CYS
414	414 - HOME HLTH-PATIENT FIRST	Home Health		Excluded Service Years 1-2, Included Service Thereafter
415	415 - FAM PLN-INST CYS	Other		Excluded Service - CYS
418	418 - INPAT PSY HOSP CYS	Other		Excluded Service - CYS
421	421 - FP-FQHC CYS	Other		Excluded Service - CYS
422	422 - OP HOSP ENHANCE ²	Other	X	Included Service
423	423 - HOSP-OTHER CYS	Other		Excluded Service - CYS
424	424 - STERILZ-HOSP CYS	Other		Excluded Service - CYS
425	425 - PBRHC CYS	Other		Excluded Service - CYS
426	426 - HOMEHLT ENHANCE	Other		Excluded Service
431	431 - MR/DD WAIVER CYS	Other		Excluded Service - CYS
432	432 - MENTL HEALTH CYS	Other		Excluded Service - CYS
434	434 - ICF-MR PUBLIC CYS	Other		Excluded Service - CYS
435	435 - ICF-MR PRIVT CYS	Other		Excluded Service - CYS
436	436 - NRS FCLTY-MD CYS	Other		Excluded Service - CYS
437	437 - TCM-MI CYS	Other		Excluded Service - CYS
439	439 - SUBST ABUSE CYS	Other		Excluded Service - CYS
440	440 - E&D WAIVR DPH CYS	Other		Excluded Service - CYS
441	441 - E&D WVR-COA CYS	Other		Excluded Service - CYS
444	444 - MHS/REHB-DHR CYS	Other		Excluded Service - CYS
445	445 - MHS/REHB-DYS CYS	Other		Excluded Service - CYS
446	446 - MHS/REHB-DPH CYS	Other		Excluded Service - CYS
447	447 - TCM-ADULT PSI CYS	Other		Excluded Service - CYS
448	448 - TCM-MR ADULT CYS	Other		Excluded Service - CYS
449	449 - HOSPICE CYS	Other		Excluded Service - CYS
450	450 - PREV HLTH ED CYS	Other		Excluded Service - CYS

Fund Code	Fund Code & Description	Category ⁵	FY17/FY18 - RCO Responsibility	RCO Financial Responsibility
451	451 - DRUGS CYS	Other		Excluded Service - CYS
452	452 - FAM PLN DRUG CYS	Other		Excluded Service - CYS
453	453 - HOMEBND WVR CYS	Other		Excluded Service - CYS
454	454 - PHYSICIANS CYS	Other		Excluded Service - CYS
455	455 - DENTAL CYS	Other		Excluded Service - CYS
456	456 - OPTOMETRIST CYS	Other		Excluded Service - CYS
457	457 - EYEGLASSES CYS	Other		Excluded Service - CYS
458	458 - LAB CHP CYS	Other		Excluded Service - CYS
459	459 - FREE STND RAD CYS	Other		Excluded Service - CYS
461	461 - EPSDT CYS	Other		Excluded Service - CYS
462	462 - HEARING CYS	Other		Excluded Service - CYS
463	463 - STATE LAB CYS	Other		Excluded Service - CYS
464	464 - FP PHYSICIAN CYS	Other		Excluded Service - CYS
465	465 - FP CLINIC CYS	Other		Excluded Service - CYS
466	466 - TRANSPORT CYS	Other		Excluded Service - CYS
467	467 - DME CYS	Other		Excluded Service - CYS
468	468 - RURL HLTH CL CYS	Other		Excluded Service - CYS
469	469 - MNGED CARE CYS	Other		Excluded Service - CYS
470	470 - MAT WVR-FOC CYS	Other		Excluded Service - CYS
472	472 - FQHC CYS	Other		Excluded Service - CYS
473	473 - PRIV DTY NRS CYS	Other		Excluded Service - CYS
474	474 - OTHER PRACTR CYS	Other		Excluded Service - CYS
475	475 - TCM-HC CHILD CYS	Other		Excluded Service - CYS
476	476 - TCM-FS CHILD CYS	Other		Excluded Service - CYS
477	477 - TCM-PRENATAL CYS	Other		Excluded Service - CYS
478	478 - TCM-AIDS CYS	Other		Excluded Service - CYS
479	479 - THERAPISTS CYS	Other		Excluded Service - CYS
480	480 - MEDICL-OTHER CYS	Other		Excluded Service - CYS
551	551 - EPSDT-OTHER CYS	Other		Excluded Service - CYS
552	552 - NURSE MIDWIFE CYS	Other		Excluded Service - CYS
553	553 - PRENATL CLIN CYS	Other		Excluded Service - CYS
554	554 - PREV HLTH ED CYS	Other		Excluded Service - CYS
555	555 - STERILZ-PHYS CYS	Other		Excluded Service - CYS
556	556 - REHAB CYS	Other		Excluded Service - CYS
557	557 - CRNA/NS PRAC CYS	Other		Excluded Service - CYS
558	558 - PHY LAB XRAY CYS	Other		Excluded Service - CYS
559	559 - RNL DIAL CTR CYS	Other		Excluded Service - CYS
560	560 - DRUG CAS MGT CYS	Other		Excluded Service - CYS
561	561 - FP-LAB CYS	Other		Excluded Service - CYS
562	562 - NON-DRUG PHARMACEUT. CYS	Other		Excluded Service - CYS
563	563 - TELEMETRY MONITORING	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
564	564 - CHILD SPEC CL CYS	Other		Excluded Service - CYS
565	565 - FP-PBRHC CYS	Other		Excluded Service - CYS
566	566 - CLINICS HD CYS	Other		Excluded Service - CYS
567	567 - FP-RHC CYS	Other		Excluded Service - CYS
568	568 - TRANSPLANTS CYS	Other		Excluded Service - CYS
569	569 - PCCM WAIVER CYS	Other		Excluded Service - CYS
570	570 - MEDICARE HMO CYS	Other		Excluded Service - CYS
571	571 - FP1115 WVR CYS	Other		Excluded Service - CYS
572	572 - FP1115 WVR CYS ED	Other		Excluded Service - CYS
573	573 - FP1115 WVR DRG CYS	Other		Excluded Service - CYS

Fund Code	Fund Code & Description	Category ⁵	FY17/FY18 - RCO Responsibility	RCO Financial Responsibility
811	811 - INPAT HOSP CHP	IP	X	Included Service
812	812 - OUTPAT HOSP CHP	OP	X	Included Service
813	813 - AMB SURG CTR CHP	Other	X	Included Service
814	814 - HOME HEALTH CHP	Home Health		Excluded Service Years 1-2, Included Service Thereafter
815	815 - FAM PLN-INST CHP	Other	X	Included Service
816	816 - FP-INST OP CHP	OP	X	Included Service
818	818 - INPAT PSY HOSP CHP	IP	X	Included Service
821	821 - FP-FQHC CHP	FQHC/RHC	X	Included Service
822	822 - DSH CHP	Other	X	Included Service
823	823 - HOSP-OTHER CHP	Other	X	Included Service
824	824 - STERILZ-HOSP CHP	Other	X	Included Service
825	825 - PBRHC CHP	FQHC/RHC	X	Included Service
826	826 - PHP CHP	Other		Excluded Service
831	831 - MR/DD WAIVER CHP	Other		Excluded Service - Waiver Service
832	832 - MENTL HEALTH CHP	MH/SA	X	Included Service
834	834 - ICF-MR PUBLI CHP	Other		Excluded Service - ICFMR Service
835	835 - ICF-MR PRIVT CHP	Other		Excluded Service - ICFMR Service
836	836 - NRS FCLTY-MD CHP	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
837	837 - TCM-MI CHP	N/A		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
839	839 - SUBST ABUSE CHP	MH/SA		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
840	840 - E&D WAIVR DPH CHP	Other		Excluded Service - Waiver Service
841	841 - E&D WVR-COA CHP	Other		Excluded Service - Waiver Service
844	844 - MHS/REHB-DHR CHP	MH/SA		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
845	845 - MHS/REHB-DYS CHP	MH/SA		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
846	846 - MHS/REHB-DPH CHP	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
847	847 - TCM-ADULT PSI CHP	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
848	848 - TCM-MR ADULT CHP	Other		Excluded Service
849	849 - HOSPICE CHP	Other		Excluded Service
850	850 - PREV HLTH ED CHP	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
851	851 - DRUGS CHP	Rx		Excluded Service
852	852 - FAM PLN DRUG CHP	Rx		Excluded Service
853	853 - HOMEBND WVR CHP	Other		Excluded Service - Waiver Service
854	854 - PHYSICIANS CHP	PCP	X	Included Service

Fund Code	Fund Code & Description	Category ⁵	FY17/FY18 - RCO Responsibility	RCO Financial Responsibility
855	855 - DENTAL CHP	Other		Excluded Service - Dental
856	856 - OPTOMETRIST CHP	Other	X	Included Service
857	857 - EYEGASSES CHP	Other	X	Included Service
858	858 - LAB CHP	Lab/Rad	X	Included Service
859	859 - FREE STND RAD CHP	Lab/Rad	X	Included Service
861	861 - EPSDT CHP	Other	X	Included Service
862	862 - HEARING CHP	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
863	863 - STATE LAB CHP	N/A		Excluded Service
864	864 - FP PHYSICIAN CHP	Other	X	Included Service
865	865 - FP CLINIC CHP	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
866	866 - TRANSPORT CHP	Other	X	Included Service
867	867 - DME CHP	Other	X	Included Service
868	868 - RURL HLTH CL CHP	FQHC/RHC	X	Included Service
869	869 - MNGED CARE CHP	Other		Excluded Service
870	870 - MAT WVR-FOC CHP	Other	X	Included Service
872	872 - FQHC CHP	FQHC/RHC	X	Included Service
873	873 - PRIV DTY NRS CHP	Other	X	Included Service
874	874 - OTHER PRACTR CHP	Other	X	Included Service
875	875 - TCM-HC CHILD CHP	Other		Excluded Service
876	876 - TCM-FS CHILD CHP	Other		Excluded Service
877	877 - TCM-PRENATAL CHP	Other		Excluded Service
878	878 - TCM-AIDS CHP	Other		Excluded Service
879	879 - THERAPISTS CHP	Other	X	Included Service
880	880 - UNCOMPENSATED CARE	Other		Excluded Service
890	890 - MEDICL-OTHER CHP	Other	X	Included Service
951	951 - EPSDT-OTHER CHP	Other	X	Included Service
952	952 - NURSE MIDWIFE CHP	Other	X	Included Service
953	953 - PRENATL CLIN CHP	Other	X	Included Service
954	954 - PREV HLTH ED CHP	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
955	955 - STERILZ-PHYS CHP	Other	X	Included Service
956	956 - REHAB EARLY INTERVENTION	Other		Excluded Service Years 1-2 (Other State Agency), Included Service Thereafter
957	957 - CRNA/NS PRAC CHP	Other	X	Included Service
958	958 - PHY LAB XRAY CHP	Lab/Rad	X	Included Service
959	959 - PACE	Other		Excluded Service
961	961 - FP-LAB CHP	PCP	X	Included Service
962	962 - NON-DRUG PHARMACEUT. CHP	Rx		Excluded Service
963	963 - TCM-MED AT RISK CHP	Other		Excluded Service
964	964 - CHILD SPEC CL CHP	Other		Excluded Service Years 1-2, Included Service Thereafter
965	965 - FP-PBRHC CHP	Other	X	Included Service
966	966 - CLINICS HD CHP	Other		Excluded Service Years 1-2, Included Service Thereafter
967	967 - FP-RHC CHP	Other	X	Included Service
968	968 - TRANSPLANTS CHP	Other		Excluded Service
969	969 - ACT Waiver	Waiver Services		Excluded Service - Waiver Service
970	970 - MEDICARE HMO CHP	Other		Excluded Service
971	971 - FP1115 WVR CHP	Other		Excluded Service
972	972 - FP1115 WVR CHP ED	Other		Excluded Service
973	973 - FP1115 WVR DRG CHP	Other		Excluded Service
974	974 - MEPD	Other		Excluded Service

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993	993 - CM-PATIENT FIRST CHP	Other		Excluded Service