

**DATA DICTIONARY
NEW YORK STATE DEPARTMENT OF HEALTH**



Provider Network Data System (PNDS)
Version 7.5 (August 2016)

DATA DICTIONARY CONTENTS Provider Network Data System (PNDS)

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Provider Network Data System

I. GENERAL INFORMATION

A. About the Provider Network Data System

The Provider Network Data System (PNDS) was implemented by the New York State Department of Health (NYS DOH) in December of 1996 to gather information about the provider and service networks contracted to Health Insurers operating in New York State. The NYS DOH will be collecting data through a new submission portal beginning in 2016 (gradually phasing out the current Health Commerce System) with full implementation in 2017. Health Insurers electronically submit provider network data quarterly for the following lines of business: Medicaid; Child Health Plus; Fully Integrated Dual Advantage (FIDA); HIV Special Needs Plans (SNP); Managed Long Term Care Plans; Health and Recovery Plan(s) (HARP); New York State of Health (NYSOH) Qualified Health Plan(s) (QHPs); Basic Health Plan(s) (BHPs); and Commercial networks outside of the NYSOH.

B. Purpose

The primary purpose for the PNDS is to collect data needed to evaluate the provider networks including physicians, hospitals, labs, home health agencies, durable medical equipment providers, etc., for all types of Health Insurers in New York State.

C. Uses of PNDS Data

Provider eligibility assessment

PNDS data is compared to information on professional licensing, Office of Professional Medical Care sanctions, and Medicaid and Medicare provider eligibility, to assure that only qualified providers are delivering health care to plan members. Facilities are checked for valid operating certificate numbers and that operating certificate numbers match the type of facility indicated.

Comprehensive services assessment

The Department of Health conducts network assessments to assure that comprehensive health services are available as required under Section 4403 of the Public Health Law. The Office of Health Insurance Programs, Bureau of Managed Care Certification and Surveillance, and the NYSOH uses data from the PNDS to assess whether Insurers have contracted with an appropriate range of primary care practitioners, clinical specialists and service facilities (hospitals, labs, etc.) within the Insurer's service area. Evaluations are completed on insurers serving the above listed lines of business.

Access and travel assessment

Managed care plans networks serving Medicaid recipients are evaluated against established access and travel standards using PNDS data.

Finding a plan provider

Customized directories of providers by county are created from PNDS data.

Capacity analysis

PNDS data is used to calculate the potential capacity of a managed care plan's primary care providers. The calculation estimates the number of full time equivalent primary care providers and assumes that each FTE can serve up to 1,500 Medicaid members.

Investigation of Fraud

Data from PNDS is matched to Medicaid Encounter Data System data to identify Medicaid providers who have been identified as unable to participate in Medicaid managed care but had an encounter with a patient during the quarter. The Office of Health Insurance Programs uses this information in their plan oversight activities.

County network review

PNDS data is provided to county Departments of Social Services for use in local network reviews.

D. Connection to the Provider Network Data System (PNDS)

Connection to the PNDS is through a secure connection at www.pnds.health.ny.gov. All users must have an account and access to the PNDS page. To obtain access to the PNDS for new insurers, please send an email request to pnds@health.ny.gov or call (518) 486-9012. After the account is created, the DOH will notify the insurers about the accounts. DOH will reach out to each organization to establish a coordinator, who will then be able to create user accounts for submissions.

E. Data Submission Schedule

Provider network data is collected at least quarterly, or more often as network changes occur, for the following lines of business: Medicaid; Child Health Plus; FIDA; HIV Special Needs Plans (SNP); Managed Long Term Care Plans (MLTC); Health and Recovery Plans (HARP); New York State of Health (NYSOH) Qualified Health Plan(s) (QHP) and Basic Health Plans (BHPs), and annually for Commercial managed care networks outside of the NYSOH. By quarter 2, 2017, all submission will align with the quarterly submission schedule. PNDS submissions are a snapshot of the network taken the week of the quarter in which the last day falls. Beginning in 2017, quarters will end March 31, June 30, September 30, and December 31 for all submissions. The snapshot of the data will be the business week that includes the last day of the month. For example, if the 31st is a Wednesday, the week would be the 29th through the 2nd. Submission schedules are posted on the PNDS homepage.

Annual submissions will be aligned with the quarterly submission schedule as of quarter 2, 2017 (refer to schedule on PNDS portal). Remaining annual submissions should use the following guidance: Annual submissions are only for the week including December 31. This submission must include the Insurer's entire network. Insurers have at least 15 business days after the end of the quarter, to submit their regular data files. Test submissions may be submitted at any time. Additional submissions include corrections and service area expansions on an as needed basis. Health plans with multiple products should report all programs in a single file except HIV/SNP which must be reported separately. Exchange programs should continue to be reported as previously instructed by the New York State of Health.

Provider Network Data System

II. PHYSICIAN AND OTHER PROVIDERS DETAILED RECORD FORMAT

II. PHYSICIAN AND OTHER PROVIDERS DETAILED RECORD FORMAT

KEY TO WHO SUBMITS?

ALL REC = All Records for all payers

ALL PCPs = All PCPs

ALL Physician REC = all with type 01=MD or type 12=DO

ALL MED & SNP REC = All Medicaid and HIV SNP Records

KEY TO FORMAT

A = Alpha format only

N = Numeric format only

A/N = Alpha Numeric

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
IDENTIFICATION							
Last Name	1-25	25	A	ALL REC	YES		37
First Name	26-40	15	A	ALL REC	YES		38
National Provider Identifier (NPI)	41-50	10	A/N	ALL REC	YES	10 digits only	39
License Number	51-56	6	A/N	ALL REC	YES	Valid NYS License # zero-fill to the left	40
Medicaid Provider Identification / MEDS ID	57-64	8	A/N	ALL MED & SNP REC	NO	Provider Identification. See edit application	41
Managed Care Plans ID	65-84	20	A/N	Optional	NO	Unique Provider Identification for your Managed Care Plan	42
LOCATION							
Site Name	85-134	50	A/N	ALL REC	YES	Office or Professional Building	43
Room or Suite	135-154	20	A/N	ALL REC	YES	If Not Applicable enter "NA"	44
Street Address	155-203	49	A/N	ALL REC	YES		45
Town/City	204-233	30	A/N	ALL REC	YES		46
State	234-235	2	A/N	ALL REC	YES		47
Borough/Cnty Code	236-238	3	A/N	ALL REC	YES	FIPS codes right justified and zero-fill	48
Zip Code	239-243	5	A/N	ALL REC	YES		49
Zip Plus Four	244-247	4	A/N	ALL REC	NO		50
Wheel Chair Accessibility	248-248	1	A/N	ALL REC	YES	0=No	51
						1=Yes	
PRACTICE							
Primary Designation	249-249	1	A/N	ALL REC	YES	1=PCP	52
						2=Specialist	
						3=PCP and Specialist	
Provider Type	250-251	2	A/N	ALL REC	YES	01=MD	56
						02=CNP Nurse Practitioner	
						03=CNM	
						04=CSW	
						05=Clinical Psych	
						06=OD Optometrist	
						08=DDS	
						09=DPM Podiatrist	
						10=Chiropractor	
						11=Other	

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
						12=DO	
						14=Psychologist	
						15=Counselor	
						16=Social Work	
						18=DMD	
						19=OMS	
						20=Acupuncturist	
						22=RN	
						23=Physician Assistant (PA)	
						30=Audiologist	
						40=CDN Dietician/Nutritionist	
						50=CM (not a nurse)	
						60=PT	
						61=OT	
						62=SLP	
						63=CFY	
						64=RT	
Primary Specialty	252-254	3	A/N	ALL REC	YES	See Appendix	58
Secondary Specialty	255-257	3	A/N	ALL REC	NO	See Appendix	59
Board Status - Primary Specialty	258-258	1	A/N	ALL Physician REC	YES	1=Not Board Cert; Residency Incomplete	60
						2=Not Board Certified; Residency Complete.	
						3=Board Certified	
						4=No Board Cert Avail	
						9=Not Applicable	
Board Status - Secondary Specialty	259-259	1	A/N	ALL Physician REC	NO	1=Not Board Cert; Residency Incomplete	62
						2=Not Board Certified; Residency Complete.	
						3=Board Certified	
						4=No Board Cert Avail	
						9=Not Applicable	
Residents Attending Physicians License Number	260-265	6	A/N	All Resident PCPs	YES	NYS Valid License Number Zero-fill to the left; non-residents should 0 fill	64
Residency Status - Primary Specialty	266-266	1	A/N	ALL Physician REC	YES PCP ONLY	1=PGY1	65
						2=PGY2	
						3=PGY3	
						4=PGY4 - 8+	

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
						9=Not Applicable (for non-current residents, i.e., physicians who have completed residency, etc)	
Residency Status - Secondary Specialty	267-267	1	A/N	ALL Physician REC	NO	1=PGY1	67
						2=PGY2	
						3=PGY3	
						4=PGY4 - 8+	
						9=Not Applicable (for non-current residents, i.e., physicians who have completed residency, etc)	
Provider's Gender	268-268	1	A/N	ALL REC	YES	1=Male	69
						2=Female	
Physician Extenders	269-273	5	N	ALL PCPs	YES	*For PCPs only*	70
						Total #FTEs: PA/NP	
						99.99=Not Applicable	
						(for non-PCPs or NPs acting as PCPs)	
Commercial Provider Indicator	274-274	1	A/N	ALL REC	YES	0=No	71
						1=Yes	
Medicaid Provider Indicator	275-275	1	A/N	ALL REC	YES	0=No	72
						1=Yes	
Medicare Provider Indicator	276-276	1	A/N	ALL REC	YES	0=No	73
						1=Yes	
Child Health Plus (CHP) Provider Indicator	277-277	1	A/N	ALL REC	YES	0=No	74
						1=Yes	
HARP Indicator	278-278	1	A/N	ALL REC	YES	0=No	75
						1=Yes	
Medicaid Advantage Indicator	279-279	1	A/N	ALL REC	YES	0=No	76
						1=Yes	
Partial CAPS Indicator	280-280	1	A/N	ALL REC	YES	0=No	77
						1=Yes	
MAP Indicator	281-281	1	A/N	ALL REC	YES	0=No	78
						1=Yes	
PACE Indicator	282-282	1	A/N	ALL REC	YES	0=No	79
						1=Yes	
FIDA Indicator	283-283	1	A/N	ALL REC	YES	0=No	80
						1=Yes	

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH Standard Basic Health Plan (BHP) Indicator	284-284	1	A/N	ALL REC	YES	0=No	81
						1=Yes	
NYSOH BHP Plus Adult Vision/Dental Indicator	285-285	1	A/N	ALL REC	YES	0=No	82
						1=Yes	
Commercial Non-MCO Medical Indicator	286-286	1	A/N	ALL REC	YES	0=No	83
						1=Yes	
Commercial Non-MCO Vision Indicator	287-287	1	A/N	ALL REC	YES	0=No	84
						1=Yes	
Commercial Non-MCO Dental Indicator	288-290	3	N	ALL REC	YES	000=No	85
						001=Yes	
Commercial Panel Status	291-291	1	A/N	ALL COMM. PCPs	YES	1=Open to all new and existing	86
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
Medicaid Panel Status	292-292	1	A/N	ALL MED & SNP PCPs, & OB/GYNs	YES	1=Open to all new and existing	87
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
Medicare Panel Status	293-293	1	A/N	ALL Medicare PCPs	YES	1=Open to all new and existing	88
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
CHP Panel Status	294-294	1	A/N	ALL CHP PCPs	YES	1=Open to all new and existing	89
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
Filler	295-295	1	A/N	ALL REC	YES		N/A
Medicaid Advantage Panel Status	296-296	1	A/N	ALL MA ADVAN PCPs	YES	1=Open to all new and existing	90
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Partial CAPS Panel Status	297-297	1	A/N	ALL PARTIAL CAPS PCPs	YES	1=Open to all new and existing	91
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
MAP Panel Status	298-298	1	A/N	ALL MAP PCPs	YES	1=Open to all new and existing	92
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
PACE Panel Status	299-299	1	A/N	ALL PACE PCPs	YES	1=Open to all new and existing	93
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
FIDA Panel Status	300-300	1	A/N	ALL FIDA PCPs	YES	1=Open to all new and existing	94
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Standard Basic Health Plan (BHP) Panel Status	301-301	1	A/N	ALL REC	YES	1=Open to all new and existing	95
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH BHP Plus Adult Vision/Dental Panel Status	302-302	1	A/N	ALL REC	YES	1=Open to all new and existing	96
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
Filler	303-303	1	A/N	ALL REC	YES	Space-filled	N/A
Filler	304-304	1	A/N	ALL REC	YES	Space-filled	N/A
Filler	305-307	3	N	ALL REC	YES	Space-filled	N/A
Commercial Panel Size	308-311	4	N	ALL COMM. PCPs	YES	Total Covered commercial members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	97
Medicaid Panel Size	312-315	4	N	ALL MED & SNP REC	YES	Total Covered Medicaid members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	98

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Medicare Panel Size	316-319	4	N	ALL Medicare PCPs	YES	Total Covered Medicare members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	99
CHP Panel Size	320-323	4	N	ALL CHP PCPs	YES	Total Covered CHP members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	100
Filler	324-327	4	N	ALL REC	YES	Space-filled	N/A
Medicaid Advantage Panel Size	328-331	4	N	ALL MA Advan. PCPs	YES	Total Covered Medicaid Advantage members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	101
Partial CAPS Panel Size	332-335	4	N	ALL Partial CAPS PCPs	YES	Total Covered Partial CAPS members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	102
MAP Panel Size	336-339	4	N	ALL MAP PCPs	YES	Total Covered MAP members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	103
PACE Panel Size	340-343	4	N	ALL PACE PCPs	YES	Total Covered PACE members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	104
FIDA Panel Size	344-347	4	A/N	ALL FIDA PCPs	YES	Total Covered FIDA members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	105
NYSOH Standard Basic Health Plan (BHP) Panel Size	348-351	4	A/N	ALL NYSOH Standard BHP PCP's	YES	Total Covered Standard BHP members assigned to this provider at your health plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	106
NYSOH BHP Plus Adult Vision/Dental Panel Size	352-355	4	A/N	ALL NYSOH BHP Plus Adult Vision/Dental PCP's	YES	Total Covered BHP plus Adult Vision & Dental members assigned to this provider at your health plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	107
Filler	356-359	4	A/N	ALL REC	YES	Space-filled	N/A
Filler	360-363	4	A/N	ALL REC	YES	Space-filled	N/A
Filler	364-375	12	N	ALL REC	YES	Space-filled	N/A

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Hospital Affiliation (HA) Operating Certificate (OPCERT) #1	376-383	8	A/N	ALL PCPs & OB/GYNs Optional for the others	YES	See Operating Facility codes 99999999=Not Applicable (for non-PCP, non-OB/GYN)	108
HA Permanent Facility Identifier (PFI) #1	384-387	4	A/N	ALL PCPs & OB/GYNs Optional for the others	YES	Corresponds to HA OPCERT #1	109
Hospital Affiliation (HA) Operating Certificate (OPCERT) #2	388-395	8	A/N	ALL PCPs & OB/GYNs Optional for the others	NO	See Operating Facility codes 99999999=Not Applicable (for non-PCP, non-OB/GYN)	108
HA Permanent Facility Identifier (PFI) #2	396-399	4	A/N	ALL PCPs & OB/GYNs Optional for the others	NO	Corresponds to HA OPCERT #2	109
Hospital Affiliation (HA) Operating Certificate (OPCERT) #3	400-407	8	A/N	ALL PCPs & OB/GYNs Optional for the others	NO	See Operating Facility codes 99999999=Not Applicable (for non-PCP)	108
HA Permanent Facility Identifier (PFI) #3	408-411	4	A/N	ALL PCPs & OB/GYNs Optional for the others	NO	Corresponds to HA OPCERT #3	109
Provider Location Facility Operating Number	412-419	8	A/N	ALL PCPs	NO		110
Provider Location Permanent Facility Identifier (PFI)	420-423	4	A/N	ALL PCPs	NO	For PCPs only See Operating Facility Codes	111
OFFICE HOURS							
Total Office Hours	424-426	3	A/N	MED & SNP PCPs Only PCPs Only	YES	Enter the Total hours worked per week during the submission period. Non- PCPs zero-fill	112
After Hours Indicator	427-427	1	A/N	MED & SNP REC PCPs Only	YES	0=No	113
						1=Yes	
						9=Not Applicable	
LANGUAGES							
Language 1	428-429	2	A/N	MED & SNP PCPs Only	YES	See Appendix VI	114
Language 2	430-431	2	A/N	MED & SNP PCPs Only	YES	See Appendix VI	114
Language 3	432-433	2	A/N	MED & SNP PCPs Only	YES	See Appendix VI	114
Language 4	434-435	2	A/N	MED & SNP PCPs Only	YES	See Appendix VI	114
Language 5	436-437	2	A/N	MED & SNP PCPs Only	YES	See Appendix VI	114

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Language 6	438-439	2	A/N	MED & SNP PCPs Only	YES	See Appendix VI	114
Language 7	440-441	2	A/N	MED & SNP PCPs Only	YES	See Appendix VI	114
CONTACT INFO							
Area Code	442-444	3	A/N	ALL REC	YES		115
Phone Number	445-451	7	A/N	ALL REC	YES	Do not include hyphen	116
Provider Email Address	452-491	40	A/N	ALL REC	YES	Enter valid email address	117
Federal Employer Identification Number (FEIN)	492-500	9	A/N	ALL REC	YES	9 digits. Do not include hyphen	118
EXCHANGE PRACTICE							
NYSOH Indiv St Bronze	501-501	1	A/N	ALL REC	YES	0=No	119
						1=Yes	
NYSOH Indiv St Silver	502-502	1	A/N	ALL REC	YES	0=No	120
						1=Yes	
NYSOH Indiv St Gold	503-503	1	A/N	ALL REC	YES	0=No	121
						1=Yes	
NYSOH Indiv St Platinum	504-504	1	A/N	ALL REC	YES	0=No	122
						1=Yes	
NYSOH Indiv Child Only Bronze	505-505	1	A/N	ALL REC	YES	0=No	123
						1=Yes	
NYSOH Indiv Child Only Silver	506-506	1	A/N	ALL REC	YES	0=No	124
						1=Yes	
NYSOH Indiv Child Only Gold	507-507	1	A/N	ALL REC	YES	0=No	125
						1=Yes	
NYSOH Indiv Child Only Platinum	508-508	1	A/N	ALL REC	YES	0=No	126
						1=Yes	
NYSOH Indiv Catastrophic	509-509	1	A/N	ALL REC	YES	0=No	127
						1=Yes	
NYSOH Indiv Pediatric Dental High	510-510	1	A/N	ALL REC	YES	0=No	128
						1=Yes	
NYSOH Indiv Pediatric Dental Low	511-511	1	A/N	ALL REC	YES	0=No	129
						1=Yes	
NYSOH Indiv Adult Dental	512-512	1	A/N	ALL REC	YES	0=No	130

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
						1=Yes	
NYSOH Indiv Family Dental	513-513	1	A/N	ALL REC	YES	0=No	131
						1=Yes	
NYSOH Indiv Non St Bronze 1	514-514	1	A/N	ALL REC	YES	0=No	132
						1=Yes	
NYSOH Indiv Non St Silver 1	515-515	1	A/N	ALL REC	YES	0=No	133
						1=Yes	
NYSOH Indiv Non St Gold 1	516-516	1	A/N	ALL REC	YES	0=No	134
						1=Yes	
NYSOH Indiv Non St Platinum 1	517-517	1	A/N	ALL REC	YES	0=No	135
						1=Yes	
NYSOH Indiv Non St Bronze 2	518-518	1	A/N	ALL REC	YES	0=No	136
						1=Yes	
NYSOH Indiv Non St Silver 2	519-519	1	A/N	ALL REC	YES	0=No	137
						1=Yes	
NYSOH Indiv Non St Gold 2	520-520	1	A/N	ALL REC	YES	0=No	138
						1=Yes	
NYSOH Indiv Non St Platinum 2	521-521	1	A/N	ALL REC	YES	0=No	139
						1=Yes	
NYSOH Indiv Non St Bronze 3	522-522	1	A/N	ALL REC	YES	0=No	140
						1=Yes	
NYSOH Indiv Non St Silver 3	523-523	1	A/N	ALL REC	YES	0=No	141
						1=Yes	
NYSOH Indiv Non St Gold 3	524-524	1	A/N	ALL REC	YES	0=No	142
						1=Yes	
NYSOH Indiv Non St Platinum 3	525-525	1	A/N	ALL REC	YES	0=No	143
						1=Yes	
NYSOH SHOP St Bronze	526-526	1	A/N	ALL REC	YES	0=No	144
						1=Yes	
NYSOH SHOP St Silver	527-527	1	A/N	ALL REC	YES	0=No	145
						1=Yes	
NYSOH SHOP St Gold	528-528	1	A/N	ALL REC	YES	0=No	146
						1=Yes	

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH SHOP St Platinum	529-529	1	A/N	ALL REC	YES	0=No	147
						1=Yes	
NYSOH SHOP Pediatric Dental High	530-530	1	A/N	ALL REC	YES	0=No	148
						1=Yes	
NYSOH SHOP Pediatric Dental Low	531-531	1	A/N	ALL REC	YES	0=No	149
						1=Yes	
NYSOH SHOP Adult Dental	532-532	1	A/N	ALL REC	YES	0=No	150
						1=Yes	
NYSOH SHOP Family Dental	533-533	1	A/N	ALL REC	YES	0=No	151
						1=Yes	
NYSOH SHOP Non St Bronze 1	534-534	1	A/N	ALL REC	YES	0=No	152
						1=Yes	
NYSOH SHOP Non St Silver 1	535-535	1	A/N	ALL REC	YES	0=No	153
						1=Yes	
NYSOH SHOP Non St Gold 1	536-536	1	A/N	ALL REC	YES	0=No	154
						1=Yes	
NYSOH SHOP Non St Platinum 1	537-537	1	A/N	ALL REC	YES	0=No	155
						1=Yes	
NYSOH SHOP Non St Bronze 2	538-538	1	A/N	ALL REC	YES	0=No	156
						1=Yes	
NYSOH SHOP Non St Silver 2	539-539	1	A/N	ALL REC	YES	0=No	157
						1=Yes	
NYSOH SHOP Non St Gold 2	540-540	1	A/N	ALL REC	YES	0=No	158
						1=Yes	
NYSOH SHOP Non St Platinum 2	541-541	1	A/N	ALL REC	YES	0=No	159
						1=Yes	
NYSOH SHOP Non St Bronze 3	542-542	1	A/N	ALL REC	YES	0=No	160
						1=Yes	
NYSOH SHOP Non St Silver 3	543-543	1	A/N	ALL REC	YES	0=No	161
						1=Yes	
NYSOH SHOP Non St Gold 3	544-544	1	A/N	ALL REC	YES	0=No	162

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
						1=Yes	
NYSOH SHOP Non St Platinum 3	545-545	1	A/N	ALL REC	YES	0=No	163
						1=Yes	
NYSOH Indiv St Bronze PanelStat	546-546	1	A/N	ALL Indiv St Bronze Product PCPs	YES	1=Open to all new and existing	164
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv St Silver PanelStat	547-547	1	A/N	ALL Indiv St Silver Product PCPs	YES	1=Open to all new and existing	165
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv St Gold PanelStat	548-548	1	A/N	ALL Indiv St Gold Product PCPs	YES	1=Open to all new and existing	166
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv St Platinum PanelStat	549-549	1	A/N	ALL Indiv St Platinum Product PCPs	YES	1=Open to all new and existing	167
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Child Only Bronze PanelStat	550-550	1	A/N	ALL Indiv Child Only Bronze Product PCPs	YES	1=Open to all new and existing	168
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Child Only Silver PanelStat	551-551	1	A/N	ALL Indiv Child Only Silver Product PCPs	YES	1=Open to all new and existing	169
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH Indiv Child Only Gold PanelStat	552-552	1	A/N	ALL Indiv Child Only Gold Product PCPs	YES	1=Open to all new and existing	170
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Child Only Platinum PanelStat	553-553	1	A/N	ALL Indiv Child Only Platinum Product PCPs	YES	1=Open to all new and existing	171
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Catastrophic PanelStat	554-554	1	A/N	ALL Indiv Catastrophic Product PCPs	YES	1=Open to all new and existing	172
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Pediatric Dental High PanelStat	555-555	1	A/N	ALL Indiv Pediatric Dental High Product PCPs	YES	1=Open to all new and existing	173
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Pediatric Dental Low PanelStat	556-556	1	A/N	ALL Indiv Pediatric Dental Low Product PCPs	YES	1=Open to all new and existing	174
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Adult Dental PanelStat	557-557	1	A/N	ALL Indiv Adult Dental Product PCPs	YES	1=Open to all new and existing	175
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH Indiv Family Dental PanelStat	558-558	1	A/N	ALL Indiv Family Dental Product PCPs	YES	1=Open to all new and existing	176
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Bronze 1 PanelStat	559-559	1	A/N	ALL Indiv Non St Bronze 1 Product PCPs	YES	1=Open to all new and existing	177
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Silver 1 PanelStat	560-560	1	A/N	ALL Indiv Non St Silver 1 Product PCPs	YES	1=Open to all new and existing	178
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Gold 1 PanelStat	561-561	1	A/N	ALL Indiv Non St Gold 1 Product PCPs	YES	1=Open to all new and existing	179
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Platinum 1 PanelStat	562-562	1	A/N	ALL Indiv Non St Platinum 1 Product PCPs	YES	1=Open to all new and existing	180
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Bronze 2 PanelStat	563-563	1	A/N	ALL Indiv Non St Bronze 2 Product PCPs	YES	1=Open to all new and existing	181
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH Indiv Non St Silver 2 PanelStat	564-564	1	A/N	ALL Indiv Non St Silver 2 Product PCPs	YES	1=Open to all new and existing	182
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Gold 2 PanelStat	565-565	1	A/N	ALL Indiv Non St Gold 2 Product PCPs	YES	1=Open to all new and existing	183
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Platinum 2 PanelStat	566-566	1	A/N	ALL Indiv Non St Platinum 2 Product PCPs	YES	1=Open to all new and existing	184
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Bronze 3 PanelStat	567-567	1	A/N	ALL Indiv Non St Bronze 3 Product PCPs	YES	1=Open to all new and existing	185
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Silver 3 PanelStat	568-568	1	A/N	ALL Indiv Non St Silver 3 Product PCPs	YES	1=Open to all new and existing	186
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Gold 3 PanelStat	569-569	1	A/N	ALL Indiv Non St Gold 3 Product PCPs	YES	1=Open to all new and existing	187
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv Non St Platinum 3 PanelStat	570-570	1	A/N	ALL Indiv Non St Platinum 3 Product PCPs	YES	1=Open to all new and existing	188

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP St Bronze PanelStat	571-571	1	A/N	ALL SHOP St Bronze Product PCPs	YES	1=Open to all new and existing	189
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP St Silver PanelStat	572-572	1	A/N	ALL SHOP St Silver Product PCPs	YES	1=Open to all new and existing	190
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP St Gold PanelStat	573-573	1	A/N	ALL SHOP St Gold Product PCPs	YES	1=Open to all new and existing	191
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP St Platinum PanelStat	574-574	1	A/N	ALL SHOP St Platinum Product PCPs	YES	1=Open to all new and existing	192
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Pediatric Dental High PanelStat	575-575	1	A/N	ALL SHOP Pediatric Dental High Product PCPs	YES	1=Open to all new and existing	193
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Pediatric Dental Low PanelStat	576-576	1	A/N	ALL SHOP Pediatric Dental Low Product PCPs	YES	1=Open to all new and existing	194
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH SHOP Adult Dental PanelStat	577-577	1	A/N	ALL SHOP Adult Dental Product PCPs	YES	1=Open to all new and existing	195
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Family Dental PanelStat	578-578	1	A/N	ALL SHOP Family Dental Product PCPs	YES	1=Open to all new and existing	196
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Non St Bronze 1 PanelStat	579-579	1	A/N	ALL SHOP Non St Bronze 1 Product PCPs	YES	1=Open to all new and existing	197
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Non St Silver 1 PanelStat	580-580	1	A/N	ALL SHOP Non St Silver 1 Product PCPs	YES	1=Open to all new and existing	198
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Non St Gold 1 PanelStat	581-581	1	A/N	ALL SHOP Non St Gold 1 Product PCPs	YES	1=Open to all new and existing	199
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Non St Platinum 1 PanelStat	582-582	1	A/N	ALL SHOP Non St Platinum 1 Product PCPs	YES	1=Open to all new and existing	200
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH SHOP Non St Bronze 2 PanelStat	583-583	1	A/N	ALL SHOP Non St Bronze 2 Product PCPs	YES	1=Open to all new and existing	201
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Non St Silver 2 PanelStat	584-584	1	A/N	ALL SHOP Non St Silver 2 Product PCPs	YES	1=Open to all new and existing	202
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCP's)	
NYSOH SHOP Non St Gold 2 PanelStat	585-585	1	A/N	ALL SHOP Non St Gold 2 Product PCPs	YES	1=Open to all new and existing	203
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Non St Platinum 2 PanelStat	586-586	1	A/N	ALL SHOP Non St Platinum 2 Product PCPs	YES	1=Open to all new and existing	204
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Non St Bronze 3 PanelStat	587-587	1	A/N	ALL SHOP Non St Bronze 3 Product PCPs	YES	1=Open to all new and existing	205
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Non St Silver 3 PanelStat	588-588	1	A/N	ALL SHOP Non St Silver 3 Product PCPs	YES	1=Open to all new and existing	206
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Non St Gold 3 PanelStat	589-589	1	A/N	ALL SHOP Non St Gold 3 Product PCPs	YES	1=Open to all new and existing	207

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH SHOP Non St Platinum 3 PanelStat	590-590	1	A/N	ALL SHOP Non St Platinum 3 Product PCPs	YES	1=Open to all new and existing	208
						2=Open to existing only	
						3=Closed	
						9=NA (for non-PCPs)	
NYSOH Indiv St Bronze Panel Size	591-594	4	N	ALL Indiv St Bronze PCPs	YES	Total Covered Indiv St Bronze Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	209
NYSOH Indiv St Silver Panel Size	595-598	4	N	ALL Indiv St Silver PCPs	YES	Total Covered Indiv St Silver Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	210
NYSOH Indiv St Gold Panel Size	599-602	4	N	ALL Indiv St Gold PCPs	YES	Total Covered Indiv St Gold Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	211
NYSOH Indiv St Platinum Panel Size	603-606	4	N	ALL Indiv St Platinum PCPs	YES	Total Covered Indiv St Platinum Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	212
NYSOH Indiv Child Only Bronze Panel Size	607-610	4	N	ALL Indiv Child Only Bronze PCPs	YES	Total Covered Indiv Child Only Bronze Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	213
NYSOH Indiv Child Only Silver Panel Size	611-614	4	N	ALL Indiv Child Only Silver PCPs	YES	Total Covered Indiv Child Only Silver Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	214
NYSOH Indiv Child Only Gold Panel Size	615-618	4	N	ALL Indiv Child Only Gold PCPs	YES	Total Covered Indiv Child Only Gold Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	215

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH Indiv Child Only Platinum Panel Size	619-622	4	N	ALL Indiv Child Only Platinum PCPs	YES	Total Covered Indiv Child Only Platinum Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	216
NYSOH Indiv Catastrophic Panel Size	623-626	4	N	ALL Indiv Catastrophic PCPs	YES	Total Covered Indiv Catastrophic Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	217
NYSOH Indiv Pediatric Dental High Panel Size	627-630	4	N	ALL Indiv Pediatric Dental High PCPs	YES	Total Covered Indiv Pediatric Dental High Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	218
NYSOH Indiv Pediatric Dental Low Panel Size	631-634	4	N	ALL Indiv Pediatric Dental Low PCPs	YES	Total Covered Indiv Pediatric Dental Low Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	219
NYSOH Indiv Adult Dental Panel Size	635-638	4	N	ALL Indiv Adult Dental PCPs	YES	Total Covered Indiv Adult Dental Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	220
NYSOH Indiv Family Dental Panel Size	639-642	4	N	ALL Indiv Family Dental PCPs	YES	Total Covered Indiv Family Dental Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	221
NYSOH Indiv Non St Bronze 1 Panel Size	643-646	4	N	ALL Indiv Non St Bronze 1 PCPs	YES	Total Covered Indiv Non St Bronze 1 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	222
NYSOH Indiv Non St Silver 1 Panel Size	647-650	4	N	ALL Indiv Non St Silver 1 PCPs	YES	Total Covered Indiv Non St Silver 1 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	223
NYSOH Indiv Non St Gold 1 Panel Size	651-654	4	N	ALL Indiv Non St Gold 1 PCPs	YES	Total Covered Indiv Non St Gold 1 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	224

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH Indiv Non St Platinum 1 Panel Size	655-658	4	N	ALL Indiv Non St Platinum 1 PCPs	YES	Total Covered Indiv Non St 1 Platinum Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	225
NYSOH Indiv Non St Bronze 2 Panel Size	659-662	4	N	ALL Indiv Non St Bronze 2 PCPs	YES	Total Covered Indiv Non St Bronze 2 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	226
NYSOH Indiv Non St Silver 2 Panel Size	663-666	4	N	ALL Indiv Non St Silver 2 PCPs	YES	Total Covered Indiv Non St Silver 2 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	227
NYSOH Indiv Non St Gold 2 Panel Size	667-670	4	N	ALL Indiv Non St Gold 2 PCPs	YES	Total Covered Indiv Non St Gold 2 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	228
NYSOH Indiv Non St Platinum 2 Panel Size	671-674	4	N	ALL Indiv Non St Platinum 2 PCPs	YES	Total Covered Indiv Non St 2 Platinum Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	229
NYSOH Indiv Non St Bronze 3 Panel Size	675-678	4	N	ALL Indiv Non St Bronze 3 PCPs	YES	Total Covered Indiv Non St Bronze 3 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	230
NYSOH Indiv Non St Silver 3 Panel Size	679-682	4	N	ALL Indiv Non St Silver 3 PCPs	YES	Total Covered Indiv Non St Silver 3 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	231
NYSOH Indiv Non St Gold 3 Panel Size	683-686	4	N	ALL Indiv Non St Gold 3 PCPs	YES	Total Covered Indiv Non St Gold 3 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	232
NYSOH Indiv Non St Platinum 3 Panel Size	687-690	4	N	ALL Indiv Non St Platinum 3 PCPs	YES	Total Covered Indiv Non St 3 Platinum Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	233

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH SHOP St Bronze Panel Size	691-694	4	N	ALL SHOP St Bronze PCPs	YES	Total Covered SHOP St Bronze Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	234
NYSOH SHOP St Silver Panel Size	695-698	4	N	ALL SHOP St Silver PCPs	YES	Total Covered SHOP St Silver Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	235
NYSOH SHOP St Gold Panel Size	699-702	4	N	ALL SHOP St Gold PCPs	YES	Total Covered SHOP St Gold Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	236
NYSOH SHOP St Platinum Panel Size	703-706	4	N	ALL SHOP St Platinum PCPs	YES	Total Covered SHOP St Platinum Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	237
NYSOH SHOP Pediatric Dental High Panel Size	707-710	4	N	ALL SHOP Pediatric Dental High PCPs	YES	Total Covered SHOP Pediatric Dental High Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	238
NYSOH SHOP Pediatric Dental Low Panel Size	711-714	4	N	ALL SHOP Pediatric Dental Low PCPs	YES	Total Covered SHOP Pediatric Dental Low Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	239
NYSOH SHOP Adult Dental Panel Size	715-718	4	N	ALL SHOP Adult Dental PCPs	YES	Total Covered SHOP Adult Dental Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	240
NYSOH SHOP Family Dental Panel Size	719-722	4	N	ALL SHOP Family Dental PCPs	YES	Total Covered SHOP Family Dental Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	241
NYSOH SHOP Non St Bronze 1 Panel Size	723-726	4	N	ALL SHOP Non St Bronze 1 PCPs	YES	Total Covered SHOP Non St Bronze 1 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	242

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH SHOP Non St Silver 1 Panel Size	727-730	4	N	ALL SHOP Non St Silver 1 PCPs	YES	Total Covered SHOP Non St Silver 1 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	243
NYSOH SHOP Non St Gold 1 Panel Size	731-734	4	N	ALL SHOP Non St Gold 1 PCPs	YES	Total Covered SHOP Non St Gold 1 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	244
NYSOH SHOP Non St Platinum 1 Panel Size	735-738	4	N	ALL SHOP Non St Platinum 1 PCPs	YES	Total Covered SHOP Non St 1 Platinum Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	245
NYSOH SHOP Non St Bronze 2 Panel Size	739-742	4	N	ALL SHOP Non St Bronze 2 PCPs	YES	Total Covered SHOP Non St Bronze 2 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	246
NYSOH SHOP Non St Silver 2 Panel Size	743-746	4	N	ALL SHOP Non St Silver 2 PCPs	YES	Total Covered SHOP Non St Silver 2 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	247
NYSOH SHOP Non St Gold 2 Panel Size	747-750	4	N	ALL SHOP Non St Gold 2 PCPs	YES	Total Covered SHOP Non St Gold 2 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	248
NYSOH SHOP Non St Platinum 2 Panel Size	751-754	4	N	ALL SHOP Non St Platinum 2 PCPs	YES	Total Covered SHOP Non St 2 Platinum Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	249
NYSOH SHOP Non St Bronze 3 Panel Size	755-758	4	N	ALL SHOP Non St Bronze 3 PCPs	YES	Total Covered SHOP Non St Bronze 3 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	250
NYSOH SHOP Non St Silver 3 Panel Size	759-762	4	N	ALL SHOP Non St Silver 3 PCPs	YES	Total Covered SHOP Non St Silver 3 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	251

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH SHOP Non St Gold 3 Panel Size	763-766	4	N	ALL SHOP Non St Gold 3 PCPs	YES	Total Covered SHOP Non St Gold 3 Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	252
NYSOH SHOP Non St Platinum 3 Panel Size	767-770	4	N	ALL SHOP Non St Platinum 3 PCPs	YES	Total Covered SHOP Non St 3 Platinum Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)	253

Provider Network Data System

**III. ANCILLARY/SERVICE CENTERS
DETAILED RECORD FORMAT**

III. ANCILLARY/SERVICE CENTERS DETAILED RECORD FORMAT

KEY TO WHO SUBMITS

ALL REC=All Records

ALL Hosp and Clinics = All Hospitals ((Designated Service 011) and (Designated Service 321, Article 28 Clinic))

KEY TO FORMAT

A = Alpha format only

N = Numeric format only Clinics

A/N = Alpha Numeric

(Numbers in text format)

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
LOCATION							
Site Name	1-50	50	A/N	ALL REC	YES	Office or professional building	255
Room or Suite Number	51-70	20	A/N	ALL REC	YES	If Not Applicable enter "NA"	256
Street Address	71-119	49	A/N	ALL REC	YES		257
Town/City	120-149	30	A/N	ALL REC	YES		258
State	150-151	2	A/N	ALL REC	YES		259
Borough/County	152-154	3	A/N	ALL REC	YES		260
Zip Code	155-159	5	A/N	ALL REC	YES		261
Zip Plus Four	160-163	4	A/N	ALL REC	NO		262
SERVICE							
Designated Service	164-166	3	A/N	ALL REC	YES	See attached codes	263
Number of Providers at Service Center	167-171	5	N	ALL REC	NO		264
National Provider Identifier (NPI)	172-181	10	A/N	All Records	YES	10 digits only	265
License Number/Facility Operating Cert.	182-189	8	A/N	ALL REC	YES	If Applicable to Service Provider	266
Permanent Facility Identifier	190-193	4	A/N	ALL REC	YES	If Applicable to Service Provider	267
Medicaid Provider Identification Number	194-201	8	A/N	ALL REC	NO	Provider Identification	269
Managed Care Plan's Facility ID	202-221	20	A/N	ALL REC	NO	Unique Provider Identification	270
Commercial Provider Indicator	222-222	1	A/N	ALL REC	YES		271
Medicaid Provider Indicator	223-223	1	A/N	ALL REC	YES		272
Medicare Provider Indicator	224-224	1	A/N	ALL REC	YES		273
Child Health Plus Indicator	225-225	1	A/N	ALL REC	YES		274
HARP Indicator	226-226	1	A/N	ALL REC	YES		275
Medicaid Advantage Indicator	227-227	1	A/N	ALL REC	YES		276
Partial CAPS Indicator	228-228	1	A/N	ALL REC	YES		277
MAP Indicator	229-229	1	A/N	ALL REC	YES		278
PACE Indicator	230-230	1	A/N	ALL REC	YES		279

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
FIDA Indicator	231-231	1	A/N	ALL REC	YES		280
NYSOH Standard Basic Health Plan (BHP) Indicator	232-232	1	A/N	ALL REC	YES		281
NYSOH BHP Plus Adult Vision/Dental Indicator	233-233	1	A/N	ALL REC	YES		282
Commercial Non-MCO Medical Indicator	234-234	1	A/N	ALL REC	YES	0=No 1=Yes	283
Commercial Non-MCO Vision Indicator	235-235	1	A/N	ALL REC	YES	0=No 1=Yes	284
Commercial Non-MCO Dental Indicator	236-238	3	N	ALL REC	YES	000=No 001=Yes	285
PHONE							
Area Code	239-241	3	A/N	ALL REC	YES		286
Phone Number	242-248	7	A/N	ALL REC	YES	Do not include hyphen	287
ADDITIONAL SERVICES							
Service 1	249-251	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 2	252-254	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 3	255-257	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 4	258-260	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 5	261-263	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 6	264-266	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 7	267-269	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 8	270-272	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 9	273-275	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 10	276-278	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 11	279-281	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 12	282-284	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 13	285-287	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 14	288-290	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 15	291-293	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 16	294-296	3	A/N	All Hosp & Clinics	YES	See Appendix	288

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
Service 17	297-299	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 18	300-302	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 19	303-305	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 20	306-308	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 21	309-311	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 22	312-314	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 23	315-317	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 24	318-320	3	A/N	All Hosp & Clinics	YES	See Appendix	288
Service 25	321-323	3	A/N	All Hosp & Clinics	YES	See Appendix	288
EXCHANGE SERVICE							
NYSOH Indiv St Bronze Indicator	324-324	1	A/N	ALL REC	YES		290
NYSOH Indiv St Silver Indicator	325-325	1	A/N	ALL REC	YES		291
NYSOH Indiv St Gold Indicator	326-326	1	A/N	ALL REC	YES		292
NYSOH Indiv St Platinum Indicator	327-327	1	A/N	ALL REC	YES		293
NYSOH Indiv Child Only Bronze Indicator	328-328	1	A/N	ALL REC	YES		294
NYSOH Indiv Child Only Silver Indicator	329-329	1	A/N	ALL REC	YES		295
NYSOH Indiv Child Only Gold Indicator	330-330	1	A/N	ALL REC	YES		296
NYSOH Indiv Child Only Platinum Indicator	331-331	1	A/N	ALL REC	YES		297
NYSOH Indiv Catastrophic Indicator	332-332	1	A/N	ALL REC	YES		298
NYSOH Indiv Pediatric Dental High Indicator	333-333	1	A/N	ALL REC	YES		299
NYSOH Indiv Pediatric Dental Low Indicator	334-334	1	A/N	ALL REC	YES		300
NYSOH Indiv Adult Dental Indicator	335-335	1	A/N	ALL REC	YES		301
NYSOH Indiv Family Dental Indicator	336-336	1	A/N	ALL REC	YES		302

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH Indiv Non St Bronze 1 Indicator	337-337	1	A/N	ALL REC	YES		303
NYSOH Indiv Non St Silver 1 Indicator	338-338	1	A/N	ALL REC	YES		304
NYSOH Indiv Non St Gold 1 Indicator	339-339	1	A/N	ALL REC	YES		305
NYSOH Indiv Non St Platinum 1 Indicator	340-340	1	A/N	ALL REC	YES		306
NYSOH Indiv Non St Bronze 2 Indicator	341-341	1	A/N	ALL REC	YES		307
NYSOH Indiv Non St Silver 2 Indicator	342-342	1	A/N	ALL REC	YES		308
NYSOH Indiv Non St Gold 2 Indicator	343-343	1	A/N	ALL REC	YES		309
NYSOH Indiv Non St Platinum 2 Indicator	344-344	1	A/N	ALL REC	YES		310
NYSOH Indiv Non St Bronze 3 Indicator	345-345	1	A/N	ALL REC	YES		311
NYSOH Indiv Non St Silver 3 Indicator	346-346	1	A/N	ALL REC	YES		312
NYSOH Indiv Non St Gold 3 Indicator	347-347	1	A/N	ALL REC	YES		313
NYSOH Indiv Non St Platinum 3 Indicator	348-348	1	A/N	ALL REC	YES		314
NYSOH SHOP St Bronze Indicator	349-349	1	A/N	ALL REC	YES		315
NYSOH SHOP St Silver Indicator	350-350	1	A/N	ALL REC	YES		316
NYSOH SHOP St Gold Indicator	351-351	1	A/N	ALL REC	YES		317
NYSOH SHOP St Platinum Indicator	352-352	1	A/N	ALL REC	YES		318
NYSOH SHOP Pediatric Dental High Indicator	353-353	1	A/N	ALL REC	YES		319
NYSOH SHOP Pediatric Dental Low Indicator	354-354	1	A/N	ALL REC	YES		320
NYSOH SHOP Adult Dental Indicator	355-355	1	A/N	ALL REC	YES		321
NYSOH SHOP Family Dental Indicator	356-356	1	A/N	ALL REC	YES		322
NYSOH SHOP Non St Bronze 1 Indicator	357-357	1	A/N	ALL REC	YES		323
NYSOH SHOP Non St Silver 1 Indicator	358-358	1	A/N	ALL REC	YES		324
NYSOH SHOP Non St Gold 1 Indicator	359-359	1	A/N	ALL REC	YES		325

Description/Field Name	Record Position	Field Size	Format	Who Submits?	Critical?	Comment	Page#
NYSOH SHOP Non St Platinum 1 Indicator	360-360	1	A/N	ALL REC	YES		326
NYSOH SHOP Non St Bronze 2 Indicator	361-361	1	A/N	ALL REC	YES		327
NYSOH SHOP Non St Silver 2 Indicator	362-362	1	A/N	ALL REC	YES		328
NYSOH SHOP Non St Gold 2 Indicator	363-363	1	A/N	ALL REC	YES		329
NYSOH SHOP Non St Platinum 2 Indicator	364-364	1	A/N	ALL REC	YES		330
NYSOH SHOP Non St Bronze 3 Indicator	365-365	1	A/N	ALL REC	YES		331
NYSOH SHOP Non St Silver 3 Indicator	366-366	1	A/N	ALL REC	YES		332
NYSOH SHOP Non St Gold 3 Indicator	367-367	1	A/N	ALL REC	YES		333
NYSOH SHOP Non St Platinum 3 Indicator	368-368	1	A/N	ALL REC	YES		334

Provider Network Data System

**IV. PHYSICIAN AND OTHER PROVIDERS
ELEMENT DESCRIPTIONS**

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Last Name
Identification

Required For:

Record Positions: 1-25

Format - Length: A-25

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The last name of an individual provider contracted with the health plan to provide services to enrollees.

Edit Applications:

1. Last name is a critical data element. An entry for last name must be on the record in order for the record to be accepted.
2. Must be left justified.

Example:

1. The last name "Smith" occupies five character positions. This name should be entered in positions 1-5, with spacing occupying positions 6-25. For an ASCII delimited file (i.e., comma delimited file), there is no need for spacing.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: First Name

Required For: Identification

Record Positions: 26-40

Format - Length: A-15

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The first name of an individual provider contracted with the health plan to provide services to enrollees.

Edit Applications:

1. The first name is a critical data element. An entry for first name must be on the record in order for the record to be accepted.
2. If in the rare instance a provider does not have a first name, 'NONAME' should be entered in the first name data field.
3. Must be left justified.

Example:

1. The first name "Patrick" occupies seven character positions. This name should be positioned in columns 26-32, with spaces in columns 33-40. For an ASCII delimited file (i.e., comma delimited file), there is no need for spacing.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: National Provider Identifier (NPI) Identification

Required For:

Record Positions: 41-50

Format - Length: A/N-10

Version Number\Effective Date: 6.5 – Feb 2010

Definition:

The National Provider Identifier (NPI) is a unique identification number for covered health care providers. The Federal Government mandated the use of only NPI for electronic healthcare transactions. The NPI number is issued under the direction of the Centers for Medicare & Medicaid Services (CMS). Unless exempt from NPI, all health plans must report the NPI of all their participating providers during the quarterly or annual Provider Network Data submission. For additional information on NPI, visit www.cms.hhs.gov/NationalProvIdentStand/

Edit Applications:

1. Must be a valid National Provider Identifier (NPI) number. The NPI is a 10-position numeric identifier (10-digit number).
2. This is a critical data element. An entry must be made for every participating provider record in order for the record to be accepted. Do not leave blank.
3. The NPI is validated for each record on the entire submission. If you're NPI error percentage is higher than the allowable threshold of 10%, your entire submission will be rejected.
4. For providers exempt from NPI, you should enter "8888888888" and provide documentation of the exempt status.

Example:

1. Dr. Kehinde participates in Medicaid & HIV SNP and his NPI is 0987654321. Enter "0987654321" in this field.
2. Dr. Betty participates in Commercial & Child Health Plus and her NPI is 1224445655. Enter "1224445655" in this field.
3. Dr. Kathy participates in Medicaid, HIV SNP, Commercial & Child Health Plus but has not yet received an NPI. Enter "9999999999" in this field. Do not leave blank.
4. Heather Rose, CNM participates in Medicaid, HIV SNP, Commercial & Child Health Plus but exempt from NPI. Enter "8888888888" in this field and provide documentation. Do not leave blank.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: License Number

Required For: Identification

Record Positions: 51-56

Format - Length: A/N-6

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

The professional license number is issued by the NYS Department of Education. It is used to assure that the health care providers are licensed to practice. Non-New York State licensed providers may be submitted with '999999' in the license number field.

Edit Applications:

1. Must be a valid professional license number issued by the New York State Department of Education. There are **ONLY** numbers 0-9 in a valid license number. The number must be right justified and zero-filled ("000000").
2. This is a critical data element. An entry must be made for every licensed provider in order for the record to be accepted for records that have a state code equal to "NY". Do not leave blank.
3. The license number is validated for each record on the entire submission. If more than the allowable threshold of the entire submission does not have a valid license number, the entire submission will be rejected.
4. For non-licensed Counselors (provider type = 15) and non-licensed Social Workers (provider type = 16). You should enter "888888" for the license number.

Example:

1. For a single record: A provider whose license number is "3619" should zero-fill to the left (right justify the number), thus "003619" should be entered in positions 51-56. **The license number for this individual will be validated for his/her profession (physician, nurse practitioner, dentist, etc.) using the first three digits of the last name.**
2. For the entire submission: If you submit 5,000 provider records and 4,500 have a valid license number, the entire submission will pass to the second phase of the edit process (i.e., each data element will be checked individually.) If only 4,490 records were valid (89.8%), the entire submission will fail and not proceed to the second phase of the edit process.
3. If your managed care plan contracts with an individual provider, you are responsible for assuring that this provider is licensed to practice in New York State. If your managed care plan contracts with a service facility such as a clinic, nursing home, or home health care agency, you are not required to report the individual providers (who are paid employees of the facility) on the provider file. You may request that your contracted clinic or vendor supply them to you, but must submit the service facility name and required information in the ancillary/service file.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicaid Provider ID (MEDS ID/MMIS) **Required For:** Identification

Record Positions: 57-64 **Format - Length:** A/N-8

Version Number\Effective Date: 1 – Dec. 1996 **Revision Date:** 6.0 - Dec. 2001

Definition:

The Medicaid Provider Identification number is an 8-digit number assigned to an individual or service facility, for identification purposes. This number is either a MMIS ID or MEDS ID. The MMIS ID is assigned to an individual provider or service facility at the time of enrollment in the fee-for-service Medicaid Program (i.e., the provider has been approved to submit claims to the NYS Medicaid Program). The MEDS ID is assigned to an individual provider who does not participate in the fee-for-service Medicaid program, but who is a member of a managed care network serving Medicaid recipients. The MEDS ID is needed for the Medicaid Encounter Data System and is a non-billable Medicaid identifier. In the PNDS, this data element is referring only to the MMIS or MEDS ID assigned to an individual provider.

Edit Applications:

1. The MMIS or MEDS Provider Identification is a unique 8-digit number. The MMIS/MEDS Provider ID is assigned the individual provider. It must be a valid entry.
2. A valid entry must be entered for each Medicaid/HIV SNP provider. **This validation edit is processed by comparing the submitted provider's type (physician, nurse practitioner, podiatrist, etc.), the first three digits of the last name, and the Medicaid Provider ID to the NYS Medicaid Master File for MMIS/MEDS IDs.**
3. Fill in "99999999" for providers that are Commercial. If the Commercial MEDS ID is not 9-filled, you will receive a critical error (effective Quarter 1, 2009).

Example:

1. A provider's Medicaid Provider ID is "00085801". This number should be entered in this element. The Medicaid Provider ID is always 8 digits; you do not need to zero-fill.
2. For providers participating in the NYS Medicaid Managed Care Program who are not currently enrolled with MMIS, plans must request a MEDS ID. The MEDS ID does not enroll the provider in the Medicaid Program. The MEDS ID request process notice and file layout are both available on the Health Commerce System.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Managed Care Plan Provider ID

Required For: Identification

Record Positions: 65-84

Format - Length: A/N-20

Version Number\Effective Date: 2.0 – Oct. 1997

Definition:

The Managed Care Plan (MCP) Provider ID number refers to the internal coding of the provider used by the managed care plan. This data element is for the purpose of matching to internal computer systems, used by managed care plans. If your managed care plan does not have an internal coding scheme, you DO NOT have to create one for this data element. This is an optional element requested by some managed care plans.

Edit Application:

1. None. This is an optional data element for the use of individual managed care plans.
2. You may leave this data element blank or zero-fill if you do not intend to use.

Example:

1. Managed care plan XYZ has an internal identification process for their providers. Dr. White, an ophthalmologist, who started working for XYZ in March, 1990 is coded as: "WH762932OP390". This code would be entered for Dr. White in the MCP's Provider ID Number.

PHYSICIAN AND OTHER PROVIDERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: Provider's Site Name

Required For: Location

Record Positions: 85-134

Format - Length: A-50

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The Provider's Site Name is the office or professional building name of the location where the provider works. List each site separately.

Edit Applications:

1. Should be an alphabetic entry.
2. If the room or suite number does not fit in the appropriate record positions, additional information can be added to the site name field.
3. This is a critical data element.

Example:

1. Dr. Patrick Smith is located in the St. Luke's Professional Building. Therefore, "St. Luke's Professional Building" or some abbreviation of the building name should be given.
2. Not all providers may have a site name. This data element is different from the "site name" data element on the service/ancillary data file. However, the site name on the provider file may be the same name as the contracted facility on the service center file if your plan is able to report the individual providers at the contracted facility on the provider file.

PHYSICIAN AND OTHER PROVIDERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: Room or Suite Number

Required For: Location

Record Positions: 135-154

Format - Length: A/N-20

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The room or suite number associated with the individual provider's address. Most often the room or suite number coincides with the providers who are located in an office or professional building. List each location separately.

Edit Applications:

1. Room or suite number is a critical data element (implemented Quarter 1, 2009). An entry for room or suite number must be on the record in order for the record to be accepted.
2. Room or suite number information should never go in the street address field. If the room or suite number does not fit in the appropriate record positions, additional information can be added to the site name field.
3. If Not Applicable enter "NA".

Example:

1. Dr. Patrick Smith is located in Suite 610 of the St. Luke's Professional Building. The entry for this data element would be "Suite 610" or "Room 610" (other location information could be entered: e.g., floor, wing, etc.).

PHYSICIAN AND OTHER PROVIDERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: Street Address

Required For: Location

Record Positions: 155-203

Format - Length: A/N-49

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.2 – Dec. 2008

Definition:

The street number and street name associated with the individual provider's location. If the provider has more than one location, each location should be listed separately.

Edit Applications:

1. This is a critical data element.
2. Should never include room or suite number.
3. Must be left justified.
4. PO Box is not an acceptable or valid street address.

Example:

1. Dr. Josberger is located at 95-27 Western Blvd would be entered as "95-27 Western Boulevard".
2. Dr. Miller is located at 329 West Seventh Street would be entered as "329 West 7th Street".
3. Dr. Tanner is located at 1646 Third Street would be entered as "1646 3rd Street".

PHYSICIAN AND OTHER PROVIDERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: Town/City

Required For: Location

Record Positions: 204-233

Format Length: A/N-30

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The name of the town or city associated with the office address of the provider; most often this is the town/city designation given by the U.S. Postal Service. When the town/city location of the office is not be the same as the mailing address; use the mailing address. There should be one record for each provider location.

Edit Applications:

1. This is a critical data element.
2. Must be left justified.

Example:

1. Dr. Smith's office is located in North Greenbush, NY. His mailing address is Rensselaer, NY. Dr. Smith's town/city should be entered as "Rensselaer".
2. Dr. Baker's office is located in New York City. This is located in the Bronx. The Post Office recognizes the Bronx as the town/city designation address. Enter "Bronx" for the Town/City.

PHYSICIAN AND OTHER PROVIDERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: State

Required For: Location

Record Positions: 234-235

Format - Length: A/N-2

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

The name of the state in which the provider is located. These providers must be under contract to serve New York State residents.

Edit Applications:

1. Should be a valid U.S. Postal Service state code.
 - "NY" - New York
 - "PA" – Pennsylvania
 - "VT" – Vermont
 - "CT" – Connecticut
 - "NJ" - New Jersey
2. Do not leave blank. This is a critical data element for all providers for all records.

Example:

1. Dr. Smith has one office in New York and another office in Pennsylvania. There should be one record with the state of "NY" and another separate record for Dr. Smith that has his Pennsylvania address and the state as "PA".

PHYSICIAN AND OTHER PROVIDERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: Borough/County Code

Required For: Location

Record Positions: 236-238

Format - Length: A/N-3

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The federal government has identified a code for each county in the United States. The Federal Information Processing Standards (FIPS) code is a five-digit code for each county. We are using the last three digits of the FIPS code to distinguish the counties for the provider.

Edit Application:

1. Must be a valid FIPS county code. This is a critical data element.

Example:

1. Dr. Roohan's office is located in Orange County. The FIPS code for Orange County is "071"; this code/number should be entered in the appropriate positions for the Borough/County Code.

PHYSICIAN AND OTHER PROVIDERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: Zip Code

Required For: Location

Record Positions: 239-243

Format - Length: A/N-5

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The zip code associated with the provider's mailing address. The zip code is assigned by the United States Postal Service for the location of the provider's office. A reference file is available on the PNDIS that lists service area zip codes. There should be one record for each provider location.

Edit Applications:

1. Must be a valid zip code.

Example:

1. Dr. Smith's zip code is "14792"; this should be entered in the appropriate positions for the zip code.

PHYSICIAN AND OTHER PROVIDERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: Zip Plus Four

Required For: Location

Record Positions: 244-247

Format - Length: A/N-4

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The Zip Plus Four Code associated with the provider's mailing address. The Zip Plus Four Code is assigned by the U.S. Postal Service for the location of the provider's office. There should be one record for each provider location.

Edit Applications:

1. Should be a valid Zip Plus Four Code.

Example:

1. Dr. Smith's Zip Plus Four Code is "14742-0012"; the Zip Plus Four Code "0012" should be entered in the correct position on the file layout.

PHYSICIAN AND OTHER PROVIDERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: Wheel Chair Accessibility

Required For: Location

Record Positions: 248-248

Format - Length: A/N-1

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

Wheel chair accessibility is defined as the access available at a provider's location for disabled persons to obtain unassisted access to the office within the building under the Americans with Disabilities Act of 1990. Places of public accommodation are required to remove barriers to ensure access.

Further guidance can be found in the Americans with Disabilities Act of 1990 (ADA) and the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

Edit Applications:

1. Must use valid codes:
0 = No
1 = Yes
2. Do not leave blank. This is a critical data element for **all payers**.

Example:

1. Dr. Smith's (a Medicaid provider) office has a permanent wheel chair ramp. Therefore, "Yes" would be selected and a "1" would be entered in the correct position.
2. Dr. Piddock, who serves both Commercial and Medicaid patients, is located in an historic building that is not permitted to alter the structure. Therefore, "No" would be selected and "0" would be entered.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Primary Designation Practice

Required For:

Record Positions: 249-249

Format - Length: A/N-1

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 5.0 – Nov. 2000

Definition:

Primary Care Provider (PCP) is defined as a provider with the following primary care specialties:

	<u>Provider Type</u>	<u>Specialty Code</u>
Family Practice	01, 12	050
General Practice	01, 12	776
Pediatrics	01, 12	150
Internal Medicine	01, 12	060
Nurse practitioner practicing under NYS laws	02	any of the above codes

Special Needs Plan (SNP) for HIV ONLY

For the purpose of defining a Primary Care Provider on the PNDS, the same coding scheme will be used for the HIV-SNP plans. Further clarifications can be obtained from the Division of HIV Health Care at (518) 486-1383.

Edit Application:

1. Must use valid codes.
 - 1 = Primary Care Provider only
 - 2 = Specialist
 - 3 = PCP and Specialist (HIV-SNP plans should use this for PCPs that are HIV Specialists)

NOTE: HIV-SNP plans are allowed to use pediatricians that are not HIV Specialists. HIV-SNP PCPs that are HIV Specialists must use primary designation of “3” and the secondary specialty code of HIV Specialist (“303”). If an HIV-PCP Specialist has more than one specialty, another record, with a different specialty, must be entered for that provider.

2. Do not leave blank. This is a critical data element for all providers.

Exceptions to the above for ALL PLANS are:

Specialist and Sub-Specialist Exception: Specialists and Subspecialists are permitted to serve as PCPs when it is considered medically appropriate and cost-effective. For purposes of the physician/provider data file, you should only use the primary designation for PCP and Specialist (primary designation code = “3”) when a provider serves sixteen or more hours as a PCP. Use the Specialist Only code (primary designation code = “2”) if the provider

has less than sixteen hours of primary care.

Shortage Area Exception: PCPs that are practicing in Shortage Areas (areas that are defined by the DOH as areas in need of Medicaid primary care physicians) may be excluded from the 16-hour requirement.

Under unique circumstances the State will waive the 16-hour requirement for a primary care provider (PCP) working with a Medicaid managed care plan. To request a formal waiver for a PCP, a letter must be submitted to:

Medical Director
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza-720
Albany, NY 12237

The following information must be provided in the letter:

- Primary Provider's Name
- License Number
- Current Address requested for exception
- Current office hours

In addition, the request for a waiver should affirm the following information:

- ◆ The PCP is available at least eight (8) hours/week;
- ◆ The PCP is participating in a Health Provider Shortage Area (HPSA) or other similarly determined shortage area;
- ◆ The PCP is able to fulfill the responsibilities of a PCP;
- ◆ The waiver request must demonstrate there are systems in place to guarantee continuity of care and meet all access and availability standards, (24-hr/7 day week coverage, appointment availability, etc.).

Medical Resident Exception: Effective July 1998, medical residents are not permitted to be designated as Medicaid Primary Care Provider. They will not count toward the total number of Medicaid PCPs. For purposes of submitting on the PNDS, the Primary Designation should be used ("1"=PCP or "2"=Specialist) to indicate how the resident is participating. Residents may be counted as participants in the care of enrollees as long as the following conditions are met.

1) A resident is part of a patient care team headed by a fully licensed and MCO credentialed attending physician serving patients in one or more training sites in an "up weighted" or "designated priority" residency program. Residents in a training program that was disapproved as a designated priority, solely due to the outcome measurement requirement for graduates, may be eligible to participate in such patient care teams.

2) Only attending physicians and nurse practitioners on the training team, NOT RESIDENTS, may be credentialed by the MCO and may be empaneled with enrollees.

Enrollees must be assigned an attending physician or nurse practitioner to act as their PCP, though residents on the team may perform all or many of the visits for the enrollee as long as the majority of these visits are under the direct supervision of the enrollee's designated PCP. Enrollees have the right to request care by their PCP in addition or instead of being seen by a resident.

3) Residents may work with attending physicians and nurse practitioners to provide care to patients under the supervision of the patient's PCP. Patients must be made aware of the resident/attending relationship and be informed of their rights to be cared for directly by their PCP.

4) Residents eligible to be involved in a continuity relationship with patients must be available at least 20% of the total training time in the care setting and no less than 10% of training time in any training year must be in the setting. No fewer than nine (9) months a year must be spent in the continuity care setting.

5) Residents meeting these criteria provide increased Medicaid capacity for enrollment to their team according to the following formula:

PGY-1	300 per FTE
PGY-2	750 per FTE
PGY-4	1500 per FTE
PGY-3	1125 per FTE

Only hours spent routinely scheduled for patient care in the continuity training site may count as providing capacity and are based on 1.0 FTE=40 hours.

6) In order for a resident to provide continuity of care to an enrollee, both the resident and the attending PCP must have regular hours in the continuity site and must be scheduled to be in the site, together, the majority of the time.

7) A preceptor/attending is required to be present a minimum of sixteen (16) hours of combined precepting and direct patient care in the primary care setting to be counted as a team supervising PCP and accept an increased number of enrollees based upon the residents working on his/her team. Time spent in patient care activities at other clinical sites or in other activities off-site is not counted towards this requirement.

8) A 16-hour per week attending may have no more than four (4) residents on his/her team. Each attending spending twenty-four (24) hours per week in patient care/supervisory activity, at the continuity site, could have six (6) residents per team. Attendings spending 32 hours per week could have eight residents on their team. Two or more attendings may join together to form a larger team as long as the ratio of attending to residents does not exceed 1:4 and all attendings comply with the sixteen (16) hour minimum.

9) Specialty consults must be performed or directly supervised by a MCO credentialed specialist. The specialist may be assisted by a resident or fellow.

10) Responsibility for the care of the enrollee remains with the attending physician. All attending/resident teams must provide adequate continuity of care, twenty-four (24) seven (7) day coverage and appointment and availability access which meets RFP

standards.

11) Residents who do not qualify to act as continuity providers as part of an attending/resident team may still participate in the episodic care of enrollees as long as that care is under the supervision of an attending physician credentialed to a MCO. Such residents would not add to the capacity of that attending to empanel enrollees, however.

12) Nurse practitioners may not act as attending preceptors for resident physicians.

13) Enrollees must be granted access to the attending physician if they request an appointment with this individual.

Example:

1. Dr. Smith is a pediatrician. His primary designation would be "1".
2. Dr. Bones is a full-time Orthopedic Surgeon. His primary designation would be "2" for Specialist.
3. Sally Brown is a certified midwife. Her primary designation would be "2" for Specialist.
4. Dr. Lannon is an OB/GYN physician. His primary designation would be a "2" for Specialist.
5. Dr. Sawyer is licensed as an Internal Internist and Cardiologist. He works sixteen (16) hours a week or more in both capacities. His primary designation would be a "3".
6. Dr. McConnell is a second year resident enrolled in an "up-weighted" primary care program that has an attending physician. His primary designation would be a "1".
7. Dr. Guy is an HIV PCP Internal Medicine provider. He would be coded with a primary designation of "3", and would have code Primary Specialty of "060" and a secondary specialty of "303".
8. Dr. Phillips is a pediatrician who is not an HIV specialist working with an HIV-SNP. He should be coded as a primary designation as "1"; his primary code would be "150".
9. Dr. Nadler is an internal medicine, primary care provider, working in a managed long term care plan (MLTC). Her primary designation would be "1".

PHYSICIANS AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Provider Type

Required For: Practice

Record Positions: 250-251

Format - Length: A/N-2

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 4.0 – Oct. 1999

Definition:

Provider type refers to the general degree and licensure received by the provider. Provider type is NOT the same as the category of service used in the Medicaid Encounter Data System (MEDS) and is coded differently in the Provider Network than by the State Education Department.

Edit Applications:

1. Must be a valid entry. Right justify (zero-fill to the left).
2. Do not leave blank. This is a critical data element for all providers.
3. Valid codes are in following table:

Provider Type	Code	Licensure	Degree (at a minimum)
Physician	01	Medicine	MD
	12	Medicine	DO (Doctor of Osteopathy)
Physician Assistant	23	Medicine	PA
Acupuncturist	20	Acupuncture	BS with training & experience
Audiologist	30	AUD or (A)	Audiology
Chiropractor	10	Chiropractic	DC (Doctor of Chiropractics)
Counselor	04	CSW (Certified Social Worker)	MSW
	05	Clinical Psychologist(licensed)	Ph.D.
	14	Psychologist (licensed)	MS (Masters of Science)
	15	Counselor (non-licensed)	Bachelors
	16	Social Worker (non-licensed)	BSW or MSW (Master in Social Work)
Dentist	08	Dentistry	DDS (Doctor of Dentistry)
	18	Dentistry	DMD (Doctor of Medical Dentistry)
	19	Dentistry	OMS (Oral and Maxillofacial Surgeon)
Dietician/Nutritionist	40	CDN (Certified Dietician Nutritionist)	Associates with training & experience
Registered Nurse	22	Nursing	RN

Provider Type	Code	Licensure	Degree (at a minimum)
Nurse Practitioner	02	CNP (Certified Nurse Practitioner)	NP
Nurse Midwife	03	CNM (Certified Nurse Midwife)	Nursing Degree
	50	CM (Certified Midwife; not a nurse)	Program approved by NYS Ed. Dept.
Optometrist	06	Optometrist	OD (Doctor of Optometry)
Podiatrist	09	POD (Podiatry)	DPM
Therapist	60	PT (Physical Therapist)	Degree in appropriate field and licensure
	61	OT (Occupational Therapist)	Degree in appropriate field and licensure
	62	SLP (Speech and Language Pathologist)	Degree in appropriate field and licensure
	63	CFY (Clinical Fellowship Year)	Degree in appropriate field and licensure
	64	Respiratory Therapist (RT)	Degree in appropriate field and licensure
Other	11		

Example:

1. Dr. Smith is a Pediatrician. He received a Medical Degree to practice as a pediatrician. His provider type would be "01" for MD.
2. Sally Brown is a certified nurse midwife. She received a registered professional nursing degree and a certificate in Nurse Midwifery (ACNM). Her provider type would be "03".
3. Melody Bell received a license to practice as an Occupational Therapist (OT). She has completed an approved occupational therapy program satisfactory to the Department of Education. Her provider type would be "61".
4. Elaine Weir is a registered nurse (RN). Her provider type would be '22'.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Primary Specialty

Required For: Practice

Record Positions: 252-254

Format - Length: A/N-3

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

Physicians and other providers are licensed or certified in select specialty fields. These providers contract with the managed care plan to provide specialty services. The codes used for this data element will distinguish what type of specialty the provider is practicing. The Primary Specialty should reflect the specialty in which the provider practices approximately 60% of his time.

Edit Applications:

1. Codes must be valid. See Section VI for complete listing of codes.
2. Do not leave blank. This is a critical data element for all providers.

Example:

1. Dr. Shields is a Plastic Surgeon. The primary specialty code to be used is "170".
2. Dr. Gesten is an Internal Medicine Physician. The code for Internal Medicine is "060."
3. Dr. Fahrenkopf is an Endodontist. The code for this specialty is "802".
5. Dr. Dellehunt is a Psychiatrist. Depending upon the practice, the code for this is "191" for Child Psychiatrist or "192" for Adult Psychiatrist.
6. A certified nurse midwife would be coded with a provider type code of '03' and a primary specialty code of "782".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Secondary Specialty

Required For: Practice

Record Positions: 255-257

Format - Length: A/N-3

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

See Primary Specialty. This uses the same codes and definition.

Edit Applications:

1. If providers do not have a second specialty, enter “999”.
2. Not a critical data element.

Example:

1. See Primary Specialty.
2. If the provider’s primary designation is “3” fir a PCP/Specialist, a secondary specialty must be filled in. Do not use “999” as the secondary specialty.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Board Status - Primary Specialty

Required For: Practice

Record Positions: 258-258

Format - Length: A/N-1

Version Number\Effective Date: 1.0 - Oct. 1996

Revision Date: 4.0 - Oct. 1999

Definition:

The Board Status indicates the level of education/training completed towards a recognized medical specialty certificate.

Not Board Certified (code= "1"), refers to a physician who did not complete a residency program. A physician must take the board examination within specified time frame after completing the residency program. If the physician does not take the Boards within the appropriate time frame, they will no longer be considered board eligible. If this is the scenario, the provider should be coded as "1", not board certified. All current residents should be coded as "1".

Completed Residency Program (code= "2") refers to a physician who has met all the educational requirements for a certificate program with the following scenarios:

- Provider has completed their accredited residency program, but has yet to take the Boards
- Or
- Provider has completed their accredited residency program, but has not heard the results of their Boards
- Or
- Provider has completed their accredited residency program, but has not passed the Boards
- Or
- Provider has completed their accredited residency program, but does not plan on taking the Boards.

Board Certified (code= "3") refers to a physician who has passed all the requirements for the certificate. This includes people who are grandfathered.

No Board Certification Available (code= "4") is for physicians who have completed a fellowship or training program in a specialty field that does not have a recognized board certificate.

Not Applicable (code= "9") is for non-physicians.

Edit Applications:

1. Codes must be valid:
 - 1=Not Board Certified - Residency not complete
 - 2=Not Board Certified - Residency complete
 - 3=Board Certified and/or grandfathered
 - 4=No board certification available in this specialty
 - 9=Not Applicable (use for non-physicians)
2. This data element is critical for all physicians, i.e., provider type of "01" (MD) or "12" (DO).

Example:

1. Dr. Mertz has completed all requirements for education and training. He has not taken his Boards. His board status equals "2".

NOTE: A Board Certified provider (code="3") should have a Residency Status "1", "2", "3", "4" if they are a current resident, "9" otherwise. Physicians licensed prior to the Board Certification process should be coded as "3" (grandfathered) according to HEDIS guidelines and for the purposes of coding on the PNDS system.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Board Status - Secondary Specialty

Required For: Practice

Record Positions: 259-259

Format - Length: A/N-1

Version Number\Effective Date: 1.0 – Oct. 1996

Revision Date: 4.0 – Oct. 1999

Definition:

The Board Status indicates the level of education/training completed towards a recognized medical specialty certificate.

Not Board Certified (code= "1"), refers to a physician who did not complete a residency program. A physician must take the board examination within specified time frame after completing the residency program. If the physician does not take the Boards within the appropriate time frame, they will no longer be considered board eligible. If this is the scenario, the provider should be coded as "1", not board certified. All current residents should be coded as "1".

Completed Residency Program (code= "2") refers to a physician who has met all the educational requirements for a certificate program with the following scenarios:

- Provider has completed their accredited residency program, but has yet to take the Boards
- Or
- Provider has completed their accredited residency program, but has not heard the results of their Boards
- Or
- Provider has completed their accredited residency program, but has not passed the Boards
- Or
- Provider has completed their accredited residency program, but does not plan on taking the Boards.

Board Certified (code= "3") refers to a physician who has passed all the requirements for the certificate. This includes people who are grandfathered.

No Board Certification Available (code= "4") is for physicians who have completed a fellowship or training program in a specialty field that does not have a recognized board certificate.

Not Applicable (code= "9") is for non-physicians.

Edit Applications:

1. Codes must be valid:
 - 1=Not Board Certified - Residency not complete
 - 2=Not Board Certified - Residency complete
 - 3=Board Certified and/or Grandfathered
 - 4=No board certification available in this specialty
 - 9=Not Applicable and if no secondary specialty exists (use for non-physicians)
2. This data element is currently a soft edit for all physicians, i.e., provider type of "01" (MD) or "12" (DO)

Example:

1. Dr. Mertz has completed all requirements for education and training. He has not taken his Boards. His board status= "2".

NOTE: A Board Certified provider (code="3") should have a Residency Status "9" (non-resident). Physicians licensed prior to the Board Certification process should be coded as "2" (grandfathered) according to HEDIS guidelines and for the purposes of coding on the PNDS system.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Resident's Attending Physician License No. **Required For:** Practice

Record Positions: 260-265 **Format - Length:** A/N-6

Version Number\Effective Date: 2.0 – Oct. 1997 **Revision Date:** 4.0 – Oct. 1999

Definition:

The resident's attending physician license number is the professional license number issued by the NYS Department of Education for the physician or preceptor that is associated with the resident in training. Every individual who is in a residency program should be assigned an attending physician. This applies to residents in post-graduate years of education years 1-8. All residents must have their attending physician's license number entered into this data element.

Edit Applications:

1. This is a critical data element (Ver. 4.0) for records with "Residency Status" equal to "1", "2", "3", or "4". All other records must be zero-filled.
2. Must be a valid professional license number issued by the New York State Department of Education.
3. Must be right justified and zero-filled.
4. For non-residents, zero-fill the data element.

Example:

1. Dr. Smith is a pediatric resident in his post-graduate year 3 who is under the supervision of Dr. Alfred. Dr. Alfred has the license number of 234782; this number should be entered in the resident's attending physician license number.

NOTE: The preceptor/attending physician must have their own record on the file transmitted to the Department of Health. There may be no more than four residents per an attending physician who has sixteen (16) hours per week per location.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Residency Status - for Primary Specialty

Required For: Practice

Record Positions: 266-266

Format - Length: A/N-1

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 5.0 – Nov. 2000

Definition:

This data element is to be primarily used for persons CURRENTLY in a residency program.

As part of their education/license requirements physicians must complete a specified number of post-graduate (PG) years of additional on the job training. This variable refers to the providers currently in a training program. It does not need to be completed for a provider's residency training history, i.e., the highest level of training completed by a provider. PGY1 refers to post graduate year one. PGY2 refers to post graduate year two, etc. Residency status refers to the year of residency that a physician in training is currently enrolled.

Edit Application:

1. Codes must be valid:
1=PGY1;
2=PGY2;
3=PGY3;
4=PGY4-8+;
9=Not Applicable (use for non-residents, i.e., physicians who have completed their residency, physicians not currently in a residency program, and other provider types.).

This data element is only applicable to physicians who are not board certified and have not completed a residency program (Primary Board Status = "1"). For all other physicians, code as "9" = Not Applicable.

2. Do not leave blank. For all physicians, with a provider type equal to "01" or "12", you should complete the residency status. For physicians who are PCPs this is a **critical data element** and must be completed. For physicians who are Non-PCPs, primary designation is "2"; this is a soft error. (Edit modification July 1999)
3. For Residents that are acting as participants in the care of enrollees (i.e., not designated as PCPs) and who have been coded as a "1" or "3" in the primary designation field, they should have the corresponding appropriate sum of office hours. (The PGY1 and PGY2s who are acting as participants in the care of enrollees should have a total of eight (8) continuous office hours at one site to be a Primary Care Participant. PGY3 and above should have a total of twelve (12) continuous office hours at one site to be an active member of a patient care team(s) and a primary care participant.)
4. For Residency Status coded 1-4, the corresponding Board Status should be coded as "1"=not board certified.

Example:

1. Dr. Rusk is currently in his second year of training as a behavioral pediatrician specialist. His residency status = "2".
2. Dr. Anarella was in a three-year residency program in 1994. After two years of the program, he decided to stop. He is not in a current residency program. He should be coded as "9" = not currently in a residency program. (His Board Status for specialty would be coded as "1" = Not Board Certified).

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Residency Status - for Secondary Specialty	Required For: Practice
Record Positions: 267-267	Format - Length: A/N-1
Version Number\Effective Date: 1 – Dec. 1996	Revision Date: 4.0 – Oct. 1999

Definition:

This data element is to be primarily used for persons CURRENTLY in a residency program.

As part of their education/license requirements physicians must complete a specified number of post-graduate (PG) years of additional on the job training. This variable refers to the providers currently in a training program. It does not need to be completed for a provider's residency training history, i.e., the highest level of training completed by a provider. PGY1 refers to post graduate year one. PGY2 refers to post graduate year two, etc. Residency status refers to the year of residency that a physician in training is currently enrolled.

Edit Application:

1. Codes must be valid:
1=PGY1;
2=PGY2;
3=PGY3;
4=PGY4-8+;
9=Not Applicable (use for non-residents, i.e., physicians who have completed their residency, physicians not currently in a residency program, and other provider types).

This data element is only applicable to physicians who are not board certified and have not completed a residency program (Primary Board Status = "1"). For all other physicians, code as "9" = Not Applicable.
2. Do not leave blank. For all physicians, with a provider type equal to "01" or "12", you should complete the residency status. For physicians who are PCPs this is a soft error. For physicians who are Non-PCPs, primary designation is "2"; this is a soft error.
3. For Residents that are acting as participants in the care of enrollees (i.e., not designated as PCPs) and who have been coded as "1" or "3" in the primary designation field, they should have the corresponding appropriate sum of office hours. (The PGY1 and PGY2s who are acting as participants in the care of enrollees should have a total of eight (8) continuous office hours at one site to be a Primary Care Participant. PGY3 and above should have a total of twelve (12) continuous office hours at one site to be an active member of a patient care team(s) and a primary care participant).
4. For Residency Status coded 1-4, the corresponding Board Status should be coded as

"1"=not board certified.

Example:

1. Dr. Rusk is currently in his second year of training as a behavioral pediatrician specialist. His residency status = "2".
2. Dr. Anarella was in a three-year residency program in 1994. After two years of the program, he decided to stop. He is not in a current residency program. He should be coded as "9" = not currently in a residency program. (His Board Status for specialty would be coded as "1" = Not Board Certified).

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Provider's Gender

Required For: Practice

Record Positions: 268-268

Format - Length: N-1

Version Number\Effective Date: 4.0 – Oct. 1999

Revision Date: 6.1 – July 2002

Definition:

The provider's gender.

Edit Applications:

1. Should use valid codes:
1=Male
2=Female
2. This is a critical data element. You may NOT leave this blank.

Example:

1. Dr. Panagiotis Psalidas is male. Enter "1" in the data field for gender.
2. Marilyn Monroe is an RN. Her gender code should be '2'.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Physician Extenders (PCPs only)

Required For: Practice

Record Positions: 269-273

Format - Length: N-5

Version Number\Effective Date: 1.0 Dec. 1996

Revision Date: 6.1 – Sep. 2004

Definition:

Physician Extenders are defined as individuals who are medical care professionals such as Physician Assistants (PAs) or Nurse Practitioners (NPs). They are supervised by and associated with a physician, and they extend the physicians' role as primary care providers within a limited scope of procedures. Primary care providers other than physicians should not have physician extenders.

The total number of PA and NP Full Time Equivalents (FTEs) associated with the PCP should be entered in this data element.

Edit Applications:

1. Do not leave blank. This is a critical data element for ALL PCPs. If the PCP does not have any physician extenders, enter zero (00.00).
2. For non-PCPs, "9 fill" the data element, for Not Applicable (99.99).
3. For PCP Nurse Practitioners, enter (99.99).

Example:

1. Dr. Dean has a full-time nurse practitioner on his staff (the nurse practitioner's not serving as a PCP). He also has a physician assistant who works thirty (30) hours a week. The total FTE count for Dr. Dean is 1.75; one full-time and one part-time employee. The FTE entry would be "01.75".
2. Dr. Hu does not have any physician extenders as defined above. He has an LPN on his staff. The FTE entry would be "00.00".
3. Dr. Fohl has a nurse practitioner (who is not serving as a PCP) that works twenty (20) hours each week. The FTE entry would be "00.50".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Commercial Provider Indicator

Required For: Practice

Record Positions: 274-274

Format - Length: A/N-1

Version Number\Effective Date: 2.0-Oct. 1997

Revision Date: 5.0 – Nov. 2000

Definition:

The Commercial Provider Indicator is used to determine if a provider (PCP and/or Specialist) serves Commercial members of the managed care plan. The Commercial members that the provider serves are not receiving Medicaid, SNP or Child Health Plus coverage.

Edit Applications:

1. Codes must be valid:
 - 0 = Not a Commercial Provider
 - 1 = Commercial Provider; provides direct care to Commercial members
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Dr. Franko is a member of the XYZ managed care plan that is a licensed Article 44 HMO. This data element for Dr. Franko would be coded with a "1".
2. Dr. Frankel is a member of the HealthAll Medicaid Managed Care plan. Dr. Frankel only sees Medicaid members in this managed care plan. This data element for Dr. Frankel would be coded with a "0".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicaid Provider Indicator

Required For: Practice

Record Positions: 275-275

Format - Length: A/N-1

Version Number\Effective Date: 2.0 – Oct. 1997

Revision Date: 5.0 – Nov. 2000

Definition:

The Medicaid Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members of their managed care plan who receive Medicaid.

Edit Applications:

1. Codes must be valid:
 - 0 = Not a Medicaid Provider
 - 1 = Medicaid Provider; provides direct care to Medicaid members
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Dr. Piddock works at the Pyramid Health Plan, a Commercial HMO that also participates in Medicaid Managed Care. He provides direct care to the Medicaid members. He would be considered a Medicaid Provider and coded as "1" in the Medicaid Provider Indicator data element.
2. Dr. McCall also works for the Pyramid Health Plan, but only provides care for members insured by Long Island Railroad, Long Island Shore Company and Long Island Telephone Company. She is coded as a "0" because she does not provide care to Medicaid members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicare Provider Indicator

Required For: Practice

Record Positions: 276-276

Format - Length: A/N-1

Version Number\Effective Date: 2.0 – Oct. 1997

Revision Date: 5.0 – Nov. 2000

Definition:

The Medicare Provider Indicator is used to determine if a provider (PCP and/or specialists) provides care to members receiving Medicare.

Edit Applications:

1. Codes must be valid:
 - 0 = Not a Medicare Provider
 - 1 = Medicare Provider; provides direct care to Medicare members
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Dr. Williams, a gerontologist, is in an IPA that is contracted with New Health Managed Care Plan. He provides care to Medicare members of New Health. He would be coded as "1" because he provides direct care to Medicare members.
2. Dr. Curran works in a managed long term care plan, where he provides care of Medicare members. He would be coded as "1".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Child Health Plus Provider Indicator

Required For: Practice

Record Positions: 277-277

Format - Length: A/N-1

Version Number\Effective Date: 2.0 - Oct. 1997

Revision Date: 5.0 – Nov. 2000

Definition:

The Child Health Plus Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members of their managed care plan who receive Child Health Plus (CHP).

Edit Applications:

1. Codes must be valid:
 - 0 = Not a Child Health Plus Provider
 - 1 = Child Health Plus Provider; provides direct care to CHP members
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Dr. Smith, a pediatrician, belongs to the Health All Medicaid Managed Care Plan that has been certified participation in the NYS Child Health Plus insurance program. He provides direct care to CHP children. This data element for Dr. Smith would be coded with a "1."

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: HARP Provider Indicator

Required For: Practice

Record Positions: 278-278

Format - Length: A/N-1

Version Number\Effective Date: 6.9 – July 2015

Definition:

The HARP Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a HARP program.

Edit Applications:

1. Codes must be valid:
0 = Not a HARP Provider;
1 = HARP Provider; provides direct care to enrollees in a HARP program.
2. Do not leave blank. This is a critical data element for all records.

Example:

1. Dr. Hart provides direct care to individuals enrolled in a HARP program. This data element would be coded with a "1".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicaid Advantage Provider Indicator

Required For: Practice

Record Positions: 279-279

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

The Medicaid Advantage Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a Medicaid Advantage program.

Edit Applications:

1. Codes must be valid:
0 = Not a Medicaid Advantage Provider
1 = Medicaid Advantage Provider; provides direct care to enrollees in a Medicaid Advantage program
2. Do not leave blank. This is a critical data element for all records.

Example:

1. Dr. Cole provides direct care to individuals enrolled in a Medicaid Advantage program. This data element would be coded with a "1".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Partial CAPS Indicator

Required For: Practice

Record Positions: 280-280

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

The Partial CAPS Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a Partial CAPS program.

Edit Applications:

1. Codes must be valid:
0 = Not a Partial CAPS Provider
1 = Partial CAPS Provider; provides direct care to enrollees in a Partial CAPS program
2. Do not leave blank. This is a critical data element for all records.

Example:

1. Dr. Lesh provides direct care to individuals enrolled in a Partial CAPS program. This data element would be coded with a "1".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: MAP Provider Indicator

Required For: Practice

Record Positions: 281-281

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

The MAP Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a MAP program.

Edit Applications:

1. Codes must be valid:
0 = Not a MAP Provider;
1 = MAP Provider; provides direct care to enrollees in a MAP program.
2. Do not leave blank. This is a critical data element for all records.

Example:

1. Dr. Garcia provides direct care to individuals enrolled in a MAP program.
This data element would be coded with a "1".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: PACE Provider Indicator

Required For: Practice

Record Positions: 282-282

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

The PACE Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a PACE program.

Edit Applications:

1. Codes must be valid:
0 = Not a PACE Provider;
1 = PACE Provider; provides direct care to enrollees in a PACE program.
2. Do not leave blank. This is a critical data element for all records.

Example:

1. Dr. Hart provides direct care to individuals enrolled in a PACE program. This data element would be coded with a "1".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: FIDA Provider Indicator

Required For: Practice

Record Positions: 283-283

Format - Length: A/N-1

Version Number\Effective Date: 6.8 – October 2014

Definition:

The FIDA Provider Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members in a FIDA program.

Edit Applications:

1. Codes must be valid:
0 = Not a FIDA Provider;
1 = FIDA Provider; provides direct care to enrollees in a FIDA program.
2. Do not leave blank. This is a critical data element for all records.

Example:

1. Dr. Hart provides direct care to individuals enrolled in a FIDA program. This data element would be coded with a "1".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Standard BHP Indicator

Required For: Practice

Record Positions: 284-284

Format - Length: A/N-1

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSOH Standard Basic Health Plan (BHP) Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Standard Basic Health Plan (BHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Standard BHP Provider;

1 = NYSOH Standard BHP Provider; provides direct care to enrollees in a NYSOH Standard BHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Standard BHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the Standard BHP network(s) submitted through the PNDS system align(s) with the Standard BHP(s) submitted in the Health Insurer Participation Proposal.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH BHP plus Adult Vision & Dental Ind **Required For:** Practice

Record Positions: 285-285

Format - Length: A/N-1

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSOH Indiv Basic Health Plan (BHP) plus Adult Vision and Dental Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the BHP plus Adult Vision and Dental within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH BHP plus Adult Vision and Dental Provider;

1 = NYSOH BHP plus Adult Vision and Dental Provider; provides direct care to enrollees in a NYSOH BHP plus Adult Vision and Dental within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH BHP plus Adult Vision and Dental. This data element would be coded with a "1".

Notes:

1. Please ensure that the BHP plus Adult Vision and Dental network(s) submitted through the PNDS system align(s) with the BHP(s) submitted in the Health Insurer Participation Proposal.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Commercial Non-MCO Medical Indicator **Required For:** Practice

Record Positions: 286-286 **Format - Length:** A/N-1

Version Number\Effective Date: 7.5 – Sept 2016

Definition:

Commercial Non-MCO Medical Indicator is used to determine if a specific product is a non-government, non-managed care product (medical only).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a Commercial Non-MCO (medical only);
1 = Commercial Non-MCO Medical product.

Example:

1. Dr. Blue provides direct care to individuals enrolled in an ABC Health Inc. medical product. This data element would be coded with a "1".

Notes:

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Commercial Non-MCO Vision Indicator **Required For:** Practice

Record Positions: 287-287 **Format - Length:** A/N-1

Version Number\Effective Date: 7.5 – Sept 2016

Definition:

Commercial Non-MCO Vision Indicator is used to determine if a specific product is a non-government, non-managed care product (vision only).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a Commercial Non-MCO (vision only);
1 = Commercial Non-MCO Vision product.

Example:

1. Dr. Blue provides direct care to individuals enrolled in an XYZ Inc., vision product. This data element would be coded with a "1".

Notes:

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Commercial Non-MCO Dental Indicator **Required For:** Practice

Record Positions: 288-290 **Format - Length:** A/N-3

Version Number\Effective Date: 7.5 – Sept 2016

Definition:

Commercial Non-MCO Dental Indicator is used to determine if a specific product is a non-government, non-managed care product (dental only).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

000 = Not a Commercial Non-MCO (dental only);
001 = Commercial Non-MCO Dental product.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a commercial JKL, Inc. dental product. This data element would be coded with a "001".

Notes:

PHYSICIAN AND OTHER PROVIDERS -DATA DICTIONARY/VERSION 7.5

Data Element Name: Commercial Panel Status

Required For: Practice

Record Positions: 291-291

Format - Length: A/N-1

Version Number\Effective Date: 1.0 Dec. 1996

Definition:

Commercial Panel Status refers to the availability of a PCP to accept new members who may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a PCP cannot accept new members at the present time. An existing panel indicates that a PCP will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1. Codes must be valid:
 - 1 = Open to new and existing Commercial members
 - 2 = Existing Commercial members/enrollees only
 - 3 = Closed Commercial Panel
 - 9 = Not Applicable for Non-PCP
2. Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1. Dr. Sturn has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are Child Health Plus. He has decided not to accept any more Commercial members at this time. His Commercial Panel Status would be "3".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicaid Panel Status

Required For: Practice

Record Positions: 292-292

Format - Length: A/N-1

Version Number\Effective Date: 2.0 – Oct. 1997

Definition:

Medicaid Panel Status refers to the availability of a PCP or designated OB/GYN Specialist to accept new Medicaid or HIV SNP members. These may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members and properly handle their health concerns. A closed panel indicates that a physician cannot accept new members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1. Codes must be valid:
 - 1=Open to new and existing Medicaid and/or HIV SNP members
 - 2=Existing Medicaid and/or SNP members only
 - 3=Closed Medicaid and/or HIV SNP Panel
 - 9=Not Applicable for Non-PCP and non-Medicaid/SNP OB/GYNs
2. Do not leave blank. This is a critical data element for ALL Medicaid and HIV SNP PCPs and OB/GYNs.

Example:

1. Dr. Schenk has 3,000 managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare, 300 are Child Health Plus and 200 are HIV SNP. He has decided not to accept any more Commercial members at this time, but will accept new Medicaid and HIV SNP members. His Medicaid Panel Status would be "1", he will be open to new Medicaid members at the clinic.
2. Dr. McFerran has 500 Commercial members and 1,000 Medicaid fee-for-service (FFS) patients. His FFS patients are joining the managed care plan in which he participates. He has decided not to accept any new members from the plan. His Medicaid Panel status would be "2".
3. Dr. Piddock has 400 HIV SNP members. He is still accepting new Family Health Plus members. His Medicaid Panel status would be "1" for open.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicare Panel Status

Required For: Practice

Record Positions: 293-293

Format - Length: A/N-1

Version Number\Effective Date: 2.0 - Oct. 1997

Definition:

Medicare Panel Status refers to the availability of a PCP to accept new members who may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a PCP can't accept new members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1. Codes must be valid:
 - 1 = Open to new and existing Medicare members
 - 2 = Existing Medicare members/enrollees only
 - 3 = Closed Medicare Panel
 - 9 = Not Applicable for Non-PCP
2. Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1. Dr. Albertson has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are Child Health Plus. He has decided not to accept any more Commercial members at this time but will accept Medicare members. His Medicare Panel Status would be "1", he will accept more Medicare members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Child Health Plus Panel Status

Required For: Practice

Record Positions: 294-294

Format - Length: A/N-1

Version Number\Effective Date: 2.0 – Oct. 1997

Definition:

Child Health Plus (CHP) Panel Status refers to the availability of a physician to accept new CHP members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new CHP members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1. Codes must be valid:
 - 1 = Open to new and existing Child Health Plus members
 - 2 = Existing Child Health Plus members only
 - 3 = Closed Child Health Plus Panel
 - 9 = Not Applicable for Non-PCP
2. Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1. Dr. Gilstrap has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are Child Health Plus. He has decided not to accept any more Commercial members at this time but will accept additional Child Health Plus members. His Child Health Plus Panel Status would be "1", he will accept more Child Health Plus members at the clinic.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicaid Advantage Panel Status

Required For: Practice

Record Positions: 296-296

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

Medicaid Advantage Panel Status refers to the availability of a physician to accept new Medicaid Advantage members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new Medicaid Advantage members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1. Codes must be valid:
 - 1 = Open to new and existing Medicaid Advantage members
 - 2 = Existing Medicaid Advantage members only
 - 3 = Closed Medicaid Advantage Panel
 - 9 = Not Applicable for Non-PCP
2. Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1. Dr. Joplin has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are Medicaid Advantage. He has decided not to accept any more Commercial members at this time but will accept additional Medicaid Advantage members. His Medicaid Advantage Panel Status would be "1", he will accept more Medicaid Advantage members at the clinic.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Partial CAPS Panel Status

Required For: Practice

Record Positions: 297-297

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

Partial CAPS Panel Status refers to the availability of a physician to accept new Partial CAPS members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new Partial CAPS members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1. Codes must be valid:
 - 1 = Open to new and existing Partial CAPS members
 - 2 = Existing Partial CAPS members only
 - 3 = Closed Partial CAPS Panel
 - 9 = Not Applicable for Non-PCP
2. Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1. Dr. DiFranco has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are Partial CAPS. He has decided not to accept any more Commercial members at this time but will accept additional Partial CAPS members. His Partial CAPS Panel Status would be "1", he will accept more Partial CAPS members at the clinic.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: MAP Panel Status

Required For: Practice

Record Positions: 298-298

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

MAP Panel Status refers to the availability of a physician to accept new MAP members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new MAP members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1. Codes must be valid:
 - 1 = Open to new and existing MAP members
 - 2 = Existing MAP members only
 - 3 = Closed MAP Panel
 - 9 = Not Applicable for Non-PCP
2. Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1. Dr. Marley has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are MAP. He has decided not to accept any more Commercial members at this time but will accept additional MAP members. His MAP Panel Status would be "1", he will accept more MAP members at the clinic.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: PACE Panel Status

Required For: Practice

Record Positions: 299-299

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

PACE Panel Status refers to the availability of a physician to accept new PACE members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new PACE members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1. Codes must be valid:
 - 1 = Open to new and existing PACE members
 - 2 = Existing PACE members only
 - 3 = Closed PACE Panel
 - 9 = Not Applicable for Non-PCP
2. Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1. Dr. Morrison has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are PACE. He has decided not to accept any more Commercial members at this time but will accept additional PACE members. His PACE Panel Status would be "1", he will accept more PACE members at the clinic.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: FIDA Panel Status

Required For: Practice

Record Positions: 300-300

Format - Length: A/N-1

Version Number\Effective Date: 6.8 – October 2014

Definition:

FIDA Panel Status refers to the availability of a physician to accept new FIDA members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new FIDA members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.

Edit Applications:

1. Codes must be valid:
 - 1 = Open to new and existing FIDA members
 - 2 = Existing FIDA members only
 - 3 = Closed FIDA Panel
 - 9 = Not Applicable for Non-PCP
2. Do not leave blank. This is a critical data element for ALL PCPs.

Example:

1. Dr. Morrison has 3,000 current managed care members; 1,500 of these members are Commercial, 700 are Medicaid, 500 are Medicare and 300 are FIDA. He has decided not to accept any more Commercial members at this time but will accept additional FIDA members. His FIDA Panel Status would be "1", he will accept more FIDA members at the clinic.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Standard BHP Panel Status

Required For: Practice

Record Positions: 301-301

Format - Length: A/N-1

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSOH Standard BHP Panel Status refers to the availability of a physician to accept new NYSOH Standard BHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Standard BHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Standard BHP members
- 2 = Existing NYSOH Standard BHP members only
- 3 = Closed NYSOH Standard BHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Standard BHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Standard BHP members. His NYSOH Standard BHP Panel Status would be “1”, he will accept more NYSOH Standard BHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH BHP plus Adult Vision & Dental Ind Panel Status

Required For: Practice

Record Positions: 302-302

Format - Length: A/N-1

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSOH BHP plus Adult Vision and Dental Panel Status refers to the availability of a physician to accept new NYSOH BHP plus Adult Vision and Dental members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH BHP plus Adult Vision and Dental members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH BHP plus Adult Vision and Dental members
- 2 = Existing NYSOH BHP plus Adult Vision and Dental members only
- 3 = Closed NYSOH BHP plus Adult Vision and Dental Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH BHP plus Adult Vision and Dental. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH BHP plus Adult Vision and Dental members. His NYSOH BHP plus Adult Vision and Dental Panel Status would be "1", he will accept more NYSOH BHP plus Adult Vision and Dental members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Commercial Panel Size

Required For: Practice

Record Positions: 308-311

Format - Length: N-4

Version Number\Effective Date: 1.0 – Dec. 1996

Definition:

Panel size is the total number of capitated Commercial members assigned to this provider at your managed care plan. Do NOT include members in other products in the total number of Commercial members. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP/Dentistry Specialists or "Not Applicable" enter "9999".

Example:

1. Dr. Riviello has 600 Medicaid, 800 Medicare, and 2,500 "other" members. These "other" enrollees are assumed to be the Commercial members; his Commercial panel size would be 2,500, entered as "2500".
2. Dr. McFerran has 500 Commercial members and 1000 Medicaid fee-for-service patients. His FFS patients are joining the managed care plan in which he is participating. He has decided not to accept any more new members from the plan. His Commercial panel size would be "0500".
3. Dr. Donnelly has only 200 Commercial members assigned to him at the HMO. He does not provide care to Medicaid members. His panel size would be "0200" for Commercial (and zero for Medicaid). He would be considered a Commercial-only provider.
4. If Dr. McConnell has two office locations, (i.e., the Madison Ave. office has 300 Commercial members and the Albany Ave. office has 500 Medicaid members) and you are able to report the number of members he serves at each location, then enter one record for each office location and the corresponding number of members in each location. If you cannot determine the number of members per office location; enter one record for Dr. McConnell with his total members (enter Madison Ave. with 0800) and zero-fill the other office location (zero-fill Albany Ave.).

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicaid Panel Size

Required For: Practice

Record Positions: 312-315

Format - Length: N-4

Version Number\Effective Date: 1.0 – Dec. 1996

Definition:

Panel size is the total number of capitated Medicaid **and** HIV SNP members assigned to this PCP at your managed care plan. For purposes of this report, persons that are dually eligible in Medicaid and Medicare should only be counted once; they should be entered under the Medicare panel size. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry. Zero-fill to the left.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Example:

1. Dr. O'Conner has approximately 800 Medicaid members assigned to him. His Medicaid panel size would be 800, entered as "0800".
2. If Dr. McConnell has two office locations, (i.e., the Madison Ave. office has 300 Commercial members and the Albany Ave. office has 500 Medicaid members) and you are able to report the number of members he serves at each location, enter one record for each office location and the corresponding number of members in each location. If you cannot determine the number of members per office location, enter one record for Dr. McConnell with his total members (enter Madison Ave. with "0800") and zero-fill the other office location (enter Albany Ave. with "0000").
3. Dr. Hobson has just joined an HMO. She was assigned 2,000 members by the plan; none of them are Medicaid enrollees. Her Medicaid Panel Size would be zero "0000". She would be considered a Commercial-only provider.
4. Dr. Kosek has 300 Medicaid members and 200 HIV SNP members assigned to her. Her Medicaid panel size would be 500. Enter as "0500".
5. Dr. Wu has 900 HIV SNP members assigned. She has no Medicaid Managed Care enrollees at this time. Her Medicaid Panel Size would be 900. Enter as "0900".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicare Panel Size

Required For: Practice

Record Positions: 316-319

Format - Length: N-4

Version Number\Effective Date: 2.0 – Oct. 1997

Definition:

Total number of capitated Medicare members assigned to this provider at your managed care plan. For purposes of this report, persons that are dually eligible in Medicaid and Medicare should be included under the Medicare panel size. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs.
3. For Non-PCP or "Not Applicable" enter "9999".

Example:

1. Dr. Boyle works for XYZ managed care plan as a primary care provider. He provides care to 800 members of XYZ; 600 members are Commercial and 200 receive Medicare health coverage. His Medicare Panel Size would be "200".
2. Dr. Hobson has just joined an HMO. She was assigned 2,000 members by the plan; none of them are Medicare enrollees. Her Medicare panel size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Child Health Plus Panel Size

Required For: Practice

Record Positions: 320-323

Format - Length: N-4

Version Number\Effective Date: 2.0 – Oct. 1997

Definition:

Total number of capitated Child Health Plus enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Example:

1. Dr. Knopf works for Good Apple Managed Care Plan. He currently provides care to 800 Medicaid members, 400 Medicare, and 100 Child Health Plus members. His Child Health Plus panel size would be "0100".
2. Dr. Hobson has just joined an HMO. She was assigned 2,000 members by the plan; none of them are Child Health Plus enrollees. Her Child Health Plus Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicaid Advantage Panel Size

Required For: Practice

Record Positions: 328-331

Format - Length: N-4

Version Number\Effective Date: 6.5 – October 2011

Definition:

Total number of capitated Medicaid Advantage enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Example:

1. Dr. Grisman works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 Medicaid Advantage members. His Medicaid Advantage panel size would be "0100".
2. Dr. Rice has just joined an HMO. She was assigned 2,000 members by the plan; none of them are Medicaid Advantage enrollees. Her Medicaid Advantage Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Partial CAPS Panel Size

Required For: Practice

Record Positions: 332-335

Format - Length: N-4

Version Number\Effective Date: 6.5 – October 2011

Definition:

Total number of Partial CAPS enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Example:

1. Dr. Cole works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 Partial CAPS members. His Partial CAPS panel size would be "0100".
2. Dr. Nadler has just joined an HMO. She was assigned 2,000 members by the plan; none of them are Partial CAPS enrollees. Her Partial CAPS Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: MAP Panel Size

Required For: Practice

Record Positions: 336-339

Format - Length: N-4

Version Number\Effective Date: 6.5 – October 2011

Definition:

Total number of MAP enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Example:

1. Dr. Purple works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 MAP members. His MAP panel size would be "0100".
2. Dr. Brown has just joined an HMO. She was assigned 2,000 members by the plan; none of them are MAP enrollees. Her MAP Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: PACE Panel Size

Required For: Practice

Record Positions: 340-343

Format - Length: N-4

Version Number\Effective Date: 6.5 – October 2011

Definition:

Total number of PACE enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Example:

1. Dr. Toga works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 PACE members. His PACE panel size would be "0100".
2. Dr. Albany has just joined an HMO. She was assigned 2,000 members by the plan; none of them are PACE enrollees. Her PACE Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: FIDA Panel Size

Required For: Practice

Record Positions: 344-347

Format - Length: N-4

Version Number\Effective Date: 6.8 – October 2014

Definition:

Total number of FIDA enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Example:

1. Dr. Toga works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare, and 100 FIDA members. His FIDA panel size would be "0100".
2. Dr. Albany has just joined an HMO. She was assigned 2,000 members by the plan; none of them are FIDA enrollees. Her FIDA Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Standard BHP Panel Size

Required For: Practice

Record Positions: 348-351

Format - Length: A/N-4

Version Number\Effective Date: 6.9 – May 2015

Definition:

Total number of NYSOH Standard BHP enrollees assigned to this provider at your plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Health Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Standard BHP members. His NYSOH Standard BHP Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Standard BHP enrollees. Her NYSOH Standard BHP Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH BHP plus Adult Vision and Dental Panel Size

Record Positions: 352-355

Required For: Practice

Version Number\Effective Date: 6.9 – May 2015

Format - Length: A/N-4

Definition:

Total number of NYSOH BHP plus Adult Vision and Dental enrollees assigned to this provider at your plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Health Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH BHP plus Adult Vision and Dental members. His NYSOH BHP plus Adult Vision and Dental Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH BHP plus Adult Vision and Dental enrollees. Her NYSOH BHP plus Adult Vision and Dental Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Hospital Affiliation (HA) Operating Number #1 **Required For:** Practice
Hospital Affiliation (HA) Operating Number #2
Hospital Affiliation (HA) Operating Number #3

Record Positions:	376-383	HA OPCERT#1	Format - Length: A/N-8
	388-395	HA OPCERT#2	
	400-407	HA OPCERT#3	

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

The Hospital Affiliation (HA) Operating Numbers identify the hospitals that the provider has admitting privileges to and will use for patient care. Each hospital is given an Operating Certificate Number (OPCERT) and corresponding unique Permanent Facility Identifier (PFI) when they are licensed as an Article 28 facility. The operating certificate number is used to identify the provider's hospital affiliation. A provider may have up to three unique hospital affiliations on their record.

Edit Applications:

1. Codes must be valid. The OPCERT for all hospitals are posted on the **PNDS portal**. The eight-character operating certificate number for a hospital will end in an "H" or "C".
2. Do not leave blank. It is a **critical data element** for primary care and OB/GYN physicians (MD/DO). This data element is for **ALL** providers.
3. If you do not know the hospital for your non-PCP and non-OB/GYN physician, you may enter "99999999" to avoid a soft error.
4. Enter an "Out of State" Hospital Operating Number as "99999999".
5. For PCPs (or other providers) who have no inpatient care, enter an "99999999" in the Hospital Operating number.

Example:

1. Dr. Coleman is affiliated with two hospitals; he predominately works at the Beth Israel Medical Center/North Division (OPCERT #7002002H) and is associated with the Adirondack Medical Center-Saranac Lake Site (OPCERT #1623000H). His hospital affiliation is with both Hospitals; the code "7002002H" would be entered for this first HA data element and "1623000H" would be entered in the second HA data element. The third HA is "99999999" filled.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name:

Hospital Affiliation (HA) Permanent Facility Identifier #1
Hospital Affiliation (HA) Permanent Facility Identifier #2
Hospital Affiliation (HA) Permanent Facility Identifier #3

Required For: Practice

Record Positions: 384-387 HA PFI #1
396-399 HA PFI #2
408-411 HA PFI #3

Format - Length: A/N-4**Version Number\Effective Date:** 5.0 – Nov. 2000**Revision Date:** 6.0 – Dec. 2001

Definition:

The Hospital Affiliation (HA) Permanent Facility Identifier (PFI) is the number associated with each hospital that the provider has admitting privileges to and will use for patient care. Each hospital is provided with a PFI number and a corresponding operating certificate (OPCERT) number when they are licensed as an Article 28 facility. The PFI is used in conjunction with the Operating number for identifying the Hospital Affiliation. A provider may have up to three unique hospital affiliations on their record.

Edit Applications:

1. Codes must be valid. The PFI numbers for all hospitals are posted on the **PNDS portal**. Make sure you are using the PFI for the hospital (not another type of facility such as a clinic, nursing home, etc., that might be at the same address, or, have a similar, or, even the same name).
2. Do not leave blank. This is a **critical data element** for Primary care and OB/GYN physicians (MD/DO). This data element should be completed for **ALL** providers.
3. Enter an "Out of State" Hospital PFI as "9999".
4. For PCPs (or other providers) who have no inpatient care, enter "9999" in the Hospital PFI number.

Example:

1. Dr. McPhillips works at an Article 28 comprehensive clinic, Soundview Health Center, Bronx, New York. He is affiliated with three area hospitals;
 - Our Lady of Mercy Medical Center at 233rd Street, Bronx, Operating Certificate #7000005H and PFI number 1168;
 - Our Lady of Mercy Medical Center at 1870 Pelham Parkway, South Bronx (same OPCERT) and PFI 1181, and
 - St. Barnabas Hospital at 4422 3rd Avenue, Bronx, OPCERT 7000014H, PFI 1176.

The following PFI numbers: 1168, 1181 and 1176 should be entered in the corresponding data elements HA PFI #1 - #3. They must correspond to the appropriate HA OPCERT.

NOTE: The Hospital Affiliation PFI is associated with the hospital where the provider has privileges and provides care; not the various office locations that the provider may have.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Provider Location Facility Operating Certificate **Required For:** Practice

Record Positions: 412-419

Format - Length: A/N-8

Version Number\Effective Date: 5.0 – Nov. 2000

Revision Date: 5.0 – Nov. 2000

Definition:

If a primary care provider works in a clinic, the clinic must be identified by OPCERT and PFI (see page 108-109 for description of OPCERT and PFI). The two data elements are needed to identify the facility location for each primary care provider. The full list of OPCERTs and PFIs is posted on the PNDS portal.

Edit Applications:

1. Must be a valid operating certificate number as listed on the PNDS portal (originally from Health Facilities Information System). The eight-character operating certificate number for a hospital will end in "H" or "C".
2. This data element is required for PCPs only. The PCPs must work at the designated facility.
3. For everyone other than a PCP, you should "9" fill the data element ("99999999").
4. For PCPs located at private office settings this data element is not required. You should "9" fill the data element.
5. For PCPs that are working in an out of state facility, you should "8" fill the data element.

Example:

1. Dr. Russ works at an Article 28 comprehensive clinic, Whitney M. Young Jr. Health Center, in Albany, NY, that has the operating certificate number 0101205R. This number should be entered into positions 315-322 on the data file.
2. Dr. McDevitt has a private office. The data element is "9" filled.
3. Dr. Sulger is located at a hospital-based clinic called Fordham Plaza Primary Care Clinic which is associated with St. Barnabas Hospital. The Operating Number is "7000014H" and the PFI number is "4713".

NOTE: Some clinics affiliated with hospitals have their own OPCERT numbers, ending in "R".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Provider Location Permanent Facility Identifier **Required For:** Practice

Record Positions: 420-423

Format - Length: A/N-4

Version Number\Effective Date: 5.0 – Nov. 2000

Definition:

If a primary care provider works in a clinic, the clinic must be identified by OPCERT and PFI. The Provider Location Permanent Facility Identifier (PFI) is the number associated with the specific location for an Article 28 licensed clinic or hospital. **The full list of OPCERTs and PFIs is posted on the PNDS portal.**

Edit Applications:

1. **Must be a valid PFI as listed on the PNDS portal.** Be sure to use the PFI that corresponds to the OPCERT. In addition, make sure you have the appropriate facility, such as a clinic. (Different types of facilities may share the same address or similar name.)
2. This data element is critical for PCPs only. The PCPs must work at the designated facility.
3. For everyone other than a PCP, you should “9” fill the data element (“9999”).
4. For PCPs located at private office settings this data element is not required. You should “9” fill the data element (“999”).
5. For PCPs that are working in an out of state facility, “8” fill the data element (“8888”).

Example:

1. Dr. McPhillips works at an Article 28 comprehensive clinic, Whitney M. Young, Jr. Health Care Center, Albany, NY, that has the PFI number of “0011”. This number should be entered in the correct position on the data file.
2. Dr. McDevitt has a private office. The data element is “9” filled.
3. Dr. Sulger is located at a hospital-based clinic called Fordham Plaza Primary Care Clinic which is associated with St. Barnabas Hospital. The Operating Number is “7000014H” and the PFI number is “4713”.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Total Office Hours

Required For: Office Hours

Record Positions: 424-426

Format - Length: A/N-3

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

Total office hours worked by the individual provider for the snapshot week. Enter the actual number of hours worked during the week.

Edit Applications:

1. Must use a valid entry (between 001 and 168 hours).
2. This is a critical data element for Medicaid, HIV SNP and Child Health Plus PCPs; DO NOT leave blank or zero-fill.
3. Zero-fill for non-PCP and Commercial only providers.

Example:

1. Dr. Butch works from 8 a.m. until 4 p.m., M-F. During this time period the total office hours the doctor works is seven hours a day (one hour is lunchtime). A total of 35 would be entered into the total office hours data element. Enter this as "035".
2. Dr. Novak works a rotating schedule from 3 p.m. until 11 p.m., M-F with every other Friday off. During the week of the reporting snapshot Dr. Novak worked all five days, seven hours each day. A total of "035" would be entered for Dr. Novak in the Total Office Data element.
3. Dr. Williams, who works the alternate Friday, worked four days that week, 7 hours each day. Enter "028" in the Total Office Hours for Friday for Dr. Novak for the week of the reporting snapshot.

NOTE: To be considered a Medicaid and HIV SNP PCP, total office hours must be equal to or greater than 16 hours per week per location. If a provider has less than 16 hours at a site, they are not considered a PCP at that location. However, the location with less than 16 hours may still be used by the PCP, as long as the PCP maintains 16 hours at another site. The site with less than 16 hours can be listed on the Provider Network Data System (PNDS) as long as the following conditions are adhered to:

- The provider maintains another site with 16 or more hours
- The enrollees assigned to the PCP are ONLY assigned to the site that has 16 or more hours. (The site with 16 or more hours may be referred to as the primary site.)
- Enrollees are instructed that they are assigned to a primary site and that other "non-primary" sites are available for access.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: After Hours Indicator

Required For: Office Hours

Record Positions: 427-427

Format - Length: A/N-1

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

Evening office hours after 5 p.m. on any of the seven days (Sunday-Saturday) during the snapshot time frame.

Edit Applications:

1. Codes must be valid:
 - 0=No evening hours
 - 1=Yes, evening hours on any day are available (Sunday through Saturday)
 - 9=Not Applicable (all other providers, i.e., non-PCP and Commercial-only)
2. DO NOT leave blank. This is a critical data element for Medicaid, HIV SNP and Child Health Plus PCPs.

Example:

1. Dr. Butch rotates her schedule every other weekend in the local hospital. She works the evening shift from 9 p.m. Saturday until 4 a.m. Sunday and 9 p.m. Sunday till 4 a.m. Monday. The “snapshot” of Dr. Butch’s schedule should capture the general pattern of her work routine. Her entry for the evening hours indicator would be “1”=Yes.
2. Dr. Novak, who works the 3 p.m. to 11 p.m. shift, would be considered to have evening hours; the evening hours indicator would be “1”=Yes.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Language 1-7

Required For: Languages

Record Positions:

428-429	Language 1
430-431	Language 2
432-433	Language 3
434-435	Language 4
436-437	Language 5
438-439	Language 6
440-441	Language 7

Format - Length: A/N-2

Version Number\Effective Date: 3.0 – Nov. 1998

Revision Date: 6.0 – Dec. 2001

Definition:

The languages that a provider or clinical staff member can speak to a member.

Edit Applications:

1. Codes must be valid: See Language Codes in Section VI.
2. Enter "EN" in the first language data element. If English is missing as a language, you will receive a critical error.
3. This is a critical data element for Medicaid, HIV SNP or CHP PCPs. These providers must have a valid language code in one of the seven language data elements. Language fields not needed should be "99" filled.
4. For Non-PCPs you may enter the appropriate language code or "99" fill for Not Applicable. Do not leave blank.

Example:

1. In addition to speaking English, Dr. Franko speaks Spanish. His clinical office staff (not
a secretary) also speaks Italian. You should enter "EN" in Language 1 and "ES" in Language 2 and "IT" in Language 3. The remaining languages (Language 4-7) should be "99" filled.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Area Code

Required For: Contact Info

Record Positions: 442-444

Format - Length: A/N-3

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

The telephone area code for the provider's office phone.

Edit Application:

1. This is a critical data element for all providers.
2. Must be a valid area code number. The following fills will be rejected: all blanks, all zeros, like digits such as "999" and number series, such as "1234567" or "8765432".

Example:

1. Dr. Brown's office is located in NYC where the area code is 212. Enter "212" into this field.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Phone Number

Required For: Contact Info

Record Positions: 445-451

Format - Length: A/N-7

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

The telephone number for the provider's office site.

Edit Applications:

1. This is a critical data element for all providers.
2. Must be a valid telephone number. The following fills will be rejected: all blanks, all zeros, like digits such as "8888888" and number series, such as "1234567" or "8765432".
3. Do not include hyphens.

Example:

1. Dr. Brown's office is located in NYC and his telephone number is 523-1449. Enter "5231449" into this field.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Provider Email Address

Required For: Contact Info

Record Positions: 452-491

Format - Length: A/N-40

Version Number\Effective Date: 6.2 – Dec 2008

Definition:

The email address the provider uses for work purposes (e.g. communication with patients).

Edit Applications:

1. This is a critical data element for all providers.
2. Must be a valid email address.
3. If the provider does not have an email address, or the email address is unknown, leave blank.
4. Must be left-justified.

Example:

1. Dr. Kay's office email address is skay@hospicare.org. Enter "skay@hospicare.org" in this field.
2. Dr. Greene does not have an office email address. Leave this field blank.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Federal Employer Identification Number **Required For:** Contact Info

Record Positions: 492-500

Format - Length: A/N-9

Version Number\Effective Date: 6.2 – Dec 2008

Definition:

The Federal Identification Number (FEIN) is a nine-digit unique identification number that the Internal Revenue Service (IRS) assigns business entities. This should be the same number that the plan submits to the IRS (e.g. Form 099-MISC) whenever payments are made to the provider.

For providers having multiple FEINs, use the following hierarchy to select the FEIN for submission:

- FEIN of largest group
- FEIN most frequently used by plan for payment

Edit Applications:

1. This is a critical data element for all providers.
2. Must be a valid FEIN.

Example:

1. Dr. Ray's Federal Employer Identification Number is 548331872. Enter "548331872" in this field.
2. Dr. Patterson's Federal Employer Identification Number is 244111451. Enter "244111451" in this field.
3. Dr. Noble has two FEINs. He has a FEIN for the group practice and a FEIN for seeing patients outside of the group. Submit the FEIN for the group practice.
4. Dr. Lee does not have a FEIN. Enter "888888888" in this field.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Bronze Indicator

Required For: Practice

Record Positions: 501-501

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Bronze Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Standard Bronze Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv St Bronze QHP Provider;

1 = NYSOH Indiv St Bronze QHP Provider; provides direct care to enrollees in a Bronze QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv St Bronze QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv St Bronze QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv St Bronze QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Silver Indicator

Required For: Practice

Record Positions: 502-502

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Silver Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Standard Silver Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv St Silver QHP Provider;

1 = NYSOH Indiv St Silver QHP Provider; provides direct care to enrollees in a Silver QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv St Silver QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv St Silver QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv St Silver QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Gold Indicator

Required For: Practice

Record Positions: 503-503

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Gold Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Standard Gold Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv St Gold QHP Provider;

1 = NYSOH Indiv St Gold QHP Provider; provides direct care to enrollees in a Gold QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv St Gold QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv St Gold QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv St Gold QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Platinum Indicator

Required For: Practice

Record Positions: 504-504

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Platinum Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Standard Platinum Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv St Platinum QHP Provider;

1 = NYSOH Indiv St Platinum QHP Provider; provides direct care to enrollees in a Platinum QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv St Platinum QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv St Platinum QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv St Platinum QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Bronze Indicator

Required For: Practice

Record Positions: 505-505

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Bronze Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Child Only Bronze Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Child Only Bronze QHP Provider;

1 = NYSOH Indiv Child Only Bronze QHP Provider; provides direct care to enrollees in a Child Only Bronze QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Child Only Bronze QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Child Only Bronze QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Child Only Bronze QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Silver Indicator

Required For: Practice

Record Positions: 506-506

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Silver Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Child Only Silver Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Child Only Silver QHP Provider;

1 = NYSOH Indiv Child Only Silver QHP Provider; provides direct care to enrollees in a Child Only Silver QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Child Only Silver QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Child Only Silver QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Child Only Silver QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Gold Indicator

Required For: Practice

Record Positions: 507-507

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Gold Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Child Only Gold Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Child Only Gold QHP Provider;

1 = NYSOH Indiv Child Only Gold QHP Provider; provides direct care to enrollees in a Child Only Gold QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Child Only Gold QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Child Only Gold QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Child Only Gold QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Platinum Indicator **Required For:** Practice

Record Positions: 508-508

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Platinum Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Child Only Platinum Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Child Only Platinum QHP Provider;

1 = NYSOH Indiv Child Only Platinum QHP Provider; provides direct care to enrollees in a Child Only Platinum QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Child Only Platinum QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Child Only Platinum QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Child Only Platinum QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Catastrophic Indicator

Required For: Practice

Record Positions: 509-509

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Catastrophic Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Catastrophic Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Catastrophic QHP Provider;

1 = NYSOH Indiv Catastrophic QHP Provider; provides direct care to enrollees in a Catastrophic QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Catastrophic QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Catastrophic QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Catastrophic QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Pediatric Dental High Indicator Practice

Required For:

Record Positions: 510-510

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Pediatric Dental High Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Pediatric Dental High Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Pediatric Dental High QHP Provider;
1 = NYSOH Indiv Pediatric Dental High QHP Provider; provides direct care to enrollees in a Pediatric Dental High QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Pediatric Dental High QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Pediatric Dental High QHP listed on Addendum 4, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Pediatric Dental High QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Pediatric Dental Low Indicator Practice

Required For:

Record Positions: 511-511

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Pediatric Dental Low Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Pediatric Dental Low Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Pediatric Dental Low QHP Provider;

1 = NYSOH Indiv Pediatric Dental Low QHP Provider; provides direct care to enrollees in a Pediatric Dental Low QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Pediatric Dental Low QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Pediatric Dental Low QHP listed on Addendum 4, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Pediatric Dental Low QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Adult Dental Indicator

Required For: Practice

Record Positions: 512-512

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Adult Dental Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Adult Dental Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Adult Dental QHP Provider;

1 = NYSOH Indiv Adult Dental QHP Provider; provides direct care to enrollees in an Adult Dental QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Adult Dental QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Adult Dental QHP listed on Addendum 4, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Adult Dental QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Family Dental Indicator Practice

Required For:

Record Positions: 513-513

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Family Dental Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Family Dental Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Family Dental QHP Provider;

1 = NYSOH Indiv Family Dental QHP Provider; provides direct care to enrollees in a Family Dental QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Family Dental QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Family Dental QHP listed on Addendum 4, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Family Dental QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 1 Indicator

Required For: Practice

Record Positions: 514-514

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Bronze 1 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Bronze 1 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Bronze 1 QHP Provider;

1 = NYSOH Indiv St Bronze QHP Provider; provides direct care to enrollees in a Non St Bronze 1 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Bronze 1 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Bronze 1 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Bronze 1 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 1 Indicator

Required For: Practice

Record Positions: 515-515

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Silver 1 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Silver 1 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Silver 1 QHP Provider;

1 = NYSOH Indiv Non St Silver 1 QHP Provider; provides direct care to enrollees in a Non St Silver 1 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Silver 1 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Silver 1 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv NonSt Silver 1 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 1 Indicator Practice

Required For:

Record Positions: 516-516

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Gold 1 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Gold 1 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Gold 1 QHP Provider;

1 = NYSOH Indiv Non St Gold 1 QHP Provider; provides direct care to enrollees in a Non St Gold 1 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Gold 1 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Gold 1 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Gold 1 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 1 Indicator **Required For:** Practice

Record Positions: 517-517 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Platinum 1 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Platinum 1 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Platinum 1 QHP Provider;
1 = NYSOH Indiv Non St Platinum 1 QHP Provider; provides direct care to enrollees in a Non St Platinum 1 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Platinum 1 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Platinum 1 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Platinum 1 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 2 Indicator

Required For: Practice

Record Positions: 518-518

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Bronze 2 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Bronze 2 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Bronze 2 QHP Provider;

1 = NYSOH Indiv Non St Bronze 2 QHP Provider; provides direct care to enrollees in a Non St Bronze 2 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Bronze 2 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Bronze 2 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Bronze 2 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 2 Indicator

Required For: Practice

Record Positions: 519-519

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Silver 2 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Silver 2 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Silver 2 QHP Provider;

1 = NYSOH Indiv Non St Silver 2 QHP Provider; provides direct care to enrollees in a Non St Silver 2 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Silver 2 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Silver 2 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Silver 2 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 2 Indicator Practice

Required For:

Record Positions: 520-520

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Gold 2 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Gold 2 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Gold 2 QHP Provider;

1 = NYSOH Indiv Non St Gold 2 QHP Provider; provides direct care to enrollees in a Non St Gold 2 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Gold 2 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Gold 2 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Gold 2 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 2 Indicator **Required For:** Practice

Record Positions: 521-521 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Platinum 2 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Platinum 2 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Platinum 2 QHP Provider;

1 = NYSOH Indiv Non St Platinum 2 QHP Provider; provides direct care to enrollees in a Non St Platinum 2 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Platinum 2 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Platinum 2 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Platinum 2 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 3 Indicator

Required For: Practice

Record Positions: 522-522

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Bronze 3 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Bronze 3 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Bronze 3 QHP Provider;

1 = NYSOH Indiv Non St Bronze 3 QHP Provider; provides direct care to enrollees in a Non St Bronze 3 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Bronze 3 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Bronze 3 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Bronze 3 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 3 Indicator

Required For: Practice

Record Positions: 523-523

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Silver 3 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Silver 3 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Silver 3 QHP Provider;

1 = NYSOH Indiv Non St Silver 3 QHP Provider; provides direct care to enrollees in a Non St Silver 3 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Silver 3 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Silver 3 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Silver 3 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 3 Indicator Practice

Required For:

Record Positions: 524-524

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Gold 3 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Gold 3 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Gold 3 QHP Provider;

1 = NYSOH Indiv Non St Gold 3 QHP Provider; provides direct care to enrollees in a Non St Gold 3 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Gold 3 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Gold 3 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Gold 3 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 3 Indicator **Required For:** Practice

Record Positions: 525-525 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Platinum 3 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the Individual Market's Non-Standard Platinum 3 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Platinum 3 QHP Provider;

1 = NYSOH Indiv Non St Platinum 3 QHP Provider; provides direct care to enrollees in a Non St Platinum 3 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH Indiv Non St Platinum 3 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv Non St Platinum 3 QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH Indiv Non St Platinum 3 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Bronze Indicator

Required For: Practice

Record Positions: 526-526

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Bronze Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Standard Bronze Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP St Bronze QHP Provider;

1 = NYSOH SHOP St Bronze QHP Provider; provides direct care to enrollees in a SHOP St Bronze QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP St Bronze QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP St Bronze QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP St Bronze QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Silver Indicator

Required For: Practice

Record Positions: 527-527

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Silver Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Standard Silver Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP St Silver QHP Provider;

1 = NYSOH SHOP St Silver QHP Provider; provides direct care to enrollees in a SHOP St Silver QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP St Silver QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP St Silver QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP St Silver QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Gold Indicator

Required For: Practice

Record Positions: 528-528

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Gold Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Standard Gold Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP St Gold QHP Provider;

1 = NYSOH SHOP St Gold QHP Provider; provides direct care to enrollees in a SHOP St Gold QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP St Gold QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP St Gold QHP listed on Addendum 1, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP St Gold QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Platinum Indicator Practice

Required For:

Record Positions: 529-529

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Platinum Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Standard Platinum Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP St Platinum QHP Provider;

1 = NYSOH SHOP St Platinum QHP Provider; provides direct care to enrollees in a SHOP St Platinum QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP St Platinum QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP St Platinum QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP St Platinum QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Pediatric Dental High Indicator **Required For:** Practice

Record Positions: 530-530

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Pediatric Dental High Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Pediatric Dental High Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Pediatric Dental High QHP Provider;

1 = NYSOH SHOP Pediatric Dental High QHP Provider; provides direct care to enrollees in a SHOP Pediatric Dental High QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Pediatric Dental High QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Pediatric Dental High QHP listed on Addendum 5, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Pediatric Dental High QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Pediatric Dental Low Indicator **Required For:** Practice

Record Positions: 531-531

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Pediatric Dental Low Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Pediatric Dental Low Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Pediatric Dental Low QHP Provider;

1 = NYSOH SHOP Pediatric Dental Low QHP Provider; provides direct care to enrollees in a SHOP Pediatric Dental Low QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Pediatric Dental Low QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Pediatric Dental Low QHP listed on Addendum 5, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Pediatric Dental Low QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Adult Dental Indicator Practice

Required For:

Record Positions: 532-532

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Adult Dental Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Adult Dental Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Adult Dental QHP Provider;

1 = NYSOH SHOP Adult Dental QHP Provider; provides direct care to enrollees in a SHOP Adult Dental QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Adult Dental QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Adult Dental QHP listed on Addendum 5, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Adult Dental QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Family Dental Indicator

Required For: Practice

Record Positions: 533-533

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Family Dental Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Family Dental Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Family Dental QHP Provider;

1 = NYSOH Indiv St Bronze QHP Provider; provides direct care to enrollees in a SHOP Family Dental QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Family Dental QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Family Dental QHP listed on Addendum 5, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Family Dental QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 1 Indicator **Required For:** Practice

Record Positions: 534-534 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Bronze 1 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Bronze 1 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Bronze 1 QHP Provider;

1 = NYSOH Indiv St Bronze QHP Provider; provides direct care to enrollees in a SHOP Non St Bronze 1 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Bronze 1 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Bronze 1 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Bronze 1 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 1 Indicator

Required For: Practice

Record Positions: 535-535

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Silver 1 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Silver 1 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Silver 1 QHP Provider;

1 = NYSOH SHOP Non St Silver 1 QHP Provider; provides direct care to enrollees in a SHOP Non St Silver 1 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Silver 1 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH Indiv St Bronze QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Silver 1 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 1 Indicator

Required For: Practice

Record Positions: 536-536

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Gold 1 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Gold 1 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Gold 1 QHP Provider;

1 = NYSOH SHOP Non St Gold 1 QHP Provider; provides direct care to enrollees in a SHOP Non St Gold 1 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Gold 1 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Gold 1 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Gold 1 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 1 Indicator **Required For:** Practice

Record Positions: 537-537

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Platinum 1 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Platinum 1 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Platinum 1 QHP Provider;

1 = NYSOH SHOP Non St Platinum 1 QHP Provider; provides direct care to enrollees in a SHOP Non St Platinum 1 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Platinum 1 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Platinum 1 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Platinum 1 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 2 Indicator **Required For:** Practice

Record Positions: 538-538 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Bronze 2 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Bronze 2 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Bronze 2 QHP Provider;

1 = NYSOH SHOP Non St Bronze 2 QHP Provider; provides direct care to enrollees in a SHOP Non St Bronze 2 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Bronze 2 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Bronze 2 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Bronze 2 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 2 Indicator **Required For:** Practice

Record Positions: 539-539 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Silver 2 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Silver 2 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Silver 2 QHP Provider;

1 = NYSOH SHOP Non St Silver 2 QHP Provider; provides direct care to enrollees in a SHOP Non St Silver 2 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Silver 2 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Silver 2 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Silver 2 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 2 Indicator

Required For: Practice

Record Positions: 540-540

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Gold 2 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Gold 2 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Gold 2 QHP Provider;

1 = NYSOH SHOP Non St Gold 2 QHP Provider; provides direct care to enrollees in a SHOP Non St Gold 2 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Gold 2 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Gold 2 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Gold 2 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 2 Indicator **Required For:** Practice

Record Positions: 541-541

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Platinum 2 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Platinum 2 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Platinum 2 QHP Provider;

1 = NYSOH SHOP Non St Platinum 2 QHP Provider; provides direct care to enrollees in a SHOP Non St Platinum 2 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Platinum 2 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Platinum 2 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Platinum 2 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 3 Indicator **Required For:** Practice

Record Positions: 542-542 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Bronze 3 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Bronze 3 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Bronze 3 QHP Provider;

1 = NYSOH SHOP Non St Bronze 3 QHP Provider; provides direct care to enrollees in a SHOP Non St Bronze 3 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Bronze 3 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Bronze 3 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Bronze 3 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 3 Indicator **Required For:** Practice

Record Positions: 543-543 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Silver 3 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Silver 3 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Silver 3 QHP Provider;

1 = NYSOH SHOP Non St Silver 3 QHP Provider; provides direct care to enrollees in a SHOP Non St Silver 3 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Silver 3 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Silver 3 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Silver 3 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 3 Indicator

Required For: Practice

Record Positions: 544-544

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Gold 3 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Gold 3 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Gold 3 QHP Provider;

1 = NYSOH SHOP Non St Gold 3 QHP Provider; provides direct care to enrollees in a SHOP Non St Gold 3 QHP within the SHOP Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Gold 3 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Gold 3 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Gold 3 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 3 Indicator **Required For:** Practice

Record Positions: 545-545

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Platinum 3 Indicator is used to determine if a provider (PCP and/or Specialist) provides care to members enrolled in the SHOP Market's Non-Standard Platinum 3 Qualified Health Plan (QHP) within the New York State of Health (NYSOH).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Platinum 3 QHP Provider;

1 = NYSOH SHOP Non St Platinum 3 QHP Provider; provides direct care to enrollees in a SHOP Non St Platinum 3 QHP within the Individual Exchange Market.

Example:

1. Dr. Blue provides direct care to individuals enrolled in a NYSOH SHOP Non St Platinum 3 QHP. This data element would be coded with a "1".

Notes:

1. Please ensure that the QHP network(s) submitted through the PNDS system align(s) with the QHP(s) submitted in the Health Insurer Participation Proposal.
2. The NYSOH SHOP Non St Platinum 3 QHP listed on Addendum 3, submitted to the DOH as part of the Invitation to Participate in the New York State of Health, must coincide with the network submitted through the PNDS system for the NYSOH SHOP Non St Platinum 3 QHP.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Bronze Panel Status

Required For: Practice

Record Positions: 546-546

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Bronze Panel Status refers to the availability of a physician to accept new NYSOH Individual Standard Bronze QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv St Bronze QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv St Bronze QHP members
- 2 = Existing NYSOH Indiv St Bronze QHP members only
- 3 = Closed NYSOH Indiv St Bronze QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv St Bronze QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv St Bronze QHP members. His NYSOH Indiv St Bronze QHP Panel Status would be "1", he will accept more NYSOH Indiv St Bronze QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Silver Panel Status
Practice

Required For:

Record Positions: 547-547

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Silver Panel Status refers to the availability of a physician to accept new NYSOH Individual Standard Silver QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv St Silver QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv St Silver QHP members
- 2 = Existing NYSOH Indiv St Silver QHP members only
- 3 = Closed NYSOH Indiv St Silver QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv St Silver QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv St Silver QHP members. His NYSOH Indiv St Silver QHP Panel Status would be "1", he will accept more NYSOH Indiv St Silver QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Gold Panel Status

Required For: Practice

Record Positions: 548-548

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Gold Panel Status refers to the availability of a physician to accept new NYSOH Individual Standard Gold QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv St Gold QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv St Gold QHP members
- 2 = Existing NYSOH Indiv St Gold QHP members only
- 3 = Closed NYSOH Indiv St Gold QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv St Gold QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv St Gold QHP members. His NYSOH Indiv St Gold QHP Panel Status would be "1", he will accept more NYSOH Indiv St Gold QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Platinum Panel Status

Required For: Practice

Record Positions: 549-549

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Platinum Panel Status refers to the availability of a physician to accept new NYSOH Individual Standard Platinum QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv St Platinum QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv St Platinum QHP members
- 2 = Existing NYSOH Indiv St Platinum QHP members only
- 3 = Closed NYSOH Indiv St Platinum QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv St Platinum QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv St Platinum QHP members. His NYSOH Indiv St Platinum QHP Panel Status would be "1", he will accept more NYSOH Indiv St Platinum QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Bronze Panel Status **Required For:** Practice

Record Positions: 550-550

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Bronze Panel Status refers to the availability of a physician to accept new NYSOH Individual Child Only Bronze QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Child Only Bronze QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Child Only Bronze QHP members
- 2 = Existing NYSOH Indiv Child Only Bronze QHP members only
- 3 = Closed NYSOH Indiv Child Only Bronze QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Child Only Bronze QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Child Only Bronze QHP members. His NYSOH Indiv Child Only Bronze QHP Panel Status would be "1", he will accept more NYSOH Indiv Child Only Bronze QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Silver Panel Status **Required For:** Practice

Record Positions: 551-551

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Silver Panel Status refers to the availability of a physician to accept new NYSOH Individual Child Only Silver QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Child Only Silver QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Child Only Silver QHP members
- 2 = Existing NYSOH Indiv Child Only Silver QHP members only
- 3 = Closed NYSOH Indiv Child Only Silver QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Child Only Silver QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Child Only Silver QHP members. His NYSOH Indiv Child Only Silver QHP Panel Status would be "1", he will accept more NYSOH Indiv Child Only Silver QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Gold Panel Status Practice

Required For:

Record Positions: 552-552

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Gold Panel Status refers to the availability of a physician to accept new NYSOH Individual Child Only Gold QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Child Only Gold QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Child Only Gold QHP members
- 2 = Existing NYSOH Indiv Child Only Gold QHP members only
- 3 = Closed NYSOH Indiv Child Only Gold QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Child Only Gold QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Child Only Gold QHP members. His NYSOH Indiv Child Only Gold QHP Panel Status would be "1", he will accept more NYSOH Indiv Child Only Gold QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Platinum Panel Status **Required For:** Practice

Record Positions: 553-553

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Platinum Panel Status refers to the availability of a physician to accept new NYSOH Individual Child Only Platinum QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Child Only Platinum QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Child Only Platinum QHP members
- 2 = Existing NYSOH Indiv Child Only Platinum QHP members only
- 3 = Closed NYSOH Indiv Child Only Platinum QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Child Only Platinum QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Child Only Platinum QHP members. His NYSOH Indiv Child Only Platinum QHP Panel Status would be "1", he will accept more NYSOH Indiv Child Only Platinum QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Catastrophic Panel Status	Required For: Practice
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Record Positions: 554-554	Format - Length: A/N-1
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Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Catastrophic Panel Status refers to the availability of a physician to accept new NYSOH Individual Catastrophic QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Catastrophic QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Catastrophic QHP members
- 2 = Existing NYSOH Indiv Catastrophic QHP members only
- 3 = Closed NYSOH Indiv Catastrophic QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Catastrophic QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Catastrophic QHP members. His NYSOH Indiv Catastrophic QHP Panel Status would be "1", he will accept more NYSOH Indiv Catastrophic QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Pediatric Dental High Panel Status **Required For:** Practice

Record Positions: 555-555

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Pediatric Dental High Panel Status refers to the availability of a physician to accept new NYSOH Individual Pediatric Dental High QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Pediatric Dental High QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Pediatric Dental High QHP members
- 2 = Existing NYSOH Indiv Pediatric Dental High QHP members only
- 3 = Closed NYSOH Indiv Pediatric Dental High QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Pediatric Dental High QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Pediatric Dental High QHP members. His NYSOH Indiv Pediatric Dental High QHP Panel Status would be "1", he will accept more NYSOH Indiv Pediatric Dental High QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Pediatric Dental Low Panel Status **Required For:** Practice

Record Positions: 556-556

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Pediatric Dental Low Panel Status refers to the availability of a physician to accept new NYSOH Individual Pediatric Dental Low QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Pediatric Dental Low QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Pediatric Dental Low QHP members
- 2 = Existing NYSOH Indiv Pediatric Dental Low QHP members only
- 3 = Closed NYSOH Indiv Pediatric Dental Low QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Pediatric Dental Low QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Pediatric Dental Low QHP members. His NYSOH Indiv Pediatric Dental Low QHP Panel Status would be "1", he will accept more NYSOH Indiv Pediatric Dental Low QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Adult Dental Panel Status **Required For:** Practice

Record Positions: 557-557 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Adult Dental Panel Status refers to the availability of a physician to accept new NYSOH Individual Adult Dental QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Adult Dental QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Adult Dental QHP members
- 2 = Existing NYSOH Indiv Adult Dental QHP members only
- 3 = Closed NYSOH Indiv Adult Dental QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Adult Dental QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Adult Dental QHP members. His NYSOH Indiv Adult Dental QHP Panel Status would be "1", he will accept more NYSOH Indiv Adult Dental QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Family Dental Panel Status **Required For:** Practice

Record Positions: 558-558 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Family Dental Panel Status refers to the availability of a physician to accept new NYSOH Individual Family Dental QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Family Dental QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Family Dental QHP members
- 2 = Existing NYSOH Indiv Family Dental QHP members only
- 3 = Closed NYSOH Indiv Family Dental QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Family Dental QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Family Dental QHP members. His NYSOH Indiv Family Dental QHP Panel Status would be "1", he will accept more NYSOH Indiv Family Dental QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 1 Panel Status **Required For:** Practice

Record Positions: 559-559

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Bronze 1 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Bronze 1 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Bronze 1 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Bronze 1 QHP members
- 2 = Existing NYSOH Indiv Non St Bronze 1 QHP members only
- 3 = Closed NYSOH Indiv Non St Bronze 1 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Bronze 1 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Bronze 1 QHP members. His NYSOH Indiv Non St Bronze 1 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Bronze 1 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 1 Panel Status Practice

Required For:

Record Positions: 560-560

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Silver 1 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Silver 1 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Silver 1 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Silver 1 QHP members
- 2 = Existing NYSOH Indiv Non St Silver 1 QHP members only
- 3 = Closed NYSOH Indiv Non St Silver 1 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Silver 1 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Silver 1 QHP members. His NYSOH Indiv Non St Silver 1 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Silver 1 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 1 Panel Status **Required For:** Practice

Record Positions: 561-561 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Gold 1 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Gold 1 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Gold 1 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Gold 1 QHP members
- 2 = Existing NYSOH Indiv Non St Gold 1 QHP members only
- 3 = Closed NYSOH Indiv Non St Gold 1 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Gold 1 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Gold 1 QHP members. His NYSOH Indiv Non St Gold 1 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Gold 1 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 1 Panel Status **Required For:** Practice

Record Positions: 562-562

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Platinum 1 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Platinum 1 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Platinum 1 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Platinum 1 QHP members
- 2 = Existing NYSOH Indiv Non St Platinum 1 QHP members only
- 3 = Closed NYSOH Indiv Non St Platinum 1 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Platinum 1 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Platinum 1 QHP members. His NYSOH Indiv Non St Platinum 1 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Platinum 1 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 2 Panel Status **Required For:** Practice

Record Positions: 563-563

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Bronze 2 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Bronze QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Bronze 2 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Bronze 2 QHP members
- 2 = Existing NYSOH Indiv Non St Bronze 2 QHP members only
- 3 = Closed NYSOH Indiv Non St Bronze 2 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Bronze 2 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Bronze 2 QHP members. His NYSOH Indiv Non St Bronze 2 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Bronze 2 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 2 Panel Status Practice

Required For:

Record Positions: 564-564

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Silver 2 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Silver 2 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Silver 2 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Silver 2 QHP members
- 2 = Existing NYSOH Indiv Non St Silver 2 QHP members only
- 3 = Closed NYSOH Indiv Non St Silver 2 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Silver 2 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Silver 2 QHP members. His NYSOH Indiv Non St Silver 2 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Silver 2 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 2 Panel Status **Required For:** Practice

Record Positions: 565-565

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Gold 2 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Gold 2 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Gold 2 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Gold 2 QHP members
- 2 = Existing NYSOH Indiv Non St Gold 2 QHP members only
- 3 = Closed NYSOH Indiv Non St Gold 2 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Gold 2 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Gold 2 QHP members. His NYSOH Indiv Non St Gold 2 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Gold 2 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 2 Panel Status **Required For:** Practice

Record Positions: 566-566

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Platinum 2 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Platinum 2 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Platinum 2 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Platinum 2 QHP members
- 2 = Existing NYSOH Indiv Non St Platinum 2 QHP members only
- 3 = Closed NYSOH Indiv Non St Platinum 2 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Platinum 2 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Platinum 2 QHP members. His NYSOH Indiv Non St Platinum 2 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Platinum 2 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 3 Panel Status **Required For:** Practice

Record Positions: 567-567

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Bronze 3 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Bronze 3 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Bronze 3 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Bronze 3 QHP members
- 2 = Existing NYSOH Indiv Non St Bronze 3 QHP members only
- 3 = Closed NYSOH Indiv Non St Bronze 3 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Bronze 3 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Bronze 3 QHP members. His NYSOH Indiv Non St Bronze 3 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Bronze 3 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 3 Panel Status Practice

Required For:

Record Positions: 568-568

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Silver 3 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Silver 3 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Silver 3 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Silver 3 QHP members
- 2 = Existing NYSOH Indiv Non St Silver 3 QHP members only
- 3 = Closed NYSOH Indiv Non St Silver 3 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Silver 3 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Silver 3 QHP members. His NYSOH Indiv Non St Silver 3 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Silver 3 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 3 Panel Status **Required For:** Practice

Record Positions: 569-569

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Gold 3 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Gold 3 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Gold 3 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Gold 3 QHP members
- 2 = Existing NYSOH Indiv Non St Gold 3 QHP members only
- 3 = Closed NYSOH Indiv Non St Gold 3 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Gold 3 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Gold 3 QHP members. His NYSOH Indiv Non St Gold 3 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Gold 3 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 3 Panel Status **Required For:** Practice

Record Positions: 570-570

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Platinum 3 Panel Status refers to the availability of a physician to accept new NYSOH Individual Non-Standard Platinum 3 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH Indiv Non St Platinum 3 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH Indiv Non St Platinum 3 QHP members
- 2 = Existing NYSOH Indiv Non St Platinum 3 QHP members only
- 3 = Closed NYSOH Indiv Non St Platinum 3 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH Indiv Non St Platinum 3 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH Indiv Non St Platinum 3 QHP members. His NYSOH Indiv Non St Platinum 3 QHP Panel Status would be "1", he will accept more NYSOH Indiv Non St Platinum 3 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Bronze Panel Status

Required For: Practice

Record Positions: 571-571

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Bronze Panel Status refers to the availability of a physician to accept new NYSOH SHOP Standard Bronze QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP St Bronze QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP St Bronze QHP members
- 2 = Existing NYSOH SHOP St Bronze QHP members only
- 3 = Closed NYSOH SHOP St Bronze QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP St Bronze QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP St Bronze QHP members. His NYSOH SHOP St Bronze QHP Panel Status would be "1", he will accept more NYSOH SHOP St Bronze QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Silver Panel Status

Required For: Practice

Record Positions: 572-572

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Silver Panel Status refers to the availability of a physician to accept new NYSOH SHOP Standard Silver QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP St Silver QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP St Silver QHP members
- 2 = Existing NYSOH SHOP St Silver QHP members only
- 3 = Closed NYSOH SHOP St Silver QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP St Silver QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP St Silver QHP members. His NYSOH SHOP St Silver QHP Panel Status would be "1", he will accept more NYSOH SHOP St Silver QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Gold Panel Status

Required For: Practice

Record Positions: 573-573

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Gold Panel Status refers to the availability of a physician to accept new NYSOH SHOP Standard Gold QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP St Gold QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP St Gold QHP members
- 2 = Existing NYSOH SHOP St Gold QHP members only
- 3 = Closed NYSOH SHOP St Gold QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP St Gold QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP St Gold QHP members. His NYSOH SHOP St Gold QHP Panel Status would be "1", he will accept more NYSOH SHOP St Gold QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Platinum Panel Status **Required For:** Practice

Record Positions: 574-574 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Platinum Panel Status refers to the availability of a physician to accept new NYSOH SHOP Standard Platinum QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP St Platinum QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP St Platinum QHP members
- 2 = Existing NYSOH SHOP St Platinum QHP members only
- 3 = Closed NYSOH SHOP St Platinum QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP St Platinum QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP St Platinum QHP members. His NYSOH SHOP St Platinum QHP Panel Status would be "1", he will accept more NYSOH SHOP St Platinum QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Pediatric Dental High Panel Status **Required For:** Practice

Record Positions: 575-575

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Pediatric Dental High Panel Status refers to the availability of a physician to accept new NYSOH SHOP Pediatric Dental High QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Pediatric Dental High QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Pediatric Dental High QHP members
- 2 = Existing NYSOH SHOP Pediatric Dental High QHP members only
- 3 = Closed NYSOH SHOP Pediatric Dental High QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Pediatric Dental High QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Pediatric Dental High QHP members. His NYSOH SHOP Pediatric Dental High QHP Panel Status would be "1", he will accept more NYSOH SHOP Pediatric Dental High QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Pediatric Dental Low Panel Status **Required For:** Practice

Record Positions: 576-576

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Pediatric Dental Low Panel Status refers to the availability of a physician to accept new NYSOH SHOP Pediatric Dental Low QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Pediatric Dental Low QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Pediatric Dental Low QHP members
- 2 = Existing NYSOH SHOP Pediatric Dental Low QHP members only
- 3 = Closed NYSOH SHOP Pediatric Dental Low QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Pediatric Dental Low QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Pediatric Dental Low QHP members. His NYSOH SHOP Pediatric Dental Low QHP Panel Status would be "1", he will accept more NYSOH SHOP Pediatric Dental Low QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Adult Dental Panel Status **Required For:** Practice

Record Positions: 577-577 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Adult Dental Panel Status refers to the availability of a physician to accept new NYSOH SHOP Adult Dental QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Adult Dental QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Adult Dental QHP members
- 2 = Existing NYSOH SHOP Adult Dental QHP members only
- 3 = Closed NYSOH SHOP Adult Dental QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Adult Dental QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Adult Dental QHP members. His NYSOH SHOP Adult Dental QHP Panel Status would be "1", he will accept more NYSOH SHOP Adult Dental QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Family Dental Panel Status Practice

Required For:

Record Positions: 578-578

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Family Dental Panel Status refers to the availability of a physician to accept new NYSOH SHOP Family Dental QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Family Dental QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Family Dental QHP members
- 2 = Existing NYSOH SHOP Family Dental QHP members only
- 3 = Closed NYSOH SHOP Family Dental QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Family Dental QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Family Dental QHP members. His NYSOH SHOP Family Dental QHP Panel Status would be "1", he will accept more NYSOH SHOP Family Dental QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 1 Panel Status **Required For:** Practice

Record Positions: 579-579

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Bronze 1 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Bronze 1 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Bronze 1 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Bronze 1 QHP members
- 2 = Existing NYSOH SHOP Non St Bronze 1 QHP members only
- 3 = Closed NYSOH SHOP Non St Bronze 1 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Bronze 1 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Bronze 1 QHP members. His NYSOH SHOP Non St Bronze 1 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Bronze 1 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 1 Panel Status **Required For:** Practice

Record Positions: 580-580

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Silver 1 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Silver 1 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Silver 1 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Silver 1 QHP members
- 2 = Existing NYSOH SHOP Non St Silver 1 QHP members only
- 3 = Closed NYSOH SHOP Non St Silver 1 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Silver 1 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Silver 1 QHP members. His NYSOH SHOP Non St Silver 1 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Silver 1 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 1 Panel Status Practice

Required For:

Record Positions: 581-581

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Gold 1 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Gold 1 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Gold 1 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Gold 1 QHP members
- 2 = Existing NYSOH SHOP Non St Gold 1 QHP members only
- 3 = Closed NYSOH SHOP Non St Gold 1 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Gold 1 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Gold 1 QHP members. His NYSOH SHOP Non St Gold 1 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Gold 1 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 1 Panel Status **Required For:** Practice

Record Positions: 582-582

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Platinum 1 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Platinum 1 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Platinum 1 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Platinum 1 QHP members
- 2 = Existing NYSOH SHOP Non St Platinum 1 QHP members only
- 3 = Closed NYSOH SHOP Non St Platinum 1 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Platinum 1 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Platinum 1 QHP members. His NYSOH SHOP Non St Platinum 1 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Platinum 1 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 2 Panel Status **Required For:** Practice

Record Positions: 583-583

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Bronze 2 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Bronze 2 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Bronze 2 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Bronze 2 QHP members
- 2 = Existing NYSOH SHOP Non St Bronze 2 QHP members only
- 3 = Closed NYSOH SHOP Non St Bronze 2 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Bronze 2 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Bronze 2 QHP members. His NYSOH SHOP Non St Bronze 2 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Bronze 2 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 2 Panel Status **Required For:** Practice

Record Positions: 584-584

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Silver 2 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Silver 2 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Silver 2 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Silver 2 QHP members
- 2 = Existing NYSOH SHOP Non St Silver 2 QHP members only
- 3 = Closed NYSOH SHOP Non St Silver 2 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Silver 2 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Silver 2 QHP members. His NYSOH SHOP Non St Silver 2 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Silver 2 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 2 Panel Status Practice

Required For:

Record Positions: 585-585

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Gold 2 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Gold 2 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Gold 2 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Gold 2 QHP members
- 2 = Existing NYSOH SHOP Non St Gold 2 QHP members only
- 3 = Closed NYSOH SHOP Non St Gold 2 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Gold 2 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Gold 2 QHP members. His NYSOH SHOP Non St Gold 2 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Gold 2 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 2 Panel Status **Required For:** Practice

Record Positions: 586-586

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Platinum 2 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Platinum 2 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Platinum 2 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Platinum 2 QHP members
- 2 = Existing NYSOH SHOP Non St Platinum 2 QHP members only
- 3 = Closed NYSOH SHOP Non St Platinum 2 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Platinum 2 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Platinum 2 QHP members. His NYSOH SHOP Non St Platinum 2 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Platinum 2 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 3 Panel Status **Required For:** Practice

Record Positions: 587-587

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Bronze 3 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Bronze 3 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Bronze 3 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Bronze 3 QHP members
- 2 = Existing NYSOH SHOP Non St Bronze 3 QHP members only
- 3 = Closed NYSOH SHOP Non St Bronze 3 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Bronze 3 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Bronze 3 QHP members. His NYSOH SHOP Non St Bronze 3 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Bronze 3 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 3 Panel Status **Required For:** Practice

Record Positions: 588-588

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Silver 3 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Silver 3 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Silver 3 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Silver 3 QHP members
- 2 = Existing NYSOH SHOP Non St Silver 3 QHP members only
- 3 = Closed NYSOH SHOP Non St Silver 3 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Silver 3 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Silver 3 QHP members. His NYSOH SHOP Non St Silver 3 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Silver 3 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 3 Panel Status Practice

Required For:

Record Positions: 589-589

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Gold 3 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Gold 3 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP St Bronze QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Gold 3 QHP members
- 2 = Existing NYSOH SHOP Non St Gold 3 QHP members only
- 3 = Closed NYSOH SHOP Non St Gold 3 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Gold 3 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Gold 3 QHP members. His NYSOH SHOP Non St Gold 3 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Gold 3 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 3 Panel Status **Required For:** Practice

Record Positions: 590-590

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Platinum 3 Panel Status refers to the availability of a physician to accept new NYSOH SHOP Non-Standard Platinum 3 QHP members. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new NYSOH SHOP Non St Platinum 3 QHP members at the present time. An existing panel indicates that a physician will only accept members that are not newly enrolled with the Insurer.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for ALL PCPs.

Codes:

- 1 = Open to new and existing NYSOH SHOP Non St Platinum 3 QHP members
- 2 = Existing NYSOH SHOP Non St Platinum 3 QHP members only
- 3 = Closed NYSOH SHOP Non St Platinum 3 QHP Panel
- 9 = Not Applicable for Non-PCP

Example:

1. Dr. Nicks has 1,500 patients enrolled in a health plan; 700 are Medicaid, 500 are Medicare and 300 are NYSOH SHOP Non St Platinum 3 QHP. He has decided not to accept any more Medicare members at this time but will accept additional NYSOH SHOP Non St Platinum 3 QHP members. His NYSOH SHOP Non St Platinum 3 QHP Panel Status would be "1", he will accept more NYSOH SHOP Non St Platinum 3 QHP members.

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Bronze Panel Size

Required For: Practice

Record Positions: 591-594

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Standard Bronze enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv St Bronze members. His NYSOH Indiv St Bronze Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv St Bronze enrollees. Her NYSOH Indiv St Bronze Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Silver Panel Size Practice

Required For:

Record Positions: 595-598

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Standard Silver enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv St Silver members. His NYSOH Indiv St Silver Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv St Silver enrollees. Her NYSOH Indiv St Silver Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Gold Panel Size

Required For: Practice

Record Positions: 599-602

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Standard Gold enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv St Gold members. His NYSOH Indiv St Gold Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv St Gold enrollees. Her NYSOH Indiv St Gold Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Platinum Panel Size

Required For: Practice

Record Positions: 603-606

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Standard Platinum enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv St Platinum members. His NYSOH Indiv St Platinum Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv St Platinum enrollees. Her NYSOH Indiv St Platinum Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Bronze Panel Size **Required For:** Practice

Record Positions: 607-610

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Child Only Bronze enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Child Only Bronze members. His NYSOH Indiv Child Only Bronze Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Child Only Bronze enrollees. Her NYSOH Indiv Child Only Bronze Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Silver Panel Size Practice

Required For:

Record Positions: 611-614

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Child Only Silver enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Child Only Silver members. His NYSOH Indiv St Bronze Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Child Only Silver enrollees. Her NYSOH Indiv Child Only Silver Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Gold Panel Size Practice

Required For:

Record Positions: 615-618

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Child Only Gold enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Child Only Gold members. His NYSOH Indiv Child Only Gold Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Child Only Gold enrollees. Her NYSOH Indiv Child Only Gold Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Platinum Panel Size **Required For:** Practice

Record Positions: 619-622

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Child Only Platinum enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Child Only Platinum members. His NYSOH Indiv Child Only Platinum Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Child Only Platinum enrollees. Her NYSOH Indiv Child Only Platinum Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Catastrophic Panel Size

Required For: Practice

Record Positions: 623-626

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Catastrophic enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Catastrophic members. His NYSOH Indiv Catastrophic Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Catastrophic enrollees. Her NYSOH Indiv Catastrophic Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Pediatric Dental High Panel Size **Required For:** Practice

Record Positions: 627-630

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Pediatric Dental High enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Pediatric Dental High members. His NYSOH Indiv Pediatric Dental High Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Pediatric Dental High enrollees. Her NYSOH Indiv Pediatric Dental High Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Pediatric Dental Low Panel Size **Required For:** Practice

Record Positions: 631-634

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Pediatric Dental Low enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Pediatric Dental Low members. His NYSOH Indiv Pediatric Dental Low Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Pediatric Dental Low enrollees. Her NYSOH Indiv Pediatric Dental Low Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Adult Dental Panel Size

Required For: Practice

Record Positions: 635-638

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Adult Dental enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Adult Dental members. His NYSOH Indiv Adult Dental Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Adult Dental enrollees. Her NYSOH Indiv Adult Dental Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Family Dental Panel Size

Required For: Practice

Record Positions: 639-642

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Family Dental enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Family Dental members. His NYSOH Indiv Family Dental Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Family Dental enrollees. Her NYSOH Indiv Family Dental Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 1 Panel Size Practice

Required For:

Record Positions: 643-646

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Bronze 1 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Bronze 1 members. His NYSOH Indiv Non St Bronze 1 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Bronze 1 enrollees. Her NYSOH Indiv Non St Bronze 1 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 1 Panel Size **Required For:** Practice

Record Positions: 647-650 **Format - Length:** A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Silver 1 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Silver 1 members. His NYSOH Indiv Non St Silver 1 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Silver 1 enrollees. Her NYSOH Indiv Non St Silver 1 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 1 Panel Size

Required For: Practice

Record Positions: 651-654

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Gold 1 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Gold 1 members. His NYSOH Indiv Non St Gold 1 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Gold 1 enrollees. Her NYSOH Indiv Non St Gold 1 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 1 Panel Size **Required For:** Practice

Record Positions: 655-658

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Platinum 1 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Platinum 1 members. His NYSOH Indiv Non St Platinum 1 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Platinum 1 enrollees. Her NYSOH Indiv Non St Platinum 1 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 2 Panel Size Practice

Required For:

Record Positions: 659-662

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Bronze 2 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Bronze 2 members. His NYSOH Indiv Non St Bronze 2 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Bronze 2 enrollees. Her NYSOH Indiv Non St Bronze 2 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 2 Panel Size **Required For:** Practice

Record Positions: 663-666 **Format - Length:** A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Silver 2 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Silver 2 members. His NYSOH Indiv Non St Silver 2 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Silver 2 enrollees. Her NYSOH Indiv Non St Silver 2 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 2 Panel Size

Required For: Practice

Record Positions: 667-670

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Gold 2 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Gold 2 members. His NYSOH Indiv Non St Gold 2 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Gold 2 enrollees. Her NYSOH Indiv Non St Gold 2 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 2 Panel Size **Required For:** Practice

Record Positions: 671-674

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Platinum 2 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Platinum 2 members. His NYSOH Indiv Non St Platinum 2 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Platinum 2 enrollees. Her NYSOH Indiv Non St Platinum 2 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 3 Panel Size Practice

Required For:

Record Positions: 675-678

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Bronze 3 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Bronze 3 members. His NYSOH Indiv Non St Bronze 3 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Bronze 3 enrollees. Her NYSOH Indiv Non St Bronze 3 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 3 Panel Size **Required For:** Practice

Record Positions: 679-682 **Format - Length:** A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Silver 3 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Silver 3 members. His NYSOH Indiv Non St Silver 3 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Silver 3 enrollees. Her NYSOH Indiv Non St Silver 3 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 3 Panel Size

Required For: Practice

Record Positions: 683-686

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Gold 3 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Gold 3 members. His NYSOH Indiv Non St Gold 3 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Gold 3 enrollees. Her NYSOH Indiv Non St Gold 3 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 3 Panel Size **Required For:** Practice

Record Positions: 687-690

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH Individual Market's Non-Standard Platinum 3 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH Indiv Non St Platinum 3 members. His NYSOH Indiv Non St Platinum 3 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH Indiv Non St Platinum 3 enrollees. Her NYSOH Indiv Non St Platinum 3 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Bronze Panel Size

Required For: Practice

Record Positions: 691-694

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Standard Bronze enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP St Bronze members. His NYSOH SHOP St Bronze Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP St Bronze enrollees. Her NYSOH SHOP St Bronze Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Silver Panel Size Practice

Required For:

Record Positions: 695-698

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Standard Silver enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP St Silver members. His NYSOH SHOP St Silver Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP St Silver enrollees. Her NYSOH SHOP St Silver Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Gold Panel Size Practice

Required For:

Record Positions: 699-702

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Standard Gold enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP St Gold members. His NYSOH SHOP St Gold Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP St Gold enrollees. Her NYSOH SHOP St Gold Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Platinum Panel Size

Required For: Practice

Record Positions: 703-706

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Standard Platinum enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP St Platinum members. His NYSOH SHOP St Platinum Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP St Platinum enrollees. Her NYSOH SHOP St Platinum Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Pediatric Dental High Panel Size **Required For:** Practice

Record Positions: 707-710

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Pediatric Dental High enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Pediatric Dental High members. His NYSOH SHOP Pediatric Dental High Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Pediatric Dental High enrollees. Her NYSOH SHOP Pediatric Dental High Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Pediatric Dental Low Panel Size **Required For:** Practice

Record Positions: 711-714

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Pediatric Dental Low enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Pediatric Dental Low members. His NYSOH SHOP Pediatric Dental Low Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Pediatric Dental Low enrollees. Her NYSOH SHOP Pediatric Dental Low Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Adult Dental Panel Size

Required For: Practice

Record Positions: 715-718

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Adult Dental enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Adult Dental members. His NYSOH SHOP Adult Dental Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Adult Dental enrollees. Her NYSOH SHOP Adult Dental Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Family Dental Panel Size **Required For:** Practice

Record Positions: 719-722 **Format - Length:** A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Family Dental enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Family Dental members. His NYSOH SHOP Family Dental Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Family Dental enrollees. Her NYSOH SHOP Family Dental Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 1 Panel Size **Required For:** Practice

Record Positions: 723-726

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Bronze 1 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Bronze 1 members. His NYSOH SHOP Non St Bronze 1 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Bronze 1 enrollees. Her NYSOH SHOP Non St Bronze 1 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 1 Panel Size Practice

Required For:

Record Positions: 727-730

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Silver 1 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Silver 1 members. His NYSOH SHOP Non St Silver 1 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Silver 1 enrollees. Her NYSOH SHOP Non St Silver 1 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 1 Panel Size Practice

Required For:

Record Positions: 731-734

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Gold 1 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Gold 1 members. His NYSOH SHOP Non St Gold 1 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Gold 1 enrollees. Her NYSOH SHOP Non St Gold 1 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 1 Panel Size **Required For:** Practice

Record Positions: 735-738

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Platinum 1 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Platinum 1 members. His NYSOH SHOP Non St Platinum 1 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Platinum 1 enrollees. Her NYSOH SHOP Non St Platinum 1 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 2 Panel Size **Required For:** Practice

Record Positions: 739-742

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Bronze 2 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Bronze 2 members. His NYSOH SHOP Non St Bronze 2 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Bronze 2 enrollees. Her NYSOH SHOP Non St Bronze 2 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 2 Panel Size Practice

Required For:

Record Positions: 743-746

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Silver 2 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Silver 2 members. His NYSOH SHOP Non St Silver 2 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Silver 2 enrollees. Her NYSOH SHOP Non St Silver 2 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 2 Panel Size Practice

Required For:

Record Positions: 747-750

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Gold 2 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Gold 2 members. His NYSOH SHOP Non St Gold 2 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Gold 2 enrollees. Her NYSOH SHOP Non St Gold 2 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 2 Panel Size **Required For:** Practice

Record Positions: 751-754

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Platinum 2 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Platinum 2members. His NYSOH SHOP Non St Platinum 2Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Platinum 2 enrollees. Her NYSOH SHOP Non St Platinum 2 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 3 Panel Size **Required For:** Practice

Record Positions: 755-758

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Bronze 3 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Bronze 3 members. His NYSOH SHOP Non St Bronze 3 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Bronze 3 enrollees. Her NYSOH SHOP Non St Bronze 3 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 3 Panel Size Practice

Required For:

Record Positions: 759-762

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Silver 3 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Silver 3 members. His NYSOH SHOP Non St Silver 3 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Silver 3 enrollees. Her NYSOH SHOP Non St Silver 3 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 3 Panel Size Practice

Required For:

Record Positions: 763-766

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Gold 3 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Gold 3 members. His NYSOH SHOP Non St Gold 3 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Gold 3 enrollees. Her NYSOH SHOP Non St Gold 3 Panel Size would be zero "0000".

PHYSICIAN AND OTHER PROVIDERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 3 Panel Size **Required For:** Practice

Record Positions: 767-770

Format - Length: A/N-4

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

Total number of NYSOH SHOP Market's Non-Standard Platinum 3 enrollees assigned to this provider at your managed care plan. This should be specific to provider's site location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element for ALL PCPs and General Dentists.
3. For Non-PCP or Not Applicable enter "9999".

Examples:

1. Dr. Graves works for Good Apple Managed Care Plan. He provides care to 800 Medicaid members, 400 Medicare members, and 100 NYSOH SHOP Non St Platinum 3 members. His NYSOH SHOP Non St Platinum 3 Panel Size would be "0100".
2. Dr. Granola has just joined an HMO. She was assigned 2,000 members by the plan; none of them are NYSOH SHOP Non St Platinum 3 enrollees. Her NYSOH SHOP Non St Platinum 3 Panel Size would be zero "0000".

Provider Network Data System

**V. ANCILLARY/SERVICE CENTERS
ELEMENT DESCRIPTIONS**

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Site Name

Required For: Location

Record Positions: 1-50

Format - Length: A-50

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The name of the contracted service center, i.e., the name of the hospital, pharmacy, radiology center, clinic, etc. If you have contracted with a facility that has more than one location, each location must be listed separately.

Edit Application:

1. Must be a valid entry. Left justify.
2. Do not leave blank. This is a critical data element. This element must be completed for the record to be accepted.

Example:

1. Some examples of valid names are:

Catholic Med Ctr of Bklyn & Queens @ St. Joseph's Hospital Div.
Champlain Valley Physicians Hospital Medical Ctr.
Buffalo General Hospital

Terrance Cardinal Cooke Health Care Center
Foot Clinics of NY

Eastern Star Home and Infirmary

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Room or Suite Number

Required For: Location

Record Positions: 51-70

Format - Length: A/N-20

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The room or suite number that is associated with the service center's site name and/or address.

Edit Application:

1. Room or suite number is a critical data element (implemented Quarter 1, 2009). An entry for room or suite number must be on the record in order for the record to be accepted.
2. If Not Applicable enter "NA".

Example:

1. The radiology center is located in Suite 100 of the Professional Office Center. Enter "Suite 100" or "Room 100".

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Street Address

Required For: Location

Record Positions: 71-119

Format - Length: A/N-49

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.2 – Dec 2008

Definition:

The street name associated with the service center's address.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical data element.
3. Do not include room or suite number. Use the Room or Suite Number element for these.

Example:

1. The Service Center located at 95-27 Western Blvd would be entered as "95-27 Western Boulevard".
2. The Service Center located at 329 West Seventh Street would be entered as "329 West 7th Street".
3. The Service Center located at 1646 Third Street would be entered as "1646 3rd Street".

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Town/City

Required For: Location

Record Positions: 120-149

Format - Length: A/N-30

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The name of the town or city associated with the service center's address. The town/city name of the service center is most often designated by the U.S. Postal Service. There should be one record for each service center location.

Edit Applications:

1. Must be a valid entry.
2. Do not leave blank. This is a critical element.

Example:

1. The ABC Service Center is located in Syracuse, NY. The town/city should be entered as "Syracuse".

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: State

Required For: Location

Record Positions: 150-151

Format - Length: A/N-2

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The name of the State in which the contracted service center is located.

Edit Application:

1. Must be a valid US Postal Service State code:

Example:

"NY" = New York;

"PA" = Pennsylvania;

"VT" = Vermont;

"CT" = Connecticut;

"NJ" = New Jersey.

2. Do not leave blank. This is a critical data element.

Example:

1. The Doctors-R-Us Clinic is located in the State of New York. Enter "NY" for the State.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Borough/County

Required For: Location

Record Positions: 152-154

Format - Length: A/N-3

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The federal government has identified a code for each county in the United States. The Federal Information Processing Standard (FIPS) code is a five-digit code for each county. We use the last three digits of the FIPS code to distinguish the counties for each provider. **FIPS codes are listed on the PNDS page.**

Edit Application:

1. Must be a valid FIPS county code. This is a critical data element. See the codes listed in Section VI.
2. Must be right justified and zero-filled to the left.
3. There is an edit check between FIPS code and zip code; records may be rejected if a zip code does not fall in the appropriate FIPS county code. This may mean you have entered either a wrong zip or a wrong FIPS County code.

Example:

1. The Doctors-R-Us clinic is located in Columbia County. The FIPS code for Columbia County is "021".

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Zip Code

Required For: Location

Record Positions: 155-159

Format - Length: A/N-5

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The zip code associated with the service center's mailing address. The zip code is assigned by the United States Postal Service. There should be one record for each service center location. Zip codes are listed on the PNDS page.

Edit Application:

1. Must be a valid zip code.
2. Do not leave blank. This is a critical data element.

Example:

1. Doctors-R-Us have a zip code of "14308". This should be entered in the correct positions.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Zip Plus Four

Required For: Location

Record Positions: 160-163

Format - Length: A/N-4

Version Number\Effective Date: 1 – Dec. 1996

Definition:

The zip plus four code associated with the service center's mailing address.

Edit Application:

1. Must be a valid code.

Example:

1. Doctors-R-Us has a zip-plus-four code of "1598". This should be entered in the correct position.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Designated Service

Required For: Service

Record Positions: 164-166

Format - Length: A/N-3

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 3.0 – Nov. 1998

Definition:

The designated service is the major health service that you have contracted for and that will be provided to your enrollees by the service center.

Edit Application:

1. Must use valid codes. (See Section VI for codes.) Right justify and zero-fill to the left.
2. Do not leave blank. This is a critical data element.

Example:

1. The Doctors-R-Us Clinic is a comprehensive Article 28 clinic. The code for this clinic is "321". (If it is not an Article 28 clinic, use "914" for a "General Medicine" Clinic.)
2. General Hospital is a certified Article 28 facility with which your plan has contracted to provide inpatient and radiology services. Enter "011" in the designated service for inpatient hospital. In addition, you would enter the appropriate codes in the Additional Service Segment in the record, i.e., Radiology has a code of "200" and Hospital Inpatient has a code of "001".

NOTE: If the hospital has other services that are not listed in the Additional Service Segment that you need to report, you must fill out another record with that appropriate designated service code, i.e., General Hospital has a nutrition program that you have contracted with; you have to enter the same hospital name, address, etc., with the designated service code for the Nutrition Program "909" (you should zero-fill all the elements in the Additional Service Segment).

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Number of Providers at Service Center

Required For: Service

Record Positions: 167-171

Format - Length: N-5

Version Number\Effective Date: 2.0-Oct. 1997

Revision Date: 5.0 – Nov. 2000

Definition:

This data element refers **only** to the professional caregivers at the contracted ancillary/service facilities listed below and to the provider types listed in the provider file:

General Medical Clinics
Behavioral Health Facilities
Mental Health Facilities
Chemical Dependency

This data element is used to indicate the number of licensed/certified practitioners who work in the service center that you have contracted with (i.e., radiology group, mental health facility, etc.) and who may be listed on your provider file or provider directory. Only provider types listed on the provider files should be included.

If the providers are not listed individually on the provider file you may be asked to submit a list of them annually to the Bureau of Managed Care Certification and Surveillance.

You do not need to report the number of providers for hospitals.

Edit Application:

1. Must be a valid code. Do not leave blank.

Example:

1. XYZ plan contracts with Sunset Rehabilitation Center where there are 25 physical therapists on staff. ALL 25 physical therapists should be listed on the Provider File as individual providers. The "Number of Professionals at Service Center" would be "25".
2. XYZ contracts with a CVS Pharmacy. Pharmacists do not need to be listed on the provider file. The "Number of Professionals at Service Center" would be "0".
3. XYZ contracts with Blue Mountain Hospital. Hospitals are not included in this data element so you do not need to list the providers who work for Blue Mountain Hospital. Enter "0". You may list individuals who work at the hospital and provide services to your plan's members individually on the provider file if you wish.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: National Provider Identification (NPI)

Required For: Service

Record Positions: 172-181

Format - Length: A/N-10

Version Number\Effective Date: 6.5 – Feb 2010

Definition:

The National Provider Identifier (NPI) is a unique identification number for covered health care providers. The Federal Government mandated the use of only NPI for electronic healthcare transactions. The NPI number is issued under the direction of the Centers for Medicare & Medicaid Services (CMS). Unless exempt from NPI, all managed care plans must report the NPI of all their participating providers during the quarterly or annual Provider Network Data submission. For additional information on NPI, visit www.cms.hhs.gov/NationalProvIdentStand/

Edit Applications:

1. Must be a valid National Provider Identifier (NPI) number. The NPI is a 10-position numeric identifier (10-digit number).
2. This is a critical data element. An entry must be made for every participating provider record in order for the record to be accepted. Do not leave blank.
3. The NPI is validated for each record on the entire submission. Beginning 1st Quarter 2010, if more than the allowable threshold of the entire submission does not have a valid NPI, the entire submission will be rejected.
4. For providers exempt from NPI, you should enter “8888888888” and provide documentation of the exempt status.

Example:

1. Albany Medical Center has the National Provider Identifier number of “5426871301”. Enter “5426871301” in this field.
2. Camela Home Care is exempt from NPI, enter “8888888888” in this field and provide documentation of exempt status.
3. ABC Treatment Center participates in Medicaid, Commercial & Child Health Plus but has not yet received an NPI. Enter “9999999999” in this field. Do not leave blank.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: License/Facility Operating Certificate

Required For: Service

Record Positions: 182-189

Format - Length: A/N-8

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

The Facility Operating Certificate number (OPCERT) is the code used to identify an Article 28, 36 or 40 facility location and is assigned as part of their license or certificate of operation. These facilities are: hospitals, diagnostic & treatment centers (clinics), long term home health care programs (LTHHCPs) residential health care facilities (nursing homes), certified home health care agencies (CHHAs) and hospice facilities. Often a large facility has only one operating certificate, but more than one location. (The permanent facility indicator, PFI, number is used to identify the location of the facility and remains the same even if the facility changes ownership.)

Edit Applications:

1. Must use valid codes.
2. This is a critical element for the following Designated Services that are DOH certified facilities:
 - 011 - Hospitals
 - 660 - Institutional Long Term Care
 - 663 – Institutional Short Term Care
 - 665 - Home Care Certified (Long Term and Home Health Care)
 - 321 - Clinics
 - 669 - Hospices
 - 599 - Laboratories reported separately or laboratories reported in a hospital setting ("011" as the designated service, with "599" in one of the additional service codes 1-25)
3. This data element can be left blank for all other facilities.

Example:

1. The License Number/Facility Operating Certificate for Julia L. Butterfield Memorial Hospital is "3920000H". This should be entered in the correct position.
2. The License Number for a Certified Home Health Agency (CHHA) is seven characters in length. You must fill to the left and leave a blank space. For example, Village Center for Care has a license number of "7002648". This would be entered "7002648".
3. The Medpath Laboratory is a certified CLIA lab. Their main headquarters are located in New Jersey. Your managed care plan uses three draw stations in New York State. Enter the local address for each draw station and the facility operating certificate number for the main facility.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Permanent Facility Identifier (PFI)

Required For: Service

Record Positions: 190-193

Format - Length: A/N-4

Version Number\Effective Date: 3 – Nov. 1998

Revision Date: 6.0 – Dec. 2001

Definition:

The Permanent Facility Identifier (PFI) is the code used to identify an Article 28, 36 or 40 facility location. It remains the same even if the facility changes ownership. These facilities are: hospitals, diagnostic & treatment centers (clinics), long term home health care programs (LTHHCPs) residential health care facilities (nursing homes), certified home health care agencies (CHHAs) and hospice facilities. Often a large facility has only one operating certificate but more than one location and PFI.

Edit Applications:

1. Must use valid codes.
2. This is a critical element for the following Designated Services that are DOH certified facilities:
 - 011 - Hospitals
 - 660 – Institutional Long Term Care
 - 663 – Institutional Short Term Care
 - 665 - Home Care Certified (Long Term and Home Health Care)
 - 321 - Clinics
 - 669 - Hospices
 - 599 - Laboratories reported separately or laboratories reported in a hospital setting (011 as the designated service, with 599 in one of the additional services codes 1-25)
3. This data element can be left blank for all other facilities.

Example:

1. Your managed care plan has contracted with Bellevue Hospital Center (operating certificate #7002001H). The PFI for this facility is "1438".
2. Your managed care plan has contracted with Beth Israel Medical Center (operating certificate #7002002H). This hospital facility has two locations; if contracted for the services at BOTH locations enter TWO records. One record will have the PFI "1439" and address of the Petrie Campus location at First Ave at 16th Street, NY, NY; the second record will be for the North Division and will have the PFI of "1441" and street address of 170 East End Avenue.
3. Your managed care plan has contracted with a consortium of health services licensed under the operating certificate of "1401014H". This includes Buffalo General Hospital

with a PFI of "0207", Children's Hospital of Buffalo with a PFI of "0208" and Columbus Community Healthcare Center with a PFI of "0205". A SEPARATE RECORD should be entered for each of these locations which indicates their unique address, location and PFI.

4. The Quest Diagnostics Laboratory is a certified CLIA lab. Their main headquarters are located in New Jersey. Your managed care plan uses three local draw stations in New York State. Enter the local address for each draw station and the approved PFI number for the corresponding operating number of the main site.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicaid Provider Identification Number

Required For: Service

Record Positions: 194-201

Format - Length: A/N-8

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 5.0 – Nov. 2000

Definition:

Each service center that provides services to the Medicaid population has been assigned a Medicaid Provider Number. This number is used for billing purposes under the Medicaid fee-for-service system and is used for identification of services provided under managed care with the Medicaid Encounter Data System.

Edit Application:

1. Must be a valid code.
2. Right justify all numbers and zero-fill to the left.
3. Fill in "99999999" for providers that are Commercial. If the Commercial MEDS ID is not 9-filled, you will receive a critical error (effective Quarter 1, 2009).

Example:

1. The Eddy Cohoes Rehabilitation Center has a Medicaid Provider Indicator number of "01112234".

NOTE: Not all service centers may have a Medicaid Provider Identification Number. You should refer to the Health Commerce System – Provider Network Home Page Lookup section to use the "MMIS Provider Query" system to find a valid MMIS ID or complete the MEDS ID request process.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Managed Care Plan's Facility ID

Required For: Service

Record Position: 202-221

Format - Length: A/N-20

Version Number\Effective Date: 4.0 – Oct. 1999

Definition:

The Managed Care Plan Facility ID refers to the internal coding of the facility or service center used by the managed care plan. This data element is for matching the internal computer systems used by a managed care plan with the codes/reports printed on the **PNDS site**. If your managed care plan does not have an internal coding scheme, you DO NOT have to create one for this data element. This is an optional data element that was requested by the managed care plans.

Edit Application:

1. None. This is an optional data element for use by the individual managed care plan.
2. You may leave this data element blank or zero-fill if you do not intend to use.

Example:

XYZ managed care plan has contracted with a hospital, Blue County Hospital. The internal computer systems at XYZ Managed Care Plan have coded Blue County Hospital as: "281978HOSP". This code would be entered in the managed care plan's facility ID for the Blue County Hospital record.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Commercial Provider Indicator

Required For: Service

Record Position: 222-222

Format - Length: A/N-1

Version Number\Effective Date: 5.0 – Nov. 2000

Definition:

The Commercial Provider Indicator is used to determine if a service center or facility serves Commercial members of the managed care plan.

Edit Application:

1. Codes must be valid:
 - 0 = Not a Commercial service center/facility
 - 1 = Commercial service center/facility. This facility/location provides care to members of a commercially recognized managed care plan
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Franko Health Care Clinic contracts with the XYZ managed care plan to serve their Commercial members. The data element for Franko Health Care Clinic would be coded with a "1".
2. The All Health Outpatient Clinic of St. Hope Hospital serves only individuals receiving public assistance (Medicaid, HIV SNP or CHP). This data element for All Health Clinic would be coded with a "0".

NOTE: Each facility location must have an indicator for each type of member they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicaid Provider Indicator

Required For: Service

Record Position: 223-223

Format - Length: A/N-1

Version Number\Effective Date: 5.0 – Nov. 2000

Definition:

The Medicaid Provider Indicator is used to determine if a service center or facility serves Medicaid managed care enrollees.

Edit Application:

1. Codes must be valid:
 - 0 = Not a Medicaid managed care service center/facility
 - 1 = Medicaid managed care service center. This facility/location provides care to members of a Medicaid recognized managed care plan
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. The Pyramid Health Center, contracts with a Commercial HMO that also participates in Medicaid managed care. The center provides direct care to the Medicaid members. This facility would be considered a Medicaid Managed Care Provider and coded as "1" in the Medicaid Provider Indicator Data Element.
2. The "Last Stop" Health Center also contracts with a Commercial HMO, but only provides care for members who work for Long Island Railroad, Long Island Shore Company and Long Island Telephone Company. This facility is coded as a "0" because it does not provide care to Medicaid Managed Care members.

NOTE: Each facility location must have an indicator for each type of member they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicare Provider Indicator

Required For: Service

Record Position: 224-224

Format - Length: A/N-1

Version Number\Effective Date: 5.0 – Nov. 2000

Definition:

The Medicare Provider Indicator is used to determine if a service center or facility provides care to members receiving Medicare.

Edit Application:

1. Codes must be valid.
 - 0 = Not a Medicare managed care service center/facility.
 - 1 = Medicare managed care service center/facility. This facility/location provides care to members of a Medicare recognized managed care plan.
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. SoftToe is a physical rehabilitation center that contracts with New Health Managed Care Plan. The center provides care to Medicare members of New Health. The center would be coded as "1" because it provides direct care to Medicare managed care members.

NOTE: Each facility location must have an indicator for each type of member that they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Child Health Plus Indicator

Required For: Service

Record Position: 225-225

Format - Length: A/N-1

Version Number\Effective Date: 5.0 – Nov. 2000

Definition:

The Child Health Plus Provider Indicator is used to determine if a service center or facility provides care to members receiving Child Health Plus (CHP).

Edit Application:

1. Codes must be valid:
 - 0 = Not a CHP service center/facility.
 - 1 = CHP service center/facility. This facility/location provides care to members of a CHP recognized managed care plan.
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Smith Kidney Center provides dialysis care for the All Health Medicaid Managed Care Plan that is also certified to participate in the NYS CHP insurance program. This center provides care to CHP children. The data element for Smith Kidney Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of member that they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: HARP Indicator

Required For: Service

Record Position: 226-226

Format - Length: A/N-1

Version Number\Effective Date: 6.9 – July 2015

Definition:

The HARP Provider Indicator is used to determine if a service center or facility provides care to HARP members.

Edit Application:

1. Codes must be valid:
 - 0 = Not a HARP service center/facility.
 - 1 = HARP service center/facility. This facility/location provides care to members of a HARP plan.
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Madison Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the HARP program. This kidney center provides care to HARP adults. This data element for Madison Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Medicaid Advantage Indicator

Required For: Service

Record Position: 227-227

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

The Medicaid Advantage Provider Indicator is used to determine if a service center or facility provides care to Medicaid Advantage members.

Edit Application:

1. Codes must be valid:
 - 0 = Not a Medicaid Advantage service center/facility.
 - 1 = Medicaid Advantage service center/facility. This facility/location provides care to members of a Medicaid Advantage plan.
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Health is Wealth Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the Medicaid Advantage program. This kidney center provides care to Medicaid Advantage adults. This data element for the Health is Wealth Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Partial CAPS Indicator

Required For: Service

Record Position: 228-228

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

The Partial CAPS Provider Indicator is used to determine if a service center or facility provides care to Partial CAPS members.

Edit Application:

1. Codes must be valid:
 - 0 = Not a Partial CAPS service center/facility.
 - 1 = Partial CAPS service center/facility. This facility/location provides care to members of a Partial CAPS plan.
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Applegate Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the Partial CAPS program. This kidney center provides care to Partial CAPS adults. This data element for Applegate Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: MAP Indicator

Required For: Service

Record Position: 229-229

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

The MAP Provider Indicator is used to determine if a service center or facility provides care to MAP members.

Edit Application:

1. Codes must be valid:
 - 0 = Not a MAP service center/facility.
 - 1 = MAP service center/facility. This facility/location provides care to members of a MAP plan.
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Bellaire Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the MAP program. This kidney center provides care to MAP adults. This data element for Bellaire Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: PACE Indicator

Required For: Service

Record Position: 230-230

Format - Length: A/N-1

Version Number\Effective Date: 6.5 – October 2011

Definition:

The PACE Provider Indicator is used to determine if a service center or facility provides care to PACE members.

Edit Application:

1. Codes must be valid:
 - 0 = Not a PACE service center/facility.
 - 1 = PACE service center/facility. This facility/location provides care to members of a PACE plan.
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Madison Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the PACE program. This kidney center provides care to PACE adults. This data element for Madison Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: FIDA Indicator

Required For: Service

Record Position: 231-231

Format - Length: A/N-1

Version Number\Effective Date: 6.8 – October 2014

Definition:

The FIDA Provider Indicator is used to determine if a service center or facility provides care to FIDA members.

Edit Application:

1. Codes must be valid:
 - 0 = Not a FIDA service center/facility.
 - 1 = FIDA service center/facility. This facility/location provides care to members of a FIDA plan.
2. Do not leave blank. This is a critical data element for ALL Records.

Example:

1. Madison Center provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the FIDA program. This kidney center provides care to FIDA adults. This data element for Madison Center would be coded with a "1".

NOTE: Each facility location must have an indicator for each type of that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Standard BHP Indicator

Required For: Service

Record Positions: 232-232

Format - Length: A/N-1

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSOH Standard Basic Health Plan (BHP) Indicator is used to determine if a service center or facility provides care to NYSOH Standard BHP members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Standard BHP service center/facility;

1 = NYSOH Standard BHP service center/facility. This facility/location provides care to members of a NYSOH Standard BHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Standard BHP. This kidney center provides care to NYSOH Standard BHP adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH BHP plus Adult Vision and Dental Indicator

Required For: Service

Record Positions: 233-233

Format - Length: A/N-1

Version Number\Effective Date: 6.9 – May 2015

Definition:

The NYSOH BHP plus Adult Vision and Dental Indicator is used to determine if a service center or facility provides care to NYSOH BHP plus Adult Vision and Dental members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH BHP plus Adult Vision and Dental service center/facility;
1 = NYSOH BHP plus Adult Vision and Dental service center/facility. This facility/location provides care to members of a NYSOH BHP plus Adult Vision and Dental.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH BHP plus Adult Vision and Dental. This kidney center provides care to NYSOH BHP plus Adult Vision and Dental adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Commercial Non-MCO Medical Ind **Required For:** Provider

Record Positions: 234-234 **Format - Length:** A/N-1

Version Number\Effective Date: 1 – Sep. 2016 **Revision Date:** 1 – Sep. 2016

Definition:

Commercial Non-MCO Medical Indicator is used to determine if a specific product is a non-government, non-managed care product (medical only).

Edit Applications:

1. Codes must be valid.
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a Commercial Non-MCO (medical only);
1 = Commercial Non-MCO Medical product.

Example:

1. Dr. Blue provides direct care to individuals enrolled in an ABC Health Inc. medical product. This data element would be coded with a "1".

Notes:

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Commercial Non-MCO Vision Ind **Required For:** Provider

Record Positions: 235-235 **Format - Length:** A/N-1

Version Number\Effective Date: 1 – Sep. 2016 **Revision Date:** 1 – Sep. 2016

Definition:

Commercial Non-MCO Vision Indicator is used to determine if a specific product is a non-government, non-managed care product (vision only).

Edit Applications:

1. Codes must be valid.
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a Commercial Non-MCO (vision only);
1 = Commercial Non-MCO Vision product.

Example:

1. Dr. Blue provides direct care to individuals enrolled in an XYZ Inc. vision product. This data element would be coded with a "1".

Notes:

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Commercial Non-MCO Dental Ind **Required For:** Provider

Record Positions: 236-238 **Format - Length:** A/N-3

Version Number\Effective Date: 1 – Sep. 2016 **Revision Date:** 1 – Sep. 2016

Definition:

Commercial Non-MCO Dental Indicator is used to determine if a specific product is a non-government, non-managed care product (dental only).

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. Zero fill to the left. This is a critical data element for all records.

Codes:

0 = Not a Commercial Non-MCO (dental only);
1 = Commercial Non-MCO Dental product.

Example:

1. Dr. Blue provides direct care to individuals enrolled in JKL, Inc. dental product. This data element would be coded with a "001".

Notes:

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Area Code

Required For: Phone

Record Positions: 239-241

Format - Length: A/N-3

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 5.0 – Nov. 2000

Definition:

The telephone area code for the facility/service center.

Edit Application:

1. This is a critical data element for all providers.
2. Must be valid area code number. The following fills will be rejected: all blanks, all zeros, like digits such as "999" and number series, such as "1234567" or "8765432".

Example:

1. The Doctors-R-Us clinic is located in NYC where the area code is 212. Enter "212".

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Phone Number

Required For: Phone

Record Positions: 242-248

Format - Length: A/N-7

Version Number\Effective Date: 1 – Dec. 1996

Revision Date: 6.0 – Dec. 2001

Definition:

The telephone number for the facility/service center.

Edit Application:

1. This is a critical data element for all providers.
2. Must be a valid telephone number. The following fills will be rejected: all blanks, all zeros, like digits such as “8888888” and number series, such as “1234567” or “8765432”.
3. Do not include hyphens.

Example:

1. The Doctors-R-Us has a telephone number of 379-2468. Enter "3792468".

ANCILLARY/SERVICE CENTERS - DATA DICTIONARY/VERSION 7.5

Data Element Name: Service 1 - 25

Required For: Additional Services

Record Positions: 249-251 Service 1	288-290 Service 14	Format - Length: A/N-3
252-254 Service 2	291-293 Service 15	
255-257 Service 3	294-296 Service 16	
258-260 Service 4	297-299 Service 17	
261-263 Service 5	300-302 Service 18	
264-266 Service 6	303-305 Service 19	
267-269 Service 7	306-308 Service 20	
270-272 Service 8	309-311 Service 21	
273-275 Service 9	312-314 Service 22	
276-278 Service 10	315-317 Service 23	
279-281 Service 11	318-320 Service 24	
282-284 Service 12	321-323 Service 25	
285-287 Service 13		

Version Number\Effective Date: 5 – Nov. 2000

Revision Date: Oct. 2002

Definition:

The service or services contracted to be provided at the location.

Edit Application:

1. Codes must be valid. See Appendix for Codes.
2. Do not leave blank for hospitals. This is a critical data element for ALL hospital records. At least one Additional Service must be reported for a hospital; the others may be filled with "000".

For hospitals providing inpatient services, use designated service code "011" for Article 28 hospitals and additional service code "899" for inpatient services.

3. Service centers/facilities that do not have additional services to be reported beyond the designated service code can be "000" filled.

Example:

1. The Happy Hospital Center is a certified Article 28 hospital; they are licensed to provide the following services:
 - Inpatient Services
 - Radiology
 - Physical Rehab Therapy
 - Occupational Therapy
 - Anesthesiology and

- Social Work Services
- Laboratory Services available to both inpatients and outpatients

The Outcomes Health Plan contracts for all of the hospital's services. This facility would be coded as "011" in the designated service data element; six of the twenty-five service codes should be coded (all twenty-five are searched for codes); here, the Service 1-Service 6 data elements would have the following codes:

Service 1:	899	for inpatient
Service 2:	200	for radiology
Service 3:	300	for physical therapy
Service 4:	301	for occupational therapy
Service 5:	020	for anesthesiology
Service 6:	781	for social work
Service 7:	599	for laboratories

The remaining Service 7-Service 25 data elements would be left blank or "000" filled for this record.

1. The Ichabod Crane Health Center is a certified Article 28 clinic; they are licensed to provide the following services:
 - Primary medical care center
 - Dental
 - Birthing
 - Diagnostic Radiology

The Y2 Managed Care Plan contracts with the Health Center for only the primary care and dental services. This facility would be coded as "321" in the designated service data element; two of the twenty-five service codes should be coded (all twenty-five are searched for codes); here, the Service 1-Service 2 data elements would have the following codes:

Service 1:	914	for general medicine
Service 2:	911	for dental

Your plan does not contract for birthing and diagnostic radiology services. Those services should not be included in the submission.

2. The Bush Hospital is certified to provide the following services:
 - Hospital Inpatient
 - Mental Health Inpatient
 - Radiology
 - OB/GYN Services

The Green Managed Care Plan contracts with Bush Hospital only for the Mental Health Inpatient Services. This facility would be coded as "011" in the designated service data element and "616" in one of the Service 1-Service 25 data elements. The remaining service data elements would be blank or "000" filled.

NOTE: Do not repeat records for the same location. Put as many services on one record as possible. If you have contracted for more than 25 services, and need to submit them on the **PNDS**, then you must submit a separate record.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Bronze Indicator

Required For: Service

Record Positions: 324-324

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Bronze Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv St Bronze service center/facility;

1 = NYSOH Indiv St Bronze service center/facility. This facility/location provides care to members of a NYSOH Indiv St Bronze QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv St Bronze QHP. This kidney center provides care to NYSOH Indiv St Bronze adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Silver Indicator

Required For: Service

Record Positions: 325-325

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Silver Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Silver members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv St Silver service center/facility;

1 = NYSOH Indiv St Silver service center/facility. This facility/location provides care to members of a NYSOH Indiv St Silver QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv St Silver QHP. This kidney center provides care to NYSOH Indiv St Silver adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Gold Indicator

Required For: Service

Record Positions: 326-326

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Gold Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Gold members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv St Gold service center/facility;

1 = NYSOH Indiv St Gold service center/facility. This facility/location provides care to members of a NYSOH Indiv St Gold QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv St Gold QHP. This kidney center provides care to NYSOH Indiv St Gold adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv St Platinum Indicator

Required For: Service

Record Positions: 327-327

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv St Platinum Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Platinum members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv St Platinum service center/facility;

1 = NYSOH Indiv St Platinum service center/facility. This facility/location provides care to members of a NYSOH Indiv St Platinum QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv St Platinum QHP. This kidney center provides care to NYSOH Indiv St Platinum adults. This data element for Placid Place would be coded with a "1".

Notes:

2. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Bronze Indicator **Required For:** Service

Record Positions: 328-328 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Bronze Indicator is used to determine if a service center or facility provides care to NYSOH Individual Child Only Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Child Only Bronze service center/facility;

1 = NYSOH Indiv Child Only Bronze service center/facility. This facility/location provides care to members of a NYSOH Indiv Child Only Bronze QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Child Only Bronze QHP. This kidney center provides care to NYSOH Indiv Child Only Bronze members. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Silver Indicator

Required For: Service

Record Positions: 329-329

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Silver Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Silver members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Child Only Silver service center/facility;

1 = NYSOH Indiv Child Only Silver service center/facility. This facility/location provides care to members of a NYSOH Indiv Child Only Silver QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Child Only Silver QHP. This kidney center provides care to NYSOH Indiv St Silver members. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Gold Indicator

Required For: Service

Record Positions: 330-330

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Gold Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Gold members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Child Only Gold service center/facility;

1 = NYSOH Indiv Child Only Gold service center/facility. This facility/location provides care to members of a NYSOH Indiv Child Only Gold QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Child Only Gold QHP. This kidney center provides care to NYSOH Indiv St Gold members. This data element for Placid Place would be coded with a "1".

Notes:

Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Child Only Platinum Indicator **Required For:** Service

Record Positions: 331-331

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Child Only Platinum Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Platinum members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Child Only Platinum service center/facility;

1 = NYSOH Indiv Child Only Platinum service center/facility. This facility/location provides care to members of a NYSOH Indiv Child Only Platinum QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Child Only Platinum QHP. This kidney center provides care to NYSOH Indiv St Platinum members. This data element for Placid Place would be coded with a "1".

Notes:

Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Catastrophic Indicator

Required For: Service

Record Positions: 332-332

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Catastrophic Indicator is used to determine if a service center or facility provides care to NYSOH Individual Catastrophic members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Catastrophic service center/facility;

1 = NYSOH Indiv Catastrophic service center/facility. This facility/location provides care to members of a NYSOH Indiv Catastrophic QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Catastrophic QHP. This kidney center provides care to NYSOH Indiv Catastrophic adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Pediatric Dental High Indicator **Required For:** Service

Record Positions: 333-333

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Pediatric Dental High Indicator is used to determine if a service center or facility provides care to NYSOH Individual Pediatric Dental High members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Pediatric Dental High service center/facility;

1 = NYSOH Indiv Pediatric Dental High service center/facility. This facility/location provides care to members of a NYSOH Indiv Pediatric Dental High QHP.

Example:

1. Smile Place provides dental care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH. This dental facility provides care to NYSOH Indiv Pediatric Dental High members. This data element would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Pediatric Dental Low Indicator **Required For:** Service

Record Positions: 334-334

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Pediatric Dental Low Indicator is used to determine if a service center or facility provides care to NYSOH Individual Pediatric Dental Low members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Pediatric Dental Low service center/facility;

1 = NYSOH Indiv Pediatric Dental Low service center/facility. This facility/location provides care to members of a NYSOH Indiv Pediatric Dental Low QHP.

Example:

1. Smile Place provides dental care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH. This dental facility provides care to NYSOH Indiv Pediatric Dental Low members. This data element would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Adult Dental Indicator

Required For: Service

Record Positions: 335-335

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Adult Dental Indicator is used to determine if a service center or facility provides care to NYSOH Individual Adult Dental members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Adult Dental service center/facility;

1 = NYSOH Indiv Adult Dental service center/facility. This facility/location provides care to members of a NYSOH Indiv Adult Dental QHP.

Example:

1. Smile Place provides dental care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH. This dental facility provides care to NYSOH Indiv Adult Dental members. This data element would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Family Dental Indicator

Required For: Service

Record Positions: 336-336

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Family Dental Indicator is used to determine if a service center or facility provides care to NYSOH Individual Family Dental members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Family Dental service center/facility;

1 = NYSOH Indiv Family Dental service center/facility. This facility/location provides care to members of a NYSOH Indiv Family Dental QHP.

Example:

1. Smile Place provides dental care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH. This dental facility provides care to NYSOH Indiv Family Dental members. This data element would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 1 Indicator

Required For: Service

Record Positions: 337-337

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Bronze 1 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Non Standard Bronze 1 members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Bronze 1 service center/facility;

1 = NYSOH Indiv Non St Bronze 1 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Bronze 1 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Bronze 1 QHP. This kidney center provides care to NYSOH Indiv Non St Bronze 1 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 1 Indicator

Required For: Service

Record Positions: 338-338

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Silver 1 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Silver 1 service center/facility;

1 = NYSOH Indiv Non St Silver 1 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Silver 1 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Silver 1 QHP. This kidney center provides care to NYSOH Indiv Non St Silver 1 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 1 Indicator Service

Required For:

Record Positions: 339-339

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Gold 1 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Gold 1 service center/facility;
1 = NYSOH Indiv Non St Gold 1 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Gold 1 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Gold 1 QHP. This kidney center provides care to NYSOH Indiv Non St Gold 1 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 1 Indicator **Required For:** Service

Record Positions: 340-340 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Platinum 1 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Platinum 1 service center/facility;

1 = NYSOH Indiv Non St Platinum 1 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Platinum 1 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Platinum 1 QHP. This kidney center provides care to NYSOH Indiv Non St Platinum 1 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 2 Indicator

Required For: Service

Record Positions: 341-341

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Bronze 2 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Bronze 2 service center/facility;

1 = NYSOH Indiv Non St Bronze 2 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Bronze 2 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Bronze 2 QHP. This kidney center provides care to NYSOH Indiv Non St Bronze 2 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 2 Indicator

Required For: Service

Record Positions: 342-342

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Silver 2 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Silver 2 service center/facility;

1 = NYSOH Indiv Non St Silver 2 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Silver 2 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Silver 2 QHP. This kidney center provides care to NYSOH Indiv Non St Silver 2 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 2 Indicator Service

Required For:

Record Positions: 343-343

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Gold 2 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Gold 2 service center/facility;
1 = NYSOH Indiv Non St Gold 2 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Gold 2 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Gold 2 QHP. This kidney center provides care to NYSOH Indiv Non St Gold 2 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 2 Indicator **Required For:** Service

Record Positions: 344-344 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Platinum 2 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Platinum 2 service center/facility;

1 = NYSOH Indiv Non St Platinum 2 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Platinum 2 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Platinum 2 QHP. This kidney center provides care to NYSOH Indiv Non St Platinum 2 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Bronze 3 Indicator

Required For: Service

Record Positions: 345-345

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Bronze 3 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Bronze 3 service center/facility;

1 = NYSOH Indiv Non St Bronze 3 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Bronze 3 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Bronze 3 QHP. This kidney center provides care to NYSOH Indiv Non St Bronze 3 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Silver 3 Indicator

Required For: Service

Record Positions: 346-346

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Silver 3 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Silver 3 service center/facility;

1 = NYSOH Indiv Non St Silver 3 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Silver 3 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Silver 3 QHP. This kidney center provides care to NYSOH Indiv Non St Silver 3 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Gold 3 Indicator Service

Required For:

Record Positions: 347-347

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Gold 3 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Gold 3 service center/facility;
1 = NYSOH Indiv Non St Gold 3 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Gold 3 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Gold 3 QHP. This kidney center provides care to NYSOH Indiv Non St Gold 3 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH Indiv Non St Platinum 3 Indicator **Required For:** Service

Record Positions: 348-348 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH Indiv Non St Platinum 3 Indicator is used to determine if a service center or facility provides care to NYSOH Individual Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH Indiv Non St Platinum 3 service center/facility;

1 = NYSOH Indiv Non St Platinum 3 service center/facility. This facility/location provides care to members of a NYSOH Indiv Non St Platinum 3 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH Indiv Non St Platinum 3 QHP. This kidney center provides care to NYSOH Indiv Non St Platinum 3 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Bronze Indicator

Required For: Service

Record Positions: 349-349

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Bronze Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP St Bronze service center/facility;

1 = NYSOH SHOP St Bronze service center/facility. This facility/location provides care to members of a NYSOH SHOP St Bronze QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP St Bronze QHP. This kidney center provides care to NYSOH SHOP St Bronze adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Silver Indicator

Required For: Service

Record Positions: 350-350

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Silver Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Silver members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP St Silver service center/facility;

1 = NYSOH SHOP St Silver service center/facility. This facility/location provides care to members of a NYSOH SHOP St Silver QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP St Silver QHP. This kidney center provides care to NYSOH SHOP St Silver adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Gold Indicator

Required For: Service

Record Positions: 351-351

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Gold Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Gold members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP St Gold service center/facility;

1 = NYSOH SHOP St Gold service center/facility. This facility/location provides care to members of a NYSOH SHOP St Gold QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP St Gold QHP. This kidney center provides care to NYSOH SHOP St Gold adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP St Platinum Indicator Service

Required For:

Record Positions: 352-352

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP St Platinum Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Platinum members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP St Platinum service center/facility;

1 = NYSOH SHOP St Platinum service center/facility. This facility/location provides care to members of a NYSOH SHOP St Platinum QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP St Platinum QHP. This kidney center provides care to NYSOH SHOP St Platinum adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Pediatric Dental High Indicator **Required For:** Service

Record Positions: 353-353

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Pediatric Dental High Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Pediatric Dental High members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Pediatric Dental High service center/facility;

1 = NYSOH SHOP Pediatric Dental High service center/facility. This facility/location provides care to members of a NYSOH SHOP Pediatric Dental High QHP.

Example:

1. Smile Place provides dental care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH. This dental facility provides care to NYSOH SHOP Pediatric Dental High members. This data element would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Pediatric Dental Low Indicator **Required For:** Service

Record Positions: 354-354

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Pediatric Dental Low Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Pediatric Dental Low members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Pediatric Dental Low service center/facility;

1 = NYSOH SHOP Pediatric Dental Low service center/facility. This facility/location provides care to members of a NYSOH SHOP Pediatric Dental Low QHP.

Example:

1. Smile Place provides dental care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH. This dental facility provides care to NYSOH SHOP Pediatric Dental Low members. This data element would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Adult Dental Indicator

Required For: Service

Record Positions: 355-355

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Adult Dental Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Adult Dental members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Adult Dental service center/facility;

1 = NYSOH SHOP Adult Dental service center/facility. This facility/location provides care to members of a NYSOH SHOP Adult Dental QHP.

Example:

1. Smile Place provides dental care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH. This dental facility provides care to NYSOH SHOP Adult Dental members. This data element would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Family Dental Indicator

Required For: Service

Record Positions: 356-356

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Family Dental Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Family Dental members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Family Dental service center/facility;

1 = NYSOH SHOP Family Dental service center/facility. This facility/location provides care to members of a NYSOH SHOP Family Dental QHP.

Example:

1. Smile Place provides dental care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH. This dental facility provides care to NYSOH SHOP Family Dental members. This data element would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 1 Indicator

Required For: Service

Record Positions: 357-357

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Bronze 1 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Non Standard Bronze 1 members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Bronze 1 service center/facility;

1 = NYSOH SHOP Non St Bronze 1 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Bronze 1 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Bronze 1 QHP. This kidney center provides care to NYSOH SHOP Non St Bronze 1 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 1 Indicator

Required For: Service

Record Positions: 358-358

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Silver 1 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Silver 1 service center/facility;

1 = NYSOH SHOP Non St Silver 1 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Silver 1 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Silver 1 QHP. This kidney center provides care to NYSOH SHOP Non St Silver 1 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 1 Indicator Service

Required For:

Record Positions: 359-359

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Gold 1 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Gold 1 service center/facility;

1 = NYSOH SHOP Non St Gold 1 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Gold 1 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Gold 1 QHP. This kidney center provides care to NYSOH SHOP Non St Gold 1 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 1 Indicator **Required For:** Service

Record Positions: 360-360

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Platinum 1 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Platinum 1 service center/facility;

1 = NYSOH SHOP Non St Platinum 1 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Platinum 1 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Platinum 1 QHP. This kidney center provides care to NYSOH SHOP Non St Platinum 1 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 2 Indicator **Required For:** Service

Record Positions: 361-361 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Bronze 2 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Bronze 2 service center/facility;

1 = NYSOH SHOP Non St Bronze 2 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Bronze 2 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Bronze 2 QHP. This kidney center provides care to NYSOH SHOP Non St Bronze 2 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 2 Indicator

Required For: Service

Record Positions: 362-362

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Silver 2 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Silver 2 service center/facility;

1 = NYSOH SHOP Non St Silver 2 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Silver 2 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Silver 2 QHP. This kidney center provides care to NYSOH SHOP Non St Silver 2 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 2 Indicator Service

Required For:

Record Positions: 363-363

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Gold 2 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Gold 2 service center/facility;

1 = NYSOH SHOP Non St Gold 2 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Gold 2 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Gold 2 QHP. This kidney center provides care to NYSOH SHOP Non St Gold 2 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 2 Indicator **Required For:** Service

Record Positions: 364-364

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Platinum 2 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Platinum 2 service center/facility;

1 = NYSOH SHOP Non St Platinum 2 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Platinum 2 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Platinum 2 QHP. This kidney center provides care to NYSOH SHOP Non St Platinum 2 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Bronze 3 Indicator **Required For:** Service

Record Positions: 365-365 **Format - Length:** A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Bronze 3 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Bronze 3 service center/facility;
1 = NYSOH SHOP Non St Bronze 3 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Bronze 3 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Bronze 3 QHP. This kidney center provides care to NYSOH SHOP Non St Bronze 3 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Silver 3 Indicator

Required For: Service

Record Positions: 366-366

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Silver 3 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Silver 3 service center/facility;

1 = NYSOH SHOP Non St Silver 3 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Silver 3 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Silver 3 QHP. This kidney center provides care to NYSOH SHOP Non St Silver 3 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Gold 3 Indicator Service

Required For:

Record Positions: 367-367

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Gold 3 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Gold 3 service center/facility;

1 = NYSOH SHOP Non St Gold 3 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Gold 3 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Gold 3 QHP. This kidney center provides care to NYSOH SHOP Non St Gold 3 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

ANCILLARY/SERVICE CENTERS- DATA DICTIONARY/VERSION 7.5

Data Element Name: NYSOH SHOP Non St Platinum 3 Indicator **Required For:** Service

Record Positions: 368-368

Format - Length: A/N-1

Version Number\Effective Date: 6.6 – Apr. 2013

Definition:

The NYSOH SHOP Non St Platinum 3 Indicator is used to determine if a service center or facility provides care to NYSOH SHOP Standard Bronze members.

Edit Applications:

1. Codes must be valid:
2. Do not leave blank. This is a critical data element for all records.

Codes:

0 = Not a NYSOH SHOP Non St Platinum 3 service center/facility;

1 = NYSOH SHOP Non St Platinum 3 service center/facility. This facility/location provides care to members of a NYSOH SHOP Non St Platinum 3 QHP.

Example:

1. Placid Place provides dialysis care for the All Health Medicaid Managed Care Plan that has been certified to participate in the NYSOH SHOP Non St Platinum 3 QHP. This kidney center provides care to NYSOH SHOP Non St Platinum 3 adults. This data element for Placid Place would be coded with a "1".

Notes:

1. Each facility location must have an indicator for each type of population that they contract to serve.

Provider Network Data System

VI. CODES

BOROUGH/COUNTY CODES

LANGUAGE CODES

PROVIER AND ANCILLARY SERVICE CODES

**MANAGED CARE PROVIDER NETWORK DATA SYSTEM
BOROUGH/COUNTY CODES (FIPS)**

Albany	001	Orange	071
Allegany	003	Orleans	073
Broome	007	Oswego	075
Cattaraugus	009	Otsego	077
Cayuga	011	Putnam	079
Chautauqua	013	Rensselaer	083
Chemung	015	Rockland	087
Chenango	017	St. Lawrence	089
Clinton	019	Saratoga	091
Columbia	021	Schenectady	093
Cortland	023	Schoharie	095
Delaware	025	Schuyler	097
Dutchess	027	Seneca	099
Erie	029	Steuben	101
Essex	031	Suffolk	103
Franklin	033	Sullivan	105
Fulton	035	Tioga	107
Genesee	037	Tompkins	109
Greene	039	Ulster	111
Hamilton	041	Warren	113
Herkimer	043	Washington	115
Jefferson	045	Wayne	117
Lewis	049	Westchester	119
Livingston	051	Wyoming	121
Madison	053	Yates	123
Monroe	055		
Montgomery	057	NYC	
Nassau	059	Bronx	005
Niagara	063	Kings	047
Oneida	065	Manhattan	061
Onondaga	067	Queens	081
Ontario	069	Richmond	085

Out of State 088

LANGUAGE CODES

LANGUAGE NAME	CODE	LANGUAGE FAMILY	COUNTRY SPOKEN
Abkhazian	AB	Ibero-Caucasian	
Afan(Oromo)	OM	Hamitic	
Afar	AA	Hamitic	
Afrikaans	AF	Germanic	
Albanian	SQ	Indo-European	
Amharic	AM	Semitic	
Arabic	AR	Semitic	
Armenian	HY	Indo-European	
Assamese	AS	Indian	
Aymara	AY	Amerindian	
Azerbaijani	AZ	Turkic/Altaic	
Bashkir	BA	Turkic/Altaic	
Basque	EU	Basque	
Bengali;bangla	BN	Indian	
Bhutani	DZ	Asian/Pacific Islander	
Bihari	BH	Indian	
Bislama	BI	(not given)	
Breton	BR	Celtic	
Bosnian	BS	Indo-European	
Bulgarian	BG	Slavic	
Burmese	MY	Asian/Pacific Islander	
Byelorussian	BE	Slavic	
Cambodian	KM	Asian/Pacific Islander	
Catalan	CA	Romance	
Chinese	ZH	Asian/Pacific Islander	
*Chinese-Cantonese	CT	Asian/Pacific Islander	
*Chinese-Mandarin	MD	Asian/Pacific Islander	
Corsican	CO	Romance	
Croatian	HR	Slavic	
Czech	CS	Slavic	
Danish	DA	Germanic	
Dutch	NL	Germanic	
English	EN	Germanic	
Esperanto	EO	International	
Estonian	ET	Finno-Ugric	
Faroese	FO	Germanic	
Fiji	FJ	Oceanic/Indonesian	
Finnish	FI	Finno-Ugric	
French	FR	Romance	
Frisian	FY	Germanic	

LANGUAGE NAME	CODE	LANGUAGE FAMILY	COUNTRY SPOKEN
Galician	GL	Romance	
German	DE	Germanic	
Greek	EL	Latin/Greek	
Georgian	KA	Ibero-Caucasian	
Greenlandic	KL	Eskimo	
Guarani	GN	Amerindian	
Gujarati	GU	Indian	
*Haitian-Creole	HC	(not given)	
Hausa	HA	Hausa (African)	Nigeria, Niger
Hebrew	IW	Semitic	
Hindi	HI	Indian	
Hungarian	HU	Finno-Ugric	
Icelandic	IS	Germanic	
Indonesian	IN	Oceanic/Indonesian	
Interlingua	IA	International	
Interlingue	IE	International	
Inupiak	IK	Eskimo	
Irish	GA	Celtic	
Italian	IT	Romance	
Japanese	JA	Asian/Pacific Islander	
Javanese	JV	Oceanic/Indonesian	
Kannada	KN	Dravidian	
Karen	KR	Asian/Pacific Islander	
Kashmiri	KS	Indian	
Kazakh	KK	Turkic/Altaic	
Kinyarwanda	RW	Bantu (African)	East Africa
Kirghiz	KY	Turkic/Altaic	
Kirundi	RN	Bantu (African)	Burundi
Korean	KO	Asian/Pacific Islander	
Kurdish	KU	Iranian	
Laothian	LO	Asian/Pacific Islander	
Latin	LA	Latin/Greek	
Latvian;lettish	LV	Baltic	
Lingala	LN	Bantu (African)	
Lithuanian	LT	Baltic	
Macedonian	MK	Slavic	
Malagasy	MG	Oceanic/Indonesian	
Malay	MS	Oceanic/Indonesian	
Malayalam	ML	Dravidian	
Maltese	MT	Semitic	
Maori	MI	Oceanic/Indonesian	
Marathia	MR	Indian	

LANGUAGE NAME	CODE	LANGUAGE FAMILY	COUNTRY SPOKEN
Moldavian	MO	Romance	
Mongolian	MN	(not given)	
Nauru	NA	(not given)	
Nepali	NE	Indian	
Norwegian	NO	Germanic	
Occitan	OC	Romance	
Oriya	OR	Indian	
Pashto;pushto	PS	Iranian	
Persian	FA	Iranian	
Polish	PL	Slavic	
Portuguese	PT	Romance	
Punjabi	PA	Indian	
Quechua	QU	Amerindian	
Rhaeto-romance	RM	Romance	
Romanian	RO	Romance	
Russian	RU	Slavic	
Samoan	SM	Oceanic/Indonesian	
Sango	SG	Bantu (African)	West Africa
Sanskrit	SA	Indian	
Scots	GD	Celtic	
Serbian	SR	Slavic	
Serbo-croatian	SH	Slavic	
Sesotho	ST	Bantu (African)	Africa
Setswana	TN	Bantu (African)	Africa
Shona	SN	Bantu (African)	Zimbabwe
*Sign-Language	SZ	(not given)	
Sindhi	SD	Indian	
Singhalese	SI	Indian	
Siswati	SS	Bantu (African)	Africa
Slovak	SK	Slavic	
Slovenian	SL	Slavic	
Somali	SO	Hamitic	
Spanish	ES	Romance	
Sundanese	SU	Oceanic/Indonesian	
Swahili	SW	Bantu (African)	East African
Swedish	SV	Germanic	
Tagalog/Filipino	TL	Oceanic/Indonesian	
Tajik	TG	Iranian	
Tamil	TA	Dravidian	
Tatar	TT	Turkic/Altaic	
Telugu	TE	Dravidian	

LANGUAGE NAME	CODE	LANGUAGE FAMILY	COUNTRY SPOKEN
Thai	TH	Asian/Pacific Islander	
Tibetan	BO	Asian/Pacific Islander	
Tigrinya	TI	Semitic	
Tonga	TO	Oceanic/Indonesian	
Tsonga	TS	Bantu (Africa)	
Turkish	TR	Turkic/Altaic	
Turkmen	TK	Turkic/Altaic	
Twi	TW	Akan (African)	Ghana
Ukrainian	UK	Slavic	
Urdu	UR	Indian	
Uzbek	UZ	Turkic/Altaic	
Vietnamese	VI	Asian/Pacific Islander	
Volapuk	VO	International aux.	
Welsh	CY	Celtic	
Wolof	WO	Wolof (African)	Senegal
Xhosa	XH	Bantu (African)	South Africa
Yiddish	JI	Germanic	
Yoruba	YO	Yoruba (African)	Nigeria
Zulu	ZU	Bantu (African)	South Africa

Language Code Source: ISO 639

- **Additions by NYSDOH with assistance on Language Family and Country Spoken from: United Neighborhood Houses of New York.**

PROVIDER AND ANCILLARY/SERVICE SPECIALTY CODES – NUMERICAL ORDER

Code	Provider Specialty/Service Description
007	ALCOHOLISM/SUBSTANCE ABUSE INPATIENT
010	ALLERGY AND IMMUNOLOGY
011	GENERAL HOSPITAL (ARTICLE 28)
017	OMH PSYCH CTR/OASAS ASA INPATIENT
018	PRIVATE PSYCH & ASA INPATIENT
020	ANESTHESIOLOGY
030	COLON AND RECTAL SURGERY
040	DERMATOLOGY
041	DERMATOPATHOLOGY
050	FAMILY PRACTICE
055	ADOLESCENT MEDICINE: FAMILY MEDICINE
056	ADOLESCENT MEDICINE: PEDIATRICS
057	BEHAVIORAL PEDIATRICS
058	INTERNAL MEDICINE AND PEDIATRICS
059	PEDIATRIC RHEUMATOLOGY
060	INTERNAL MEDICINE
061	PEDIATRIC INFECTIOUS DISEASE
062	CARDIOVASCULAR DISEASE
063	ENDOCRINOLOGY AND METABOLISM
064	GASTROENTEROLOGY
065	HEMATOLOGY - INTERNAL MED
066	INFECTIOUS DISEASES
067	NEPHROLOGY
068	PULMONARY DISEASES
069	RHEUMATOLOGY
070	NEUROLOGICAL SURGERY
071	SPINAL CORD INJURY MEDICINE
072	PEDIATRIC NEUROSURGERY
073	PEDIATRIC DERMATOLOGY
074	MEDICAL TOXICOLOGY
075	UNDERSEA & HYPERBARIC MEDICINE
076	PEDIATRIC REHABILITATION
080	NUCLEAR MEDICINE
081	MEDICAL NUCLEAR PHYSICS
083	NEUROMUSCULAR MEDICINE
084	NEURORADIOLOGY
085	NEUROTOLOGY
089	OBSTETRICS AND GYNECOLOGY
092	MATERNAL AND FETAL MEDICINE
093	REPRODUCTIVE ENDOCRINOLOGY
095	CERTIFIED DIABETES EDUCATOR
100	OPHTHALMOLOGY
101	PEDIATRIC OPHTHALMOLOGY

Code	Provider Specialty/Service Description
102	CERTIFIED ASTHMA EDUCATOR
110	ORTHOPEDIC SURGERY
111	HAND SURGERY - ORTHOPEDIC SURGERY
112	HAND SURGERY - PLASTIC SURGERY
113	HAND SURGERY - SURGERY
114	PLASTIC SURGERY WITH THE HEAD & NECK
120	OTOLARYNGOLOGY
121	PEDIATRIC OTOLARYNGOLOGY
127	CLIA REGISTRATION/COMPLIANCE/ACCREDITATION
128	CLIA WAIVER
129	CLIA PHYSICIAN PERFORMED MICROSCOPY PROCEDURE
130	CLIA WAIVER/REGISTRATION
131	BLOOD BANKING
135	CLINICAL PATHOLOGY
136	FORENSIC PATHOLOGY
137	HEMATOLOGY - PSC PATH
138	CHEMICAL PATHOLOGY
139	MEDICAL MICROBIOLOGY
140	PATHOLOGY WITH MOLECULAR GENETIC SPEC
141	NEUROPATHOLOGY
142	ANATOMIC PATHOLOGY
143	DERMATOPATHOLOGY - PSC PATH
144	TRANSPLANT HEPATOLOGY
145	PEDIATRIC TRANSPLANT HEPATOLOGY
146	ANATOMIC AND CLINICAL PATHOLOGY
147	PEDIATRIC PATHOLOGY
148	RADIOISOTOPIC PATHOLOGY
149	PEDIATRIC EMERGENCY MEDICINE
150	PEDIATRICS
151	PEDIATRIC CARDIOLOGY
152	PEDIATRIC HEMATOLOGY - ONCOLOGY
153	PEDIATRIC SURGERY
154	PEDIATRIC NEPHROLOGY
155	PEDIATRIC NEONATAL - PERINATAL MEDICINE
156	PEDIATRIC ENDOCRINOLOGY
157	PEDIATRIC PULMONOLOGY
158	PREFERRED PHYSICIANS AND CHILDREN PROG
159	MEDICAID OBSTETRICAL & MATERNAL SVC PROG
160	PHYSICAL MEDICINE & REHABILITATION
161	PEDIATRIC CRITICAL CARE
162	OSTEOPATHIC MANIPULATIVE MEDICINE
163	PEDIATRIC GASTROENTOLOGY
164	CRITICAL CARE MED - ANESTHESIOLOGIST
165	CRITICAL CARE MEDICINE - INTERNAL
166	CRITICAL CARE MEDICINE - OBSTETRICS

Code	Provider Specialty/Service Description
167	CRITICAL CARE MEDICINE - SURGERY
169	MEDICAID OBSTERICAL & MATERNAL SERVICES PRGM (MOMS): HEALTH SUPPORTIVE SERVICES
170	PLASTIC SURGERY
171	CLINICAL MOLECULAR GENETICS
180	CLINICAL BIOCHEMICAL GENETICS
181	AEROSPACE
182	GENERAL PREVENTIVE MEDICINE
183	OCCUPATIONAL MEDICINE
184	PUBLIC HEALTH - PREVENTIVE MEDICINE
185	AEROSPACE MEDICINE
186	T.B. DIRECTLY OBSERVED THERAPY/PHYSICIAN
187	MEDICAL GENETICS
188	CLINICAL GENETICS
189	MOLECULAR GENETIC PATHOLOGY
190	PAIN MANAGEMENT-PSYCHIATRY & NEUROLOGY
191	CHILD PSYCHIATRY
192	PSYCHIATRY
193	CHILD NEUROLOGY
194	NEUROLOGY
195	PSYCHIATRY & NEUROLOGY
196	CLOZAPINE CASE MANAGER - PSYCH
197	GERIATRIC PSYCHIATRY
198	ADDICTION PSYCHIATRY
199	NERODEVELOPMENTAL DISABILITIES
200	RADIOLOGY
201	DIAGNOSTIC RADIOLOGY
202	DIAGNOSTIC ROENTGENOLOGY
205	THERAPEUTIC RADIOLOGY
206	RADIOLOGICAL PHYSICS
207	THERAPEUTIC RADIOLOGICAL PHYSICS
208	DIAGNOSTIC RADIOLOGICAL PHYSICS
210	GENERAL SURGERY
211	HOSPITALIST
220	THORACIC SURGERY
230	UROLOGY
231	PEDIATRIC UROLOGY
240	VASCULAR NEUROLOGY
241	ONCOLOGY
242	GYNECOLOGIC ONCOLOGY
243	VASCULAR MEDICINE
244	RADIOLOGIST ONCOLOGY
245	PEDIATRIC RADIOLOGY
246	VASCULAR&INTERVENTIONAL RADIOLOGY
247	MANAGED CARE - PHYSICIAN ENHANCED FEE

Code	Provider Specialty/Service Description
248	MANAGED CARE - DENTAL ENHANCED FEE
249	HIV PRIMARY CARE SERVICES
250	EMERGENCY MEDICINE
252	PRIMARY CARE INITIATIVE IN UNDERSERVED AREAS
253	SPECIALISTS PRIMARY CARE INIT - UNDERSRVD AREA
254	SPECIALISTS IN PHYSICIANS CASE MGMT PROGRAM
270	CHILD HEALTH ASSURANCE PROGRAM
280	CHIROPRACTIC
281	CLINICAL SOCIAL WORKER
282	CERTIFIED DRUG & ALCOHOL COUNSELOR
283	COUNSELOR
290	ACUPUNCTURIST
300	PHYSICAL THERAPY
301	OCCUPATIONAL THERAPY
302	SPEECH THERAPY
303	AIDS/HIV SERVICES
304	MEDICAL REHAB
305	PEDIATRIC SPECIALTY - ALL EXCEPT PRIMARY CARE
306	SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM
307	DURABLE MEDICAL EQUIPMENT
308	HIV PRIMARY CARE SERVICES - CLINIC SPECIALTY
309	MEDICALLY SUPERVISED SUBSTANCE ABUSE
310	OMH ADULT CLINIC (STATE OPR)
311	OMH CHILD CLINIC(STATE OPR)
312	OMH CONTINUING DAY TRTMT (STATE OPR)
313	OMH PARTIAL HOSPITALIZATION (STATE OPR)
314	OMH INTEN PSYCH REHAB TRTMT (STATE OPR)
315	OMH ADULT CLINIC
316	OMH CHILD CLINIC
317	OMH CONTINUING DAY TREATMENT
318	OMH PARTIAL HOSPITALIZATION
319	OMH INTENSIVE PSYCH REHAB TREATMENT
320	CLOZAPINE CASE MANAGER - CLINIC
321	COMPREHENSIVE SPECIALTY CLINIC SERVICES
322	OMH COMPREHENSIVE OUTPATIENT PROGRAM (COPS) CLINIC
323	OMH COMP OUTPAT PROG (COPS) CONTINUING DAY TRTMT
324	PRE-SCHOOL SUPPORTIVE HEALTH CARE
325	EARLY INTERVENTION
326	OMH/CR ADULT (VOLUNTARY)
327	OMH/CR CHILDREN (VOLUNTARY)
328	OMH FAMILY BASED TREATMENT
329	OMH/CR ADULT (STATE OPR)
330	OMH/CR CHILDREN (STATE OPR)
331	OMH TEACHING FAMILY HOME
332	OMR/DD CR (STATE OPR)

Code	Provider Specialty/Service Description
350	PPCP ASSOCIATED DENTAL CLINIC - ORAL SURGERY
351	PPCP ASSOCIATED DENTAL CLINIC - GENERAL DENTISTRY
352	PPCP ASSOCIATED COPS
353	PPCP ASSOCIATED OMH CLINICS
354	PPCP ASSOCIATED PSYCHIATRY, GENERAL
355	AIDS DAY HEALTH CARE SERVICES
356	HOME & COMMUNITY BASED SERVICE (HCBS) WAIVER
357	OUTPATIENT CHEMICAL DEPENDENCE WITHDRAWAL
358	TBI SERVICES
359	RISPERDAL CONSTA ADMINISTRATION
365	MH RESIDENTIAL (NON-INPATIENT)
371	CASE MANAGEMENT
375	MH OUTPATIENT (NON-RESIDENTIAL)
376	MENTAL HEALTH PRACTITIONER
400	MICROBIOLOGY
401	FQ OUT-OF-STATE (NON-CMMA)
402	FQ PRIMARY
403	FQ SECONDARY
404	FQ AUTHORIZED
410	BACTERIOLOGY
411	BACTERIOLOGY - GENERAL
412	BACTERIOLOGY - LIMITED
413	BACTERIOLOGY - AEROBES ONLY
414	BACTERIOLOGY - NEISSERIA GONORRHOEAE SCREENG
415	BACTERIOLOGY - GC SMEARS ONLY
416	BACTERIOLOGY-RESTRICTED (DENTAL)
419	MYCOBACTERIOLOGY - SMEARS AND CULTURE
420	MYCOBACTERIOLOGY - GENERAL
421	MYCOBACTERIOLOGY - LIMITED
422	MYCOBACTERIOLOGY - SMEARS ONLY
423	DIAGNOSTIC IMMUNOLOGY - COMPREHENSIVE
424	DIAGNOSTIC IMMUNOLOGY - OTHER
427	DIAGNOSTIC IMMUNOLOGY - GENERAL/LIMITED
429	DIAGNOSTIC IMMUNOLOGY - SPECIAL
430	HUMAN IMMUNODEFICIENCY VIRUS - RESTRICTED A
431	HUMAN IMMUNODEFICIENCY VIRUS - RESTRICTED B
432	HUMAN IMMUNODEFICIENCY VIRUS - COMPREHENSIVE
433	SEROLOGY - ROUTINE
434	SEROLOGY - LIMITED
435	CELLULAR IMMUNOLOGY - LIMITED I
436	CELLULAR IMMUNOLOGY - LIMITED II
437	SEROLGY - OTHER
438	CELLULAR IMMUNOLOGY - GENERAL
439	CELLULAR IMMUNOLOGY - LIMITED III
440	VIROLOGY - GENERAL I OR GENERAL II

Code	Provider Specialty/Service Description
441	VIROLOGY - LIMITED
442	VIROLOGY - RESTRICTED
450	MYCOLOGY - GENERAL
451	MYCOLOGY - LIMITED(YEAST ONLY)
460	PARASITOLOGY
461	PARASITOLOGY - STOOL
462	PARASITOLOGY - OTHER
463	PARASITOLOGY - BLOOD
470	URINE PREGNANCY TESTING
480	HEMATOLOGY
481	HEMATOLOGY - COMPREHENSIVE
482	HEMATOLOGY - GENERAL
483	HEMATOLOGY - COAGULATION ONLY
484	HEMATOLOGY - LIMITED
485	HEMATOLOGY - OTHER
486	CYTOHEMATOLOGY - LIMITED/DIAGNOSTIC
490	IMMUNOHEMATOLOGY
491	BLOOD SERVICES - DIAGNOSTIC IMMUNOHEMATOLOGY
492	IMMUNOHEMATOLOGY SPC 492
493	IMMUNOHEMATOLOGY SPC 493
510	CLINICAL CHEMISTRY - GENERAL
511	CLINICAL CHEMISTRY - LIMITED
512	TOXICOLOGY - ERYTHROCYTE PROTOPORPHYRIN-HEMAT
513	TOXICOLOGY - ERYTHROCYTE PROTOPORPHYRIN-EXTRCT
514	TOXICOLOGY - DRUG ANALYSIS-QUAL (OR FORENSIC)
515	TOXICOLOGY - BLOOD LEAD
516	ENDOCRINOLOGY
517	CHEMLIMIT
518	QUALITATIVE TOXICOLOGY - REHABILITATION PROGS
519	CHEM RESERV
520	CHEM ALL
521	BLOOD PH AND GASES
522	CHEM IMD
523	THERAPEUTIC SUBSTANCE MONITORING/QUAN TOXICOL
524	URINALYSIS
530	PATHOLOGY SPC 530
531	HISTOPATHOLOGY - GENERAL/ORAL/DERMATOPATHALGY
532	PATHOLOGY SPC 532
533	PATHOLOGY SPC 533
540	CYTOPATHOLOGY
550	ONCOFETAL ANTIGEN - GENERAL
551	ONCOFETAL ANTIGEN - LIMITED
552	ONCOFETAL ANTIGEN - GENERAL, SERA ONLY
553	ONCOFETAL ANTIGEN - GENL, AMNIOTIC FLUID ONLY
560	GENETIC TESTING

Code	Provider Specialty/Service Description
561	BLOOD TRANSFUSION COLLECTION
562	BLOOD TRANSFUSION
570	MISCELLANEOUS
571	CYTOGENETICS - GENERAL
572	CYTOGENETICS - LIMITED
573	CYTOGENETICS - HEMATOLOGICAL DISORDERS
574	MISCELLANEOUS HIS
575	MISCELLANEOUS LIMITED HIS
576	MISCELLANEOUS MISCELLANEOUS
579	NURSE: MEDICALLY FRAGILE CHILDREN
580	HISTOCOMPATIBILITY - LIMITED
585	MISCELLANEOUS CLINIC CHEM
590	MISCELLANEOUS SPECIALTY TEST
599	LABORATORY
600	SPORTS MEDICINE - EMERGENCY
601	SPORTS MEDICINE - FAMILY MEDICINE
602	SPORTS MEDICINE - INTERNAL
603	SPORTS MEDICINE - PEDIATRICS
604	SPORTS MEDICINE - ORTHOPEDIC
615	PERSONAL EMERGENCY RESPONSE SYSTEM
616	MENTAL HEALTH INPATIENT
620	GERIATRICS - FAMILY MEDICINE
621	GERIATRICS - INTERNAL
630	PAIN MANAGEMENT
640	AUDIOLOGIST
650	GENERAL VASCULARY SURGERY
651	CARDIO-THORACIC
652	INTERVENTION CARDIOLOGY
653	CLINICAL CARDIAC ELECTROPHYSIOLOGY
655	AIDS SKILLED NURSING FACILITY
656	HEAD INJURY/TBI INJURY SNF
657	BEHAVIORAL HEALTH INTERVENTION SKILLED NURSING FACILITY (NEURO)
658	PEDIATRIC SKILLED NURSING FACILITY
659	VENT SKILLED NURSING FACILITY
660	INSTITUTIONAL LTC
661	SOCIAL AND ENVIRONMENTAL SUPPORTS
662	SOCIAL DAY CARE
663	NURSING HOME CARE SHORT TERM REHAB
664	ADULT DAY HEALTH CARE
665	NON INSTITUTIONAL LTC
666	ASSISTED LIVING PROGRAM
667	HOME DELIVERED MEALS/CONGREGATE MEALS
668	HOME CARE - HOME HEALTH AIDE
669	HOSPICE CARE
670	AMBULANCE

Code	Provider Specialty/Service Description
671	OTHER TRANSPORTATION (NON-EMERGENT)
672	PARALEVEL1 PARAPROFESSIONAL SERVICES: LEVEL 1 HMMAKER/HOUSKP
673	PARALEVEL2 PARAPROFESSIONAL SERVICES: LEVEL 2 PERSONAL CARE
674	RESPIRATORY THERAPY
675	CONSUMER DIRECTED PERSONAL CARE: LEVEL 1
676	CONSUMER DIRECTED PERSONAL CARE: LEVEL 2
680	NURSING
711	PRESCRIPTION FOOTWEAR
714	LOW VISION SPECIALIST
715	OPTICIAN/CONTACT LENS PRIVILEGE
716	OPTOMETRIST/DIAGNOSTIC PHARMEUTICALS
730	INBORN METABOLIC DISEASE CENTER
738	PORTABLE X-RAY COMPANIES
739	INDEPENDENT PHYSIOLOGICAL LABS
740	REGIONAL PERINATAL TRANSPORTATION PROV
741	TRANSPLANT SURGERY
749	ASA GENERAL OUTPATIENT
750	METHADONE MAINTENANCE (PHYSICIAN)
751	METHADONE MAINTENANCE PREFERRED PROV
754	ASA MEDICALLY MONITORED WITHDRAWAL
760	PHARMACY
762	HOME CARE SERVICES AGENCY LIMITED LICENSE
775	ALL SPECIALITIES
776	GENERAL PRACTICE ONLY - NO SPEC
777	ALL PHYSICIAN
778	PODIATRIST
779	NURSE PRAC
780	CLINICAL PSYCHLG
781	CERT SOCIAL WKRS
782	NURSE MIDWIVES
790	RESPITE
791	S/HMO (ELDERPLAN)
798	LONG TERM HOME HEALTH
799	NO SPECIALTY REQUIRED
800	GENERAL DENTIST
801	ORTHODONTURE
802	ENDODONTIST
803	ORAL PATHOLOGIST
804	PEDODONTIST
805	PROSTHODONTIST
806	PERIODONTIST
807	PUBLIC HEALTH
808	ORAL SURGEON
809	DENTAL ANESTHESIOLOGIST
810	PARENTERAL CONSCIOUS SEDATION

Code	Provider Specialty/Service Description
811	MAXILLOFACIAL SURGERY
815	DENTIST - FAMILY
816	ASSERTIVE COMMUNITY TREATMENT
817	ASSISTIVE TECHNOLOGY
818	COMMUNITY INTEGRATION COUNSELING
819	COMMUNITY TRANSITIONAL SERVICE PROVIDER
820	ENVIRONMENTAL MODIFICATIONS SERVICES
821	FREESTANDING BIRTH CENTER
822	INDEPENDENT LIVING SKILLS TRAINING PROVIDER
823	URGENT CARE
824	MOBILE MENTAL HEALTH TREATMENT PROVIDER
825	MOVING ASSISTANCE PROVIDER
826	PALLIATIVE CARE PROVIDER
827	PEER DELIVERED SERVICES
828	PEER MENTORING PROVIDER
829	PERSONALIZED RECOVERY ORIENTED SERVICES
830	POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS
831	SOCIAL DAY CARE TRANSPORTATION
832	STRUCTURED DAY PROGRAM
833	TELEHEALTH
834	HOME AND COMMUNITY SUPPORT SERVICES
835	HCBS PROVIDER TRAVEL
836	HCBS PSYCHOSOCIAL REHAB
837	HCBS PEER SUPPORT
838	OMH OTHER LICENSED PRACTITIONERS
839	HCBS COMMUNITY PSYCHIATRIC SUPPORTS AND TREATMENT
851	OTHER VISION CARE
852	PCCM ENHANCEMENT
853	PCCM QUALITY ENHANCEMENT
854	HABILITATION SUPPORT SERVICES
855	FAMILY SUPPORT AND TRAINING
856	SHORT-TERM CRISIS RESPITE
857	INTENSIVE CRISIS RESPITE
858	PRE-VOCATIONAL SERVICES
859	TRANSITIONAL EMPLOYMENT
860	INTENSIVE SUPPORTIVE EMPLOYMENT
861	ONGOING SUPPORTED EMPLOYMENT
862	EDUCATION SUPPORT SERVICES
899	HOSPITAL INPATIENT
900	HMO CO-PAYMENT
901	EMERGENCY ROOM
902	ENDOCRINE
903	DIABETES
904	OBSTETRICS

Code	Provider Specialty/Service Description
905	GYNECOLOGY
906	FAMILY PLANNING
907	ABORTION
908	CHILD HEALTH ASSURANCE PROGRAM (CHAP)
909	NUTRITION
910	ORAL SURGERY - CLINIC SPECIALTY
911	GENERAL DENTISTRY - CLINIC SPECIALTY
912	ORTHODONTICS
913	HEMODIALYSIS
914	GENERAL MEDICINE - CLINIC SPECIALTY
915	ALLERGY
916	ARTHRITIS
917	RHEUMATOLOGY - CLINIC SPECIALTY
918	PODIATRIST CENTER
919	EYE/VISION CENTER
920	PHYSICAL THERAPY - CLINIC SPECIALTY
921	SPEECH THERAPY- CLINIC SPECIALTY
922	METHADONE MAINTENANCE TREATMENT PROGRAM
923	OCCUPATIONAL THERAPY- CLINIC SPECIALTY
924	REHABILITATION MEDICINE- CLINIC SPECIALTY
925	HYPERTENSION - CLINIC SPECIALTY
926	HEMATOLOGY- CLINIC SPECIALTY
927	CARDIOLOGY
928	CARDIOVASCULAR- CLINIC SPECIALTY
929	PULMONARY-CLINIC SPECIALTY
930	GASTROENTEROLOGY - CLINIC SPECIALTY
931	NEUROLOGY- CLINIC SPECIALTY
932	NEUROSURGERY- CLINIC SPECIALTY
933	CANCER DETECTION
934	ONCOLOGY - THERAPY (RADIATION OR CHEMO)
935	EAR, NOSE & THROAT- CLINIC SPECIALTY
936	PEDIATRIC GENERAL MEDICINE- CLINIC SPECIALTY
937	PEDIATRIC ALLERGY- CLINIC SPECIALTY
938	PEDIATRIC NEUROLOGY- CLINIC SPECIALTY
939	PEDIATRIC HEMATOLOGY- CLINIC SPECIALTY
940	PEDIATRIC CARDIAC - CLINIC SPECIALTY
941	PEDIATRIC RENAL- CLINIC SPECIALTY
942	PEDIATRIC PULMONARY- CLINIC SPECIALTY
943	PEDIATRIC ORTHOPEDIC- CLINIC SPECIALTY
944	PEDIATRIC ENDOCRINE - CLINIC SPECIALTY
945	PSYCHIATRY - INDIVIDUAL
946	PSYCHIATRY - GROUP
947	PSYCHIATRY - HALF DAY CARE
948	PSYCHIATRY - FULL DAY CARE
949	ALCOHOLISM TREATMENT PROGRAM

Code	Provider Specialty/Service Description
950	ORTHOPEDIC- CLINIC SPECIALTY
951	SURGICAL, MINOR
952	SURGICAL, GENERAL
953	UROLOGY - CLINIC SPECIALTY
954	NEPHROLOGY - CLINIC SPECIALTY
955	GENITO-URINARY- CLINIC SPECIALTY
956	DERMATOLOGY - CLINIC SPECIALTY
957	CONTRACT CARRIER
958	OPHTHALMOLOGY - CLINIC SPECIALTY
959	OUTPAT CHEM DEPENDENCY PROG FOR YOUTH
960	PEDIATRIC DERMATOLOGY - CLINIC SPECIALTY
961	PEDIATRIC DIABETES- CLINIC SPECIALTY
962	PEDIATRIC SURGERY - CLINIC SPECIALTY
963	CHILD PSYCHIATRY - CLINIC SPECIALTY
964	PSYCHIATRY-GENERAL- CLINIC SPECIALTY
965	TUBERCULOSIS- CLINIC SPECIALTY
966	INFECTIOUS DISEASES - CLINIC SPECIALTY
967	SPEECH & HEARING- CLINIC SPECIALTY
968	AMPUTEE CENTER
969	HOSP DME/ORTHOTIC/PROSTH APPLNC VENDOR
970	NURSING HOME HOSPITAL DAYCARE (NO CLAIM)
971	MH CLINIC TREATMENT (STATE OPR)
972	MH DAY TREATMENT (STATE OPR)
973	MH CONTINUING TREATMENT (STATE OPR)
974	MENTAL HEALTH CLINIC TREATMENT
975	MENTAL HEALTH DAY TREATMENT
976	MENTAL HEALTH CONTINUING TREATMENT
977	MR/DD CLINIC TREATMENT (STATE OPR)
978	PREFERRED PRIMARY CARE CLINIC
979	MR/DD CLINIC TREATMENT
980	T.B. DIRECTLY OBSERVED THERAPY/CLINIC
981	DIAG AND RESEARCH CLINIC MR (STATE OPR)
982	APNEA CENTER
983	SPECIALTY CLINIC - MENTAL RETARDATION
984	ALCOHOLISM CLINIC TREATMENT (STATE OPR)
985	ALCOHOLISM DAY REHAB (STATE OPR)
986	ALCOHOLISM CLINIC TREATMENT
987	ALCOHOLISM DAY REHABILITATION
988	COMPREHENSIVE ALCOHOLISM CARE
989	MEDICALLY SUPERVISED WITHDRAWAL-OUTPATIENT
990	COMP PHYSICAL EXAM (SCHOOL HEALTH PROJ)
991	ROUTINE VISIT (SCHOOL HEALTH PROJECT)
992	OMH COMPREHENSIVE PSYCHIATRIC EMERGENCY PROG
993	HOSP-BASED/FREESTANDING AMBULAT SURGERY
994	BLOOD PRODUCTS (ORDERED AMBULATORY)

Code	Provider Specialty/Service Description
995	GENETIC COUNSELING (ORDERED AMBULATORY)
996	HEARING SERVICES (ORDERED AMBULATORY)
997	OPERATING ROOM (ORDERED AMBULATORY)
998	RADIOLOGY (ORDERED AMBULATORY)
999	OTHER

PROVIDER AND ANCILLARY/SERVICE SPECIALTY CODES – ALPHABETICAL ORDER

Code	Provider Specialty/Service Description
907	ABORTION
290	ACUPUNCTURIST
198	ADDICTION PSYCHIATRY
055	ADOLESCENT MEDICINE: FAMILY MEDICINE
056	ADOLESCENT MEDICINE: PEDIATRICS
664	ADULT DAY HEALTH CARE
181	AEROSPACE
185	AEROSPACE MEDICINE
355	AIDS DAY HEALTH CARE SERVICES
655	AIDS SKILLED NURSING FACILITY
303	AIDS/HIV SERVICES
986	ALCOHOLISM CLINIC TREATMENT
984	ALCOHOLISM CLINIC TREATMENT (STATE OPR)
985	ALCOHOLISM DAY REHAB (STATE OPR)
987	ALCOHOLISM DAY REHABILITATION
949	ALCOHOLISM TREATMENT PROGRAM
007	ALCOHOLISM/SUBSTANCE ABUSE INPATIENT
777	ALL PHYSICIAN
775	ALL SPECIALITIES
915	ALLERGY
010	ALLERGY AND IMMUNOLOGY
670	AMBULANCE
968	AMPUTEE CENTER
146	ANATOMIC AND CLINICAL PATHOLOGY
142	ANATOMIC PATHOLOGY
020	ANESTHESIOLOGY
982	APNEA CENTER
916	ARTHRITIS
749	ASA GENERAL OUTPATIENT
754	ASA MEDICALLY MONITORED WITHDRAWAL
816	ASSERTIVE COMMUNITY TREATMENT
666	ASSISTED LIVING PROGRAM
817	ASSISTIVE TECHNOLOGY
640	AUDIOLOGIST
410	BACTERIOLOGY
413	BACTERIOLOGY - AEROBES ONLY
411	BACTERIOLOGY - GENERAL
412	BACTERIOLOGY - LIMITED
414	BACTERIOLOGY - NEISSERIA GONORRHOEAE SCREENG
416	BACTERIOLOGY-RESTRICTED (DENTAL)
415	BACTERIOLOGY - GC SMEARS ONLY

Code	Provider Specialty/Service Description
657	BEHAVIORAL HEALTH INTERVENTION SKILLED NURSING FACILITY (NEURO)
057	BEHAVIORAL PEDIATRICS
131	BLOOD BANKING
521	BLOOD PH AND GASES
994	BLOOD PRODUCTS (ORDERED AMBULATORY)
491	BLOOD SERVICES - DIAGNOSTIC IMMUNOHEMATOLOGY
562	BLOOD TRANSFUSION
561	BLOOD TRANSFUSION COLLECTION
933	CANCER DETECTION
927	CARDIOLOGY
651	CARDIO-THORACIC
928	CARDIOVASCULAR- CLINIC SPECIALTY
062	CARDIOVASCULAR DISEASE
371	CASE MANAGEMENT
438	CELLULAR IMMUNOLOGY - GENERAL
435	CELLULAR IMMUNOLOGY - LIMITED I
436	CELLULAR IMMUNOLOGY - LIMITED II
439	CELLULAR IMMUNOLOGY - LIMITED III
781	CERT SOCIAL WKRS
102	CERTIFIED ASTHMA EDUCATOR
095	CERTIFIED DIABETES EDUCATOR
282	CERTIFIED DRUG & ALCOHOL COUNSELOR
520	CHEM ALL
522	CHEM IMD
519	CHEM RESERV
138	CHEMICAL PATHOLOGY
517	CHEMLIMIT
270	CHILD HEALTH ASSURANCE PROGRAM
908	CHILD HEALTH ASSURANCE PROGRAM (CHAP)
193	CHILD NEUROLOGY
191	CHILD PSYCHIATRY
963	CHILD PSYCHIATRY - CLINIC SPECIALTY
280	CHIROPRACTIC
129	CLIA PHYSICIAN PERFORMED MICROSCOPY PROCEDURE
127	CLIA REGISTRATION/COMPLIANCE/ACCREDITATION
128	CLIA WAIVER
130	CLIA WAIVER/REGISTRATION
180	CLINICAL BIOCHEMICAL GENETICS
653	CLINICAL CARDIAC ELECTROPHYSIOLOGY
510	CLINICAL CHEMISTRY - GENERAL
511	CLINICAL CHEMISTRY - LIMITED
188	CLINICAL GENETICS
171	CLINICAL MOLECULAR GENETICS

Code	Provider Specialty/Service Description
135	CLINICAL PATHOLOGY
780	CLINICAL PSYCHLG
281	CLINICAL SOCIAL WORKER
320	CLOZAPINE CASE MANAGER - CLINIC
196	CLOZAPINE CASE MANAGER - PSYCH
030	COLON AND RECTAL SURGERY
818	COMMUNITY INTEGRATION COUNSELING
819	COMMUNITY TRANSITIONAL SERVICE PROVIDER
990	COMP PHYSICAL EXAM (SCHOOL HEALTH PROJ)
988	COMPREHENSIVE ALCOHOLISM CARE
321	COMPREHENSIVE SPECIALTY CLINIC SERVICES
675	CONSUMER DIRECTED PERSONAL CARE: LEVEL 1
676	CONSUMER DIRECTED PERSONAL CARE: LEVEL 2
715	CONTACT LENS PRIVILEGE
957	CONTRACT CARRIER
283	COUNSELOR
164	CRITICAL CARE MED - ANESTHESIOLOGIST
165	CRITICAL CARE MEDICINE - INTERNAL
166	CRITICAL CARE MEDICINE - OBSTETRICS
167	CRITICAL CARE MEDICINE - SURGERY
571	CYTOGENETICS - GENERAL
573	CYTOGENETICS - HEMATOLOGICAL DISORDERS
572	CYTOGENETICS - LIMITED
486	CYTOHEMATOLOGY - LIMITED/DIAGNOSTIC
540	CYTOPATHOLOGY
809	DENTAL ANESTHESIOLOGIST
815	DENTIST - FAMILY
040	DERMATOLOGY
956	DERMATOLOGY - CLINIC SPECIALTY
041	DERMATOPATHOLOGY
143	DERMATOPATHOLOGY - PSC PATH
903	DIABETES
981	DIAG AND RESEARCH CLINIC MR (STATE OPR)
423	DIAGNOSTIC IMMUNOLOGY - COMPREHENSIVE
427	DIAGNOSTIC IMMUNOLOGY - GENERAL/LIMITED
424	DIAGNOSTIC IMMUNOLOGY - OTHER
429	DIAGNOSTIC IMMUNOLOGY - SPECIAL
208	DIAGNOSTIC RADIOLOGICAL PHYSICS
201	DIAGNOSTIC RADIOLOGY
202	DIAGNOSTIC ROENTGENOLOGY
307	DURABLE MEDICAL EQUIPMENT
935	EAR, NOSE & THROAT- CLINIC SPECIALTY
325	EARLY INTERVENTION

Code	Provider Specialty/Service Description
862	EDUCATION SUPPORT SERVICES
250	EMERGENCY MEDICINE
901	EMERGENCY ROOM
902	ENDOCRINE
516	ENDOCRINOLOGY
063	ENDOCRINOLOGY AND METABOLISM
802	ENDODONTIST
820	ENVIRONMENTAL MODIFICATIONS SERVICES
919	EYE/VISION CENTER
906	FAMILY PLANNING
050	FAMILY PRACTICE
855	FAMILY SUPPORT AND TRAINING
136	FORENSIC PATHOLOGY
404	FQ AUTHORIZED
401	FQ OUT-OF-STATE (NON-CMMA)
402	FQ PRIMARY
403	FQ SECONDARY
821	FREESTANDING BIRTH CENTER
064	GASTROENTEROLOGY
930	GASTROENTEROLOGY - CLINIC SPECIALTY
800	GENERAL DENTIST
911	GENERAL DENTISTRY - CLINIC SPECIALTY
011	GENERAL HOSPITAL (ARTICLE 28)
914	GENERAL MEDICINE - CLINIC SPECIALTY
776	GENERAL PRACTICE ONLY - NO SPEC
182	GENERAL PREVENTIVE MEDICINE
210	GENERAL SURGERY
650	GENERAL VASCULARY SURGERY
995	GENETIC COUNSELING (ORDERED AMBULATORY)
560	GENETIC TESTING
955	GENITO-URINARY- CLINIC SPECIALTY
197	GERIATRIC PSYCHIATRY
620	GERIATRICS - FAMILY MEDICINE
621	GERIATRICS - INTERNAL
242	GYNECOLOGIC ONCOLOGY
905	GYNECOLOGY
854	HABILITATION SUPPORT SERVICES
111	HAND SURGERY - ORTHOPEDIC SURGERY
112	HAND SURGERY - PLASTIC SURGERY
113	HAND SURGERY - SURGERY
656	HEAD INJURY/TBI INJURY SNF
996	HEARING SERVICES (ORDERED AMBULATORY)
480	HEMATOLOGY

Code	Provider Specialty/Service Description
483	HEMATOLOGY - COAGULATION ONLY
481	HEMATOLOGY - COMPREHENSIVE
482	HEMATOLOGY - GENERAL
065	HEMATOLOGY - INTERNAL MED
484	HEMATOLOGY - LIMITED
485	HEMATOLOGY - OTHER
137	HEMATOLOGY - PSC PATH
926	HEMATOLOGY- CLINIC SPECIALTY
913	HEMODIALYSIS
580	HISTOCOMPATIBILITY - LIMITED
531	HISTOPATHOLOGY - GENERAL/ORAL/DERMATOPATHALGY
249	HIV PRIMARY CARE SERVICES
308	HIV PRIMARY CARE SERVICES - CLINIC SPECIALTY
900	HMO CO-PAYMENT
839	HCBS COMMUNITY PSYCHIATRIC SUPPORTS AND TREATMENT
837	HOME & COMMUNITY BASED SERVICE (HCBS) PEER SUPPORT
835	HCBS PROVIDER TRAVEL
836	HCBS PSYCHOSOCIAL REHAB
356	HOME & COMMUNITY BASED SERVICE (HCBS) WAIVER
834	HOME AND COMMUNITY SUPPORT SERVICES
668	HOME CARE - HOME HEALTH AIDE
762	HOME CARE SERVICES AGENCY LIMITED LICENSE
667	HOME DELIVERED MEALS/CONGREGATE MEALS
969	HOSP DME/ORTHOTIC/PROSTH APPLNC VENDOR
993	HOSP-BASED/FREESTANDING AMBULAT SURGERY
669	HOSPICE CARE
899	HOSPITAL INPATIENT
211	HOSPITALIST
432	HUMAN IMMUNODEFICIENCY VIRUS - COMPREHENSIVE
430	HUMAN IMMUNODEFICIENCY VIRUS - RESTRICTED A
431	HUMAN IMMUNODEFICIENCY VIRUS - RESTRICTED B
925	HYPERTENSION - CLINIC SPECIALTY
490	IMMUNOHEMATOLOGY
492	IMMUNOHEMATOLOGY SPC 492
493	IMMUNOHEMATOLOGY SPC 493
730	INBORN METABOLIC DISEASE CENTER
822	INDEPENDENT LIVING SKILLS TRAINING PROVIDER
739	INDEPENDENT PHYSIOLOGICAL LABS
066	INFECTIOUS DISEASES
966	INFECTIOUS DISEASES - CLINIC SPECIALTY
660	INSTITUTIONAL LONG TERM CARE
663	INSTITUTIONAL SHORT TERM CARE
857	INTENSIVE CRISIS RESPITE

Code	Provider Specialty/Service Description
860	INTENSIVE SUPPORTIVE EMPLOYMENT
060	INTERNAL MEDICINE
058	INTERNAL MEDICINE AND PEDIATRICS
652	INTERVENTION CARDIOLOGY
599	LABORATORY
798	LONG TERM HOME HEALTH
714	LOW VISION SPECIALIST
248	MANAGED CARE - DENTAL ENHANCED FEE
247	MANAGED CARE - PHYSICIAN ENHANCED FEE
092	MATERNAL AND FETAL MEDICINE
811	MAXILLOFACIAL SURGERY
169	MEDICAID OBSTERICAL & MATERNAL SERVICES PRGM (MOMS): HEALTH SUPPORTIVE SERVICES
159	MEDICAID OBSTETRICAL & MATERNAL SVC PROG
187	MEDICAL GENETICS
139	MEDICAL MICROBIOLOGY
081	MEDICAL NUCLEAR PHYSICS
304	MEDICAL REHAB
074	MEDICAL TOXICOLOGY
309	MEDICALLY SUPERVISED SUBSTANCE ABUSE
989	MEDICALLY SUPERVISED WITHDRAWAL-OUTPATIENT
974	MENTAL HEALTH CLINIC TREATMENT
976	MENTAL HEALTH CONTINUING TREATMENT
975	MENTAL HEALTH DAY TREATMENT
616	MENTAL HEALTH INPATIENT
376	MENTAL HEALTH PRACTITIONER
750	METHADONE MAINTENANCE (PHYSICIAN)
751	METHADONE MAINTENANCE PREFERRED PROV
922	METHADONE MAINTENANCE TREATMENT PROGRAM
971	MH CLINIC TREATMENT (STATE OPR)
973	MH CONTINUING TREATMENT (STATE OPR)
972	MH DAY TREATMENT (STATE OPR)
375	MH OUTPATIENT (NON-RESIDENTIAL)
365	MH RESIDENTIAL (NON-INPATIENT)
400	MICROBIOLOGY
570	MISCELLANEOUS
585	MISCELLANEOUS CLINIC CHEM
574	MISCELLANEOUS HIS
575	MISCELLANEOUS LIMITED HIS
576	MISCELLANEOUS MISCELLANEOUS
590	MISCELLANEOUS SPECIALTY TEST
824	MOBILE MENTAL HEALTH TREATMENT PROVIDER
189	MOLECULAR GENETIC PATHOLOGY

Code	Provider Specialty/Service Description
825	MOVING ASSISTANCE PROVIDER
979	MR/DD CLINIC TREATMENT
977	MR/DD CLINIC TREATMENT (STATE OPR)
420	MYCOBACTERIOLOGY - GENERAL
421	MYCOBACTERIOLOGY - LIMITED
419	MYCOBACTERIOLOGY - SMEARS AND CULTURE
422	MYCOBACTERIOLOGY - SMEARS ONLY
450	MYCOLOGY - GENERAL
451	MYCOLOGY - LIMITED(YEAST ONLY)
067	NEPHROLOGY
954	NEPHROLOGY - CLINIC SPECIALTY
199	NERODEVELOPMENTAL DISABILITIES
070	NEUROLOGICAL SURGERY
194	NEUROLOGY
931	NEUROLOGY- CLINIC SPECIALTY
083	NEUROMUSCULAR MEDICINE
141	NEUROPATHOLOGY
084	NEURORADIOLOGY
932	NEUROSURGERY- CLINIC SPECIALTY
085	NEUROTOLOGY
799	NO SPECIALTY REQUIRED
665	NON INSTITUTIONAL LTC
080	NUCLEAR MEDICINE
782	NURSE MIDWIVES
779	NURSE PRAC
579	NURSE: MEDICALLY FRAGILE CHILDREN
680	NURSING
970	NURSING HOME HOSPITAL DAYCARE (NO CLAIM)
909	NUTRITION
904	OBSTETRICS
089	OBSTETRICS AND GYNECOLOGY
183	OCCUPATIONAL MEDICINE
301	OCCUPATIONAL THERAPY
923	OCCUPATIONAL THERAPY- CLINIC SPECIALTY
315	OMH ADULT CLINIC
310	OMH ADULT CLINIC (STATE OPR)
316	OMH CHILD CLINIC
311	OMH CHILD CLINIC(STATE OPR)
323	OMH COMP OUTPAT PROG (COPS) CONTINUING DAY TRTMT
322	OMH COMPREHENSIVE OUTPATIENT PROGRAM (COPS) CLINIC
992	OMH COMPREHENSIVE PSYCHIATRIC EMERGENCY PROG
317	OMH CONTINUING DAY TREATMENT
312	OMH CONTINUING DAY TRTMT (STATE OPR)

Code	Provider Specialty/Service Description
328	OMH FAMILY BASED TREATMENT
314	OMH INTEN PSYCH REHAB TRTMT (STATE OPR)
319	OMH INTENSIVE PSYCH REHAB TREATMENT
838	OMH OTHER LICENSED PRACTITIONERS
318	OMH PARTIAL HOSPITALIZATION
313	OMH PARTIAL HOSPITALIZATION (STATE OPR)
017	OMH PSYCH CTR/OASAS ASA INPATIENT
331	OMH TEACHING FAMILY HOME
329	OMH/CR ADULT (STATE OPR)
326	OMH/CR ADULT (VOLUNTARY)
330	OMH/CR CHILDREN (STATE OPR)
327	OMH/CR CHILDREN (VOLUNTARY)
332	OMR/DD CR (STATE OPR)
550	ONCOFETAL ANTIGEN - GENERAL
552	ONCOFETAL ANTIGEN - GENERAL, SERA ONLY
553	ONCOFETAL ANTIGEN - GENL, AMNIOTIC FLUID ONLY
551	ONCOFETAL ANTIGEN - LIMITED
241	ONCOLOGY
934	ONCOLOGY - THERAPY (RADIATION OR CHEMO)
861	ONGOING SUPPORTED EMPLOYMENT
997	OPERATING ROOM (ORDERED AMBULATORY)
100	OPHTHALMOLOGY
958	OPHTHALMOLOGY - CLINIC SPECIALTY
716	OPTOMETRIST/DIAGNOSTIC PHARMEUTICALS
803	ORAL PATHOLOGIST
808	ORAL SURGEON
910	ORAL SURGERY - CLINIC SPECIALTY
912	ORTHODONTICS
801	ORTHODONTURE
950	ORTHOPEDIC- CLINIC SPECIALTY
110	ORTHOPEDIC SURGERY
162	OSTEOPATHIC MANIPULATIVE MEDICINE
999	OTHER
671	OTHER TRANSPORTATION (NON-EMERGENT)
851	OTHER VISION CARE
120	OTOLARYNGOLOGY
959	OUTPAT CHEM DEPENDENCY PROG FOR YOUTH
357	OUTPATIENT CHEMICAL DEPENDENCE WITHDRAWL
630	PAIN MANAGEMENT
190	PAIN MANAGEMENT-PSYCHIATRY & NEUROLOGY
826	PALLIATIVE CARE PROVIDER
672	PARALEVEL1 PARAPROFESSIONAL SERVICES: LEVEL 1 HMMAKER/HOUSKP
673	PARALEVEL2 PARAPROFESSIONAL SERVICES: LEVEL 2 PERSONAL CARE

Code	Provider Specialty/Service Description
460	PARASITOLOGY
463	PARASITOLOGY - BLOOD
462	PARASITOLOGY - OTHER
461	PARASITOLOGY - STOOL
810	PARENTERAL CONSCIOUS SEDATION
530	PATHOLOGY SPC 530
532	PATHOLOGY SPC 532
533	PATHOLOGY SPC 533
140	PATHOLOGY WITH MOLECULAR GENETIC SPEC
852	PCCM ENHANCEMENT
853	PCCM QUALITY ENHANCEMENT
937	PEDIATRIC ALLERGY- CLINIC SPECIALTY
940	PEDIATRIC CARDIAC - CLINIC SPECIALTY
151	PEDIATRIC CARDIOLOGY
161	PEDIATRIC CRITICAL CARE
073	PEDIATRIC DERMATOLOGY
960	PEDIATRIC DERMATOLOGY - CLINIC SPECIALTY
961	PEDIATRIC DIABETES- CLINIC SPECIALTY
149	PEDIATRIC EMERGENCY MEDICINE
944	PEDIATRIC ENDOCRINE - CLINIC SPECIALTY
156	PEDIATRIC ENDOCRINOLOGY
163	PEDIATRIC GASTROENTOLOGY
936	PEDIATRIC GENERAL MEDICINE- CLINIC SPECIALTY
152	PEDIATRIC HEMATOLOGY - ONCOLOGY
939	PEDIATRIC HEMATOLOGY- CLINIC SPECIALTY
061	PEDIATRIC INFECTIOUS DISEASE
155	PEDIATRIC NEONATAL - PERINATAL MEDICINE
154	PEDIATRIC NEPHROLOGY
938	PEDIATRIC NEUROLOGY- CLINIC SPECIALTY
072	PEDIATRIC NEUROSURGERY
101	PEDIATRIC OPHTHALMOLOGY
943	PEDIATRIC ORTHOPEDIC- CLINIC SPECIALTY
121	PEDIATRIC OTOLARYNGOLOGY
147	PEDIATRIC PATHOLOGY
942	PEDIATRIC PULMONARY- CLINIC SPECIALTY
157	PEDIATRIC PULMONOLOGY
245	PEDIATRIC RADIOLOGY
076	PEDIATRIC REHABILITATION
941	PEDIATRIC RENAL- CLINIC SPECIALTY
059	PEDIATRIC RHEUMATOLOGY
658	PEDIATRIC SKILLED NURSING FACILITY
305	PEDIATRIC SPECIALTY - ALL EXCEPT PRIMARY CARE
153	PEDIATRIC SURGERY

Code	Provider Specialty/Service Description
962	PEDIATRIC SURGERY - CLINIC SPECIALTY
145	PEDIATRIC TRANSPLANT HEPATOLOGY
231	PEDIATRIC UROLOGY
150	PEDIATRICS
804	PEDODONTIST
827	PEER DELIVERED SERVICES
828	PEER MENTORING PROVIDER
806	PERIODONTIST
615	PERSONAL EMERGENCY RESPONSE SYSTEM
829	PERSONALIZED RECOVERY ORIENTED SERVICES
760	PHARMACY
160	PHYSICAL MEDICINE & REHABILITATION
300	PHYSICAL THERAPY
920	PHYSICAL THERAPY - CLINIC SPECIALTY
170	PLASTIC SURGERY
114	PLASTIC SURGERY WITH THE HEAD & NECK
778	PODIATRIST
918	PODIATRIST CENTER
738	PORTABLE X-RAY COMPANIES
830	POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS
352	PPCP ASSOCIATED COPS
351	PPCP ASSOCIATED DENTAL CLINIC - GENERAL DENTISTRY
350	PPCP ASSOCIATED DENTAL CLINIC - ORAL SURGERY
353	PPCP ASSOCIATED OMH CLINICS
354	PPCP ASSOCIATED PSYCHIATRY, GENERAL
158	PREFERRED PHYSICIANS AND CHILDREN PROG
978	PREFERRED PRIMARY CARE CLINIC
324	PRE-SCHOOL SUPPORTIVE HEALTH CARE
711	PRESCRIPTION FOOTWEAR
252	PRIMARY CARE INITIATIVE IN UNDERSERVED AREAS
018	PRIVATE PSYCH & ASA INPATIENT
805	PROSTHODONTIST
192	PSYCHIATRY
948	PSYCHIATRY - FULL DAY CARE
946	PSYCHIATRY - GROUP
947	PSYCHIATRY - HALF DAY CARE
945	PSYCHIATRY - INDIVIDUAL
195	PSYCHIATRY & NEUROLOGY
964	PSYCHIATRY-GENERAL- CLINIC SPECIALTY
807	PUBLIC HEALTH
184	PUBLIC HEALTH - PREVENTIVE MEDICINE
068	PULMONARY DISEASES
929	PULMONARY-CLINIC SPECIALTY

Code	Provider Specialty/Service Description
518	QUALITATIVE TOXICOLOGY - REHABILITATION PROGS
148	RADIOISOTOPIC PATHOLOGY
206	RADIOLOGICAL PHYSICS
244	RADIOLOGIST ONCOLOGY
200	RADIOLOGY
998	RADIOLOGY (ORDERED AMBULATORY)
740	REGIONAL PERINATAL TRANSPORTATION PROV
924	REHABILITATION MEDICINE- CLINIC SPECIALTY
093	REPRODUCTIVE ENDOCRINOLOGY
674	RESPIRATORY THERAPY
790	RESPITE
069	RHEUMATOLOGY
917	RHEUMATOLOGY - CLINIC SPECIALTY
359	RISPERDAL CONSTA ADMINISTRATION
991	ROUTINE VISIT (SCHOOL HEALTH PROJECT)
791	S/HMO (ELDERPLAN)
306	SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM
437	SEROLGY - OTHER
434	SEROLOGY - LIMITED
433	SEROLOGY - ROUTINE
856	SHORT-TERM CRISIS RESPITE
661	SOCIAL AND ENVIRONMENTAL SUPPORTS
662	SOCIAL DAY CARE
831	SOCIAL DAY CARE TRANSPORTATION
254	SPECIALISTS IN PHYSICIANS CASE MGMT PROGRAM
253	SPECIALSTS PRIMARY CARE INIT - UNDERSRVD AREA
983	SPECIALTY CLINIC - MENTAL RETARDATION
967	SPEECH & HEARING- CLINIC SPECIALTY
302	SPEECH THERAPY
921	SPEECH THERAPY- CLINIC SPECIALTY
071	SPINAL CORD INJURY MEDICINE
600	SPORTS MEDICINE - EMERGENCY
601	SPORTS MEDICINE - FAMILY MEDICINE
602	SPORTS MEDICINE - INTERNAL
604	SPORTS MEDICINE - ORTHOPEDIC
603	SPORTS MEDICINE - PEDIATRICS
832	STRUCTURED DAY PROGRAM
952	SURGICAL, GENERAL
951	SURGICAL, MINOR
980	T.B. DIRECTLY OBSERVED THERAPY/CLINIC
186	T.B. DIRECTLY OBSERVED THERAPY/PHYSICIAN
358	TBI SERVICES
833	TELEHEALTH

Code	Provider Specialty/Service Description
207	THERAPEUTIC RADIOLOGICAL PHYSICS
205	THERAPEUTIC RADIOLOGY
523	THERAPEUTIC SUBSTANCE MONITORING/QUAN TOXICOL
220	THORACIC SURGERY
515	TOXICOLOGY - BLOOD LEAD
514	TOXICOLOGY - DRUG ANALYSIS-QUAL (OR FORENSIC)
513	TOXICOLOGY - ERYTHROCYTE PROTOPORHYRIN-EXTRCT
512	TOXICOLOGY - ERYTHROCYTE PROTOPORPHYRIN-HEMAT
859	TRANSITIONAL EMPLOYMENT
144	TRANSPLANT HEPATOLOGY
741	TRANSPLANT SURGERY
965	TUBERCULOSIS- CLINIC SPECIALTY
075	UNDERSEA & HYPERBARIC MEDICINE
823	URGENT CARE
524	URINALYSIS
470	URINE PREGNANCY TESTING
230	UROLOGY
953	UROLOGY - CLINIC SPECIALTY
243	VASCULAR MEDICINE
240	VASCULAR NEUROLOGY
246	VASCULAR&INTERVENTIONAL RADIOLOGY
659	VENT SKILLED NURSING FACILITY
440	VIROLOGY - GENERAL I OR GENERAL II
441	VIROLOGY - LIMITED
442	VIROLOGY - RESTRICTED

Provider Network Data System

VII. ATTESTATION

Provider Network / Medicaid Encounter Data Attestation

The document on the following page is to be signed by the Chief Executive Officer (CEO) of the managed care organization/health insurer/Special Needs Plan (SNP) and notarized as the formal attestation that the electronic submission of data will represent the total and accurate contracted network for the managed care plan/health insurer/SNP.

All managed care plans/health insurer/SNP's, must submit an annual Provider Network/Medicaid Encounter Data Submission Attestation form. Please note that a separate attestation form is required for New York State of Health Network and/or SNP networks. Plans should follow up with their plan managers to receive the correct attestation template.

The annual provider network attestation form(s) assures the NYS Department of Health and the Centers for Medicare and Medicaid Services (CMS) that all CEOs are current and are acknowledging the importance of the provider network submission.

ONLY ONE ATTESTATION IS REQUIRED PER YEAR unless specifically requested by OMC in conjunction with the review of an acquisition, expansion or new plan application.

DUE DATE: JANUARY 31

Please mail the notarized form to:

Susan Bentley, Director
Bureau of Managed Care Certification and Surveillance
NYS Department of Health
Office of Health Insurance Programs
Corning Tower, OCP – Room 1609
Albany, NY 12237

PROVIDER NETWORK / MEDICAID ENCOUNTER DATA ATTESTATION

I, _____, the Chief Executive Officer of

_____, hereby attest under penalty of
(Name of the Managed Care Organization/Health Insurer/SNP)

Perjury to the following:

- That the provider network information submitted on the Provider Network Data System (PNDS) is an accurate listing of providers and service centers with whom this managed care organization/health insurer/SNP has executed contracts in effect at the time of submission, obligating them to provide care and services to those members and in those counties for which operating authority is granted by the New York State Health Department and/or for which the managed care organization/health insurer/SNP is under contract with the State of New York or one of its counties.
- That member assignment information submitted on the Provider Network Data System (PNDS) is an accurate assignment of primary care providers to managed care organization/health insurer/SNP enrollees
- That the encounter data of members enrolled in this managed care organization/health insurer/SNP submitted on the eMedNY Medicaid Encounter Data System (MEDS III) is an accurate and complete accounting of all encounter records in the possession of the managed care organization/health insurer/SNP at the time of data submission.

Chief Executive Officer

Date

Notary Seal and Signature

Provider Network Data System

VIII. PROVIDER & ANCILLARY FILE ERROR CODES

ERROR CODES

PHYSICIAN AND OTHER PROVIDER ERROR LISTING

Message Number	Provider File Error Description	Record Position
1	LAST NAME BLANK	1 – 25
2	FIRST NAME BLANK	26 – 40
3	LICENSE NUMBER BLANK OR NOT VALID	51 – 56
4	MEDS ID NOT VALID FOR MCAID/*FHP PROV	57 – 64
5	COMM MEDS ID IS NOT 9 FILLED	57 – 64
6	ROOM/SUITE NUMBER BLANK	135 – 154
7	STREET ADDRESS BLANK	155 – 203
8	TOWN/CITY BLANK	204 – 233
9	STATE BLANK OR NOT VALID	234 – 235
10	COUNTY CODE NOT A VALID FIPS CODE	236 – 238
11	NOT VALID ZIP OR COUNTY CODE	239 – 243
12	NOT VALID WHEELCHAIR - ALL PAYERS	248 – 248
13	PRIMARY DESIG CODE NOT VALID	249 – 249
14	PROVIDER TYPE CODE NOT VALID	250 – 251
15	PRIMARY SPEC CODE NOT VALID	252 – 254
16	SECONDARY SPEC CODE NOT VALID	255 – 257
17	PRIMARY DESIG/SPEC CODE COMBO NOT VALID	249 – 249
		252 – 254
18	BOARD STATUS NOT VALID	258 – 258
19	BOARD STATUS NOT VALID FOR RESID STATUS	258 – 258
20	BOARD OR RESID STATUS NOT VALID FOR MD/DO	258 & 266
21	BOARD STATUS 2 NOT VALID	259 – 259
22	BOARD STATUS 2 NOT VALID FOR RESID STATUS 2	259 – 259
23	BOARD OR RESID STATUS 2 NOT VALID FOR MD	259 & 267
24	RESID ATTENDING PHYSICIAN LICENSE # BLANK OR 0	260 – 265
25	RESID STATUS NOT VALID FOR PCP-MD	266 – 266
26	RESID STATUS NOT VALID FOR SPECIALIST	266 – 266
27	RESID STATUS NOT VALID FOR NON-MD	266 – 266
28	RESID STATUS 2 NOT VALID FOR MD OR SPEC	267 – 267
29	RESID STATUS 2 NOT VALID FOR NONPCP	267 – 267
30	GENDER NOT VALID	268 – 268
31	PHYSICIAN EXT NOT VALID FOR PCP-MD/DO	269 – 273
32	PHYSICIAN EXT NOT VALID FOR PCP-NP & NONPCP	269 – 273
33	COMM PROV IND NOT 0 OR 1	274 – 274
34	MCAID PROV IND NOT 0 OR 1	275 – 275
35	MCARE PROV IND NOT 0 OR 1	276 – 276
36	CHP PROV IND NOT 0 OR 1	277 – 277
37	*FHP PROV IND NOT 0 OR 1	278 – 278
38	COMMERCIAL NON-MCO MEDICAL INDICATOR NOT 0 OR 1	286 – 286
39	COMMERCIAL NON-MCO VISION INDICATOR NOT 0 OR 1	287 – 287

Message Number	Provider File Error Description	Record Position
40	COMMERCIAL NON-MCO DENTAL INDICATOR NOT 000 OR 001	288 – 290
41	PCP COMM PANL STATUS NOT VALID	291 – 291
42	PCP MCAID/*FHP PANL STATUS NOT VALID	292 – 292
43	NONPCP MCAID OB PANL STATUS NOT VALID	292 – 292
44	PCP MCARE PANL STATUS NOT VALID	293 – 293
45	PCP CHP PANL STATUS NOT VALID	294 – 294
46	NONPCP COMM PANL STATUS NOT VALID	291 – 291
47	NONPCP MCAID/*FHP PANL STAT NOT VALID	292 – 292
48	NONPCP MCARE PANL STATUS NOT VALID	293 – 293
49	NONPCP CHP PANL STATUS NOT VALID	294 – 294
50	COMM PANL SZ MISSING FOR PCP	308 – 311
51	MCAID/*FHP PANL SZ MISSING FOR PCP	312 – 315
52	MCARE PANL SZ MISSING FOR PCP	316 – 319
53	CHP PANL SZ MISSING FOR PCP	320 – 323
54	COMM PANL SZ NOT 9 FILL FOR NONPCP	308 – 311
55	MCAID PANL SZ NOT 9 FILL FOR NONPCP	312 – 315
56	MCARE PANL SZ NOT 9 FILL FOR NONPCP	316 – 319
57	CHP PANL SZ NOT 9 FILL FOR NONPCP	320 – 323
58	HA#1 OPCERT INVALID 4 PCP-MD/OB-GYN	376 – 383
59	HA#2 OPCERT INVALID 4 PCP-MD/OB-GYN	388 – 395
60	HA#3 OPCERT INVALID 4 PCP-MD/OB-GYN	400 – 407
61	HA#1 PFI NOT VALID FOR PCP	384 – 387
62	HA#2 PFI NOT VALID FOR PCP	396 – 399
63	HA#3 PFI NOT VALID FOR PCP	408 – 411
64	HA#1 PFI & OPCERT DON'T MATCH	376 – 383 384 – 387
65	HA#2 PFI & OPCERT DON'T MATCH	388 – 395 396 – 399
66	HA#3 PFI & OPCERT DON'T MATCH	400 – 407 408 – 411
67	TOTAL OFFICE HOURS NOT VALID FOR PCP	424 – 426
68	EVE IND NOT VALID FOR MCAID/CHP/*FHP PCP	427- 427
69	LANGUAGES MISSING ENGLISH	428 – 441
70	AREA CODE BLANK OR NOT VALID	442 – 444
71	PHONE NUMBER BLANK OR NOT VALID	445 – 451
72	NPI BLANK OR NOT VALID	41 – 50
73	MEDICAID ADVANTAGE PROV IND NOT 0 OR 1	279 – 279
74	PARTIAL CAPS PROV IND NOT 0 OR 1	280 – 280
75	MAP PROV IND NOT 0 OR 1	281 – 281
76	PACE PROV IND NOT 0 OR 1	282 – 282
77	PCP *FHP PANL STATUS NOT VALID	295 – 295
78	PCP MCAID ADVANTAGE PANL STATUS NOT VALID	296 – 296

Message Number	Provider File Error Description	Record Position
79	PCP PARTIAL CAPS PANL STATUS NOT VALID	297 – 297
80	PCP MAP PANL STATUS NOT VALID	298 – 298
81	PCP PACE PANL STATUS NOT VALID	299 – 299
82	NONPCP *FHP PANL STATUS NOT VALID	295 – 295
83	NONPCP MCAID ADVANTAGE PANL STATUS NOT VALID	296 – 296
84	NONPCP PARTIAL CAPS PANL STATUS NOT VALID	297 – 297
85	NONPCP MAP PANL STATUS NOT VALID	298 – 298
86	NONPCP PACE PANL STATUS NOT VALID	299 – 299
87	*FHP PANL SZ MISSING FOR PCP	324 – 327
88	MCAID ADVANTAGE PANL SZ MISSING FOR PCP	328 – 331
89	PARTIAL CAPS PANL SZ MISSING FOR PCP	332 – 335
90	MAP PANL SZ MISSING FOR PCP	336 – 339
91	PACE PANL SZ MISSING FOR PCP	340 – 343
92	*FHP PANL SZ NOT 9 FILL FOR NONPCP	324 – 327
93	MCAID ADVANTAGE PANL SZ NOT 9 FILL FOR NONPCP	328 – 331
94	PARTIAL CAPS PANL SZ NOT 9 FILL FOR NONPCP	332 – 335
95	MAP PANL SZ NOT 9 FILL FOR NONPCP	336 – 339
96	PACE PANL SZ NOT 9 FILL FOR NONPCP	340 – 343
97	FEIN BLANK OR NOT VALID	492 – 500
98	NYSOH INDIV ST BRONZE PROV IND NOT 0 OR 1	501
99	NYSOH INDIV ST SILVER PROV IND NOT 0 OR 1	502
100	NYSOH INDIV ST GOLD PROV IND NOT 0 OR 1	503
101	NYSOH INDIV ST PLATNM PROV IND NOT 0 OR 1	504
102	NYSOH INDIV CHILD BRONZE PROV IND NOT 0 OR 1	505
103	NYSOH INDIV CHILD SILVER PROV IND NOT 0 OR 1	506
104	NYSOH INDIV CHILD GOLD PROV IND NOT 0 OR 1	507
105	NYSOH INDIV CHILD PLATNM PROV IND NOT 0 OR 1	508
106	NYSOH INDIV CATASTROPHIC PROV IND NOT 0 OR 1	509
107	NYSOH INDIV PED DNTL HIGH PROV IND NOT 0 OR 1	510
108	NYSOH INDIV PED DNTL LOW PROV IND NOT 0 OR 1	511
109	NYSOH INDIV ADULT DNTL PROV IND NOT 0 OR 1	512
110	NYSOH INDIV FAMILY DNTL PROV IND NOT 0 OR 1	513
111	NYSOH INDIV NON ST BRONZE 1 PROV IND NOT 0 OR 1	514
112	NYSOH INDIV NON ST SILVER 1 PROV IND NOT 0 OR 1	515
113	NYSOH INDIV NON ST GOLD 1 PROV IND NOT 0 OR 1	516
114	NYSOH INDIV NON ST PLATNM 1 PROV IND NOT 0 OR 1	517
115	NYSOH INDIV NON ST BRONZE 2 PROV IND NOT 0 OR 1	518
116	NYSOH INDIV NON ST SILVER 2 PROV IND NOT 0 OR 1	519
117	NYSOH INDIV NON ST GOLD 2 PROV IND NOT 0 OR 1	520
118	NYSOH INDIV NON ST PLATNM 2 PROV IND NOT 0 OR 1	521
119	NYSOH INDIV NON ST BRONZE 3 PROV IND NOT 0 OR 1	522
120	NYSOH INDIV NON ST SILVER 3 PROV IND NOT 0 OR 1	523

Message Number	Provider File Error Description	Record Position
121	NYSOH INDIV NON ST GOLD 3 PROV IND NOT 0 OR 1	524
122	NYSOH INDIV NON ST PLATNM 3 PROV IND NOT 0 OR 1	525
123	NYSOH SHOP ST BRONZE PROV IND NOT 0 OR 1	526
124	NYSOH SHOP ST SILVER PROV IND NOT 0 OR 1	527
125	NYSOH SHOP ST GOLD PROV IND NOT 0 OR 1	528
126	NYSOH SHOP ST PLATNM PROV IND NOT 0 OR 1	529
127	NYSOH SHOP PED DNTL HIGH PROV IND NOT 0 OR 1	530
128	NYSOH SHOP PED DNTL LOW PROV IND NOT 0 OR 1	531
129	NYSOH SHOP ADULT DNTL PROV IND NOT 0 OR 1	532
130	NYSOH SHOP FAMILY DNTL PROV IND NOT 0 OR 1	533
131	NYSOH SHOP NON ST BRONZE 1 PROV IND NOT 0 OR 1	534
132	NYSOH SHOP NON ST SILVER 1 PROV IND NOT 0 OR 1	535
133	NYSOH SHOP NON ST GOLD 1 PROV IND NOT 0 OR 1	536
134	NYSOH SHOP NON ST PLATNM 1 PROV IND NOT 0 OR 1	537
135	NYSOH SHOP NON ST BRONZE 2 PROV IND NOT 0 OR 1	538
136	NYSOH SHOP NON ST SILVER 2 PROV IND NOT 0 OR 1	539
137	NYSOH SHOP NON ST GOLD 2 PROV IND NOT 0 OR 1	540
138	NYSOH SHOP NON ST PLATNM 2 PROV IND NOT 0 OR 1	541
139	NYSOH SHOP NON ST BRONZE 3 PROV IND NOT 0 OR 1	542
140	NYSOH SHOP NON ST SILVER 3 PROV IND NOT 0 OR 1	543
141	NYSOH SHOP NON ST GOLD 3 PROV IND NOT 0 OR 1	544
142	NYSOH SHOP NON ST PLATNM 3 PROV IND NOT 0 OR 1	545
143	PCP NYSOH INDIV ST BRONZE PANL STATUS NOT VALID	546
144	PCP NYSOH INDIV ST SILVER PANL STATUS NOT VALID	547
145	PCP NYSOH INDIV ST GOLD PANL STATUS NOT VALID	548
146	PCP NYSOH INDIV ST PLATNM PANL STATUS NOT VALID	549
147	PCP NYSOH INDIV CHILD BRONZE PANL STATUS NOT VALID	550
148	PCP NYSOH INDIV CHILD SILVER PANL STATUS NOT VALID	551
149	PCP NYSOH INDIV CHILD GOLD PANL STATUS NOT VALID	552
150	PCP NYSOH INDIV CHILD PLATNM PANL STATUS NOT VALID	553
151	PCP NYSOH INDIV CATASTROPHIC PANL STATUS NOT VALID	554
152	PCP NYSOH INDIV PED DNTL HIGH PANL STATUS NOT VALID	555
153	PCP NYSOH INDIV PED DNTL LOW PANL STATUS NOT VALID	556
154	PCP NYSOH INDIV ADULT DNTL PANL STATUS NOT VALID	557
155	PCP NYSOH INDIV FAMILY DNTL PANL STATUS NOT VALID	558
156	PCP NYSOH INDIV NON ST BRONZE 1 PANL STATUS NOT VALID	559
157	PCP NYSOH INDIV NON ST SILVER 1 PANL STATUS NOT VALID	560
158	PCP NYSOH INDIV NON ST GOLD 1 PANL STATUS NOT VALID	561
159	PCP NYSOH INDIV NON ST PLATNM 1 PANL STATUS NOT VALID	562
160	PCP NYSOH INDIV NON ST BRONZE 2 PANL STATUS NOT VALID	563
161	PCP NYSOH INDIV NON ST SILVER 2 PANL STATUS NOT VALID	564
162	PCP NYSOH INDIV NON ST GOLD 2 PANL STATUS NOT VALID	565

Message Number	Provider File Error Description	Record Position
163	PCP NYSOH INDIV NON ST PLATNM 2 PANL STATUS NOT VALID	566
164	PCP NYSOH INDIV NON ST BRONZE 3 PANL STATUS NOT VALID	567
165	PCP NYSOH INDIV NON ST SILVER 3 PANL STATUS NOT VALID	568
166	PCP NYSOH INDIV NON ST GOLD 3 PANL STATUS NOT VALID	569
167	PCP NYSOH INDIV NON ST PLATNM 3 PANL STATUS NOT VALID	570
168	PCP NYSOH SHOP ST BRONZE PANL STATUS NOT VALID	571
169	PCP NYSOH SHOP ST SILVER PANL STATUS NOT VALID	572
170	PCP NYSOH SHOP ST GOLD PANL STATUS NOT VALID	573
171	PCP NYSOH SHOP ST PLATNM PANL STATUS NOT VALID	574
172	PCP NYSOH SHOP PED DNTL HIGH PANL STATUS NOT VALID	575
173	PCP NYSOH SHOP PED DNTL LOW PANL STATUS NOT VALID	576
174	PCP NYSOH SHOP ADULT DNTL PANL STATUS NOT VALID	577
175	PCP NYSOH SHOP FAMILY DNTL PANL STATUS NOT VALID	578
176	PCP NYSOH SHOP NON ST BRONZE 1 PANL STATUS NOT VALID	579
177	PCP NYSOH SHOP NON ST SILVER 1 PANL STATUS NOT VALID	580
178	PCP NYSOH SHOP NON ST GOLD 1 PANL STATUS NOT VALID	581
179	PCP NYSOH SHOP NON ST PLATNM 1 PANL STATUS NOT VALID	582
180	PCP NYSOH SHOP NON ST BRONZE 2 PANL STATUS NOT VALID	583
181	PCP NYSOH SHOP NON ST SILVER 2 PANL STATUS NOT VALID	584
182	PCP NYSOH SHOP NON ST GOLD 2 PANL STATUS NOT VALID	585
183	PCP NYSOH SHOP NON ST PLATNM 2 PANL STATUS NOT VALID	586
184	PCP NYSOH SHOP NON ST BRONZE 3 PANL STATUS NOT VALID	587
185	PCP NYSOH SHOP NON ST SILVER 3 PANL STATUS NOT VALID	588
186	PCP NYSOH SHOP NON ST GOLD 3 PANL STATUS NOT VALID	589
187	PCP NYSOH SHOP NON ST PLATNM 3 PANL STATUS NOT VALID	590
188	NYSOH INDIV ST BRONZE PANL SZ MISSING FOR PCP	591 – 594
189	NYSOH INDIV ST SILVER PANL SZ MISSING FOR PCP	595 – 598
190	NYSOH INDIV ST GOLD PANL SZ MISSING FOR PCP	599 – 602
191	NYSOH INDIV ST PLATNM PANL SZ MISSING FOR PCP	603 – 606
192	NYSOH INDIV CHILD BRONZE PANL SZ MISSING FOR PCP	607 – 610
193	NYSOH INDIV CHILD SILVER PANL SZ MISSING FOR PCP	611 – 614
194	NYSOH INDIV CHILD GOLD PANL SZ MISSING FOR PCP	615 – 618
195	NYSOH INDIV CHILD PLATNM PANL SZ MISSING FOR PCP	619 – 622
196	NYSOH INDIV CATASTROPHIC PANL SZ MISSING FOR PCP	623 – 626
197	NYSOH INDIV PED DNTL HIGH PANL SZ MISSING FOR PCP	627 – 630
198	NYSOH INDIV PED DNTL LOW PANL SZ MISSING FOR PCP	631 – 634
199	NYSOH INDIV ADULT DNTL PANL SZ MISSING FOR PCP	635 – 638
200	NYSOH INDIV FAMILY DNTL PANL SZ MISSING FOR PCP	639 – 642
201	NYSOH INDIV NON ST BRONZE 1 PANL SZ MISSING FOR PCP	643 – 646
202	NYSOH INDIV NON ST SILVER 1 PANL SZ MISSING FOR PCP	647 – 650
203	NYSOH INDIV NON ST GOLD 1 PANL SZ MISSING FOR PCP	651 – 654
204	NYSOH INDIV NON ST PLATNM 1 PANL SZ MISSING FOR PCP	655 – 658

Message Number	Provider File Error Description	Record Position
205	NYSOH INDIV NON ST BRONZE 2 PANL SZ MISSING FOR PCP	659 – 662
206	NYSOH INDIV NON ST SILVER 2 PANL SZ MISSING FOR PCP	663 – 666
207	NYSOH INDIV NON ST GOLD 2 PANL SZ MISSING FOR PCP	667 – 670
208	NYSOH INDIV NON ST PLATNM 2 PANL SZ MISSING FOR PCP	671 – 674
209	NYSOH INDIV NON ST BRONZE 3 PANL SZ MISSING FOR PCP	675 – 678
210	NYSOH INDIV NON ST SILVER 3 PANL SZ MISSING FOR PCP	679 – 682
211	NYSOH INDIV NON ST GOLD 3 PANL SZ MISSING FOR PCP	683 – 686
212	NYSOH INDIV NON ST PLATNM 3 PANL SZ MISSING FOR PCP	687 – 690
213	NYSOH SHOP ST BRONZE PANL SZ MISSING FOR PCP	691 – 694
214	NYSOH SHOP ST SILVER PANL SZ MISSING FOR PCP	695 – 698
215	NYSOH SHOP ST GOLD PANL SZ MISSING FOR PCP	699 – 702
216	NYSOH SHOP ST PLATNM PANL SZ MISSING FOR PCP	703 – 706
217	NYSOH SHOP PED DNTL HIGH PANL SZ MISSING FOR PCP	707 – 710
218	NYSOH SHOP PED DNTL LOW PANL SZ MISSING FOR PCP	711 – 714
219	NYSOH SHOP ADULT DNTL PANL SZ MISSING FOR PCP	715 – 718
220	NYSOH SHOP FAMILY DNTL PANL SZ MISSING FOR PCP	719 – 722
221	NYSOH SHOP NON ST BRONZE 1 PANL SZ MISSING FOR PCP	723 – 726
222	NYSOH SHOP NON ST SILVER 1 PANL SZ MISSING FOR PCP	727 – 730
223	NYSOH SHOP NON ST GOLD 1 PANL SZ MISSING FOR PCP	731 – 734
224	NYSOH SHOP NON ST PLATNM 1 PANL SZ MISSING FOR PCP	735 – 738
225	NYSOH SHOP NON ST BRONZE 2 PANL SZ MISSING FOR PCP	739 – 742
226	NYSOH SHOP NON ST SILVER 2 PANL SZ MISSING FOR PCP	743 – 746
227	NYSOH SHOP NON ST GOLD 2 PANL SZ MISSING FOR PCP	747 – 750
228	NYSOH SHOP NON ST PLATNM 2 PANL SZ MISSING FOR PCP	751 – 754
229	NYSOH SHOP NON ST BRONZE 3 PANL SZ MISSING FOR PCP	755 – 758
230	NYSOH SHOP NON ST SILVER 3 PANL SZ MISSING FOR PCP	759 – 762
231	NYSOH SHOP NON ST GOLD 3 PANL SZ MISSING FOR PCP	763 – 766
232	NYSOH SHOP NON ST PLATNM 3 PANL SZ MISSING FOR PCP	767 - 770
233	NONPCP NYSOH INDIV ST BRONZE PANL STATUS NOT VALID	546
234	NONPCP NYSOH INDIV ST SILVER PANL STATUS NOT VALID	547
235	NONPCP NYSOH INDIV ST GOLD PANL STATUS NOT VALID	548
236	NONPCP NYSOH INDIV ST PLATNM PANL STATUS NOT VALID	549
237	NONPCP NYSOH INDIV CHILD BRONZE PANL STATUS NOT VALID	550
238	NONPCP NYSOH INDIV CHILD SILVER PANL STATUS NOT VALID	551
239	NONPCP NYSOH INDIV CHILD GOLD PANL STATUS NOT VALID	552
240	NONPCP NYSOH INDIV CHILD PLATNM PANL STATUS NOT VALID	553
241	NONPCP NYSOH INDIV CATASTROPHIC PANL STATUS NOT VALID	554
242	NONPCP NYSOH INDIV PED DNTL HIGH PANL STATUS NOT VALID	555
243	NONPCP NYSOH INDIV PED DNTL LOW PANL STATUS NOT VALID	556
244	NONPCP NYSOH INDIV ADULT DNTL PANL STATUS NOT VALID	557
245	NONPCP NYSOH INDIV FAMILY DNTL PANL STATUS NOT VALID	558
246	NONPCP NYSOH INDIV NON ST BRONZE 1 PANL STATUS NOT VALID	559

Message Number	Provider File Error Description	Record Position
247	NONPCP NYSOH INDIV NON ST SILVER 1 PANL STATUS NOT VALID	560
248	NONPCP NYSOH INDIV NON ST GOLD 1 PANL STATUS NOT VALID	561
249	NONPCP NYSOH INDIV NON ST PLATNM 1 PANL STATUS NOT VALID	562
250	NONPCP NYSOH INDIV NON ST BRONZE 2 PANL STATUS NOT VALID	563
251	NONPCP NYSOH INDIV NON ST SILVER 2 PANL STATUS NOT VALID	564
252	NONPCP NYSOH INDIV NON ST GOLD 2 PANL STATUS NOT VALID	565
253	NONPCP NYSOH INDIV NON ST PLATNM 2 PANL STATUS NOT VALID	566
254	NONPCP NYSOH INDIV NON ST BRONZE 3 PANL STATUS NOT VALID	567
255	NONPCP NYSOH INDIV NON ST SILVER 3 PANL STATUS NOT VALID	568
256	NONPCP NYSOH INDIV NON ST GOLD 3 PANL STATUS NOT VALID	569
257	NONPCP NYSOH INDIV NON ST PLATNM 3 PANL STATUS NOT VALID	570
258	NONPCP NYSOH SHOP ST BRONZE PANL STATUS NOT VALID	571
259	NONPCP NYSOH SHOP ST SILVER PANL STATUS NOT VALID	572
260	NONPCP NYSOH SHOP ST GOLD PANL STATUS NOT VALID	573
261	NONPCP NYSOH SHOP ST PLATNM PANL STATUS NOT VALID	574
262	NONPCP NYSOH SHOP PED DNTL HIGH PANL STATUS NOT VALID	575
263	NONPCP NYSOH SHOP PED DNTL LOW PANL STATUS NOT VALID	576
264	NONPCP NYSOH SHOP ADULT DNTL PANL STATUS NOT VALID	577
265	NONPCP NYSOH SHOP FAMILY DNTL PANL STATUS NOT VALID	578
266	NONPCP NYSOH SHOP NON ST BRONZE 1 PANL STATUS NOT VALID	579
267	NONPCP NYSOH SHOP NON ST SILVER 1 PANL STATUS NOT VALID	580
268	NONPCP NYSOH SHOP NON ST GOLD 1 PANL STATUS NOT VALID	581
269	NONPCP NYSOH SHOP NON ST PLATNM 1 PANL STATUS NOT VALID	582
270	NONPCP NYSOH SHOP NON ST BRONZE 2 PANL STATUS NOT VALID	583
271	NONPCP NYSOH SHOP NON ST SILVER 2 PANL STATUS NOT VALID	584
272	NONPCP NYSOH SHOP NON ST GOLD 2 PANL STATUS NOT VALID	585
273	NONPCP NYSOH SHOP NON ST PLATNM 2 PANL STATUS NOT VALID	586
274	NONPCP NYSOH SHOP NON ST BRONZE 3 PANL STATUS NOT VALID	587
275	NONPCP NYSOH SHOP NON ST SILVER 3 PANL STATUS NOT VALID	588
276	NONPCP NYSOH SHOP NON ST GOLD 3 PANL STATUS NOT VALID	589
277	NONPCP NYSOH SHOP NON ST PLATNM 3 PANL STATUS NOT VALID	590
278	NYSOH INDIV ST BRONZE PANL SZ NOT 9 FILL FOR NONPCP	591 – 594
279	NYSOH INDIV ST SILVER PANL SZ NOT 9 FILL FOR NONPCP	595 – 598
280	NYSOH INDIV ST GOLD PANL SZ NOT 9 FILL FOR NONPCP	599 – 602
281	NYSOH INDIV ST PLATNM PANL SZ NOT 9 FILL FOR NONPCP	603 – 606
282	NYSOH INDIV CHILD BRONZE PANL SZ NOT 9 FILL FOR NONPCP	607 – 610
283	NYSOH INDIV CHILD SILVER PANL SZ NOT 9 FILL FOR NONPCP	611 – 614
284	NYSOH INDIV CHILD GOLD PANL SZ NOT 9 FILL FOR NONPCP	615 – 618
285	NYSOH INDIV CHILD PLATNM PANL SZ NOT 9 FILL FOR NONPCP	619 – 622
286	NYSOH INDIV CATASTROPHIC PANL SZ NOT 9 FILL FOR NONPCP	623 – 626
287	NYSOH INDIV PED DNTL HIGH PANL SZ NOT 9 FILL FOR NONPCP	627 – 630
288	NYSOH INDIV PED DNTL LOW PANL SZ NOT 9 FILL FOR NONPCP	631 – 634

Message Number	Provider File Error Description	Record Position
289	NYSOH INDIV ADULT DNTL PANL SZ NOT 9 FILL FOR NONPCP	635 – 638
290	NYSOH INDIV FAMILY DNTL PANL SZ NOT 9 FILL FOR NONPCP	639 – 642
291	NYSOH INDIV NON ST BRONZE 1 PANL SZ NOT 9 FILL FOR NONPCP	643 – 646
292	NYSOH INDIV NON ST SILVER 1 PANL SZ NOT 9 FILL FOR NONPCP	647 – 650
293	NYSOH INDIV NON ST GOLD 1 PANL SZ NOT 9 FILL FOR NONPCP	651 – 654
294	NYSOH INDIV NON ST PLATNM 1 PANL SZ NOT 9 FILL FOR NONPCP	655 – 658
295	NYSOH INDIV NON ST BRONZE 2 PANL SZ NOT 9 FILL FOR NONPCP	659 – 662
296	NYSOH INDIV NON ST SILVER 2 PANL SZ NOT 9 FILL FOR NONPCP	663 – 666
297	NYSOH INDIV NON ST GOLD 2 PANL SZ NOT 9 FILL FOR NONPCP	667 – 670
298	NYSOH INDIV NON ST PLATNM 2 PANL SZ NOT 9 FILL FOR NONPCP	671 – 674
299	NYSOH INDIV NON ST BRONZE 3 PANL SZ NOT 9 FILL FOR NONPCP	675 – 678
300	NYSOH INDIV NON ST SILVER 3 PANL SZ NOT 9 FILL FOR NONPCP	679 – 682
301	NYSOH INDIV NON ST GOLD 3 PANL SZ NOT 9 FILL FOR NONPCP	683 – 686
302	NYSOH INDIV NON ST PLATNM 3 PANL SZ NOT 9 FILL FOR NONPCP	687 – 690
303	NYSOH SHOP ST BRONZE PANL SZ NOT 9 FILL FOR NONPCP	691 – 694
304	NYSOH SHOP ST SILVER PANL SZ NOT 9 FILL FOR NONPCP	695 – 698
305	NYSOH SHOP ST GOLD PANL SZ NOT 9 FILL FOR NONPCP	699 – 702
306	NYSOH SHOP ST PLATNM PANL SZ NOT 9 FILL FOR NONPCP	703 – 706
307	NYSOH SHOP PED DNTL HIGH PANL SZ NOT 9 FILL FOR NONPCP	707 – 710
308	NYSOH SHOP PED DNTL LOW PANL SZ NOT 9 FILL FOR NONPCP	711 – 714
309	NYSOH SHOP ADULT DNTL PANL SZ NOT 9 FILL FOR NONPCP	715 – 718
310	NYSOH SHOP FAMILY DNTL PANL SZ NOT 9 FILL FOR NONPCP	719 – 722
311	NYSOH SHOP NON ST BRONZE 1 PANL SZ NOT 9 FILL FOR NONPCP	723 – 726
312	NYSOH SHOP NON ST SILVER 1 PANL SZ NOT 9 FILL FOR NONPCP	727 – 730
313	NYSOH SHOP NON ST GOLD 1 PANL SZ NOT 9 FILL FOR NONPCP	731 – 734
314	NYSOH SHOP NON ST PLATNM 1 PANL SZ NOT 9 FILL FOR NONPCP	735 – 738
315	NYSOH SHOP NON ST BRONZE 2 PANL SZ NOT 9 FILL FOR NONPCP	739 – 742
316	NYSOH SHOP NON ST SILVER 2 PANL SZ NOT 9 FILL FOR NONPCP	743 – 746
317	NYSOH SHOP NON ST GOLD 2 PANL SZ NOT 9 FILL FOR NONPCP	747 – 750
318	NYSOH SHOP NON ST PLATNM 2 PANL SZ NOT 9 FILL FOR NONPCP	751 – 754
319	NYSOH SHOP NON ST BRONZE 3 PANL SZ NOT 9 FILL FOR NONPCP	755 – 758
320	NYSOH SHOP NON ST SILVER 3 PANL SZ NOT 9 FILL FOR NONPCP	759 – 762
321	NYSOH SHOP NON ST GOLD 3 PANL SZ NOT 9 FILL FOR NONPCP	763 – 766
322	NYSOH SHOP NON ST PLATNM 3 PANL SZ NOT 9 FILL FOR NONPCP	767 - 770
323	NYSOH MUST HAVE AT LEAST 1 NYSOH PRODUCT IND	501 – 545
324	FIDA PROV IND NOT 0 OR 1	283 - 283
325	PCP FIDA PANL STATUS NOT VALID	300 - 300
326	NONPCP FIDA PANL STATUS NOT VALID	300 - 300
327	FIDA PANL SZ MISSING FOR PCP	344 - 347
328	FIDA PANL SZ NOT 9 FILL FOR NONPCP	344 - 347
329	STANDARD BHP PROV IND NOT 0 OR 1	284-284
330	BHP PLUS ADULT VISION AND DENTAL PROV IND NOT 0 OR 1	285-285

Message Number	Provider File Error Description	Record Position
331	PCP STANDARD BHP PANL STATUS NOT VALID	301-301
332	PCP BHP PLUS ADULT VISION AND DENTAL PANL STATUS NOT VALID	302-302
333	STANDARD BHP PANL SZ MISSING FOR PCP	348-351
334	STANDARD BHP PANL SZ NOT 9 FILL FOR NONPCP	348-351
335	BHP PLUS ADULT VISION AND DENTAL PANL SZ MISSING FOR PCP	352-355
336	BHP PLUS ADULT VISION AND DENTAL PANL SZ NOT 9 FILL FOR NONPCP	352-355
334	NONPCP STANDARD BHP PANL STATUS NOT VALID	301
335	NONPCP BHP+ ADULT VISION & DENTAL PANL STATUS NOT VALID	302
336	HARP PROVIDER IND NOT 0 OR 1	278

ERROR CODES
ANCILLARY/SERVICE CENTER ERROR LISTING

Message Number	Service File Error Description	Record Position
1	SITE NAME BLANK	1 - 50
2	ROOM/SUITE NUMBER BLANK	51 - 70
3	COUNTY CODE NOT A VALID FIPS CODE	152 - 154
4	DESIGNATED SERVICE CODE NOT VALID	164 - 166
5	STREET ADDRESS BLANKS	71 - 119
6	CITY BLANK	120 - 149
7	ZIP OR COUNTY CODE NOT VALID	155 - 159
8	MEDICAID PROVIDER NUMBER BLANK	194 - 201
9	AREA CODE BLANK OR INVALID	239 - 241
10	PHONE NUMBER BLANK OR INVALID	242 - 248
11	STATE CODE BLANK OR INVALID	150 - 151
12	HOSPITAL OPCERT/PFI COMBO INVALID	182 - 189
13	NURSING HOME OPCERT/PFI COMBO INVALID	182 - 189
14	HOME CARE OPCERT/PFI COMBO INVALID	182 - 189
15	CLINIC OPCERT/PFI COMBO INVALID	182 - 189
16	HOSPICE OPCERT/PFI COMBO INVALID	182 - 189
17	CLIA OPCERT/PFI COMBO INVALID	182 - 189
18	NUMBER OF PROVIDERS AT CENTER NOT VALID	167 - 171
19	COMM PROVIDER INDICATOR NOT 0 OR 1	222 - 222
20	MCAID PROVIDER INDICATOR NOT 0 OR 1	223 - 223
21	MCARE PROVIDER INDICATOR NOT 0 OR 1	224 - 224
22	CHP PROVIDER INDICATOR NOT 0 OR 1	225 - 225
23	FHP PROVIDER INDICATOR NOT 0 OR 1	226 - 226
24	COMMERCIAL NON-MCO MEDICAL INDICATOR NOT 0 OR 1	234 - 234
25	COMMERCIAL NON-MCO DENTAL INDICATOR NOT 0 OR 1	235 - 235
26	COMMERCIAL NON-MCO VISION INDICATOR NOT 000 OR 001	236 - 238
27	MISSING ADDITIONAL SERVICES FOR HOSPITAL	249 - 251
28	SERVICE #1 CODE NOT VALID	249 - 251
29	SERVICE #2 CODE NOT VALID	252 - 254
30	SERVICE #3 CODE NOT VALID	255 - 257
31	SERVICE #4 CODE NOT VALID	258 - 260
32	SERVICE #5 CODE NOT VALID	261 - 263
33	SERVICE #6 CODE NOT VALID	264 - 266
34	SERVICE #7 CODE NOT VALID	267 - 269
35	SERVICE #8 CODE NOT VALID	270 - 272
36	SERVICE #9 CODE NOT VALID	273 - 275
37	SERVICE #10 CODE NOT VALID	276 - 278
38	SERVICE #11 CODE NOT VALID	279 - 281
39	SERVICE #12 CODE NOT VALID	282 - 284
40	SERVICE #13 CODE NOT VALID	285 - 287

Message Number	Service File Error Description	Record Position
41	SERVICE #14 CODE NOT VALID	288 - 290
42	SERVICE #15 CODE NOT VALID	291 - 293
43	SERVICE #16 CODE NOT VALID	294 - 296
44	SERVICE #17 CODE NOT VALID	297 - 298
45	SERVICE #18 CODE NOT VALID	299 - 301
46	SERVICE #19 CODE NOT VALID	302 - 304
47	SERVICE #20 CODE NOT VALID	305 - 307
48	SERVICE #21 CODE NOT VALID	308 - 310
49	SERVICE #22 CODE NOT VALID	311 - 313
50	SERVICE #23 CODE NOT VALID	315 - 317
51	SERVICE #24 CODE NOT VALID	318 - 320
52	SERVICE #25 CODE NOT VALID	321 - 323
53	NPI BLANK OR NOT VALID	172 – 181
54	MCAID ADVAN PROVIDER INDICATOR NOT 0 OR 1	227 - 227
55	PARTIAL CAPS PROVIDER INDICATOR NOT 0 OR 1	228 - 228
56	MAP PROVIDER INDICATOR NOT 0 OR 1	229 - 229
57	PACE PROVIDER INDICATOR NOT 0 OR 1	230 - 230
58	NYSOH INDIV ST BRONZE PROV IND NOT 0 OR 1	324 – 324
59	NYSOH INDIV ST SILVER PROV IND NOT 0 OR 1	325 – 325
60	NYSOH INDIV ST GOLD PROV IND NOT 0 OR 1	326 – 326
61	NYSOH INDIV ST PLATNM PROV IND NOT 0 OR 1	327 – 327
62	NYSOH INDIV CHILD BRONZE PROV IND NOT 0 OR 1	328 – 328
63	NYSOH INDIV CHILD SILVER PROV IND NOT 0 OR 1	329 – 329
64	NYSOH INDIV CHILD GOLD PROV IND NOT 0 OR 1	330 – 330
65	NYSOH INDIV CHILD PLATNM PROV IND NOT 0 OR 1	331 – 331
66	NYSOH INDIV CATASTROPHIC PROV IND NOT 0 OR 1	332 – 332
67	NYSOH INDIV PED DNTL HIGH PROV IND NOT 0 OR 1	333 – 333
68	NYSOH INDIV PED DNTL LOW PROV IND NOT 0 OR 1	334 – 334
69	NYSOH INDIV ADULT DNTL PROV IND NOT 0 OR 1	335 – 335
70	NYSOH INDIV FAMILY DNTL PROV IND NOT 0 OR 1	336 – 336
71	NYSOH INDIV NON ST BRONZE 1 PROV IND NOT 0 OR 1	337 – 337
72	NYSOH INDIV NON ST SILVER 1 PROV IND NOT 0 OR 1	338 – 338
73	NYSOH INDIV NON ST GOLD 1 PROV IND NOT 0 OR 1	339 – 339
74	NYSOH INDIV NON ST PLATNM 1 PROV IND NOT 0 OR 1	340 – 340
75	NYSOH INDIV NON ST BRONZE 2 PROV IND NOT 0 OR 1	341 – 341
76	NYSOH INDIV NON ST SILVER 2 PROV IND NOT 0 OR 1	342 – 342
77	NYSOH INDIV NON ST GOLD 2 PROV IND NOT 0 OR 1	343 – 343
78	NYSOH INDIV NON ST PLATNM 2 PROV IND NOT 0 OR 1	344 – 344
79	NYSOH INDIV NON ST BRONZE 3 PROV IND NOT 0 OR 1	345 – 345
80	NYSOH INDIV NON ST SILVER 3 PROV IND NOT 0 OR 1	346 – 346
81	NYSOH INDIV NON ST GOLD 3 PROV IND NOT 0 OR 1	347 – 347
82	NYSOH INDIV NON ST PLATNM 3 PROV IND NOT 0 OR 1	348 – 348

Message Number	Service File Error Description	Record Position
83	NYSOH SHOP ST BRONZE PROV IND NOT 0 OR 1	349 – 349
84	NYSOH SHOP ST SILVER PROV IND NOT 0 OR 1	350 – 350
85	NYSOH SHOP ST GOLD PROV IND NOT 0 OR 1	351 – 351
86	NYSOH SHOP ST PLATNM PROV IND NOT 0 OR 1	352 – 352
87	NYSOH SHOP PED DNTL HIGH PROV IND NOT 0 OR 1	353 – 353
88	NYSOH SHOP PED DNTL LOW PROV IND NOT 0 OR 1	354 – 354
89	NYSOH SHOP ADULT DNTL PROV IND NOT 0 OR 1	355 – 355
90	NYSOH SHOP FAMILY DNTL PROV IND NOT 0 OR 1	356 – 356
91	NYSOH SHOP NON ST BRONZE 1 PROV IND NOT 0 OR 1	357 – 357
92	NYSOH SHOP NON ST SILVER 1 PROV IND NOT 0 OR 1	358 – 358
93	NYSOH SHOP NON ST GOLD 1 PROV IND NOT 0 OR 1	359 – 359
94	NYSOH SHOP NON ST PLATNM 1 PROV IND NOT 0 OR 1	360 – 360
95	NYSOH SHOP NON ST BRONZE 2 PROV IND NOT 0 OR 1	361 – 361
96	NYSOH SHOP NON ST SILVER 2 PROV IND NOT 0 OR 1	362 – 362
97	NYSOH SHOP NON ST GOLD 2 PROV IND NOT 0 OR 1	363 – 363
98	NYSOH SHOP NON ST PLATNM 2 PROV IND NOT 0 OR 1	364 – 364
99	NYSOH SHOP NON ST BRONZE 3 PROV IND NOT 0 OR 1	365 – 365
100	NYSOH SHOP NON ST SILVER 3 PROV IND NOT 0 OR 1	366 – 366
101	NYSOH SHOP NON ST GOLD 3 PROV IND NOT 0 OR 1	367 – 367
102	NYSOH SHOP NON ST PLATNM 3 PROV IND NOT 0 OR 1	368 – 368
103	NYSOH MUST HAVE AT LEAST 1 NYSOH PRODUCT IND	324 – 368
104	FIDA PROVIDER INDICATOR NOT 0 OR 1	231 - 231
105	STANDARD BHP PROVIDER INDICATOR NOT 0 OR 1	232 – 232
106	BHP PLUS ADULT VISION AND DENTAL PROV IND NOT 0 OR 1	233 - 233
107	HARP PROVIDER INDICATOR NOT 0 OR 1	226 - 226

*FHP is no longer an active product line as of Q1 2015.

Provider Network Data System

IX. CODING SCHEME SUMMARY REPORTS

**Provider File
Service File**

Table 1 - Core Listing of Required Providers by Program Type

Category of Service	Primary Designation	Provider Type	Specialty Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Primary Care Providers																	
Pediatrics	1, 3	01, 12	150	*	*	*	SNP (1)	X	X	X	X	*	X	*	*	X	X
Family Practice	1, 3	01, 12	050	*	*	*	SNP (1)	X	*	X	*	*	X	*	*	X	X
General Practice	1, 3	01, 12	776	*	*	*	SNP (1)	X	*	X	*	*	X	*	*	X	X
Internal Medicine	1, 3	01, 12	060	*	*	*	SNP (1)	X	*	X	*	*	X	*	*	X	X
Nurse Practitioners	1	02	050, 060, 150, 776	NP	NP	NP	SNP (1)	X	O	X	*	NP	X	NP	NP	X	X
Obstetrics/Gynecology Care																	
Obstetrics & Gynecology (OB/GYN)	2, 3	01, 12	089	*	*	*	*	X	X	X	*	*	X	*	*	X	X
Gynecology	2, 3	01, 12	905	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Nurse Midwife/Certified Midwife	2, 3	03, 50	782	*	*	*	*	X	X	X	*	*	X	*	*	X	X
Behavioral Health Providers																	
Child Psychiatry	2, 3	01, 12	191	*	*	*	*	X	X	X	X	*	X	*	*	X	X
Psychiatry	2, 3	01, 12	192, 195	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Certified Social Work	2	04	781	*	*	*	*	*	*	X	*	*	X	*	*	X	X
Clinical Psychology, Psychology	2	05, 14	192, 195, 780	*	*	*	*	X	O	X	*	*	X	X	*	X	X

Category of Service	Primary Designation	Provider Type	Specialty Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Specialist Care Providers																	
Allergy/Immunology	2, 3	01, 12	010	*	*	*	*	X	O	X	*	*	X	*	*	X	X
Cardiology	2, 3	01, 12	062, 927	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Chiropractic	2	10	162	*	X	X	X	X	O	X	*	*	X	X	*	X	X
Colon Rectal Surgery	2, 3	01, 12	030	*	*	*	*	X	O	X	O	*	X	*	*	X	X
Dermatology	2, 3	01, 12	040	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Endocrinology & Metabolism	2, 3	01, 12	063	*	*	*	*	X	O	X	*	*	X	*	*	X	X
Family Planning	2, 3	01, 12, 23	906	X	X	X	X	X	X	X	*	X	X	X	X	X	X
Gastroenterology	2, 3	01, 12	064	*	*	*	*	X	*	X	*	*	X	*	*	X	X
General Surgery	2, 3	01, 12	210	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Geriatrics	2, 3	01, 12	620, 621	*	X	X	X	X	*	X	*	*	X	X	*	X	X
Hospitalist	2, 3	01, 12	211	X	X	X	X	X	O	X	O	X	X	X	X	X	X
Neonatal-Perinatal Medicine	2, 3	01, 12	155	*	*	*	*	X	X	X	X	*	X	*	*	X	X
Nephrology	2, 3	01, 12	067	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Neurology	2, 3	01, 12	194	*	*	*	*	X	O	X	*	*	X	*	*	X	X
Neurology Surgery	2, 3	01, 12	070	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Nutrition	2	40	909	X	X	X	X	*	*	*	*	X	X	X	X	X	X
Oncology & Hematology	2, 3	01, 12	137, 241	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Ophthalmology	2, 3	01, 12	100	*	*	*	*	X	*	X	*	*	X	*	*	*	X

Category of Service	Primary Designation	Provider Type	Specialty Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Optometry	2	06	714, 716	*	*	*	*	*	*	*	*	*	X	*	*	*	X
Orthopedics	2, 3	01, 12	110	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Otolaryngology	2, 3	01, 12	120	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Palliative Care	2, 3	11	826	X	X	X	X	X	X	X	*	X	X	X	X	X	X
Pediatric Surgery	2, 3	01, 12	153	*	*	*	*	X	X	X	X	*	X	*	*	X	X
Physical Med & Rehabilitation	2, 3	01, 12	160	*	*	*	*	X	O	X	*	*	X	*	*	X	X
Plastic Surgery	2, 3	01, 12	170	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Podiatry	2	09	778	*	*	*	*	*	*	O	*	*	X	*	*	X	X
Pulmonary Medicine	2, 3	01, 12	068	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Rheumatology	2, 3	01, 12	069	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Thoracic Surgery	2, 3	01, 12	220	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Urology	2, 3	01, 12	230	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Non-PCP Nurse Practitioners																	
Non-PCP Nurse Practitioners	2	02	ALL	NP	NP	NP	NP	X	O	X	O	NP	X	NP	NP	X	X
Dental Care Providers																	
General Dentistry	2	08, 18	800, 815	O	*	*	*	*	*	O	*	O	*	*	O	X	*
Orthodontics	2	08, 18, 19	801	O	*	*	*	X	X	X	X	O	*	*	O	X	*
Pedodontics	2	08, 18, 19	804	O	*	*	*	X	X	X	X	O	*	*	O	X	*
Oral Surgery	2	08, 18, 19	808	O	*	*	*	*	*	O	*	O	*	*	O	X	*
Crossover Specialties																	
Anesthesiology	2, 3	01, 12	020	*	*	*	*	X	*	X	*	*	X	*	*	X	X

Category of Service	Primary Designation	Provider Type	Specialty Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Audiology	2	30	640	*	*	*	*	*	*	*	*	*	X	*	*	X	X
Infectious Disease	2, 3	01, 12	066	*	*	*	*	X	O	X	*	*	X	*	*	X	X
Pathology	2, 3	01, 12	135, 138, 142, 146	*	*	*	*	X	O	X	O	*	X	*	*	X	X
Radiology	2, 3	01, 12	200, 244	*	*	*	*	X	*	X	*	*	X	*	*	X	X
Therapy: Physical	2	60	300	*	*	*	*	*	*	*	*	*	X	*	*	X	X
Therapy: Occupational	2	61	301	*	*	*	*	*	*	*	*	*	X	*	*	X	X
Therapy: Speech	2	62, 63	302	*	*	*	*	*	*	*	*	*	X	*	*	X	X
Therapy: Respiratory	2	64	674	X	X	X	X	*	*	*	*	X	X	X	X	X	X

Table 2 - Core Listing of Required Services by Program Type

Category of Service	Designated Service Codes	Additional Service Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Ancillary/Tertiary Care Services																
Inpatient Hospital (Medical Inpatient)	011	899	*	*	*	*	NA	*	X	*	*	X	*	*	X	X
Inpatient Chemical Dependency (ASA Inpatient)	011, 017, 018	007, 754	*	*	*	*	NA	O	X	*	*	X	*	*	X	X
Urgent Care Centers	823		X	X	X	X	X	X	X	X	*	X	X	X	X	X
Medically Managed Detox Services	011, 017, 018	989	*	*	*	*	NA	O	X	O	*	X	*	*	X	X
Inpatient Mental Health	011, 017, 018	616	*	*	*	*	NA	O	X	*	*	X	*	*	X	X
Hemodialysis	011, 321, 914	913	X	X	X	X	X	X	X	*	X	X	X	X	X	X
Oncology – Therapy (Radiation or Chemo)	011, 321, 914	934	X	X	X	X	X	X	X	*	X	X	X	X	X	X
General Vascular Surgery	011, 321, 914	650	X	X	X	X	X	X	X	*	X	X	X	X	X	X
Transplant Surgery	011, 321, 914	741	X	X	X	X	X	X	X	*	X	X	X	X	X	X
Hospital Based/Freestanding Surgery	011, 321, 914	993	X	X	X	X	X	X	X	*	X	X	X	X	X	X

Category of Service	Designated Service Codes	Additional Service Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Medical Laboratories	011, 321, 599	599	*	*	*	*	NA	*	X	*	*	X	*	*	X	X
Outpatient Chemical Dependency	011, 017, 018, 321, 914, 749	749, 922, 984, 987	*	*	X	*	NA	O	X	*	*	X	*	*	X	X
Outpatient Mental Health	011, 017, 018, 321, 914, 375	375, 974	*	*	*	*	NA	O	X	*	*	X	*	*	X	X
Durable Medical Equipment (DME)	307, 969		*	*	*	*	*	*	*	*	*	X	*	*	X	X
Certified Home Health (HHA)	665		X	*	*	*	*	O	*	*	X	X	*	X	X	X
Certified Home Health: Home Based Occupational Therapy	665	301	X	X	X	X	*	O	X	*	*	X	X	X	X	X
Certified Home Health: Home Based Speech Therapy	665	302	X	X	X	X	*	O	X	*	*	X	X	X	X	X
Certified Home Health: Home Based Physical Therapy	665	300	X	X	X	X	*	O	X	*	*	X	X	X	X	X
Certified Home Health: Home Based Medical Social Services	665	781	X	X	X	X	*	O	X	*	X	X	X	X	X	X

Category of Service	Designated Service Codes	Additional Service Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Licensed Home Health Care - Personal Care Assistant (HHA/PCA)	668	672, 673	*	X	*	*	*	*	X	*	*	X	*	*	X	X
Licensed Home Health Care: Home Based Physical Therapy	668	300	X	X	X	X	X	*	X	X	*	X	X	X	X	X
Licensed Home Health Care: Home Based Occupational Therapy	668	301	X	X	X	X	X	*	X	X	*	X	X	X	X	X
Licensed Home Health Care: Home Based Speech Therapy	668	302	X	X	X	X	X	*	X	X	*	X	X	X	X	X
Licensed Home Health Care: Home Based Medical Social Services	668	781	X	X	X	X	X	*	X	X	X	X	X	X	X	X
Consumer Directed Personal Care (CDPC)	914	675, 676	X	X	*	*	*	*	X	*	X	X	*	X	X	X
Pharmacy	011, 321, 760	760	*	*	*	*	NA	*	X	*	*	X	*	*	X	X

Category of Service	Designated Service Codes	Additional Service Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Institutional Long Term Care	660	655, 656, 657, 658, 659, 660	X	X	*	*	*	*	X	*	*	X	*	X	X	X
Institutional Short Term Care	663		*	X	*	*	X	X	X	X	*	X	*	*	X	X
Hospice Care	669		*	*	*	*	NA	NA	NA	NA	*	X	*	*	X	X
Dentistry	911	911	O	*	*	*	O	O	O	*	O	*	*	O	X	*
Models of Care @ AIDS Center	011, 321	355	X	X	X	*	NA	X	NA	*	X	X	X	X	X	X
Adult Day Health Care	664		X	X	*	*	*	*	X	*	X	X	*	X	X	X
Non-Emergent Transportation	671, 740		X	X	X	X	*	*	O	*	X	X	X	X	X	X
Transportation (Ambulance Service)	670		X	X	X	X	X	*	X	*	X	X	X	X	X	X
Personal Emergency Response (PERS)	615		X	X	*	*	*	*	O	*	X	X	*	X	X	X
Home Delivered/ Congregate Meals	667		X	X	X	X	*	*	X	*	X	X	X	X	X	X
Private Duty Nursing	680		X	X	X	X	*	*	*	*	X	X	X	X	X	X
Social Day Care	662		X	X	X	X	*	*	X	*	X	X	X	X	X	X
Social & Environmental Support	661		X	X	X	X	*	*	X	*	X	X	X	X	X	X

Category of Service	Designated Service Codes	Additional Service Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Assisted Living	666		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Assertive Community Treatment	816		X	X	X	X	X	X	X	*	X	X	*	X	X	X
Assistive Technology Agency	817		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Community Integration Counseling	818		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Community Transitional Service	819		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Environmental Modifications	820		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Freestanding Birth Center	011, 321, 914	821	X	X	X	X	X	X	X	*	X	X	X	X	X	X
Independent Living Skills	822		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Mobile Mental Health Treatment	824		X	X	X	X	X	X	X	*	X	X	*	X	X	X
Moving Assistance	825		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Peer Delivered Services	827		X	X	X	X	X	X	X	*	X	X	*	X	X	X
Peer Mentoring	828		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Personalized Recovery Oriented Services	829		X	X	X	X	X	X	X	*	X	X	*	X	X	X

Category of Service	Designated Service Codes	Additional Service Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Positive Behavioral Interventions & Support	830		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Social Day Care Transportation	831		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Structured Day Programs	832		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Telehealth	833		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Home & Community Support Services	834		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Continuing Day Treatment	312, 317		X	X	X	X	X	X	X	*	X	X	*	X	X	X
Partial Hospitalization	313, 318		X	X	X	X	X	X	X	*	X	X	X	X	X	X
NYS OMH Licensed CRs	326, 327, 329, 330		X	X	X	X	X	X	X	*	X	X	X	X	X	X
Intensive Psychiatric Rehabilitation Treatment Programs	314, 319		X	X	X	X	X	X	X	*	X	X	*	X	X	X
Traditional Medicaid Providers																
AIDS Designated Centers	Applicable to Facility - PFI/OPCERT Validation	Applicable to Facility	X	X	*	*	NA	X	X	X	X	X	*	X	X	X

Category of Service	Designated Service Codes	Additional Service Codes	Commercial off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/BHP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental
Presumptive Eligible	Applicable to Facility - PFI/OPCERT Validation	Applicable to Facility	X	X	*	*	X	X	X	X	X	X	*	X	X	X
Federally Qualified Health Centers (FQHC)	Applicable to Facility - PFI/OPCERT Validation	Applicable to Facility	X	X	*	*	NA	O	X	X	*	X	*	X	X	X
Crossover Specialties																
Anesthesiology Services	011, 321, 914	020	*	*	*	*	NA	*	X	*	*	X	*	*	X	X
Audiology Services	011, 321, 914	640	*	*	*	*	O	O	O	*	*	X	*	*	X	X
Dental Services	011, 321, 911	911	O	*	*	*	O	*	O	*	O	*	*	O	X	*
Infectious Disease	011, 321, 914	966	*	*	*	*	NA	O	X	*	*	X	*	*	X	X
Pathology Services	011, 321, 914	135	*	*	*	*	NA	O	X	O	*	X	*	*	X	X
Radiology Services	011, 321, 914	200	*	*	*	*	NA	*	X	*	*	X	*	*	X	X
Therapy: Occupational	011, 321, 914	301	*	*	*	*	*	*	*	*	*	X	*	*	X	X
Therapy: Physical	011, 321, 914	300	*	*	*	*	*	*	*	*	*	X	*	*	X	X
Therapy: Speech/ Language	011, 321, 914	302	*	*	*	*	*	*	*	*	*	X	*	*	X	X
Therapy: Respiratory	011, 321, 914	674	X	X	X	X	*	*	*	*	X	X	X	X	X	X

LEGEND:

(*) Required Services

(SNP) HIV Special Needs Requires PCPs to be HIV Specialists

(NP) Nurse practitioners are required to be in the network as a primary care and or specialist provider

(X) Not Required

(O) Optional Service

(NA) Not Allowed