NEW YORK STATE DEPARTMENT OF HEALTH

PROVIDER NETWORK DATA SYSTEM

PHYSICIAN AND OTHER PROVIDERS DETAILED RECORD FORMAT

KEY TO WHO SUBMITS?

KEY TO FORMAT

ALL REC = All Records for all payors

ALL PCPs = All PCPs

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

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

A = Alpha format only N = Numeric format only A/N = Alpha Numeric

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Last Name	A/N	Lname	ALL REC	YES	
First Name	A/N	Fname	ALL REC	YES	
National Provider Identifier (NPI)	A/N	npi	ALL REC	YES	10 digits only
License Number	A/N	licnum	ALL REC	YES	Valid NYS License # zero-fill to the left
Medicaid Provider Identification/MEDS ID	A/N	medsid	ALL MED, FHP & SNP REC	NO	Provider Identification. See edit application
Managed Care Plans ID	A/N	planid	Optional	NO	Unique Provider Identification for your Managed Care Plan
		LOCATION	i		
Site Name	A/N	sitename	ALL REC	YES	Office or Professional Building
Room or Suite	A/N	rmnumber	ALL REC	YES	If Not Applicable enter "NA"
Street Address	A/N	staddres	ALL REC	YES	
Town/City	A/N	city	ALL REC	YES	
State	A/N	state	ALL REC	YES	
Borough/Cnty Code	A/N	county	ALL REC	YES	FIPS codes right justified and zero-fill
Zip Code	A/N	zip	ALL REC	YES	
Zip Plus Four	A/N	zip4	ALL REC	NO	

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Wheel Chair Accessibility	A/N	wheelchr	ALL REC	YES	0 =No
		PRACTICE			1=Yes
Primary	A/N	Primdesg	ALL REC	YES	1=PCP
Designation					2=Specialist
					3=PCP and Specialist
Provider Type	A/N	provtype	ALL REC	YES	01 =MD
					12 =DO
					23=Physician Assistant (PA)
					20=Acupuncturist
					30 =Audiologist
					10=Chiropractor
					04 =CSW
					05 =Clinical Psych
					14 =Psychologist
					15=Counselor
					16=Social Work
					08 =DDS
					18 =DMD
					19 =OMS
					40 =CDN Dietician/ Nutritionist
					02=CNP Nurse Practitioner
					03 =CNM
					22 =RN
					50 =CM (not a nurse)
					06 =OD Optometrist

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Tiola Hallio		Humo	Cubinito:		09=DPM Podiatrist
					60 =PT
					61 =OT
					62 =SLP
					63 =CFY
					64 =RT
					11=Other
Primary Specialty	A/N	primspec	ALL REC	YES	See Specialty/ Service Code Guide
Secondary Specialty	A/N	secspec	ALL REC	NO	See Specialty/ Service Code Guide
Board Status - Primary	A/N	brdstat	ALL	YES	1=Not Board Cert;
Specialty			Physician		Residency Incomplete
			REC		2=Not Board Certified;
					Residency Complete.
					3=Board Certified
					4=No Board Cert Avail
					9=Not Applicable
Board Status - Secondary Specialty	A/N	brdstat2	ALL Physician	NO	1=Not Board Cert; Residency Incomplete
Specialty			REC		
					2=Not Board Certified;
					Residency Complete.
					3=Board Certified
					4 =No Board Cert Avail
					9=Not Applicable
Residents Attending	A/N	resattno	All	YES	NYS Valid License Number
Physicians License Number			Resident PCPs		Zero-fill to the left; non- residents should 0 fill

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Residency Status -	A/N	resstat	ALL	YES	1 =PGY1
Primary Specialty			Physician REC	PCP ONLY	2 =PGY2
				J. 12	3 =PGY3
					4 =PGY4 - 8+
					9 =Not Applicable (for non current residents, i.e.,
					physicians who have completed residency, etc)
Residency Status -	A/N	resstat2	ALL	NO	1 =PGY1
Secondary Specialty			Physician REC		2 =PGY2
					3 =PGY3
					4 =PGY4 - 8+
					9 =Not Applicable (for non current residents, i.e.,
					physicians who have completed residency, etc)
Gender	A/N	gender	ALL REC	YES	1=Male
					2=Female
Physician Extenders	N	phyextnd	ALL PCPs	YES	*For PCPs only*
					Total #FTEs: PA/NP
					99.99=Not Applicable
					(for non-PCPs or NPs acting as PCPs)
Commercial Provider	A/N	commind	ALL REC	YES	0 =No
Indicator					1 =Yes
Medicaid Provider	A/N	mcaidind	ALL REC	YES	0 =No
Indicator					1=Yes
Medicare Provider	A/N	mcareind	ALL REC	YES	0 =No
Indicator					1=Yes

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Child Health Plus (CHP)	A/N	chpind	ALL REC	YES	0 =No
Provider Indicator					1 =Yes
Family Health Plus	A/N	fhpind	ALL REC	YES	0 =No
Indicator		·			4 . V
NA Part Alandar	A /N I		ALL DEO	\/50	1=Yes
Medicaid Advantage Indicator	A/N	maind	ALL REC	YES	0 =No
maioator					1=Yes
Partial CAPS Indicator	A/N	pcapind	ALL REC	YES	0 =No
					1=Yes
MAP Indicator	A/N	mapind	ALL REC	YES	0 =No
24051 "	2 (2)			\/=0	1=Yes
PACE Indicator	A/N	paceind	ALL REC	YES	0 =No
					1=Yes
FHP Buy-In Indicator	A/N	Fhp_bi_ind	ALL REC	YES	0 =No
					1=Yes
Gold Product Indicator	A/N	goldind	ALL REC	YES	0 =No
					1 =Yes
Silver Product Indicator	A/N	slvrind	ALL REC	YES	0 =No
					4 V
Day and Day Lottle Poster	A /N I	Las Sall	ALL DEO	\/50	1=Yes
Bronze Product Indicator	A/N	brnzind	ALL REC	YES	0 =No
					1 =Yes
Homecare Product	A/N	homecare_ind	ALL REC	YES	0=NO
Indicator					1=Yes
Commercial Panel Status	A/N	commsta	ALL	YES	1=Open to all new and
Commorcial Farior States	, , , ,	oommota	COMM.	120	existing
			PCPs		2 =Open to existing only
					3 =Closed
					9=NA (for non-PCPs)

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Medicaid Panel Status	A/N	mcaidsta	ALL MED, FHP & SNP PCPs, & OB/GYNs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
Medicare Panel Status	A/N	mcaresta	ALL Medicare PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
CHP Panel Status	A/N	chpsta	ALL CHP PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
FHP Panel Status	A/N	fhpstat	ALL FHP PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
Medicaid Advantage Panel Status	A/N	mastat	ALL MA ADVAN PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Partial CAPS Panel Status	A/N	pcapstat	ALL PARTIAL CAPS PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
MAP Panel Status	A/N	mapstat	ALL MAP PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
PACE Panel Status	A/N	pacestat	ALL PACE PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
FHP Buy-In Panel Status	A/N	fhp_bi-stat	ALL FHP BUY-IN PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
Gold Product Panel Status	A/N	goldstat	ALL Gold Product PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Silver Product Panel Status	A/N	slvrstat	ALL Silver Product PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
Bronze Product Panel Status	A/N	brnzstat	ALL Bronze Product PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
Homecare Product Panel Status	A/N	homecare_stat	ALL Homecare Product PCPs	YES	1=Open to all new and existing 2=Open to existing only 3=Closed 9=NA (for non-PCPs)
Medicaid Panel Size	N	medipanl	ALL MED, FHP, & 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)
Medicare Panel Size	N	carepanl	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)
CHP Panel Size	N	chppanl	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)

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
FHP Panel Size	N	fhppanl	ALL FHP PCPs	YES	Total covered FHP members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)
Medicaid Advantage Panel Size	N	mapanl	ALL CHP 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)
Partial CAPS Panel Size	N	pcappanl	ALL CHP 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)
MAP Panel Size	N	mappanl	ALL CHP 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)
PACE Panel Size	N	pacepanl	ALL CHP 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)
FHP Buy-In Panel Size	N	fhp_bi_panl	ALL CHP PCPs	YES	Total covered FHP Buy-In members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)
Gold Product Panel Size	N	goldpanl	ALL CHP PCPs	YES	Total covered Gold Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Silver Product Panel Size	N	slvrpanl	ALL CHP PCPs	YES	Total covered Silver Product members assigned to this provider at your managed care plan. Zero-fill to the left, 9999=Not Applicable (for non-PCPs)
Bronze Product Panel Size	N	brnzpanl	ALL CHP PCPs	YES	Total covered Bronze Product members assigned to this provider at your managed care plan. Zero- fill to the left, 9999=Not Applicable (for non-PCPs)
Homecare Product Panel Size	N	homecare_panl	ALL CHP PCPs	YES	Total covered Bronze Product members assigned to this provider at your managed care plan. Zero- fill to the left, 9999=Not Applicable (for non-PCPs)
HA Permanent Facility Identifier (PFI) #1	A/N	hospcert	ALL PCPs & OB/GYNs Optional for the others	YES	Corresponds to HA OPCERT #1
HA OPCERT #2	A/N	hospcert2	ALL PCPs & OB/GYNs Optional for the others	NO	See Operating Facility codes 99999999=Not Applicable (for non-PCP)
HA PFI #2	A/N	pficert2	ALL PCPs & OB/GYNs Optional for the others	NO	Corresponds to HA OPCERT #2
HA OPCERT #3	A/N	hspcert3	ALL PCPs & OB/GYNs Optional for the others	NO	See Operating Facility codes 99999999=Not Applicable (for non-PCP)

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
HA PFI #3	A/N	pficert3	ALL PCPs & OB/GYNs Optional for the	NO	Corresponds to HA OPCERT #3
Provider Location	A/N	provcert	others ALL PCPs	NO	
Facility Operating Number	AVIN	proveer	ALLIOIS	NO	
Provider Location Permanent Facility Identifier (PFI)	A/N	provpfi	ALL PCPs	NO	For PCPs only See Operating Facility Codes
		OFFICE HOU	RS		
Total Office Hours	A/N	tothours	MED, FHP & SNP PCPs Only	YES	Enter the Total hours worked per week during the submission period. Non- PCPs zero-fill
After Hours Indicator	A/N	eveind	MED, FHP & SNP REC PCPs Only	YES	0=No 1=Yes 9=Not Applicable
		LANGUAGES			• Hotzi (ppilodolo
Language 1	A/N	Lang1	MED, FHP & SNP PCPs Only	YES	See Language Code Guide
Language 2	A/N	Lang2	MED, FHP & SNP PCPs Only	YES	See Language Code Guide
Language 3	A/N	Lang3	MED, FHP & SNP PCPs Only	YES	See Language Code Guide
Language 4	A/N	Lang4	MED, FHP & SNP PCPs Only	YES	See Language Code Guide

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Language 5	A/N	Lang5	MED, FHP & SNP	YES	See Language Code Guide
			PCPs Only		
Language 6	A/N	Lang6	MED, FHP & SNP	YES	See Language Code Guide
			PCPs Only		
Language 7	A/N	Lang7	MED, FHP & SNP	YES	See Language Code Guide
			PCPs Only		
		CONTACT INF	0		
Area Code	A/N	areacode	ALL REC	YES	
Phone Number	A/N	phone	ALL REC	YES	Do not include hyphen
Plan Identifier	A/N	PlanNO			Internally generated Plan Id. number
Submission Time	A/N	Plan subtime			Created at time of submission