Medicaid Enrolled Provider Listing

DATA DICTIONARY
Version 1.6

New York State Department of Health
Office of Health Insurance Programs
Bureau of Provider Enrollment

Revised April 2022

Health Data NY

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Data Element Name	Format	Field Size	Data Element Description	New HDNY Field?	Federal Reg Requirement?
MEDICAID PROVIDER ID	Text	8	A unique number assigned to each provider enrolled to provide services to members of the Medicaid program. This number is the primary method of identifying a provider.	No	No
NPI	Text	10	*National Provider ID (NPI) is a standard unique identifier for health care providers. This NPI relates to the Medicaid ID and is the most current NPI on file.	No	No
PROVIDER or FACILITY NAME	Text	35	*The name of a provider of services as used on official State records.	No	Yes
MEDICAID TYPE	Text	4	FFS (Fee for Service Medicaid): Provider is enrolled and participating in the Medicaid fee for service program. The provider may or may not be a participating provider in the Medicaid managed care program. MCO (Managed Care Only): Provider is enrolled but cannot bill the Medicaid fee for service program. The provider is a participating provider in the Medicaid managed care program.	No	No

Data Element Name	Format	Field Size	Data Element Description	New HDNY Field?	Federal Reg Requirement?
			OPRA (Ordering, Prescribing, Referring, Attending): Provider is enrolled and participating in the Medicaid program as a non-billing provider.		
PROFESSION OR SERVICE	Text	40	Specifies the broad areas of service that a provider can render.	No	Yes
PROVIDER SPECIALTY	Text	40	Identifies the medical specialty for which a provider is certified.	No	Yes
SERVICE ADDRESS	Text	80	*The address related to the service address for the Medicaid provider ID.	No	Yes
CITY	Text	25	*The city related to the service address for the Medicaid provider ID.	No	Yes
STATE	Text	2	*The state related to the service address for the Medicaid provider ID.	No	Yes
ZIP CODE	Text	10	*The zip code related to the service address for the Medicaid provider ID.	No	Yes
COUNTY	Text	14	*The county related to the service address for the Medicaid provider ID.	No	Yes
TELEPHONE	Text	10	*The telephone number related to the service address for the Medicaid provider ID.	No	Yes

Data Element Name	Format	Field Size	Data Element Description	New HDNY Field?	Federal Reg Requirement?
LATITUDE	Text	16	The latitude related to the service address for the Medicaid provider ID. (E.g.: Zip Code 10029-4623 would reflect Latitude 40.7920468)	No	No
LONGITUDE	Text	16	The longitude related to the service address for the Medicaid provider ID. (E.g.: Zip Code 10029-4623 would reflect Longitude - 73.9444103)	No	No
ENROLLMENT BEGIN DATE	Text	10	The most recent date the provider began participating in NYS FFS Medicaid/OPRA/ Managed Care Only. (E.g.: mm/dd/ccyy with leading zeros)	No	No
NEXT ANTICIPATED REVALIDATION DATE	Text	10	The date the provider is subject to revalidate. (E.g.: mm/dd/ccyy with leading zeros)	No	No
FILE DATE	Text	10	The date the file was created at eMedNY. (E.g.: mm/dd/ccyy with leading zeros)	No	No
MEDICALLY FRAGILE CHILDREN AND ADULTS DIRECTORY IND	Text	40	Indicator to identify provider enrolled in the Medically Fragile Children and Adults Directory. Indicator will be "Y" for Yes and "N" for No.	No	No

Data Element Name	Format	Field Size	Data Element Description	New HDNY Field?	Federal Reg Requirement?
PROVIDER EMAIL	Text	75	The provider's email address related to the service address for the Medicaid provider ID. Email address will only be included for Provider Duty Nursing (PDN) providers. All other provider records will be blank.	Yes	No

*This information is self-reported by the provider at enrollment and can contain error or inaccuracies.

NEW YORK STATE OF OPPORTUNITY. | Department of Health