### Change Log as of October 2018

<table>
<thead>
<tr>
<th>Current Page #</th>
<th>Data Element</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>General Information</td>
<td>Ancillary file layout update: Commercial Non-MCO Vision indicator changed to Filler and OASAS PRU, OASAS Provider Number, and OMH ID fields added.</td>
</tr>
<tr>
<td>8, 60</td>
<td>Physician and Other Providers Detailed Record Format</td>
<td>CSW (Certified Social Worker) changed to LSW (Licensed Social Worker)</td>
</tr>
<tr>
<td>275</td>
<td>Ancillary/Service centers Data Element Description</td>
<td>Zip Plus Four now required for all plans when reporting Harm Reduction Services/SEP.</td>
</tr>
<tr>
<td>341-342</td>
<td>Ancillary/Service centers Data Element Description</td>
<td>List of services updated for Servicing County Fields (1-5)</td>
</tr>
<tr>
<td>341-342</td>
<td>Ancillary/Service centers Data Element Description</td>
<td>Updated All 62 Counties code language.</td>
</tr>
<tr>
<td>343-349</td>
<td>Ancillary/Service centers Data Element Description</td>
<td>Added the following data elements: OASAS PRU, OASAS Provider Number, and OMH ID.</td>
</tr>
<tr>
<td>351</td>
<td>Borough/County Codes</td>
<td>County “Manhattan” has been changed to “New York” (FIPS code 061).</td>
</tr>
<tr>
<td>351</td>
<td>Borough/County Codes</td>
<td>Updated “All County” to “All 62 Counties”.</td>
</tr>
<tr>
<td>356-381</td>
<td>Provider and Ancillary/Service Specialty Codes</td>
<td>New Service Codes added for: Addiction Medicine, Advanced Heart Failure &amp; Transplant Cardiology, Assisted Living Services, Community Habilitation, Day Habilitation, Female Pelvic Medicine and Reconstructive Surgery, Harm Reduction Services/SEP, Home Infusion Vendors, ICF/IID Facilities, Intensive Behavioral Service, Lithotripsy Centers, Neuromusculoskeletal Medicine &amp; OMM, OASAS Diag and Treatment DSRIP Integrated Services, OASAS Diag and Treatment MMTP DSRIP Freestand, OASAS Hospital-Based Outpatient DSRIP, OASAS Hospital-Based Outpatient MMTP DSRIP, Pathways to Employment, Prevocational Services, Residential Habilitation- Family Care, Residential Habilitation-Supervised IRA/CR, Residential Habilitation-Supportive IRA/CR, Sleep Centers, Sleep Medicine Physicians, START Program, State Operated Clinic, Supported Employment</td>
</tr>
<tr>
<td>382-384</td>
<td>Attestation</td>
<td>Update to Attestation</td>
</tr>
<tr>
<td>386-395</td>
<td>Physician and Other Provider Error Listing</td>
<td>New Error Codes added.</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
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<tr>
<td>---------------</td>
<td>--------------</td>
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</tr>
<tr>
<td>396-399</td>
<td>Ancillary/Service Center Error Listing</td>
<td>New Error Codes added.</td>
</tr>
<tr>
<td>401-403</td>
<td>Core Listing of Required Providers by Program Type</td>
<td>Nurse Practitioners (Provider Type 02) added as an allowable Provider Type for Pediatrics.</td>
</tr>
<tr>
<td>401-403</td>
<td>Core Listing of Required Providers by Program Type</td>
<td>HIV Specialist PCP added – Required for HIV/SNP</td>
</tr>
<tr>
<td>401-403</td>
<td>Core Listing of Required Providers by Program Type</td>
<td>Certified Social Worker changed to Licensed Social Worker</td>
</tr>
<tr>
<td>401-403</td>
<td>Core Listing of Required Providers by Program Type</td>
<td>Dental Care Providers no longer required for Commercial MCO off of the NYSOH.</td>
</tr>
<tr>
<td>401-403</td>
<td>Core Listing of Required Providers by Program Type</td>
<td>Removed Hospitalists.</td>
</tr>
<tr>
<td>401-403</td>
<td>Core Listing of Required Providers by Program Type</td>
<td>Nutrition considered Crossover specialties for MAP &amp; MLTC, and PACE.</td>
</tr>
<tr>
<td>404-407</td>
<td>Core Listing of Required Services by Program Type</td>
<td>Nutrition considered Crossover specialties for MAP &amp; MLTC, and PACE.</td>
</tr>
<tr>
<td>404-407</td>
<td>Core Listing of Required Services by Program Type</td>
<td>Dental Services no longer required for Commercial MCO off of the NYSOH.</td>
</tr>
<tr>
<td>404-407</td>
<td>Core Listing of Required Services by Program Type</td>
<td>Updated Audiology for MAP &amp; MLTC, and PACE.</td>
</tr>
<tr>
<td>404-407</td>
<td>Core Listing of Required Services by Program Type</td>
<td>Updated Assisted Living Services for MAP &amp; MLTC, MA, and PACE.</td>
</tr>
<tr>
<td>404-407</td>
<td>Core Listing of Required Services by Program Type</td>
<td>Updated the following services for MAP &amp; MLTC, PACE, HARP, Medicaid, and HIV Special Needs requirements: Assistive Technology Agency, Community Transitional Service, Environmental Modifications, Moving Assistance, Non-Emergent Transportation</td>
</tr>
<tr>
<td>404-407</td>
<td>Core Listing of Required Services by Program Type</td>
<td>The requirement for Home Delivered/Congregate Meals was updated for Medicaid, HARP and HIV Special Needs</td>
</tr>
<tr>
<td>404-407</td>
<td>Core Listing of Required Services by Program Type</td>
<td>Added 321 (COMPREHENSIVE SPECIALTY CLINIC SERVICES) as allowable designated service code for Opioid Treatment Program.</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
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</tr>
<tr>
<td>404-407</td>
<td>Core Listing of Required Services by Program Type</td>
<td>Institutional Long Term Care (Pediatric Skilled Nursing Facility) no longer required for Medicaid, HIV/SNP or HARP. Removed from Table.</td>
</tr>
<tr>
<td>404-407</td>
<td>Core Listing of Required Services by Program Type</td>
<td>New Services Added: Article 16 Clinic/IPSIDD, Assisted Living Service, Community Habilitation, Day Habilitation, OPWDD Day Treatment, Fiscal Intermediary, Harm Reduction Services/SEP, Intensive Behavioral Service, Pathways to Employment, Prevocational Services, Support Brokerage, Supported Employment, START program.</td>
</tr>
</tbody>
</table>

Change Log as of May 2018

<table>
<thead>
<tr>
<th>Current Page #</th>
<th>Data Element</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Data Dictionary Date</td>
<td>Date changed to May 2018 and Version number changed to 8.1</td>
</tr>
<tr>
<td>44, 47-53, 68, 118</td>
<td>Physician and other Providers Data Element Description</td>
<td>Updated critical data elements to have consistent language.</td>
</tr>
<tr>
<td>273, 301, 342-343</td>
<td>Ancillary/ Service centers Data Element Description</td>
<td>Updated critical data elements to have consistent language.</td>
</tr>
<tr>
<td>43</td>
<td>Physician and other Providers Data Element Description</td>
<td>Updated NPI Threshold to 95%.</td>
</tr>
<tr>
<td>44</td>
<td>Physician and other Providers Data Element Description</td>
<td>Removed example regarding formatting of fixed width files.</td>
</tr>
<tr>
<td>45</td>
<td>Physician and other Providers Data Element Description</td>
<td>Changed to Critical Data Element.</td>
</tr>
<tr>
<td>114</td>
<td>Physician and other Providers Data Element Description</td>
<td>Updated language referencing page numbers.</td>
</tr>
<tr>
<td>119</td>
<td>Physician and other Providers Data Element Description</td>
<td>Removed requirement for area code to match practice location.</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td>278</td>
<td>Ancillary/ Service centers Data Element Description</td>
<td>Updated NPI Threshold to 95%</td>
</tr>
<tr>
<td>279, 281</td>
<td>Ancillary/ Service centers Data Element Description</td>
<td>Added language regarding Tribal Health Centers</td>
</tr>
<tr>
<td>281</td>
<td>Ancillary/ Service centers Data Element Description</td>
<td>Removed Permanent Facility Identifier (PFI) requirement for LHCSA</td>
</tr>
<tr>
<td>283</td>
<td>Ancillary/ Service centers Data Element Description</td>
<td>Changed to Critical Data Element. Removed OASAS Provider Number reporting requirement.</td>
</tr>
<tr>
<td>284</td>
<td>Ancillary/ Service centers Data Element Description</td>
<td>Removed OASAS PRU number and OMH HCBS number requirement.</td>
</tr>
<tr>
<td>299</td>
<td>Ancillary/ Service centers Data Element Description</td>
<td>Removed requirement for area code to match practice location.</td>
</tr>
<tr>
<td>349</td>
<td>Language Codes</td>
<td>Language was added regarding the full list of official ISO-639-2 codes.</td>
</tr>
<tr>
<td>386</td>
<td>Physician and other Provider Error Listing</td>
<td>New error codes added.</td>
</tr>
<tr>
<td>390</td>
<td>Ancillary/Service Center Error Listing</td>
<td>New error codes added.</td>
</tr>
<tr>
<td>395</td>
<td>Core Listing of Required Providers by Program Type</td>
<td>Primary Designation of 1, 2 and 3 added for Non-PCP Nurse Practitioners.</td>
</tr>
<tr>
<td>400</td>
<td>Core Listing of Required Services by Program Type</td>
<td>Removed Developmental Disability Service requirements for FIDA IDD.</td>
</tr>
</tbody>
</table>

*Change Log as of February 2018*

<table>
<thead>
<tr>
<th>Current Page #</th>
<th>Data Element</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Data Dictionary Date</td>
<td>Date changed to February 2018 and Version number changed to 8.0</td>
</tr>
<tr>
<td>61</td>
<td>Physician and other Providers Data Element Description</td>
<td>Added: 2 new Applied Behavioral Analysis provider types to the Provider list</td>
</tr>
<tr>
<td>258-267</td>
<td>Physician and other Providers Data Element Description</td>
<td>Added new fields to the Provider file: FIDA IDD Indicator, FIDA IDD Panel Status, FIDA IDD Panel Size, HARP Panel Status, HARP Panel Size, HIV SNP Indicator, HIV SNP Panel Size, HIV SNP Panel status, Site NPI</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
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<tr>
<td>---------------</td>
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</tr>
<tr>
<td>279, 281</td>
<td>Ancillary/ Service centers Data Element Description</td>
<td>Added: LHCSA, FQHC and AIDS Designated centers to the existing DOH certified designated services list</td>
</tr>
<tr>
<td>284</td>
<td>Ancillary/Service Centers Data Element Description</td>
<td>Language was added to Managed Care Plan’s Facility ID description for Plans reporting OMH Home and Community Based Services (HCBS)</td>
</tr>
<tr>
<td>340-343</td>
<td>Ancillary/Service Centers Data Element Description</td>
<td>Added new fields to the Ancillary file: FIDA IDD Indicator, HIV SNP Indicator, Servicing County Fields (1-5)</td>
</tr>
<tr>
<td>345</td>
<td>Borough/ County Codes</td>
<td>Added: All County Code</td>
</tr>
<tr>
<td>346-349</td>
<td>Language Codes</td>
<td>Language field changed to 3-byte; additional languages added to list</td>
</tr>
<tr>
<td>All</td>
<td>General Information</td>
<td>All Dental Indicators removed from Ancillary file: Commercial Non MCO dental indicator, NYSOH Individual Pediatric Dental High indicator, NYSOH Individual Pediatric Dental Low indicator, NYSOH Individual Adult Dental indicator, NYSOH Individual Family Dental indicator, NYSOH SHOP Pediatric Dental High indicator, NYSOH SHOP Pediatric Dental Low indicator, NYSOH SHOP Adult Dental indicator and NYSOH SHOP Family Dental indicator</td>
</tr>
<tr>
<td>350, 362</td>
<td>Provider and Ancillary/ Service Specialty Codes</td>
<td>Added: “Applied Behavioral Analysis Providers” to the Provider and Ancillary/Service Specialty codes lists</td>
</tr>
<tr>
<td>350, 364, 365, 366, 373</td>
<td>Provider and Ancillary/ Service Specialty Codes</td>
<td>New service codes added for Day treatment (OPWDD), Fiscal intermediary (OPWDD), HCBS Self direction (Support brokerage), State operated facilities</td>
</tr>
<tr>
<td>359, 369</td>
<td>Provider and Ancillary/ Service Specialty Codes</td>
<td>Updated: Code 912 to “Orthodontics- Clinic Specialty” to the Provider and Ancillary/Service Specialty codes lists</td>
</tr>
<tr>
<td>386</td>
<td>Physician and other Provider Error Listing</td>
<td>New error codes added</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
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<td>---------------</td>
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</tr>
<tr>
<td>390</td>
<td>Ancillary/Service Center Error Listing</td>
<td>New error codes added</td>
</tr>
<tr>
<td>394</td>
<td>Core Listing of Required Providers by Program Type and Core Listing of Required Services by Program Type</td>
<td>Tables 1 and 2 simplified to show ‘required for adequacy’ or ‘not required for adequacy’. The Category of Services was sorted alphabetically.</td>
</tr>
<tr>
<td>394</td>
<td>Core Listing of Required Providers by Program Type</td>
<td>New category of service added: Behavior Analysis</td>
</tr>
<tr>
<td>395</td>
<td>Core Listing of Required Providers by Program Type</td>
<td>Added code 651 (Cardio-thoracic) under Thoracic surgery in Table 1</td>
</tr>
<tr>
<td>397, 398, 399</td>
<td>Core Listing of Required Services by Program Type</td>
<td>Updated Non-Emergent Transportation, Home Delivered/Congregate Meals, Assistive Technology Agency, Community Transitional Service, Environmental Modifications, Moving Assistance requirements in Table 2</td>
</tr>
<tr>
<td>400</td>
<td>Core Listing of Required Services by Program Type</td>
<td>Personalized Recovery Oriented Services, Continuing Day Treatment, Intensive Psychiatric Rehabilitation Treatment Programs services were combined in to one row in Table 2 for Medicaid, HARP, HIV SNP and FIDA. FIDA IDD has these services listed separately.</td>
</tr>
<tr>
<td>400</td>
<td>Core Listing of Required Services by Program Type</td>
<td>New Developmental Disability Services added: Day habilitation, Prevocational services, Respite, Supported Employment, Fiscal Intermediary, Support brokerage, Community Habilitation, Pathway to employment, Article 16 to Table 2</td>
</tr>
</tbody>
</table>

*Change Log as of September 7, 2017*
<table>
<thead>
<tr>
<th>Current Page #</th>
<th>Data Element</th>
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</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Data Dictionary Date</td>
<td>Date changed to September 2017</td>
</tr>
<tr>
<td>43</td>
<td>Physician and other Providers Data Element Description</td>
<td>Example referencing Meds ID request deleted</td>
</tr>
<tr>
<td>271, 272</td>
<td>Ancillary/Service Centers: Data Element definition</td>
<td>Language was added about plans reporting OASAS facilities using the Medicaid Provider Identification Number and Managed Care Plan's Facility ID</td>
</tr>
<tr>
<td>290</td>
<td>Ancillary/Service Centers Data Element Description</td>
<td>Edited the service numbers to be consistent with the examples</td>
</tr>
<tr>
<td>365</td>
<td>Provider Specialty/Service Description</td>
<td>Added code 674 Respiratory Therapy to the list of Provider and Ancillary/Service Specialty Codes (Alphabetical order)</td>
</tr>
</tbody>
</table>

Change Log as of August 1, 2017

<table>
<thead>
<tr>
<th>Current Page #</th>
<th>Data Element</th>
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</thead>
<tbody>
<tr>
<td>All</td>
<td>Data Dictionary Version Number (Title and Footer)</td>
<td>Version number changed to 7.8 (August 2017)</td>
</tr>
<tr>
<td>5</td>
<td>General Information</td>
<td>Added: As of August 1st 2017, fixed width files are no longer supported as a format for submission</td>
</tr>
<tr>
<td>All</td>
<td>General Information</td>
<td>Deleted: Record position information and references to fixed width</td>
</tr>
<tr>
<td>All</td>
<td>Physician and other providers detailed record format</td>
<td>Maximum field size for PFI changed from 4 to 6</td>
</tr>
<tr>
<td>All</td>
<td>Physician and other Providers: Data element example</td>
<td>Edited the License number threshold to 98%</td>
</tr>
<tr>
<td>271, 272</td>
<td>Ancillary/Service Centers: Data Element definition</td>
<td>Language was added about OASAS plans reporting Provider Identification Number and Facility Program Number</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
<tr>
<td>343, 360, 365</td>
<td>Provider and ancillary/service specialty codes</td>
<td>Added new codes: Medically Managed Detoxification, Residential Substance Abuse Treatment Services (Stabilization), Residential Substance Abuse Treatment Services (Rehabilitation)</td>
</tr>
<tr>
<td>389</td>
<td>Core Listing of Required Services</td>
<td>Additional service codes for Medically Managed Detox Services changed from 754 to 013 in Table 2</td>
</tr>
<tr>
<td>389</td>
<td>Core Listing of Required Services</td>
<td>Category of service added in Table 2: Residential Substance Abuse Treatment Services</td>
</tr>
<tr>
<td>393</td>
<td>Core Listing of Required Services</td>
<td>Institutional Long Term Care split into 6 categories: Institutional Long Term Care, Institutional Long Term Care (Aids Skilled Nursing Facility), Institutional Long Term Care (HEAD INJURY/TBI INJURY SNF), Institutional Long Term Care (Behavioral Health Intervention Skilled Nursing Facility -Neuro), Institutional Long Term Care (Pediatric Skilled Nursing Facility), Institutional Long Term Care (Vent Skilled Nursing Facility)</td>
</tr>
<tr>
<td>394</td>
<td>Core Listing of Required Services</td>
<td>Two additional Designated Service Codes added to Dentistry</td>
</tr>
<tr>
<td>398</td>
<td>Core Listing of Required Services</td>
<td>CHP, Medicaid, HIV Special Needs, PACE, FIDA and HARP services changed to Not Required for Dental Services in the Crossover Specialties section. There are specific requirements for dental providers and dental sites for these products that must be met individually</td>
</tr>
</tbody>
</table>

**Change Log as of June 6, 2017**

<table>
<thead>
<tr>
<th>Current Page #</th>
<th>Data Element</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>All</td>
<td>Data Dictionary Version Number (Title and Footer)</td>
<td>Version number changed to 7.7 (June 2017)</td>
</tr>
<tr>
<td>All</td>
<td>All</td>
<td>FHP error code numbering reverted</td>
</tr>
<tr>
<td>5</td>
<td>General</td>
<td>Removed paragraph on Investigation of Fraud</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5</td>
<td>General Information</td>
<td>Added: Fixed width will no longer be accepted effective 8/1/2017</td>
</tr>
<tr>
<td>48</td>
<td>Zip code</td>
<td>Deleted wording about zip reference file</td>
</tr>
<tr>
<td>114</td>
<td>Area Code</td>
<td>Changed from soft edit to critical edit</td>
</tr>
<tr>
<td>115</td>
<td>Phone number</td>
<td>Changed from soft edit to critical edit</td>
</tr>
<tr>
<td>304-334</td>
<td>NYSOH Non Standard products</td>
<td>Edited wording to reflect the matching Data Element Name</td>
</tr>
<tr>
<td>341, 342, 351, 360, 361, 386</td>
<td>General Information</td>
<td>Edited the spelling of Ophthalmology</td>
</tr>
<tr>
<td>369, 378</td>
<td>Physician and other provider error listing</td>
<td>Deleted duplicate HARP provider indicator wording</td>
</tr>
</tbody>
</table>

**Change Log as of March 8, 2017**

<table>
<thead>
<tr>
<th>Current Page #</th>
<th>Data Element</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>All</td>
<td>Data Dictionary Version Number (Footer)</td>
<td>Version number changed to 7.6 (March 2017)</td>
</tr>
<tr>
<td>All</td>
<td>All</td>
<td>Removed FHP references</td>
</tr>
<tr>
<td>ALL</td>
<td>ALL</td>
<td>Removed HCS references</td>
</tr>
<tr>
<td>4</td>
<td>General Information</td>
<td>Added: NYS Provider &amp; Health Plan Look-Up: The PNDS will be used to feed a public provider lookup tool on the NYS DOH website, allowing consumers to anonymously search multiple providers and find participating health plans, or search by county, by specialty, by language, and more.</td>
</tr>
<tr>
<td>5</td>
<td>Data Submission Schedule section</td>
<td>A health plan must update their online directory, as well as their PNDS submission within 15 days of becoming aware of the addition or termination of a provider from its network, or a change in a physician's hospital affiliation. PNDS data can be submitted at any time, and must be submitted at least quarterly, regardless of network changes.</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
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<tr>
<td>---------------</td>
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</tr>
<tr>
<td></td>
<td>Once per quarter, the submitted network will be reviewed for adequacy. The network review will occur 15 business days after the end of the quarter (quarters end March 31, June 30, September 30, and December 31).</td>
<td></td>
</tr>
<tr>
<td>39, 40, 47-49, 55, 57, 58, 63, 69, 117, 259-261, 266, 287</td>
<td>Physician and Other Providers Element Descriptions</td>
<td>Added language about leading zeros: license number, prim spec, secd spec, tax ID, mmis/meds ID, prov type, pfi, designated service code, additional service codes, physician extenders, county code, zip.</td>
</tr>
<tr>
<td>42</td>
<td>Physician and Other Providers Element Descriptions</td>
<td>Site Name; Cannot be blank</td>
</tr>
<tr>
<td>43</td>
<td>Physician and Other Providers Element Descriptions</td>
<td>Room or Suite; Cannot be blank</td>
</tr>
<tr>
<td>46</td>
<td>Physician and Other Providers Element Descriptions</td>
<td>State; Must be a valid state code</td>
</tr>
<tr>
<td>47</td>
<td>Physician and Other Providers Element Descriptions</td>
<td>County; Must be a valid NYS county code (FIPS)</td>
</tr>
<tr>
<td>113</td>
<td>Physician and Other Providers Element Descriptions</td>
<td>Language 1-7; Language 1 cannot be blank. Language code must be found in the PNDS dictionary.</td>
</tr>
<tr>
<td>114</td>
<td>Physician and Other Providers Element Descriptions</td>
<td>Area Code; Area code (other than toll free) must correspond to the state submitted for provider’s address. <em>Change from soft to critical</em></td>
</tr>
<tr>
<td>115</td>
<td>Physician and Other Providers Element Descriptions</td>
<td>Phone Number; Must be 7 digits. <em>Change from soft to critical</em></td>
</tr>
<tr>
<td>117</td>
<td>Physician and Other Providers Element Descriptions</td>
<td>FEIN; <em>Change from soft to critical</em></td>
</tr>
<tr>
<td>285</td>
<td>Ancillary/Service Centers Element Descriptions</td>
<td>Area Code; Area code (other than toll free) must correspond to the state submitted for provider’s address. <em>Change from soft to critical</em></td>
</tr>
<tr>
<td>288</td>
<td>Ancillary/Service Centers Element Descriptions</td>
<td>Phone Number; Must be 7 digits. <em>Change from soft to critical</em></td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>--------</td>
</tr>
<tr>
<td>343</td>
<td>Provider Specialty/Service Description</td>
<td>Removed code 280 for chiropractic as it is no longer in use. Chiropractors should be reported under code 162 (osteopathic manipulative medicine).</td>
</tr>
<tr>
<td>345</td>
<td>Provider Specialty/Service Description – Numerical Order</td>
<td>New codes added: 405-FEDERALLY QUALIFIED HEALTH CENTER (FQHC) 406-PRESUMPTIVE ELIGIBILITY 407-TRIBAL HEALTH CENTERS 408-DESIGNATED AIDS CENTERS</td>
</tr>
<tr>
<td>354</td>
<td>Provider Specialty/Service Description - Alphabatical</td>
<td>New code added: 408-DESIGNATED AIDS CENTERS</td>
</tr>
<tr>
<td>355</td>
<td>Provider Specialty/Service Description - Alphabatical</td>
<td>New code added: 405-FEDERALLY QUALIFIED HEALTH CENTER (FQHC)</td>
</tr>
<tr>
<td>361</td>
<td>Provider Specialty/Service Description - Alphabatical</td>
<td>New code added: 406-PRESUMPTIVE ELIGIBILITY</td>
</tr>
<tr>
<td>363</td>
<td>Provider Specialty/Service Description - Alphabatical</td>
<td>New code added: 407-TRIBAL HEALTH CENTERS</td>
</tr>
<tr>
<td>381-384</td>
<td>Table 1 Core Listing of Required Providers by Program Type</td>
<td>Omit certain pediatric provider types for HARP: PCP/Pediatrics (150) Child Psychiatry (191) Pediatric Surgery (153) Pedodontics (804)</td>
</tr>
<tr>
<td>385</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Medically Managed Detox Services, Additional Service Codes updated to 357</td>
</tr>
<tr>
<td>385</td>
<td>Table 2 Table 2 - Core Listing of Required Services by Program Type</td>
<td>Added: Medically Supervised Detox Services</td>
</tr>
<tr>
<td>386</td>
<td>Table 2 Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: Outpatient Chemical Dependency; Designated Service Codes (011, 321, 914, 749) and Additional Service Code (749, 922, 984,986, 987).</td>
</tr>
<tr>
<td>386</td>
<td>Table 2 Table 2 - Core Listing of Required Services by Program Type</td>
<td>Added: Integrated Services for Chemical Dependence (Clinic and Opioid)</td>
</tr>
<tr>
<td>386</td>
<td>Table 2 Table 2 - Core Listing of Required Services by Program Type</td>
<td>Added: Office Based Substance Abuse Services</td>
</tr>
<tr>
<td>386</td>
<td>Table 2 Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: Certified Home Health (HHA); ‘required’ QHP/EP.</td>
</tr>
<tr>
<td>387</td>
<td>Table 2 Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: Licensed Home Health Care – Personal Care Assistant (HHA/PCA); ‘required’ for EP, but not required for QHP</td>
</tr>
</tbody>
</table>
### Change Log as of December 5, 2016

<table>
<thead>
<tr>
<th>Current Page #</th>
<th>Data Element</th>
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</tr>
</thead>
<tbody>
<tr>
<td>348</td>
<td>Provider Specialty/Service Description</td>
<td>Remove reference to HCBS from the following provider specialty codes: Provider Travel - 835, Psycho Social Rehab - 836</td>
</tr>
<tr>
<td>388</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: Dentistry; ‘optional’ for NYSOH Dental.</td>
</tr>
<tr>
<td>389</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: Freestanding Birth Center, not required for FIDA.</td>
</tr>
<tr>
<td>389</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: Mobile Mental Health Treatment; Medicaid and HIV/SNP as ‘required’.</td>
</tr>
<tr>
<td>390</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: Personalized Recovery Oriented Services; Medicaid and HIV/SNP as ‘required’.</td>
</tr>
<tr>
<td>390</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: Continuing Day Treatment; Medicaid and HIV/SNP as ‘required’.</td>
</tr>
<tr>
<td>390</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: Partial Hospitalization; Commercial off the NYSOH, Medicaid, HIV/SNP, QHP/EP, HARP and Commercial Non-MCO Medical as ‘required’ and PACE as ‘optional’.</td>
</tr>
<tr>
<td>391</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: AIDS Designated Centers; Designated Service Codes (011, 312) and Additional Service Code (408).</td>
</tr>
<tr>
<td>391</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Updated: Dental Services; ‘optional’ for NYSOH Dental.</td>
</tr>
<tr>
<td>392</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Added: Tribal Health Centers</td>
</tr>
<tr>
<td>392</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Added: Comprehensive Psychiatric Emergency Program (CPEP)</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
</tr>
<tr>
<td>---------------</td>
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<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>357</td>
<td>Provider Specialty/Service Description</td>
<td>Updated code 824 to &quot;MOBILE MENTAL HEALTH TREATMENT PROVIDER / CRISIS INTERVENTION&quot;</td>
</tr>
<tr>
<td>354</td>
<td>Provider Specialty/Service Description</td>
<td>Removed HCBS from code 839 &quot;COMMUNITY PSYCHIATRIC SUPPORTS AND TREATMENT&quot;</td>
</tr>
<tr>
<td>355</td>
<td>Provider Specialty/Service Description</td>
<td>Removed &quot;HOME &amp; COMMUNITY BASED SERVICE PEER SUPPORT&quot; and moved it to page 360, alphabetized as &quot;PEER SUPPORT&quot;</td>
</tr>
<tr>
<td>361</td>
<td>Provider Specialty/Service Description</td>
<td>Removed HCBS from code 836 &quot;PSYCHOSOCIAL REHAB&quot;</td>
</tr>
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</table>

**Change Log as of August 26, 2016**

<table>
<thead>
<tr>
<th>All</th>
<th>Data Dictionary Version Number (Footer)</th>
<th>Version number changed to 7.5</th>
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<tbody>
<tr>
<td>All</td>
<td>Data Dictionary Version Number and Date</td>
<td>Version number changed to 7.5 (August 2016)</td>
</tr>
<tr>
<td>All</td>
<td>HCS updated throughout to reflect new PNDS portal, when necessary</td>
<td>Most references to the HCS have been updated to reflect the new PNDS portal, unless it is a historical reference to the system or in the case that plans might still need to access the HCS for a specific reason (MEDS ID)</td>
</tr>
<tr>
<td>4</td>
<td>About the Provider Network Data System</td>
<td>Added Health and Recovery Plan(s) (HARP); New York State of Health (NYSOH) Qualified Health Plan(s) (QHP’s); Basic Health Plan(s) (BHP’s); and Commercial networks outside of the NYSOH.</td>
</tr>
<tr>
<td>5</td>
<td>Connection to the Provider Network Data System (PNDS)</td>
<td>Added updated URL, access information and notification.</td>
</tr>
<tr>
<td>5</td>
<td>Data Submission Schedule</td>
<td>Added Basic Health Plan(s) (BHPs), and updated submission quarters.</td>
</tr>
<tr>
<td>10</td>
<td>Physician and Other Providers Detailed Record Format</td>
<td>Added indicator data elements for Commercial Non-MCO Medical, Commercial Non-MCO Vision, and Commercial Non-MCO Dental.</td>
</tr>
<tr>
<td>31</td>
<td>Ancillary/Service Centers Detailed Record Format</td>
<td>Added indicator data elements for Commercial Non-MCO Medical, Commercial Non-MCO Vision, and Commercial Non-MCO Dental.</td>
</tr>
<tr>
<td>47</td>
<td>Physician and Other Providers Edit Application</td>
<td>Deleted Edit Application #2: &quot;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 either entered a wrong zip code or FIPS county code.&quot;</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
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<tr>
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<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td>82</td>
<td>Physician and Other Providers Element Description</td>
<td>Added data element descriptions for Commercial Non-MCO Medical line of business.</td>
</tr>
<tr>
<td>83</td>
<td>Physician and Other Providers Element Description</td>
<td>Added data element descriptions for Commercial Non-MCO Vision line of business.</td>
</tr>
<tr>
<td>84</td>
<td>Physician and Other Providers Element Description</td>
<td>Added data element descriptions for Commercial Non-MCO Dental line of business.</td>
</tr>
<tr>
<td>107</td>
<td>Physician and Other Providers Edit Applications Description</td>
<td>Updated to reflect the OPCERT for all hospitals are posted on the PNDS portal.</td>
</tr>
<tr>
<td>108</td>
<td>Physician and Other Providers Edit Applications Description</td>
<td>Updated to reflect the PFI numbers for all hospitals are posted on the PNDS portal.</td>
</tr>
<tr>
<td>110</td>
<td>Physician and Other Providers Definition</td>
<td>Updated to reflect if a primary care provider works in a clinic, the clinic must be identified by OPCERT and PFI (see page 107-108 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.</td>
</tr>
<tr>
<td>109</td>
<td>Physician and Other Providers Edit Applications Description</td>
<td>Updated to reflect the data element must be a valid operating certificate number as listed on the PNDS portal (originally from HFIS).</td>
</tr>
<tr>
<td>110</td>
<td>Physician and Other Providers Definition</td>
<td>Updated to reflect the full list of OPCERTs and PFIs is posted on the PNDS portal.</td>
</tr>
<tr>
<td>259</td>
<td>Physician and Other Providers Definition</td>
<td>Updated to reflect that FIPS codes are listed on the PNDS page.</td>
</tr>
<tr>
<td>260</td>
<td>Physician and Other Providers Definition</td>
<td>Updated to reflect that zip codes are listed on the PNDS page.</td>
</tr>
<tr>
<td>261</td>
<td>Physician and Other Providers Edit Application</td>
<td>Deleted Edit Application: “There will be 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.”</td>
</tr>
<tr>
<td>282</td>
<td>Ancillary/Service Centers</td>
<td>Added data element descriptions for Commercial Non-MCO Medical line of business.</td>
</tr>
<tr>
<td>283</td>
<td>Ancillary/Service Centers</td>
<td>Added data element descriptions for Commercial Non-MCO Vision line of business.</td>
</tr>
<tr>
<td>284</td>
<td>Ancillary/Service Centers</td>
<td>Added data element descriptions for Commercial Non-MCO Dental line of business.</td>
</tr>
<tr>
<td>336</td>
<td>Language Codes</td>
<td>Added Bosnian (BS) language name in Indo-European language family.</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td>337</td>
<td>Language Codes</td>
<td>Added Karen (KR) language name in Asian/Pacific Islander language family.</td>
</tr>
<tr>
<td>348</td>
<td>Provider Specialty/Service Description</td>
<td>Added code 835 (HCBS Provider Travel), code 836 (HCBS Psychosocial Rehab), code 837 (HCBS Peer Support), code 838 (OMH Other Licensed Practitioners), and code 839 (HCBS Community Psychiatric Supports and Treatment).</td>
</tr>
<tr>
<td>357</td>
<td>Provider Specialty/Service Description</td>
<td>Added code 839 (Home &amp; Community Based Service (HCBS) Community Psychiatric Supports and Treatment), code 837 (Home &amp; Community Based Service (HCBS) Peer Support), code 835 (Home &amp; Community Based Service (HCBS) Provider Travel), and code 836 (Home &amp; Community Based Service (HCBS) Psychosocial Rehab).</td>
</tr>
<tr>
<td>369</td>
<td>Physician and Other Provider Error Listing</td>
<td>Added Message Number 38 (Commercial Non-MCO Medical Indictor), and Message Number 39 (Commercial Non-MCO Vision Indicator).</td>
</tr>
<tr>
<td>368</td>
<td>Physician and Other Provider Error Listing</td>
<td>Added Message Number 40 (Commercial Non-MCO Dental Indicator).</td>
</tr>
<tr>
<td>377</td>
<td>Ancillary/Service Center Error Listing</td>
<td>Added Message Number 24 (Commercial Non-MCO Medical Indicator), Message Number 25 (Commercial Non-MCO Dental Indicator) and Message Number 26 (Commercial Non-MCO Vision Indicator).</td>
</tr>
<tr>
<td>381-384</td>
<td>Table 1 – Core Listing of Required Providers by Program Type</td>
<td>Added three new columns (Commercial Non-MCO Medical, Commercial Non-MCO Vision, and Commercial Non-MCO Dental)</td>
</tr>
<tr>
<td>385-391</td>
<td>Table 2 – Core Listing of Required Services by Program Type</td>
<td>Added three new columns (Commercial Non-MCO Medical, Commercial Non-MCO Vision, and Commercial Non-MCO Dental)</td>
</tr>
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Change Log as of February 26, 2016

<table>
<thead>
<tr>
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<tr>
<td>342</td>
<td>Provider and Ancillary/Service Specialty Codes</td>
<td>Added provider/ancillary codes: 835 HCBS PROVIDER TRAVEL 836 HCBS PSYCHOSOCIAL REHAB 837 HCBS PEER SUPPORT 838 OMH OTHER LICENSED PRACTITIONERS 839 HCBS COMMUNITY PSYCHIATRIC SUPPORTS AND TREATMENT</td>
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Change Log as of February 3, 2016
### Change Log as of September 29, 2015

<table>
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<tr>
<td>All</td>
<td>Data Dictionary Version Number and Date</td>
<td>Version number changed to 7.0 (September 2015)</td>
</tr>
<tr>
<td>4-5</td>
<td>General Information</td>
<td>Added HARP</td>
</tr>
<tr>
<td>9</td>
<td>Physician and Other Providers Detailed Record Format</td>
<td>Added indicator for the HARP line of business.</td>
</tr>
<tr>
<td>30</td>
<td>Ancillary/Service Centers Detailed Record Format</td>
<td>Added indicator for the HARP line of business.</td>
</tr>
<tr>
<td>74</td>
<td>Physician and Other Providers Element Description</td>
<td>Added indicator data element descriptions for the HARP line of business.</td>
</tr>
<tr>
<td>271</td>
<td>Ancillary/Service Centers Element Descriptions</td>
<td>Added indicator data element descriptions for the HARP line of business.</td>
</tr>
<tr>
<td>334</td>
<td>Provider and Ancillary/Service Specialty Codes</td>
<td>Added behavioral health provider specialty codes 854-862</td>
</tr>
<tr>
<td>370, 373</td>
<td>Provider and Ancillary File Error Codes</td>
<td>Added ancillary and provider error codes for HARP.</td>
</tr>
<tr>
<td>375-377</td>
<td>Table 1 – Core Listing of Required Providers by Program Type</td>
<td>Added HARP as a program type.</td>
</tr>
<tr>
<td>378-382</td>
<td>Table 2 – Core Listing of Required Services by Program Type</td>
<td>Added HARP as a program type.</td>
</tr>
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</table>

### Change Log as of May 13, 2015

<table>
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<tr>
<td>All</td>
<td>Data Dictionary Version Number and Date</td>
<td>Version number changed to 6.9 (May 2015)</td>
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**Change Log as of May 13, 2015**

<table>
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<tbody>
<tr>
<td>2</td>
<td>Table of Contents</td>
<td>Updated table of contents to take into account fields added with insertion of BHP indicators, panel status and panel size fields</td>
</tr>
<tr>
<td>4</td>
<td>About the Provider Network Data System</td>
<td>Added in Basic Health Plan (BHP)</td>
</tr>
<tr>
<td>9-12</td>
<td>Physician and Other Providers Detailed Record Format</td>
<td>Added indicators, panel status and panel size fields for Standard BHP and BHP plus Adult Vision and Dental lines of business.</td>
</tr>
<tr>
<td>32</td>
<td>Ancillary/Service Centers Detailed Record Format</td>
<td>Added indicators for the Standard BHP and BHP plus Adult Vision and Dental lines of business.</td>
</tr>
<tr>
<td>80-81</td>
<td>Physician and Other Providers Element Description</td>
<td>Added indicator data element descriptions for the Standard BHP and BHP plus Adult Vision and Dental lines of business.</td>
</tr>
<tr>
<td>91-92</td>
<td>Physician and Other Providers Element Description</td>
<td>Added panel status data element descriptions for the Standard BHP and BHP plus Adult Vision and Dental lines of business.</td>
</tr>
<tr>
<td>102-103</td>
<td>Physician and Other Providers Element Description</td>
<td>Added panel size data element descriptions for the Standard BHP and BHP plus Adult Vision and Dental lines of business.</td>
</tr>
<tr>
<td>277-278</td>
<td>Ancillary/Service Centers Element Description</td>
<td>Added indicator data element descriptions for Standard BHP and BHP plus Adult Vision and Dental lines of business.</td>
</tr>
<tr>
<td>330</td>
<td>County Codes</td>
<td>Added in the code to be used when submitting out of state providers (088).</td>
</tr>
<tr>
<td>371, 374</td>
<td>Provider and Ancillary File Error Codes</td>
<td>Added Error Codes for Standard BHP and BHP plus Adult Vision and Dental indicators, panel status and panel size fields.</td>
</tr>
<tr>
<td>376-382</td>
<td>Core Listing of Required Providers by Program Type</td>
<td>Added BHP to the NYSOH QHP program type</td>
</tr>
</tbody>
</table>

**Change Log as of March 2, 2015**

<table>
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<tr>
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<tbody>
<tr>
<td>All</td>
<td>Family Health Plus</td>
<td>Family Health Plus is no longer an active product and has been replaced with filler fields that should be space-filled.</td>
</tr>
<tr>
<td>1</td>
<td>Data Dictionary Version Number</td>
<td>Version number changed to 6.8</td>
</tr>
<tr>
<td>5</td>
<td>Connection to the Health Commerce System (HCS)</td>
<td>Updated email address for the New York Health Exchange. Added email address for PNDS.</td>
</tr>
</tbody>
</table>
### Change Log as of March 2, 2015

<table>
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<tr>
<th>Current Page #</th>
<th>Data Element</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td>5</td>
<td>Data Submission Schedule</td>
<td>Health providers with multiple products will now submit all lines of business in a single file.</td>
</tr>
<tr>
<td>9-12</td>
<td>Physician and Other Providers Detailed Record Format</td>
<td>Added indicators, panel status and panel size fields for the FIDA line of business.</td>
</tr>
<tr>
<td>32</td>
<td>Ancillary/Service Centers Detailed Record Format</td>
<td>Added indicators for the FIDA line of business.</td>
</tr>
<tr>
<td>79</td>
<td>Physician and Other Providers Element Description</td>
<td>Added indicator data element descriptions for the FIDA line of business.</td>
</tr>
<tr>
<td>88</td>
<td>Physician and Other Providers Element Description</td>
<td>Added panel status data element descriptions for the FIDA line of business.</td>
</tr>
<tr>
<td>97</td>
<td>Physician and Other Providers Element Description</td>
<td>Added panel size data element descriptions for the FIDA line of business.</td>
</tr>
<tr>
<td>258, 333, 343</td>
<td>License/Facility Operating Certificate</td>
<td>Added code 663 - Institutional Short Term Care renamed code 660 - Nursing Homes to Institutional Long Term Care</td>
</tr>
<tr>
<td>270</td>
<td>Ancillary/Service Centers Element Description</td>
<td>Added indicator data element descriptions for FIDA.</td>
</tr>
<tr>
<td>333-335, 338-350</td>
<td>Provider and Ancillary/Service Specialty Codes</td>
<td>Added nursing home provider specialty codes 655-659. Added FIDA specialty codes 816-834</td>
</tr>
<tr>
<td>353</td>
<td>Provider Network / Medicaid Encounter Data Attestation</td>
<td>Attestations are to be addressed to the new director of the Bureau of Managed Care Certification and Surveillance, Susan Bentley.</td>
</tr>
<tr>
<td>367-369</td>
<td>Table 1 – Core Listing of Required Providers by Program Type</td>
<td>Added FIDA as a program type.</td>
</tr>
<tr>
<td>368</td>
<td>Table 1 - Core Listing of Required Providers by Program Type</td>
<td>Added new Categories of Service: Family Planning, Nutrition and Palliative Care.</td>
</tr>
<tr>
<td>370-374</td>
<td>Table 2 – Core Listing of Required Services by Program Type</td>
<td>Added FIDA as a program type.</td>
</tr>
</tbody>
</table>
**Change Log as of March 2, 2015**

<table>
<thead>
<tr>
<th>Current Page #</th>
<th>Data Element</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>370-374</td>
<td>Table 2 - Core Listing of Required Services by Program Type</td>
<td>Added new Categories of Service: Institutional Short Term Care (NH/SNF), Hemodialysis, Oncology – Therapy, General Vascular Surgery, Transplant Surgery, Hospital Based/Freestanding Surgery, Assisted Living, Assertive Community Treatment, Assistive Technology Agency, Community Integration Counseling, Community Transitional Service, Environmental Modifications, Freestanding Birth Center, Independent Living Skills, Mobile Mental Health Treatment, Moving Assistance, Peer Delivered Services, Peer Mentoring, Personalized Recovery, Oriented Services, Positive Behavioral Interventions &amp; Support, Social Day Care Transportation, Structured Day Programs, Tele-health, Home &amp; Community Support Services, Continuing Day Treatment, Intensive Psychiatric Rehabilitation Treatment Programs, Partial Hospitalization and NYS OMH Licensed CRs.</td>
</tr>
</tbody>
</table>

**Change Log as of January 17, 2014**

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<tr>
<td>5</td>
<td>Connection to the Health Commerce System (HCS) and Provider Network Data System</td>
<td>Contact phone number added for the New York State Health Benefit Exchange.</td>
</tr>
<tr>
<td>5</td>
<td>Data Submission Schedule</td>
<td>Added New York State Health Benefit Exchange submission schedule. Health insurers with multiple products are now instructed to report MLTC; Mainstream; and HIV SNP programs separately.</td>
</tr>
<tr>
<td>45, 46 &amp; 262</td>
<td>Data Element Allowable Thresholds</td>
<td>Removed percentages of the allowable thresholds required for a file submission to be considered accepted due to differences between managed care and managed long term care requirements, these thresholds are available during the review process on HCS in the Plan Error Reports From Latest Data Submission.</td>
</tr>
<tr>
<td>354-363</td>
<td>Provider &amp; Ancillary File Error Codes</td>
<td>This section has been updated to reflect the established New York State Health Benefit Exchange error codes. Error codes now cover pages 354-363, previously 354-358.</td>
</tr>
<tr>
<td>Current Page #</td>
<td>Data Element</td>
<td>Change</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>364-373</td>
<td>Coding Scheme Summary Reports</td>
<td>Coding Scheme Summary Reports now cover pages 364-372, previously 359-367.</td>
</tr>
<tr>
<td>365</td>
<td>Table 1 – Primary Care Providers</td>
<td>Added footnote that states Primary Care Providers are required for both Medicaid and HIV Special Needs.</td>
</tr>
<tr>
<td>365</td>
<td>Table 1 – Primary Care Providers – Nurse Practitioners</td>
<td>Nurse Practitioners may no longer use Primary designation code 3 (PCP and Specialist)</td>
</tr>
<tr>
<td>366</td>
<td>Table 1 – Specialty Care Providers – Chiropractic</td>
<td>Primary Designation code 3 has been removed and specialty code 280 has been removed.</td>
</tr>
<tr>
<td>366</td>
<td>Table 1 – Specialty Care Providers – Nurse Practitioners</td>
<td>Nurse Practitioners removed from Specialist Care Providers to prevent being represented twice.</td>
</tr>
<tr>
<td>367</td>
<td>Table 1 – Dental Care Providers</td>
<td>Primary Designation code 3 has been removed. Dental care providers cannot be primary care providers.</td>
</tr>
<tr>
<td>368</td>
<td>Table 1 – Crossover Specialties</td>
<td>Primary Designations for Crossover Specialties&gt;Therapy changed, additional provider type added for Therapy: Respiratory.</td>
</tr>
<tr>
<td>369-370</td>
<td>Table 2 – Ancillary/Tertiary Care Services</td>
<td>Updated Core Listing of Required Services By Program Type, additional Category of Services coded in the Ancillary/Tertiary Care Services section. Home Based Occupational Therapy, Physical Therapy, Speech Therapy and Medical Social Services have been added to Certified Home Health (CHHA) categories of service with additional service codes 300, 301 and 302. Home Based Physical Therapy, Occupational Therapy, Speech Therapy and Medical Social Services have been added to Licensed Home Health Care (HHA) categories of service with additional service codes 300, 301 and 302.</td>
</tr>
<tr>
<td>370</td>
<td>Table 2 – Ancillary/Tertiary Care Services - Dentistry</td>
<td>Now required to provide HIV Special needs services.</td>
</tr>
<tr>
<td>371</td>
<td>Table 2 – Traditional Medicaid Providers - Federal Qualified Health Center (FQHC)</td>
<td>Federal Qualified health Centers (FQHC) are now required to provide HIV Special needs services.</td>
</tr>
</tbody>
</table>