Data Element Dictionary

Column	Name	Description
A	Provider Type	The category of healthcare provider qualifying for the incentive payment. Allowed values are: • ACUTE CARE HOSPITALS • CHILDRENS HOSPITALS • PHYSICIAN • DENTIST • NURSE PRACTITIONER • CERTIFIED NURSE MIDWIFE • PHYSICIAN ASSISTANT
B	Eligible Hospital Name	Full name of the hospital qualifying for the incentive payment (as provided during program registration; may not match name on Medicaid enrollment). This column is blank for non-hospital providers.
C	Eligible Practitioner First Name	First name (given name) of the practitioner qualifying for the incentive payment (as provided during program registration; may not match name on Medicaid enrollment). This column is blank for hospital providers.
D	Eligible Practitioner Last Name	Last name (surname) of the practitioner qualifying for the incentive payment (as provided during program registration; may not match name on Medicaid enrollment). This column is blank for hospital providers.
E	Provider NPI	10-digit National Provider Identifier (NPI) of the provider qualifying for the incentive payment. NPIs are assigned by the federal Centers for Medicare & Medicaid Services (CMS) through the National Plan and Provider Enumeration System (NPPES).
F	Payee NPI	10-digit National Provider Identifier (NPI) of the entity receiving the incentive payment. For non-hospital providers, this will either be the same as the Provider NPI or will be the NPI of the provider to whom the qualifying provider has assigned the incentive payment. For hospitals, which may not assign the incentive payment, this column will always be blank.

G	Payment Date	Date upon which a payment instrument, either Electronic Funds Transfer (EFT) or check, was generated for payment of the incentive. NY Medicaid EHR Incentive payments are released approximately two weeks after generation of the payment instrument.
H	Payment Amount	Dollar amount of the EHR incentive payment.
I	Payment Year	Calendar year (for practitioners) or Federal fiscal year (for hospitals) within which the qualifying activities for the EHR incentive payment were conducted. Valid range is 2011–2021.
J	Participation Year	Number indicating the year within the given provider's overall period of participation in the NY Medicaid EHR Incentive Program for which this payment was issued. Regardless of payment year, each provider will always start with participation year 1, will receive no more than one payment per participation year, and will not skip participation years. Valid range is 1–6 for practitioners and 1–3 for hospitals.
K	Provider Zip Code	5-digit ZIP code for the address given by the provider during program registration; may not correspond to a service, payment, or correspondence address listed on the provider's NY Medicaid enrollment.
L	County	Name of NY county associated with the address given by the provider during program registration. All addresses outside NY have "OUT OF STATE" listed for county.
M	Location #	Geographic coordinates (latitude/longitude) of a central point for the County associated with the address given by the provider during registration, used for visualizing incentive payments by county. Blank for records where county is "OUT OF STATE".
N	Payee Name	Provider name listed on the NY Medicaid enrollment associated with the Payee NPI (or, in the case of hospital providers, the Provider NPI).