Member Screens

03/30/2016

Screens MC-S-005 Managed Care Menu

General Information

This screen is the Managed Care Main Menu. From this screen, users can select options that allow them to view member pre-assignment and assignment data, change pre-assignment data, view, update, correct and restore member assignment data, view and modify pre-assignment algorithm information, open enrollment settings, new county enrollment settings, and provider preferences used in new county enrollment (the implementation of Medallion II into a new county). Client Medical Management data is also viewed and maintained through this menu.

SOURCE/ORIGINATOR	DMAS authorized users.
USAGE	Inquiry, Update, Add
PROGRAM	MCT005
MAPSET	MC005VA
TRAN ID	VE60

SAMPLE	**Managed Care Menu (MC-S-005)**

Test Environment | Home | Contact Us | Help | Search |

Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: MC-S-005
Trans ID: VE60
Program ID: MCT005VA

VIRGINIA MEDICAID
MANAGED CARE MENU

Date: 02/09/2010
Time: 11:14

Select from List and Select Function

Selection:

Function: Add Change Inquiry Correct Restore

Member ID: Show:

Enter | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECTION Calculated (DE0002)	Edits: Must be one of the screen selection values. Messages: Missing/Invalid data, please correct highlighted data.	Allows selection of a screen to be invoked. Select one of the options from the list shown on the screen. Allows selection of a screen to be invoked. Select one of the options from the list shown on the screen.
2	FUNCTION Calculated (DE0002)	Edits: Valid function codes are 'A' (Add), 'C' (Change), 'I' (Inquiry),'R' (Correct) and 'E' (Restore). Function code 'R' (Correct) and 'E' (Restore) is valid only for	Indicates the type of function to be invoked. Select the function Inquiry. Indicates the type of function to be invoked. ADD (C/U) Select the function 'Add' UPDATE (C/U)

		Option 1(Enrollee/PCP Assignment). Messages: Missing/Invalid data, please correct highlighted data. Function Not Valid for Option Selected. You must select a Function to Proceed	Select the function 'Change' CORRECT (C/U) Select the function 'Restore' RESTORE (C/U) Select the function 'Correct' and 'Restore'. These functions are valid only for the Enrollee/PCP Assignment option.
3	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: If entered, must be a valid Enrollee ID on the RS_ENROLLEE Table. Messages: Invalid Enrollee ID.	The 12-digit DMAS-administered identification number that is used to tie all claims for a single enrollee together. If entered, must be a valid Enrollee ID on the Enrollee table. The 12-digit DMAS-administered identification number that is used to tie all claims for a single enrollee together. If entered, must be a valid Enrollee ID on the Enrollee table. ADD (O/U) Enter a valid Enrollee ID number to initiate the ADD record function. UPDATE (O/U) Enter a valid Enrollee ID number to access the record you wish to update.
4	SHOW Calculated (DE0002)	Edits: This field is valid only with option 1 and function 'I'. It is to be left blank for all other options and functions. This field is used to narrow the display of managed care/CMM data to a particular subset of data. If the field is left blank, all managed care pre-assignment, assignments, and CMM assignments are shown with the most recent assignemnts first.	This field is valid only with option Enrollee/PCP Assignment Data. It is to be left blank for all other options. This field is used to narrow the display of managed care/CMM data to a particular subset of data. If the field is left blank, all managed care pre-assignment, assignments, and CMM assignments are shown with the most recent assignments first. For option Enrollee/PCP Assignment Data, enter a valid subprogram code to access data for that subprogram only. Use the On-line HELP system to find valid codes for DE 3552 (subprogram code). Other valid values are listed below: 01 - only CMM assign-

		Other valid values are listed below: 01 - only CMM assignments (segments) with an exception indicator of 4, 5, or 6 are to be listed. 02 - only Medallion managed care pre-assignment/assignments are listed. 03 - only Medallion II pre-assignments/assignments (segments) are to be listed. 04 - only Options assignments are listed. Messages: Invalid data; please correct highlighted fields. SHOW not valid for the option selected. SHOW not valid for the function selected.	ments (segments) with an exception indicator of 4, 5, or 6 are to be listed. 02 - only Medallion managed care pre-assignment/assignments are listed. 03 - only Medallion II pre-assignments/assignments (segments) are to be listed. 04 - only Options assignments are listed. This field is valid only with option Enrollee/PCP Assignment Data. It is to be left blank for all other options. This field is used to narrow the display of managed care/CMM data to a particular subset of data. If the field is left blank, all managed care pre-assignment, assignments, and CMM assignments are shown with the most recent assignments first. For option Enrollee/PCP Assignment Data, enter a valid subprogram code to access data for that subprogram only. Use the On-line HELP system to find valid codes for DE 3552 (subprogram code). Other valid values are listed below: 01 - only CMM assignments (segments) with an exception indicator of 4, 5, or 6 are to be listed. 02 - only Medallion managed care pre-assignment/assignments are listed. 03 - only Medallion II pre-assignments/assignments (segments) are to be listed. 04 - only Options assignments are listed.
5	(ERROR TEXT FIELD) Calculated (DE0002)		Display area for error messages. Display area for error messages. (P)

NAVIGATION	**Managed Care Menu (MC-S-005)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER and Option 1	Control is transferred to MCT010VA (Managed Care Assignment Program). An Update allows for a new CMM Entry to be entered if desired.	MC-S-010 (B)
ENTER and	Control is transferred to MCT055VA (Managed Care	MC-S-055 (B)

Option 2	Region & FIPS Statistics Report Criteria Program). Functions do not apply.	
ENTER and Option 3	Control is transferred to MCT020VA (Pre-Assignment Algorithms Program).	MC-S-020 (B)
ENTER and Option 4	Control is transferred to MCT030VA (Open Enrollment Data Program).	MC-S-030 (B)
ENTER and Option 5	Control is transferred to MCT040VA (New County Enrollment Data Program).	MC-S-040 (B)
ENTER and Option 6	Control is transferred to MCT050VA (CMM Restriction Period History Program).	MC-S-050 (B)
ENTER and Option 7	Control is transferred to MCT070VA (Member Commonwealth Coordinated Care (CCC) History Program).	MC-S-070 (B)
SUB MENU	Return to the Member Subsystem Menu.	RS-S-000 (R)
Up Arrow	Returns to the Main System Menu.	RF-S-010 ()

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3207	FUNCTION NOT VALID FOR THE OPTION SELECTED	Information message.
3209	INVALID ENROLLEE ID	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3206	OPTION SELECTED IS INVALID ENTER A VALID OPTION.	Information message.
3208	SHOW NOT VALID FOR THE OPTION SELECTED	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Managed Care option in the selection field. Choose Enter.

2. You see the Managed Care Menu (MC-S-005).
Screen Use:
1. On the Managed Care Menu, choose the Selection drop down box and select a screen.
2. Choose the radio button beside the function you wish to choose (Add, Change, Inquiry, Correct, Restore).
3. Enter the Enrollee ID if appropriate for the screen and function you have selected. (See the access instructions for each individual screen.)
4. Choose Enter to access the selected screen.

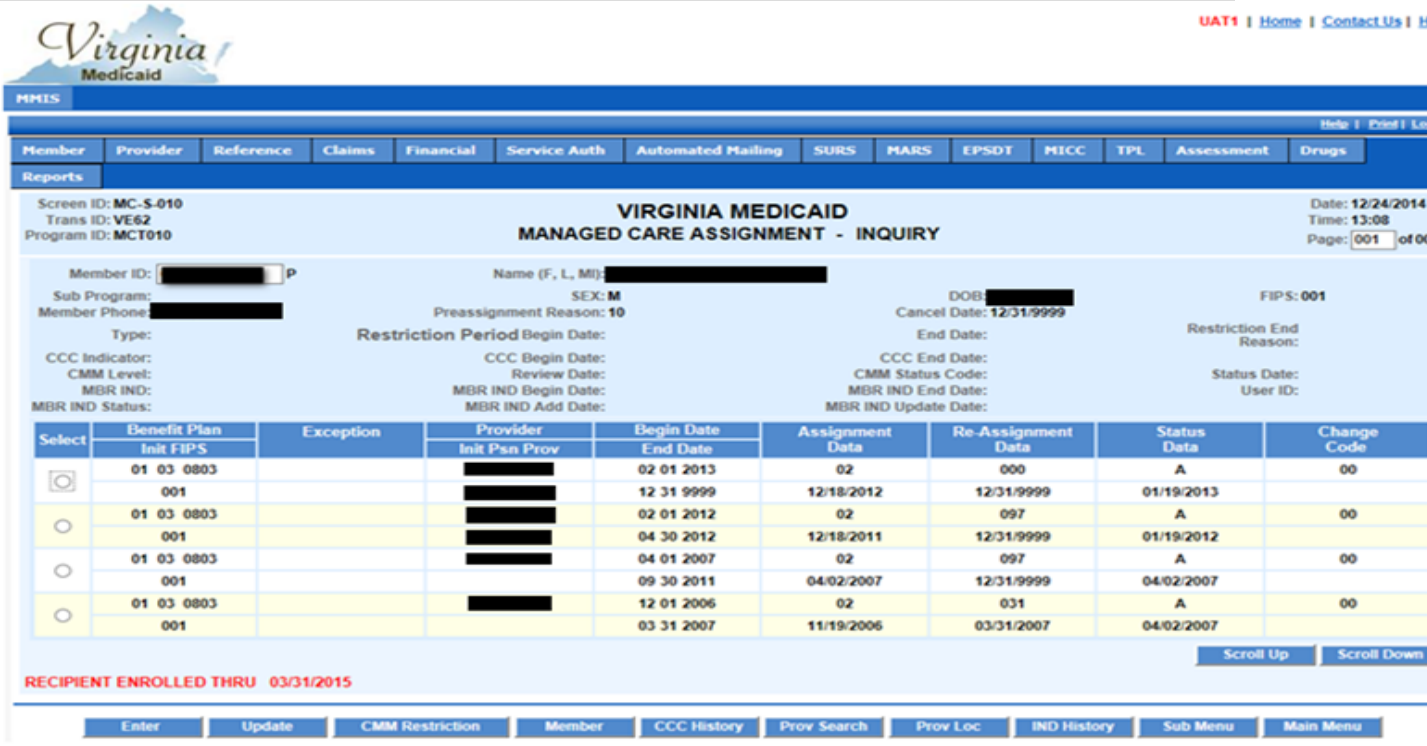
Screens MC-S-010 Managed Care Assignment

General Information

This screen is used by the Managed Care Section to change pre-assignments, modify current or past assignments and restore to PCP or HMO providers. The Member Monitoring Unit uses this screen to enter the assignment of an member to a Client Medical Management (CMM) provider and to maintain the CMM assignments. Both pre-assignments and assignments will appear on this screen. The Status code is used to distinguish between pre-assignments and assignments for managed care.

SOURCE/ORIGINATOR	DMAS Authorized User
USAGE	Inquiry, Update, Add
PROGRAM	MCT010
MAPSET	MC010VA
TRAN ID	VE61 for Add, VE65 for Change, VE62 for Inquiry, VE94 for Correct, VE99 for Restore

SAMPLE	Managed Care Assignment (MC-S-010)



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: The Enrollee ID can be entered onto the screen or, it is placed into this field by another on-line program prior to branching to this screen. The Enrollee ID is how DMAS identifies enrollees within the system. Messages: Enrollee ID not Found on Enrollee Master File	The 12-digit DMAS-administered identification number that is used to tie all claims for a single enrollee together. The Enrollee ID can be entered in this field when the screen is displayed After entering the Enrollee ID, press or click Enter to retrieve the record. If the Enrollee ID is entered on the menu or if this screen is accessed from another screen, the Enrollee ID will be populated from the previous entry. Must be a valid Enrollee ID number. The 12-digit DMAS-administered identification number that is used to tie all claims for a single enrollee together. The Enrollee ID can be entered in this field when the screen is displayed. If the Enrollee ID is entered on the menu or if this screen is accessed from another screen, the Enrollee ID will be populated from the previous entry. Must be a valid Enrollee ID number. UPDATE (R/U) Enter the Enrollee ID if the number was not entered on the accessing screen. Press or click Enter to retrieve the record.
2a	PERMANENT/ASSOCIATE LINK INDICATOR	Edits: This field is shown on the screen for display purposes only. It cannot be changed on this screen (it is protected). Data element DE3702.	When an AERL Enrollee ID value that has an I_PERSON with an I_DUP_PERSON_ID > 0 on the RS_PERSON table, the Permanent/Associate Link Indicator will display an ‘A’. When a PERL Enrollee ID value that does not have an I_DUP_PERSON_ID > 0, but has a C_ID_TYPE_CVAL = 'AERL' (associated ID) and C_

			DATA_SRCE_CVAL = 'D' and D_ID_END is NULL on the RS_PRSN_IDENTIFIER table, the Permanent/Associate Link Indicator will display a 'P'.
3	ENROLLEE NAME Enrollee Full Name (DE3003)	Edits: This field is shown on the screen for display purposes only. It cannot be changed on this screen (it is protected). Data elements DE3111, DE31112, DE3113 are also shown on this screen (display only). Messages: N/A	The first and last name of the individual eligible for a DMAS-administered medical care program. The first and last name of the individual eligible for a DMAS-administered medical care program. System displayed (P).
4	SHOW Calculated (DE0002)	Edits: This field is used to narrow the display of managed care/CMM data to a particular subset of data. If the field is left blank, all managed care pre-assignment, assignments, and CMM assignments are shown with the most recent assignments first. Other valid values are listed below: 01 - only CMM assignments (segments) with an exception indicator of 4, 5, or 6 are to be listed. 02 - only Medallion managed care pre-assignment/assignments are listed. 03 - only Medallion II pre-assignments/assignments (segments) are to be listed. 04 - only Options assignments are listed. Messages: SHOW entry not a valid value	This field is used to narrow the display of managed care/CMM data to a particular subset of data, identified by the subprogram code. Use the on-line HELP system to find valid codes for DE 3552, subprogram code. If the field is left blank, all managed care pre-assignment, assignments, and CMM assignments are shown with the most recent assignments first. If this field is entered on the menu, the value will be displayed when the screen is initially accessed. Or, you may enter the code when the screen is displayed and press or click Enter to retrieve the data. Edit This field is used to narrow the display of managed care/CMM data to a particular subset of data. If the field is left blank, all managed care pre-assignment, assignments, and CMM assignments are shown with the most recent assignments first. This field is used to narrow the display of managed care/CMM data to a particular subset of data, identified by the subprogram code. Use the on-line

			HELP system to find valid codes for DE 3552, subprogram code. If the field is left blank, all managed care pre-assignment, assignments, and CMM assignments are shown with the most recent assignments first. If this field is entered on the menu, the value will be displayed when the screen is initially accessed. Or, you may enter the code when the screen is displayed and press or click Enter to retrieve the data. UPDATE (O/U) If you wish to restrict the display to a specific subprogram, enter the appropriate subprogram code and choose Enter.
5	ENROLLEE PHONE Enrollee Telephone Number (DE3095)	Edits: The enrollee Telephone Number is for display only on this screen. Messages: N/A	The telephone number of the enrollee as given to the enrolling agency. The telephone number of the enrollee as given to the enrolling agency. System displayed (P).
6	PREASN RSN Enrollee Benefit Pre-assignment Code (DE3021)	Edits: The only acceptable values that can be entered on this screen are as follows: 'X ' 'CM' '01' '04' '05' '08' '10' ' ' Please refer to the Data Element Dictionary for description of each value if needed. Messages: PREASN RSN ENTERED IS NOT VALID	A 2-character code which describes the enrollee's current status in managed care. Use the on-line HELP system to find valid codes for this field. A 2-character code which describes the enrollee's current status in managed care. Use the on-line HELP system to find valid codes for this field. For update, the only acceptable values that can be entered on this screen are 'X ', 'CM', '01', '04' '05', '08', '10' or ' '. UPDATE (O/U) Enter the appropriate code describing the preassignment reason. For CCC members, the only value allowed is space.
8	TYPE Enrollee CMM Restriction Type (DE3131)	Edits: This field is related to CMM enrollees only and is shown on the screen for display purposes only. If there is any restriction period data present	A 3-character code that describes the type and length of the restriction period. For example, I18 means initial 18 months, C18 means continue 18 months. Use

		on the file, show the most current active segment data here.	the on-line HELP system to find valid codes for this field. This field is related to CMM enrollees only. A 3-character code that describes the type and length of the restriction period. For example, I18 means initial 18 months, C18 means continue 18 months. Use the on-line HELP system to find valid codes for this field. This field is related to CMM enrollees only. System displayed (P).
9	RESTR PRDS (begin date of restriction) Enrollee CMM Restriction Begin Date (DE3125)	Edits: This field is related to CMM enrollees only and is shown for display purposes only.	The begin date of the CMM restriction period established for a specific enrollee. The restriction period is a span of time in which DMAS wishes to restrict an enrollee to the use of a specific physician, pharmacy, or transportation provider, or any combination of the three. This range is set up by the recipient monitoring unit. The begin date of the CMM restriction period established for a specific enrollee. The restriction period is a span of time in which DMAS wishes to restrict an enrollee to the use of a specific physician, pharmacy, or transportation provider, or any combination of the three. This range is set up by the recipient monitoring unit. System displayed (P).
10	RESTR PRDS THRU (restiction period thru date) Enrollee CMM Restriction End Date (DE3130)	Edits: This field is related to CMM enrollees only and is listed for display purposes only.	The end date of the CMM restriction period established for a specific enrollee. This range is set up by the recipient monitoring unit. The end date of the CMM restriction period established for a specific enrollee. This range is set up by the recipient monitoring unit. System displayed (P).
11	RESTRICTION END RSN Enrollee CMM Restriction End Reason (DE3132)	Edits: Displays the Enrollee CMM End Reason (if one exists).	A 2-character reason code that identifies why the enrollee's restriction period was ended. Use the on-line HELP system to find valid codes for this field. A 2-char-

			acter reason code that identifies why the enrollee's restriction period was ended. Use the on-line HELP system to find valid codes for this field. System displayed(P).
12			
13			
14			
15	CMM LEVEL Enrollee CMM Restriction Level (DE3136)	Edits: Displays the Enrollee CMM Restriction Level.	A 3-character code that identifies the enrollee as being restricted to a specific physician, pharmacist, transportation provider, or any combination of the three including all. Use the on-line HELP system to find valid codes for this field. A 3-character code that identifies the enrollee as being restricted to a specific physician, pharmacist, transportation provider, or any combination of the three including all. Use the on-line HELP system to find valid codes for this field. System displayed (P).
16	REVIEW (DATE) Enrollee CMM Restriction Review Date (DE3133)	Edits: Displays the Enrollee CMM Restriction Review Date.	Displays the Enrollee CMM Restriction Review Date. Displays the Enrollee CMM Restriction Review Date. System displayed (P).
17	CMM ST CODE Enrollee CMM Restriction Status Code (DE3134)	Edits: Displays the Enrollee CMM Restriction Status Code.	A code that identifies the restriction period as (A) active, (P) pending (for when an enrollee appeals the decision by DMAS to restrict them), and (V) void. A code that identifies the restriction period as (A) active, (P) pending (for when an enrollee appeals the decision by DMAS to restrict them), and (V) void. System displayed (P).
18	STATUS DATE Enrollee CMM Restriction Status Date (DE3135)	Edits: Displays the Enrollee CMM Restriction Status Date.	The date the CMM Restriction Status Code entry was made. The date the CMM Restriction Status Code entry was made. System displayed (P).
19	MBR IND	Edits:	Value which gives additional

	Recipient Member Indicator (DE3656)	Displays the Enrollee's member indicator status.	information about enrollee.
20	MBR IND Begin Date (DE3807)	Edits: Displays the effective date for Member Indicator value.	Member Indicator begin date.
21	MBR IND End Date(DE3802)	Edits: Displays the end date for Member Indicator value.	Member Indicator end date.
22	USER ID(DE3805)	Edits: Displays User Id which adds or updates Member Indicator data on the screen.	User's Id who actually has added or updated the member indicator data on the screen.
23	MBR IND Status(DE3803)	Edits: Displays status of Member's Indicator's value in the system.	Status code represents if member indicator value is in active (A) or void (V) status.
24	MBR IND Add Date(DE3804)	Edits: Â Displays the date when MBR Indicator value is added.	The initial date when the Member Indicator segment is first added into the system.
25	MBR IND Update Date (DE0011)	Edits: Displays the date when Member Indicator data is updated.	This field shows the date value when the Member Indicator was last updated.
26	BENEFIT PLAN Benefit Definition Benefit Plan Code (DE3550)	Edits: Benefit Plan is required for a new entry only. It must be a valid benefit Plan code. All other Benefit plan codes listed on the screen are for display only. Benefit Plan must be a valid entry on the Benefit Package Table (RS_BENEFIT_PACKAGE). The three fields have numeric values only. The benefit plan must be a valid managed care plan or straight Medicaid Plan(for CMM) or straight CMSIP Benefit Plan. Cross edit the benefit plan with the exception indicator. If the benefit plan is straight Medicaid, the exception indicator (DE3072) must have a value of 4, 5, or 6. Messages: Benefit Plan entered is not valid	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Benefit Plan is required for a new entry only. It must be a valid benefit Plan code. All other Benefit plan codes listed on the screen are for display only. Benefit Plan must be a valid entry on the Benefit Package Table The three fields have numeric values only. The benefit plan must be a valid managed care plan or straight Medicaid plan (for CMM). The benefit plan is cross-edited with the exception indicator. If the benefit plan is straight Medicaid, the exception

			indicator (DE3072) must have a value of 4, 5, or 6. UPDATE (C/U) For a new entry, enter the program, subprogram and benefit code in the three segment field to identify the benefit plan.
27	PROVIDER NPI National Provider Identifier (DE4700)	Edits: If a new segment is being added, the Provider ID is required. If an existing entry is being modified, the provider ID is not required to be entered. Provider ID must be a valid numeric 10 digit NPI/API. If the entered NPI has more than one service location, site selection screen (PST018) will be displayed to choose a location. Selected location should have a valid entry on the Provider Program table (PS_PROV_PGM). If the benefit plan entered is managed care, the Provider must be valid for that plan (the provider program code (DE4208) must correlate to the benefit plan). The provider must be valid for the program code during the entire date range specified with the segment begin and end dates. The Provider Program Begin and End Dates (DE4205, DE4206) are to be checked against the segment begin and end dates. If segment being entered or modified is a pre-assignment (enrollee disposition code of 'P'), and the provider number entered on the screen is different from the original value, the Provider Managed Care Table (PS_PROV_MC) is	The 10-digit NPI Provider Identification Number of the provider assigned by the Benefit Plan to the enrollee, especially related to Managed Care and CMM Lock-in. The 10 digit NPI provider assigned by the Benefit Plan to the enrollee, especially related to Managed Care and CMM Lock-in. If a new segment is being added, the Provider ID is required. If an existing entry is being modified, the provider ID is not required to be entered. Provider ID must be a valid numeric ID and be a valid entry on the Provider Program table. If the benefit plan entered is managed care, the Provider must be valid for that plan (the provider program code (DE4208) must correlate to the benefit plan). The provider must be valid for the program code during the entire date range specified with the segment begin and end dates. The Provider Program Begin and End Dates (DE4205, DE4206) are checked against the segment begin and end dates. If segment being entered or modified is a pre-assignment (enrollee disposition code of 'P'), and the provider number entered on the screen is different from the original value, the Provider Managed Care Table is accessed for the provider, and the enrollee max slot count (DE4123) plus 1 cannot be equal to or less than

		accessed for the provider, and the enrollee max slot count (DE4123) plus 1 cannot be equal to or less than the pre-assigned/assigned enrollees total for the provider (DE4122)). For managed care assignments, the provider's Managed Care Enrollment Age Type (found in the Provider Managed Care Table (PS_PROV_MC) is to be checked to see if there are any constraints on pre-assigning/assigning the enrollee to the provider based on age. An assignment is only allowed when there are no conflicts. Managed care assignment may only be changed during the establised open enrollment period. Enrollees new to managed care have an additional 90 days grace period in which to make changes to their assignments. Check old segments to see if the provider ID entered matches the ID of older segments, If so, check to see if the re-assignment/dis-association code (DE3073) found on the Enrolee Benefit package Table (RS_ENRL_BNFT_PKG) indicates that the enrollee or provider was not happy with the prior assignment. If the provider or enrollee was not happy, display a message alerting the user of the dis-statisfaction. The provider number cannot be changed on an existing assignment (not pre-assignment). Messages:	the pre-assigned/assigned enrollees total for the provider (DE4122)). For managed care assignments, the provider's Managed Care Enrollment Age Type (found in the Provider Managed Care Table is checked to see if there are any constraints on pre-assigning/assigning the enrollee to the provider based on age. An assignment is only allowed when there are no conflicts. The system will check old segments to see if the provider ID entered matches the ID of older segments, If so, it further checks to see if the re-assignment/dis-association code (DE3073) found on the Benefit package managed Care Table indicates that the enrollee or provider was not happy with the prior assignment. If the provider or enrollee was not happy, a message is displayed alerting the user of the dis-satisfaction. The provider number cannot be changed on an existing assignment (not pre-assignment). UPDATE (C/U) If you are entering a new segment, enter the ten character provider ID number. Managed Care providers may not be changed outside of the established open enrollment period.

		PROVIDER ID must be entered PROVIDER ID entered is not valid PROVIDER not in a valid managed care or STD Medicaid plan PROVIDER disassigned in a prior segment (this is an alert, it does not prevent pre-assignment) PROVIDER enrollment type prevents assignment PROVIDER not a CMM case provider PROVIDER has no open slots Please review prior assignments - Enrollee chose to re-assign (this is an alert - it does not prevent pre-assignment) cannot change PROVIDER on an existing assignment (status of A or V) Managed Care PROVIDER may only be changed during the established open enrollment period.	
28	EXCEP IND Benefit Plan Exception Indicator (DE3072)	Edits: This field is required for CMM (an enrollee with a standard Medicaid Benefit plan or standatd CMSIP Benefit plan) on the entry line only. It must be entered if the benfit plan is standard Medicaid FFS. Valid values are 4, 5, or 6. All other EXCEP IND fields are for display purposes only. An exception indicator of 4, 5, and 6 can only be entered for enrollees that have a valid restriction period (entered and maintained vi screen MC-S-050). Messages: EXCEP IND must be entered for CMM enrollees EXCEP IND not valid Enrollee does not have a valid restriction period for specified time frame	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. This field is required for CMM (an enrollee with a standard Medicaid Benefit plan) on the entry line only. It must be entered if the benefit plan is standard Medicaid FFS. Valid values are 4, 5, or 6. All other EXCEP IND fields are for display purposes only. An exception indicator of 4, 5, and 6

			can only be entered for enrollees that have a valid restriction period (entered and maintained vi screen MC-S-050). UPDATE (C/U) If entering a new segment, enter a valid Exception Indicator 4, 5, or 6, if appropriate according to the edit rules described above.
29	BEGIN DATE Enrollee Benefit Enrollment Begin Date (DE3064)	Edits: A Benefit Enrollment Plan Begin Date must be entered when adding a new managed care or CMM enrollment segment. The date must be greater than or equal to the begin date of eligibility (DE3010) of at least one aid category DE3009) that is valid for the benefit plan. Two active segments cannot overlap (for this enrollee). Managed care benefit updates are restricted to the established open enrollment period. During open enrollment the begin date is set to open enrollment effective date. For CMM assignments, Begin Date must fall within a valid restriction period (entered via the MC-S-050 screen). Messages: Please enter a benefit enrollment begin date benefit enrollment begin date must be within a valid eligibility period benefit enrollment begin date entered is not valid assignment cannot overlap with existing active or pended assignments CMM begin date must fall within a valid restriction period	The beginning date of enrollment in the Benefit Plan. For managed care, this represents the beginning date of an assignment between a provider and an enrollee. The beginning date of enrollment in the Benefit Plan. For managed care, this represents the beginning date of an assignment between a provider and an enrollee. A Benefit Enrollment Plan Begin Date must be entered when adding a new managed care or CMM enrollment segment. The date must be greater than or equal to the begin date of eligibility (DE3010) of at least one aid category DE3009) that is valid for the benefit plan. Two active segments cannot overlap (for this enrollee). For CMM assignments, Begin Date must fall within a valid restriction period (entered via the MC-S-050 screen). UPDATE (C/U) If entering a new segment, enter the beginning date of enrollment in MMDDCCYY format. If you are changing an existing segment, type over the displayed date as appropriate.
30	END DATE Enrollee Benefit Enrollment End Date (DE3065)	Edits: A Benefit Enrollment End Date must be entered when adding a managed care or	The end date of enrollment in the Benefit Plan. For managed care, this represents the end date of an

		CMM enrollment segment (on the new entry line). The date must be greater than the benefit enrollment begin date and be a valid date. For CMM assignments, the end date must fall within a valid restriction period (entered and maintained via screen MC-S-050). Messages: Please enter a benefit enrollment end date benefit enrollment end date must be >= benefit enrollment begin date benefit enrollment end date entered is not valid CMM end date must fall within a valid restriction period	assignment between a provider and an enrollee. The end date of enrollment in the Benefit Plan. For managed care, this represents the end date of an assignment between a provider and an enrollee. A Benefit Enrollment End Date must be entered when adding a managed care or CMM enrollment segment (on the new entry line). The date must be greater than the benefit enrollment begin date and be a valid date. For CMM assignments, the end date must fall within a valid restriction period (entered and maintained via screen MC-S-050). UPDATE (C/U) If entering a new segment, enter the end date in MMDDCCYY format. If changing an existing segment, type over the existing date.
31	ASSIGNMENT DATA (CODE) Enrollee Benefit Assignment Code (DE3019)	Edits: For new entries or field changes, the valid values are as follows: 01,02, 03, 04, 05, 06 or 07. For new entries, a value must be entered in this field. Changes to this field are only allowed if the segment is a pre-assignment (DE3141 is a 'P'). Messages: Assignment Code not valid Assignment code changes are only valid with pre-assignments	The method by which the enrollee is assigned to the current Benefit Plan. Use the on-line HELP system to find valid codes for this field. The method by which the enrollee is assigned to the current Benefit Plan. Use the on-line HELP system to find valid codes for this field. For new entries or field changes, the valid values are as follows: 01,02, 03, 04, 05, 06 or 07. For new entries, a value must be entered in this field. Changes to this field are only allowed if the segment is a pre-assignment (DE3141 is a 'P'). UPDATE (C/U) I f entering a new segment, enter the appropriate 2 position code 01,02, 03, 04, 05, 06 or 07. For existing segments, you may type over the existing code to change if the segment is a pre-assignment.
32	ASSIGNMENT DATA (DATE)	Edits: This field is listed for display	The date of the most recent update to the Benefit Assignment

	Enrollee Benefit Assignment Code Update Date (DE3154)	purposes only. It is the date the benefit Assignment Code was updated. Messages: N/A	Code. Used for research back through the audit trails. The date of the most recent update to the Benefit Assignment Code. Used for research back through the audit trails. System displayed (P).
33	RE-ASSIGNMENT DATA (CODE) Enrollee Benefit Closure Reason (DE3073)	Edits: This field must be entered for assignments or pre-assignments that are being closed (ended). This applies to both managed care and CMM. If entered, must be a valid value. Messages: Must enter a reassignment code when ending assignment reassignment code entered not valid cannot enter reassignment code unless assignment closed	A code indicating the reason that the enrollee's benefit period was ended. Use the on-line HELP system to find valid codes for this field. A code indicating the reason that the enrollee's benefit period was ended. Use the on-line HELP system to find valid codes for this field. This field must be entered for new retroactive assignments (a non-open ended assignment), and must be entered for assignments or pre-assignments that are being closed (ended). This applies to both managed care and CMM. If entered, must be a valid value. UPDATE (C/U) Enter the appropriate three position code if the assignment is being closed and for non open-ended segments. Type over existing code to change an existing segment.
34	RE-ASSIGNMENT DATA (DATE) Enrollee Benefit Reassignment/Disassociation Code Update Date (DE3155)	Edits: This field is used for display purposes only. This is the date the Reassignment/Disassociation Code was Updated. Messages: N/A	The date of the most recent update to the Benefit Reassignment/Disassociation Code. Used for research back through the audit trails. The date of the most recent update to the Benefit Reassignment/Disassociation Code. Used for research back through the audit trails. System displayed (P).
35	STATUS DATA (CODE) Enrollee Benefit Disposition Code (DE3141)	Edits: Must be a valid value. For managed care, only the most recent segment can have a value of 'P', which means pre-assignment. For CMM segments (standard FFS benefit plan with an exception indic-	A code that Indicates the disposition of the associated benefit. The acceptable coding depends upon the benefit, but could include benefit approved (A), pre-assigned (P) or (V) void. A code that Indicates the disposition of

		ator of 4, 5, or 5), 'P' stands for pended and can be assigned to any CMM segment desired (no restriction of when data values can be used). Messages: Must enter a Status Code Status code entered is not valid Only current MC segment can be a pre-assignment	the associated benefit. The acceptable coding depends upon the benefit, but could include benefit approved (A), pre-assigned (P) or (V) void. Must be a valid value. For managed care, only the most recent segment can have a value of 'P', which means pre-assignment. For CMM segments (standard FFS benefit plan with an exception indicator of 4, 5, or 5), 'P' stands for pended and can be assigned to any CMM segment desired (no restriction of when data values can be used). UPDATE (R/U) Enter the appropriate one position code for a new segment or type over the existing code to change.
36	STATUS DATA (DATE) Enrollee Benefit Disposition Date (DE3140)	Edits: This field is used for display purposes only. This fields represents the date the Status Code was changed. Messages: N/A	The date in which the Enrollee Benefit Disposition Code was entered either by the system via the managed care pre-assignment/assignment process or on-line by a user. The date in which the Enrollee Benefit Disposition Code was entered either by the system via the managed care pre-assignment/assignment process or on-line by a user. System displayed (P).
37	CH CD Enrollee Benefit Change Source (DE3074)	Edits: Must be entered on any change. Must be a valid value. Messages: Must enter a Change Code Change Code entered not valid Change Code entered not valid - no data changed	Source that provided the information resulting in a change of benefit data (specifically, nursing home, community based care or mental retardation information); or a specific type of benefit. Use the on-line HELP system to find valid codes for this field. Source that provided the information resulting in a change of benefit data (specifically, nursing home, community based care or mental retardation information); or a specific type of benefit. Use the on-line HELP system to find valid codes for this field. Must be

			entered on any change. Must be a valid value. UPDATE (R/U) Enter the two position numeric change code value when entering a change. Type over an existing code if changing an existing segment.
38	INIT FIPS Enrollee FIPS Code (DE3008)	Edits: This field is updated through a batch process and comes from the initial pre-assignments. It is listed on the screen for display purposes only. Messages: N/A	The patient account number associated with the Benefit Plan Provider's patient records, required for certain Benefit Plans such as TDO. This field is updated through a batch process and comes from HMOs. The patient account number associated with the Benefit Plan Provider's patient records, required for certain Benefit Plans such as TDO. This field is updated through a batch process and comes from HMOs. It is listed on the screen for display purposes only (P).
39	INIT PSN PROV National Provider Identifier (DE4700)	Edits: This field is updated through a batch process and comes from the initial pre-assignments. It is listed on the screen for display purposes only. Messages:	A unique identification number assigned to a provider. This field is updated through a batch process and comes from the initial preassignments. It is listed on the screen for display purposes only. A unique identification number assigned to a provider. This field is updated through a batch process and comes from the initial preassignments. It is listed on the screen for display purposes only. (P)
40	(ERROR TEXT FIELD) Calculated (DE0002)	Edits: N/A - field is displayed when needed Messages: N/A	Displays system error or status messages. Displays system error or status messages (P).
41	SEX Enrollee Sex Code (DE3007)	Edits: Field is listed for display purposes only. Messages: N/A	A code indicating the sex of the enrollee. 'F' = Female, 'M' = Male. 'U' = Unknown. A code indicating the sex of the enrollee. 'F' = Female, 'M' = Male. 'U' = Unknown. System displayed (P).
42	DOB	Edits:	The enrollee's date of birth. The

	Enrollee Birth Date (DE3005)	This field is listed for display purposes only. Messages: N/A	enrollee's date of birth. System displayed (P).
43	LOC Enrollee FIPS Code (DE3008)	Edits: This field is listed for display purposes only. Messages: N/A	A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). System displayed (P).
44	CANCEL DT Eligibility Cancel Date (DE3452)	Edits: This field is for display purposes only. Messages: N/A	The date through which an enrollee is approved to receive DMAS-administered program benefits for a particular continuous period. The date through which an enrollee is approved to receive DMAS-administered program benefits for a particular continuous period. System displayed (P).

NAVIGATION	**Managed Care Assignment (MC-S-010)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of an member's managed care/CMM assignment data. If the button is pressed, and there are no more records on the Managed Care Assignment screen, a message will appear.	N/A
CMM RESTR	Branch to the CMM Restriction Period Data program (MCT050)	MC-S-050 (B)
MEMBER	Branch to Member Demographics Screen	RS-S-018 (B)
CCC History	Branch to Member Commonwealth Coordinated Care History Screen	MC-S-070 (B)

MBR IND History	Branch to Member Indicator History Screen	RS-S-065 (B)
ENTER	Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the UPDATE button is pressed.	N/A
SUB MENU	Return to the Managed Care Menu	RF-S-004 (R)
SCROLL DOWN	Command button to view the next page of an member's managed care/CMM assignment data. If the button is pressed, and there are no more records on the Managed Care Assignment screen, a message will appear.	N/A
PROV LOC	Branch to Site Selection Screen (PST018)	PS-S-018 (R)
PROV SEARCH	Branch to Provider Search Screen	RF-S-017-01 (B)
RETURN	Return to the calling program.	RF-S-010 (R)
UPDATE	Re-edit the data and if clean, Update the Member Benefit Package Table (RS_ENRL_BNFT_PKG) with the data entered on the screen.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3240	ASSIGNMENT CODE IS INVALID	Information message.
3247	BEGIN AND END DATES CANNOT OVERLAP WITH OTHER MC OR CMM SEGMENTS	Information message.
3250	BENEFIT PACKAGE ENTERED MUST BE VALID MANAGED CARE OR CMM BENEFIT PACKAGE	Information message.
3249	BENEFIT PACKAGE IS INVALID	Information message.
5561	BENEFIT SEGMENT RESTORED	Restore complete.
3243	CHANGE CODE IS INVALID	Information message.
3023	CHOOSE ENTER TO PROCESS NEW ENROLLEE ID	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
3332	CROSS SYSTEM NAVIGATION NOT POSSIBLE AT THIS TIME	Information message.
70	CURRENT PAGE NUMBER IS	Information message, no action needed.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.
68	DATA REFRESHED	Information message.

3030	DATE ENTERED IS INVALID	Information message.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
5563	DATE RANGE DOES NOT MATCH WITH AID CATEGORY, CANNOT RESTORE	Please enter a valid date range for this category.
3711	DATES ARE NOT WITHIN CMM RESTRICTION PERIOD	Information message.
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
4	END OF THE PAGE	Information message, no action needed.
3712	ENROLLEE DATA CHANGED BY ANOTHER PROCESS START THE TRANSACTION AGAIN.	Information message.
3222	ENROLLEE DATA NOT AVAILABLE	Information message.
3233	ENROLLEE IS NOT ELIGIBLE WITHIN THE DATES ENTERED	Information message.
3220	ENROLLEE NO LONGER ELIGIBLE	Information message.
3251	ENROLLEE NOT ELIGIBLE FOR THIS BENEFIT PACKAGE	Research the enrollee eligibility record before continuing with this transaction.
5662	ENTER VALID 10 DIGIT PROVIDER NPI	Enter a Valid 10 digit Provider NPI
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3209	INVALID ENROLLEE ID	Check field for valid data and re-enter.
3232	INVALID PROVIDER/PROVIDER DOESN'T PARTICIPATE IN THE ENROLLEE'S PROGRAM	Check field for valid data and re-enter.
5657	LOCATION SELECT UNSUCESSFUL, TRY ANOTHER NPI	Informational Message
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
5659	NEED TO SELECT A SITE FOR PROVIDER	Please select a site for this provider.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
3219	NO ASSIGNMENT DETAILS FOUND FOR THE ENROLLEE	Information message.
5562	NO DATA AVAILABLE TO RESTORE	There is no data for the criteria entered.
3217	NO DETAILS AVAILABLE	Information message.
3345	NO OPEN ENROLLMENT FOR THE BENEFIT PACKAGE/LOCALITY UPDATE NOT ALLOWED.	Information message.
41	NO UPDATES WERE MADE TO THE DATA	Information message. No action needed.

3248	PRE-ASSIGNMENT REASON IS INVALID	Information message.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
3245	PROVIDER AGE TYPE PREVENTS ASSIGNMENT	Information message.
3246	PROVIDER DIS-ASSIGNED IN A PRIOR SEGMENT	Information message.
5656	PROVIDER DOES NOT PARTICIPATE IN ENROLLEES PGM OR NO SERV LOC FOUND	Informational Message
5587	PROVIDER ENTERED IS NOT AVAILABLE IN THESE LOCALITIES UNTIL 01/01/2006	Informational message.
3244	PROVIDER HAS NO OPEN SLOTS	Information message.
3241	REASSIGNMENT CODE IS INVALID	Enter a valid Reassignment code.
5522	RECIPIENT HAS NEW OR CONTINUING GRACE PERIOD	Information Message
3713	RECIPIENT LOCKED IN TO AN HMO NO UPDATES TO BENEFIT DATA ALLOWED.	Information message.
5665	SELECT A ROW FOR NAVIGATION BEFORE FUNCTION SELECT	Informational Message
5560	SELECT ANY SEGMENT TO RESTORE	Please select data to restore.
5564	SELECT ONLY ONE ROW TO RESTORE	Only one row can be selected.
5663	SITE LOC NAVIGATION NOT ALLOWED FOR LEGACY PROVIDER	Informational Message
3239	STATUS CODE IS INVALID	Enter a valid status code. See the field definitions for explanation and valid codes.
29	TOP OF THE PAGE	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
4840	CCC INDICATOR ENTERED MUST BE D,O,X,ES OR SPACES FOR CHANGE MODE	Correct CCC Indicator
4841	CCC INDICATOR ENTERED MUST BE 'I' IN ADD AND RESTORE MODES	Correct CCC Indicator
4842	PRIOR CCC IND MUST BE D,E,ES,H,I,O,P,S,X TO BE OVERRIDDEN IN ADD/RESTORE	Information message. No action needed.
4843	EXCEPTION INDICATOR MUST BE SPACES FOR CCC BENEFIT PLAN	Correct Exception Indicator
4844	BENEFIT PLAN MUST EQUAL CCC BENEFIT PLAN '01120800’	Information message. No action needed.
4845	CCC MEMBERS WITH 'PP' WAIVER (PACE) ARE ONLY ALLOWED TO OPT IN	Information message. No action needed.
4846	RETRO-ENDING THE BENEFIT IS ALLOWED UP TO THE 5TH OF THE NEXT MONTH	Information message. No action needed.
4847	BENEFIT BEGIN DATE MUST NOT BE PRIOR TO BEGINNING OF CURRENT MONTH	Information message. No action needed.

4848	ENROLLEE EXCLUDED FROM CCC BECAUSE AGE IS < 21 YEARS	Information message. No action needed.
4849	ENROLLEE EXCLUDED FROM CCC BECAUSE OF TRICARE COVER-AGE	Information message. No action needed.
4850	ENROLLEE EXCLUDED FROM CCC BECAUSE OF AID CATEGORY	Information message. No action needed.
4851	ENROLLEE EXCLUDED FROM CCC BECAUSE OF INCARCERATION	Information message. No action needed.
4852	CCC DATA UPDATED	Information message. No action needed.
4853	ENROLLEE NOT ELIGIBLE FOR CCC PROGRAM	Information message. No action needed.
4854	PRE-ASSIGNMENT REASON NOT ALLOWED TO BE MODIFIED FOR CCC MEMBER	Information message. No action needed.
4855	CCC INDICATOR OVERRIDE OF 'I' OR 'O' NOT ALLOWED ON END-DATED ‘E’ VALUE	Correct CCC Indicator
4856	CCC IND ENTERED MUST BE D,O,ES,OR SPACES FOR DMAS – X IF PRIOR IND IS I	Correct CCC Indicator
4857	ONLY VALUES OF D,E,I,O,P,X,ES CAN BE OVERRIDDEN FOR DMAS CHANGE	Correct CCC Indicator
4858	CCC IND ENTERED MUST BE O OR SPACES FOR MAXIMUS – I IF PRIOR IND IS X	Correct CCC Indicator
4859	MAXIMUS ONLY ALLOWED TO OPT IN FOR 'E, O, P, X' CCC INDICATOR VALUES	Correct CCC Indicator
4860	ONLY VALUES OF E,I,O,P CAN BE OVERRIDDEN FOR MAXIMUS CHANGE	Correct CCC Indicator
4861	ONLY DMAS AND MAXIMUS USERS CAN CHANGE CCC DATA	Information message. No action needed.
4862	NEW BENEFIT BEGIN DATE MUST NOT BE PRIOR TO PREVIOUS BENEFIT BEGIN DATE	Correct Benefit Begin Date
4863	MUST SELECT A CCC BENEFIT FOR RESTORE MODE	Information message. No action needed.
4864	END DATE MUST BE THE LAST DAY OF THE MONTH	Correct End Date
4868	VALID VALUES:PRIOR-R=D,E,H,O,P,R,S,X,ES/CURR=D,O,E,S,’ ‘ WHEN NO ACTIV CCC	Correct CCC Indicator
4869	VALID VALUES: PRIOR=E,O,P,' ', CURR=O,' ' WHEN NO ACTIVE CCC	Correct CCC Indicator
4870	MEMBER DOES NOT HAVE A VALID CCC INDICATOR ENTRY PRIOR TO OPTING IN	Information message. No action needed.
4871	CCC BEGIN DATE MUST BE CURRENT DATE	Correct Begin Date
4872	PRIOR CCC IND MUST BE D,E,ES,H,I,O,P,R,S,X TO BE OVERIDDEN IN CHANGE	Information message. No action needed.
4873	CAN ONLY OVERRIDE AN 'R' WITH AN 'O' CCC INDICATOR	Information message. No action needed.

4874	CCC BENEFIT PACKAGE NOT ACTIVE	Information message. No action needed.
4875	END DATE MUST BE THE LAST DAY OF THE CURRENT MONTH	Correct End Date
4876	ONLY 'D,ES,H,S' EXCLUSION VALUES ARE ALLOWED FOR THE FIRST CCC ENTRY	Information message. No action needed.
4882	INDICATOR AND BEGIN DATE VALUES ARE REQUIRED TO ADD MEMBER INDICATOR.	Correct Indicator and Begin date values
4883	INDICATOR BEGIN DATE MUST BE <= CURRENT DATE.	Correct Indicator and Begin date values
4888	INDICATOR END DATE MUST BE >= INDICATOR BEGIN DATE.	Correct Indicator and Begin date values
4887	INDICATOR END DATE MUST <= CURRENT DATE.	Correct Indicator and Begin date values
5728	ERROR IN RSX600; INVALID INPUT PARAMETERS.	Should have proper Security entries to update,
4881	INVALID MEMBER INDICATOR VALUE.	Correct Indicator Value.
4884	INDICATOR DATES CAN NOT OVERLAP AN EXISTING SEGMENT.	Correct Indicator and date values.
6400	PROVIDER NOT ELIGIBLE FOR EFFECTIVE DATES.	Correct provider value.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Managed Care option in the selection field. Choose Enter.
2. You see the Managed Care Menu (MC-S-005).
3. On the Managed Care Menu, select Enrollee/PCP Assignment Data in the Selection field.
4. Choose the radio button beside the desired function (Add, Change, Inquiry, Correct, Restore).
Note: You must have special security to choose Correct. In Correct mode, the authorized user can end the latest segment or void any segment. In Change mode, the authorized user can void or end only the latest segment.
In Restore Mode, any voided segments can be restored in full or one segment can to be split into multiple segments.
5. Enter the Enrollee ID.
6. If you wish to view assignments for a specific subprogram, enter the appropriate subprogram code in the Show field. If you wish to view assignments for all subprogram, leave the Show field blank.
7. Choose Enter.
8. You see the Managed Care Assignment screen (MC-S-010).
Screen Use:
1. After entering data for a Change, choose Update to save the data.

2. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through additional pages of data.
3. Select any NPI benefit segments and use Prov Loc button to change/view the locations through PST018 screen.

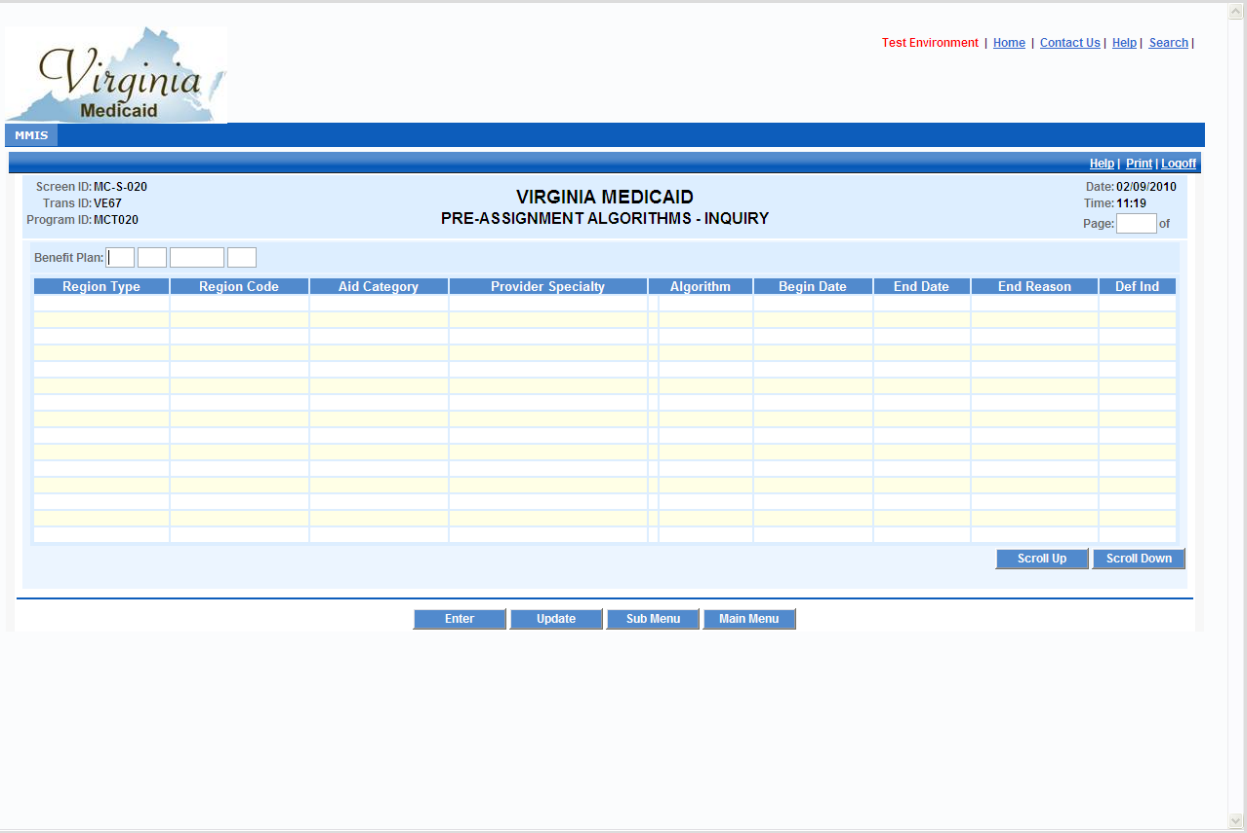
Screens MC-S-020 Pre-Assignment Algorithms

General Information

This screen is used to identify the algorithms that are used in pre-assignment. The algorithms can be specified by Program, Region, Aid Category, and Provider Specialty. Two examples of algorithms are random pre-assignment and Prior PCP Pre-assignment.

SOURCE/ORIGINATOR	DMAS Authorized User
USAGE	Inquiry, Update, Add
PROGRAM	MCT020
MAPSET	MC020VA
TRAN ID	VE66 (Add/Change), VE67 (inquiry)

SAMPLE	**Pre-Assignment Algorithms (MC-S-020)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	BENEFIT PLAN Benefit Definition Benefit Plan Code (DE3550)	Edits: Must be a valid Benefit Plan. Messages: Invalid data, correct highlighted fields.	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Must be a valid Benefit Plan. Enter the program, subprogram and benefit code, with LOC code when applicable, that comprises the Benefit Plan you wish to view. Press or click Enter to access the record. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Must be a valid Benefit Plan. Enter the program, subprogram and benefit code, with LOC code when applicable, that comprises the Benefit Plan you wish to access. Press or click Enter to access the record.
2	(BENEFIT PLAN DESCRIPTION) Benefit Definition Plan Short Name (DE3555)	Edits: Displayed according to Benefit Plan (DE #3225) entered.	A short, concise description of a Benefit Plan used primarily in reporting. A short, concise description of a Benefit Plan used primarily in reporting. System displayed (P).
3	REGTYP Region Type (DE5244)	Edits: Must be a valid Region Type code. Currently allows only 'PCCM' region type. Messages: Invalid data, correct highlighted fields.	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Use the on-line HELP system to find valid codes for this field. Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Use the on-line HELP system to find valid codes for this field. UPDATE R/U) Enter a valid four position Region Type Code.

4	REGCD Region Code (DE5249)	Edits: Must be a valid Region Code on the Region Table. Messages: Invalid data - please correct specified data field.	Indicates the region under the organization to which the FIPS code belongs. Use the on-line HELP system to find valid codes for this field. Indicates the region under the organization to which the FIPS code belongs. Use the on-line HELP system to find valid codes for this field. Must be a valid Region Code on the Region Table. UPDATE R/U) Enter a valid four position Region Code.
5	AID CATEGORY Preassignment Aid Category (DE3227)	Edits: Must be a valid aid category if entered. Messages: Invalid data, correct highlighted fields.	The Aid Category for which the benefit is in effect. This is an optional field. Use the on-line HELP system to find valid codes for this field. (Values are listed for DE 3009.) The Aid Category for which the benefit is in effect. Must be a valid aid category if entered. Use the on-line HELP system to find valid codes for this field. (Values are listed for DE 3009.) UPDATE (O/U) Enter the three position Aid Category code, if applicable.
6	PROVIDER SPECIALTY Provider Specialty Code (DE4007)	Edits: Must be a valid provider specialty. Messages: Invalid data, correct highlighted fields.	The Provider Specialty associated with the preassignment code. This is an optional field. Use the on-line HELP system to find valid codes for this field. (Values are listed for DE 4007.) The Provider Specialty associated with the preassignment code. Must be a valid provider specialty, if entered. Use the on-line HELP system to find valid codes for this field. (Values are listed for DE 4007.) UPDATE (O/U) Enter the three position provider specialty code, if applicable.
7	ALGORITHM (CODE) Preassignment Algorithm Code (DE3229)	Edits: Must be a valid algorithm code. Valid codes are 'P' (Preassigned to previous PCP), 'H' (Preassigned through	A code that identifies the algorithm (I.e., History, Random, Prior PCP). Use the on-line HELP system to find valid codes for this field. A code that identifies the algorithm (I.e., History, Random, Prior PCP). Must be a valid algorithm code. Valid codes are 'P' (Pre-

		claims history), 'C' (Pre-assigned randomly) and spaces (Any of the above). Messages: Invalid data, correct highlighted fields.	assigned to previous PCP), 'H' (Pre-assigned through claims history), 'C' (Pre-assigned randomly) and spaces (Any of the above). Enter the appropriate one position code or space when entering a new segment. This field is protected for existing segments
8	ALGORITHM (NAME) Calculated (DE0002)	Edits: Displayed according to algorithm entered (DE #3229).	Description of the Algorithm code entered in the Algorithm field. Description of the Algorithm code entered in the Algorithm field. System displayed (P).
9	BEGIN DATE (OF ALGORITHM) Preassignment Algorithm Begin Date (DE3230)	Edits: Must be a valid date format (mm/dd/ccyy) and must not overlap with historical date ranges for the same algorithm within the same benefit plan, locality, provider type, and aid category. Messages: Invalid data, correct highlighted fields.	The date that the preassignment algorithm becomes effective. The date that the preassignment algorithm becomes effective. Must be a valid date format (MM/DD/CCYY) and must not overlap with historical date ranges for the same algorithm within the same benefit plan, locality, provider type, and aid category. UPDATE (R/U) Enter the begin date in MMDDCCYY format when entering a new segment. This field is protected for existing segments.
10	END DATE (OF ALGORITHM) Preassignment Algorithm End Date (DE3231)	Edits: Must be a valid date format (mm/dd/ccyy) if entered, and must not overlap with historical date ranges for the same algorithm within the same benefit plan, locality, provider type, and aid category. If not entered a default end date (12/31/9999) will be used. Messages: Invalid data, correct highlighted fields.	The last date on which the preassignment algorithm is in effect. The last date on which the preassignment algorithm is in effect. Must be a valid date format (MMDDCCYY) if entered, and must not overlap with historical date ranges for the same algorithm within the same benefit plan, locality, provider type, and aid category. If not entered a default end date (12319999) will be used. If entered, must enter an End Reason code. UPDATE (O/U) Enter an end date in MMDDCCYY format for a new or existing segment, if applicable. Or leave blank for the system to default to open-ended.
11	(ERROR TEXT FIELD)		Displays system error or status messages.

	Calculated (DE0002)		Displays system error or status messages. System displayed (P).
12	END REASON Preassignment Algorithm End Reason (DE3182)	Edits: Required if end date (DE #3231) is entered. Valid values are 'ANN' (Algorithm No Longer Needed), 'CPE' (Correct Prior Error), 'DMD' (DMAS Decision) or other values specified by DMAS. Messages: End reason requird with end date; end reason missing or invalid.	A code identifying the reason a Pre-assignment Algorithm was assigned an end date. Use the on-line HELP system to find valid codes for this field. A code identifying the reason a Pre-assignment Algorithm was assigned an end date. Valid values are 'ANN' (Algorithm No Longer Needed), 'CPE' (Correct Prior Error), 'DMD' (DMAS Decision) or other values specified by DMAS. Required if End Date (DE #3231) is entered. UPDATE (C/U) Enter a valid three position Reason Code if an End Date is entered for a new or existing segment. Description.

NAVIGATION	**Pre-Assignment Algorithms (MC-S-020)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through the Pre-Assignment Algorithms Table (RS_BNFT_PREASSGN) and displays up to 10 occurrences of algorithm data that are associated with the specific key data entered. If the button is pressed, and there are no more records on the table to be viewed, a message will appear.	POS-S-000 (R)
ENTER	Display Pre-Assignment algorithm for a benefit package. Edit information when changes made.	N/A
SUB MENU	Returns to the Managed Care Menu	MC-S-005 (R)
SCROLL DOWN	Scrolls forward through the Pre-Assignment Algorithms Table (RS_BNFT_PREASSGN) and displays up to 10 occurrences of algorithm data that are associated with the specific key data entered. If the button is pressed, and there are no more records on the table to be viewed, a message will appear.	N/A
RETURN	Return to the calling program	RF-S-010 (R)
UPDATE	Re-edit the entered/modified data and Update the RS_BNFT_PREASSGN Table if no errors exist.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3167	AID CATEGORY NOT VALID FOR BENEFIT PACKAGE	Information message.
3151	ALGORITHM CODE SPECIFIED IS INVALID	Information message.
3153	ALGORITHM FOUND IN DATABASE IS INVALID	Information message.
3155	BEGIN DATE MUST BE GREATER THAN, OR EQUAL TO, THE CURRENT DATE	Enter a valid Begin Date.
3144	BENEFIT PACKAGE NOT FOUND	Information message. No action needed.
3166	BENEFIT SUB-PROGRAM MUST BE '02', '03', OR '04'	Enter a valid Benefit Sub-program indicator.
3023	CHOOSE ENTER TO PROCESS NEW ENROLLEE ID	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
70	CURRENT PAGE NUMBER IS	Information message, no action needed.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.
68	DATA REFRESHED	Information message.
3030	DATE ENTERED IS INVALID	Information message.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3157	DATE OVERLAP NOT ALLOWED	Information message.
3158	END DATE MUST BE GREATER THAN BEGIN DATE	Enter an End Date that falls after the begin date. See the field definitions for valid end/begin date specifications.
5	END DATE MUST BE GREATER THAN BEGIN DATE	Enter an End Date that falls after the begin date. See the field definitions for valid end/begin date specifications.
3147	END DATE MUST BE GREATER THAN, OR EQUAL TO, THE CURRENT DATE	Information message.

3156	END DATE MUST NOT BE NULL (12/31/9999)	Information message.
4	END OF THE PAGE	Information message, no action needed.
3148	END REASON MISSING/INVALID; END REASON REQUIRED WITH END DATE	Information message.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3064	INVALID END DATE	Enter a valid end date. If necessary, see the field definitions for valid data/formatting.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
3145	NO PRE-ASSIGNMENT DATA FOUND FOR BENEFIT PACKAGE	Information message.
41	NO UPDATES WERE MADE TO THE DATA	Information message. No action needed.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
3150	REGION NOT FOUND IN THE SPECIFIED REGION TYPE	Information message.
3149	REGION TYPE IS INVALID	Enter a valid region type. See the field definitions for explanation and valid codes.
3152	SPECIALTY IS INVALID	Research using the on-line HELP system and re-enter the specialty code.
29	TOP OF THE PAGE	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Managed Care option in the selection field. Choose Enter.
2. You see the Managed Care Menu (MC-S-005).
3. On the Managed Care Menu, select Pre-Assignment Algorithms in the Selection field.
4. Choose the radio button beside the desired function (Change, Inquiry).
5. Choose Enter.
6. You see the Pre-Assignment Algorithms screen (MC-S-020).
Screen Use:
1. Enter the Benefit Plan in the Benefit Plan field.

2. Choose Enter to access the selected Benefit Plan record.
3. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through additional pages of data.

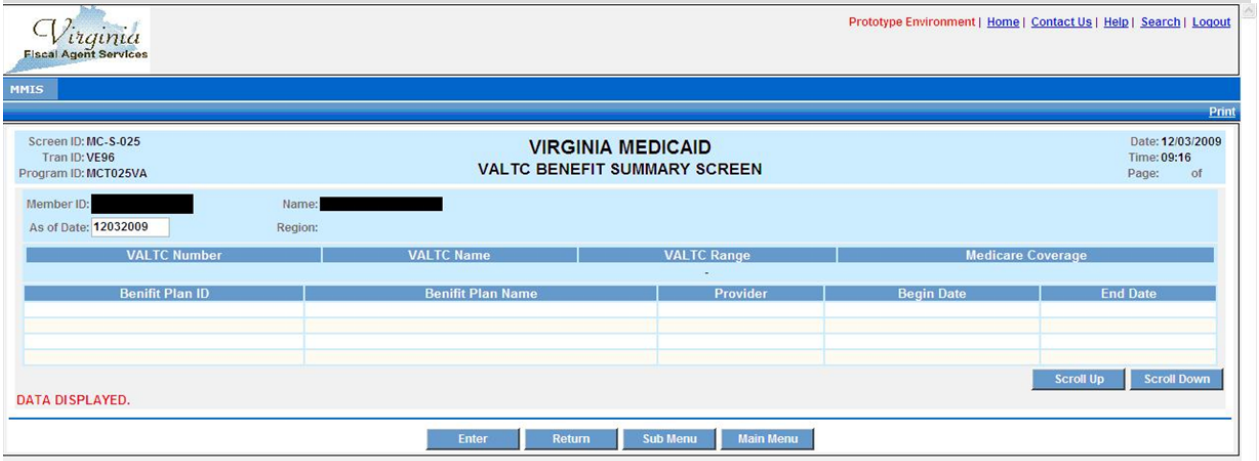
Screens MC-S-025 VALTC Benefit Summary Screen

General Information

This program displays all benefit plans which are VALTC eligible and VALTC benefit plan for the inquired member.

SOURCE/ORIGINATOR	DMAS Authorized User
USAGE	Inquiry
PROGRAM	MCT025
MAPSET	MC025VA
TRAN ID	Inquiry - VE96

SAMPLE	VALTC Benefit Summary Screen (MC-S-025)



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enrollee ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays Enrollee ID entered. Messages:	Displays Enrollee ID entered. N/A.
2	Name Enrollee Full Name (DE3003)	Edits: Enrollee name is displayed. Messages:	Enrollee name is displayed. N/A
3	As Of Date DATE (DE1)	Edits: Messages: Default is current date. User can enter any valid date.	Default is current date. User can enter any valid date. N/A
4	Region Calculated (DE0002)	Edits: Messages: If Benefit Plan = '01-13-0801' Move TIDEWATER to Region.	VALTC region is displayed. N/A.
5	VALTC Number Benefit Definition Benefit Plan Code (DE3550)	Edits: Messages:	An integer code that represents the group level. It is a three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. N/A
6	VALTC Name VALTC Category Value (DE4852)	Edits: Messages: If C_VLTC_CATG_CVAL = ‘RG’ Display VALTC-REGULAR If C_VLTC_CATG_CVAL = ‘RL’ Display VALTC-REGULAR-LTD If C_VLTC_CATG_CVAL = ‘PS’ Display VALTC-	A code that indicates the category of the VALTC benefit. Use the on-line HELP system to find valid values for this field. N/A

		PLUS If C_VLTC_CATG_CVAL = 'PL' Display VALTC-PLUS-LTD If C_VLTC_CATG_CVAL = 'XT' Display VALTC-XTRA If C_VLTC_CATG_CVAL = 'XL' Display VALTC-XTRA-LTD	
7	VALTC Range DATE (DE1)	Edits: Messages: Begin and End dates of VALTC category.	Begin and End dates of VALTC category. N/A.
8	Medicare Coverage Calculated (DE0002)	Edits: Messages: If the enrollee has active Part A or Part B coverage, then move YES to the field, otherwise move spaces.	If the enrollee has active Part A or Part B coverage, YES will be displayed, otherwise it will be spaces. N/A
9	Benefit Plan ID Benefit Definition Benefit Plan Code (DE3550)	Edits: Messages:	An integer code that represents the group level. It is a three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. N/A
10	Benefit Plan Name Benefit Definition Plan Short Name (DE3555)	Edits: Messages:	A short, concise description of a Benefit Plan used primarily in reporting. N/A.
11	Provider National Provider Identifier (DE4700)	Edits: NPI/API is displayed. Messages:	This is the CMS assigned National Provider Identifier that represents an individual entity. N/A
13	Effective Date Enrollee Benefit Enrollment Begin Date (DE3064)	Edits: Messages:	The beginning date of enrollment in the Benefit Plan. N/A.
14	End Date Enrollee Benefit Enrollment End Date	Edits: Messages:	The end date of enrollment in the Benefit Plan. N/A

	(DE3065)		

NAVIGATION	VALTC Benefit Summary Screen (MC-S-025)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through the VALTC Data.	MC-S-025 (R)
ENTER	Data is displayed	MC-S-025 (R)
SUB MENU	Control is transferred to the Enrollment Menu (RS-S-001) or the Level of Care (AS-S-075) screen based on the originating subsytem.	AS-S-075 RS-S-001 (R)
SCROLL DOWN	Scrolls forward through VALTC data.	MC-S-025 (R)
RETURN	Control returns to previous screen.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3690	ALREADY AT THE FIRST BENEFIT; CANNOT SCROLL FURTHER	Informational message.
3691	ALREADY AT THE LAST BENEFIT; CANNOT SCROLL FURTHER	Informational message.
3056	DATA DISPLAYED	Informational message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3352	ENROLLEE ID NOT ON FILE	Check the Enrollee ID for valid formatting and try the task again. See the field definitions for valid Enrollee ID specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
64	NO DATA TO SCROLL	Informational message. No action needed.
3217	NO DETAILS AVAILABLE	Informational message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
3334	VALID ENROLLEE ID REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.

Screen Access

This screen can be accessed from any of the following screens by selecting the VALTC Summ option.
1. Enrollee Benefits (RS-S-011)
2. Enrollee Demographics (RS-S-018)
3. Level of Care (AS-S-075)

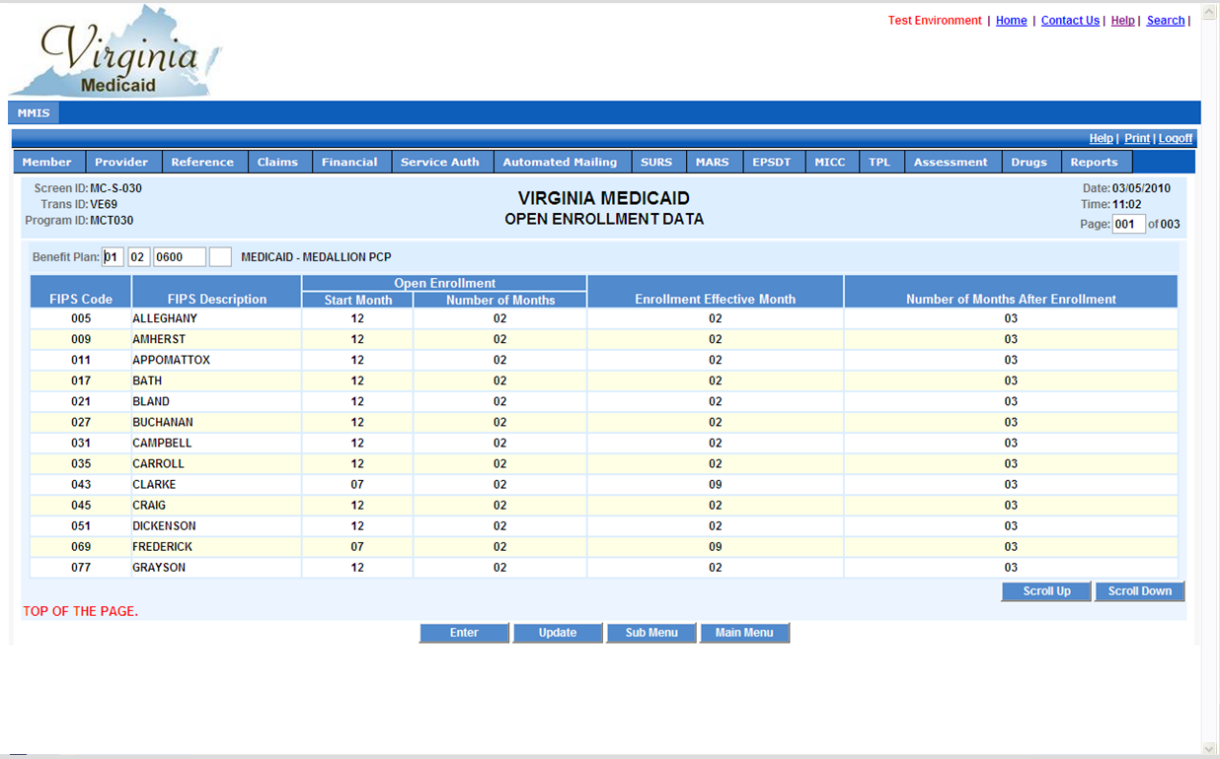
Screens MC-S-030 Open Enrollment Data

General Information

This screen is used to add open enrollment data or change open enrollment data by program code or FIPS code. This data is used by MCT010, the onl-line Managed Care Assignment Program.

SOURCE/ORIGINATOR	DMAS Authorized User
USAGE	Inquiry, Update, Add, Delete
PROGRAM	MCT030
MAPSET	MC030VA
TRAN ID	VE68 (Add/Change), VE69 (Inquiry)

SAMPLE	Open Enrollment Data (MC-S-030)



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Virginia Medicaid

MMIS

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Screen ID: MC-S-030
Trans ID: VE69
Program ID: MCT030

VIRGINIA MEDICAID
OPEN ENROLLMENT DATA

Date: 03/05/2010
Time: 11:02
Page: 001 of 003

Benefit Plan: 01 02 0600 MEDICAID - MEDALLION PCP

FIPS Code	FIPS Description	Open Enrollment Start Month	Open Enrollment Number of Months	Enrollment Effective Month	Number of Months After Enrollment
005	ALLEGHANY	12	02	02	03
009	AMHERST	12	02	02	03
011	APPOMATTOX	12	02	02	03
017	BATH	12	02	02	03
021	BLAND	12	02	02	03
027	BUCHANAN	12	02	02	03
031	CAMPBELL	12	02	02	03
035	CARROLL	12	02	02	03
043	CLARKE	07	02	09	03
045	CRAIG	12	02	02	03
051	DICKENSON	12	02	02	03
069	FREDERICK	07	02	09	03
077	GRAYSON	12	02	02	03

Scroll Up | Scroll Down

TOP OF THE PAGE.

Enter | Update | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	BENEFIT PLAN Open Enrollment Benefit Code (DE3232)	Edits: If entered or modified, it must be a valid Benefit Plan Messages: Missing/Invalid data, please correct highlighted fields	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Must be a valid Benefit Plan. Enter the program, subprogram and benefit code, with LOC code when applicable, that comprises the Benefit Plan you wish to view. Choose Enter to access the record. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Must be a valid Benefit Plan. Enter the program, subprogram and benefit code, with LOC code when applicable, that comprises the Benefit Plan you wish to change. Choose Enter to access the record.
2	(BENEFIT PLAN DESCRIPTION) Benefit Definition Plan Short Name (DE3555)	Edits: Displays the Benefit Definition Plan Short Name.	A short, concise description of a Benefit Plan used primarily in reporting. A short, concise description of a Benefit Plan used primarily in reporting. System displayed (P).
3	LOCALITY CODE Open Enrollment Locality Code (DE3233)	Edits: If added or modified, must be a valid in-state managed care locality code Messages: Missing/Invalid data, please correct highlighted fields LOCALITY SHOULD BE AN IN-STATE LOCALITY	The city/county code affected by open enrollment. Use the on-line HELP system to find valid codes for this field. The city/county code affected by open enrollment. Use the on-line HELP system to find valid codes for this field. If added or modified, must be a valid managed care locality code. UPDATE (O/U) If entering a new segment, enter a valid three position Locality Code. This field is protected for existing segments.
4	(LOCALITY DESCRIPTION) Locality Name	Edits: Displays the Locality Name.	The name of the locality corresponding to the Locality Code.

	(DE5255)		The name of the locality corresponding to the Locality Code. System displayed (P).
5	OPEN ENROLL START MONTH Open Enrollment Start Month (DE3234)	Edits: Must be a valid month number Messages: Missing/Invalid data, please correct highlighted fields	The month in which the open enrollment starts. The month in which the open enrollment starts. Must be a valid month number. UPDATE (R/U) If entering a new segment, enter the month (MM) the open enrollment starts. An existing segment start month may be changed by typing over the existing number.
6	OPEN ENROLL NBR MONTHS Open Enrollment Number of Months (DE3235)	Edits: Number of Months represents the number of months of open enrollment. It must be a valid number less than 12. Messages: Missing/Invalid data, please correct highlighted fields	The number of contiguous open enrollment months. It must be a valid number 01 - 12. The number of contiguous open enrollment months. It must be a valid number 01 - 12. UPDATE (R/U) If entering a new segment, enter the number of open enrollment months (01 - 12). You may also change this field for existing segments by typing over the existing number.
7	NBR OF MONTHS AFTER ENROLL Open Enrollment Months After Enrollment (DE3236)	Edits: This fields represents the number of months within which an enrollee can change providers (outside of the regular enrollment period) when they first become eligible for managed care. Must be a valid number less than 12. Messages: Missing/Invalid data, please correct highlighted fields	The number of months within which an enrollee can change providers after an assignment starts. The number of months an enrollee has after an assignment starts in which to change providers outside of the regular enrollment period) when they first become eligible for managed care. Must be a valid number less than 12. UPDATE (R/U) For a new segment, enter the number of months (01 - 12). You may also change this field for an existing segment by typing over the existing number.
9	(ERROR TEXT FIELD) Calculated (DE0002)		Displays system error or status messages. Displays system error or status messages. System displayed (P).
10	Open Enrollment	Edits:	N/A

	Effective Month Open enrollment Effective Month (DE3934)	Numeric field values between 1 and 12.	Data in this field must be numeric between 1 and 12 and 2 months greater than the open enrollment start month .

NAVIGATION	**Open Enrollment Data (MC-S-030)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through the Benefit Open Enrollment Table (RS_BNFT_OPN_ENRLMT) and displays up to 5 occurrences of open enrollment data that is associated with the specific criteria entered.	N/A
ENTER	Displays Open Enrollment data for a benefit package. Edits information if data changed.	N/A
SUB MENU	Returns to the Managed Care Menu; no updating is performed unless the UPDATE function key is pressed.	MC-S-005 (R)
SCROLL DOWN	Scrolls forward through the Benefit Open Enrollment Table (RS_BNFT_OPN_ENRLMT) and displays up to 5 occurrences of open enrollment data that is associated with the specific criteria entered.	N/A
RETURN	Return to the calling program	RF-S-004 (R)
UPDATE	Re-edit the entered/modified data and Update the RS_BNFT_OPN_ENRLMT Table if no errors exist.	N/A

Error Messages

Error	Description	Resolution
3144	BENEFIT PACKAGE NOT FOUND	Information message. No action needed.
3166	BENEFIT SUB-PROGRAM MUST BE '02', '03', OR '04'	Enter a valid Benefit Sub-program indicator.
3023	CHOOSE ENTER TO PROCESS NEW ENROLLEE ID	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
70	CURRENT PAGE NUMBER IS	Information message, no action needed.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.

68	DATA REFRESHED	Information message.
62	DATE OVERLAP DETECTED; UPDATE NOT APPLIED	Check the date entered.
4	END OF THE PAGE	Information message, no action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3161	LOCALITY FOUND IN DATABASE IS INVALID	Information message.
3163	LOCALITY IS ALREADY OPEN FOR ENROLLMENT	Information message.
3162	LOCALITY IS INVALID	Enter a valid locality code. See the field definitions for explanation and valid codes.
3707	LOCALITY SHOULD BE AN IN-STATE LOCALITY	Information message.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3159	MUST BE A VALID MONTH	Enter valid data and begin process again.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
3164	NO OPEN ENROLLMENT DATA FOUND FOR BENEFIT PACKAGE	Information message.
41	NO UPDATES WERE MADE TO THE DATA	Information message. No action needed.
3160	NUMBER OF MONTHS IS INVALID; MUST BE '01' THRU '12'	Information message.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
3790	RECIPIENT ENROLLED THRU MM/DD/CCYY	Information message.
25	RECORD UPDATED	Information message. No action needed.
3798	START MONTH MUST BE 2 MONTHS EARLIER THAN EFFECTIVE MONTH	Information message.
3793	THIS RECIPIENT IS IN OPEN ENROLLMENT	Information message.
29	TOP OF THE PAGE	Information message. No action needed.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Managed Care option in the selection field. Choose Enter.
2. You see the Managed Care Menu (MC-S-005).
3. On the Managed Care Menu, select Open Enrollment Data in the Selection field.

4. Choose the radio button beside the desired function (Change, Inquiry). Choose Enter.
5. You see the Open Enrollment Data screen (MC-S-030).
Screen Use:
1. Enter the Benefit Plan in the Benefit Plan field.
2. Choose Enter to access the selected Benefit Plan record.
3. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through additional pages of data.

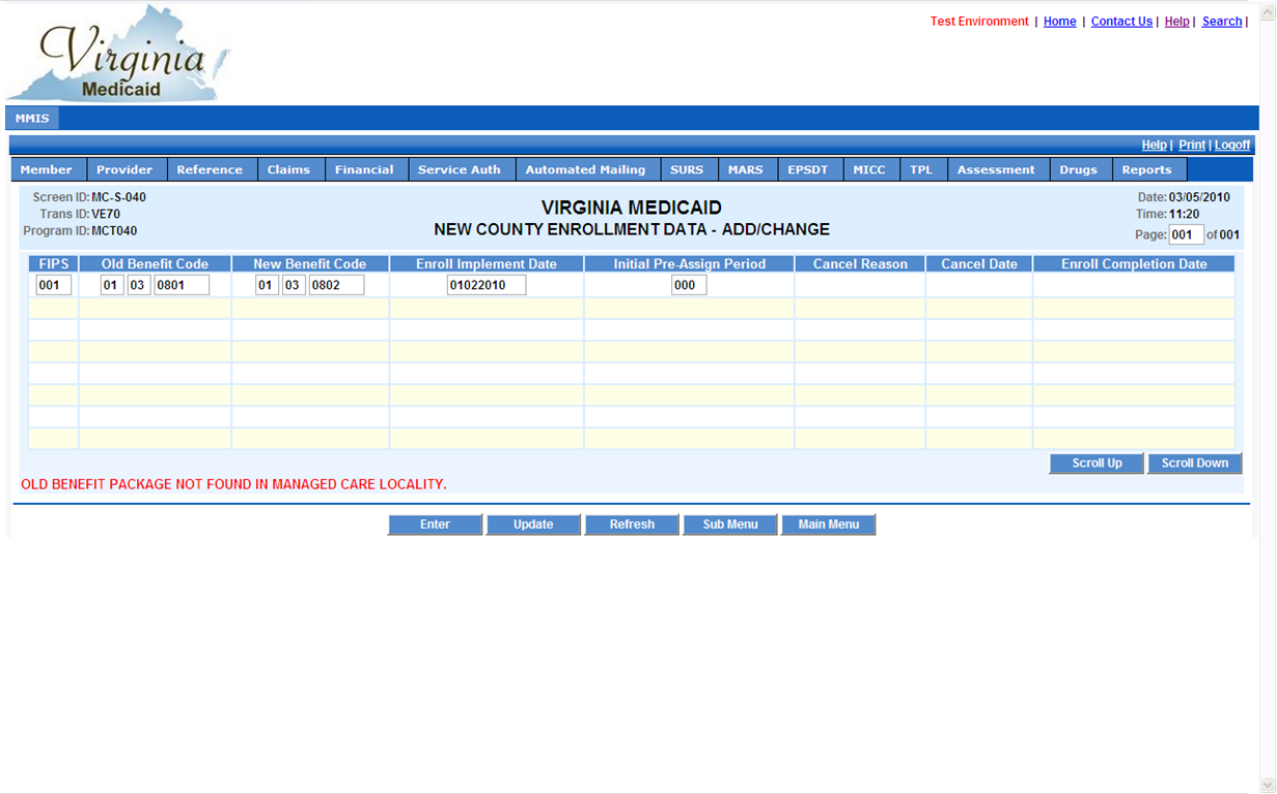
Screens MC-S-040 New County Enrollment Data

General Information

This screen is used to add, view, and change new county enrollment data. New county enrollment data is used to start a program like Medallion II in a new city/county (FIPS). The pre-assignment period can be extended if needed or even cancelled.

SOURCE/ORIGINATOR	DMAS Authorized User
USAGE	Inquiry, Update, Add
PROGRAM	MCT040
MAPSET	MC040VA
TRAN ID	VE70 (Add/Change), VE71 (Inquiry)

SAMPLE	**New County Enrollment Data (MC-S-040)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	LOC CODE New County Enrollment Locality Code (DE3238)	Edits: Must be a valid code. Messages: Missing/Invalid data, please correct highlighted fields	The code that identifies the city/county targeted for a new or different enrollment program. The code that identifies the city/county targeted for a new or different enrollment program. Must be a valid code. ADD (R/U) Enter the three position locality code for the locality being added. UPDATE (R/U) Enter the three position locality code for the locality being changed.
2	OLD BENEFIT PLAN New County Enrollment Old Benefit Code (DE3239)	Edits: Must be a valid benfit Plan. Messages: Missing/Invalid data, please correct highlighted fields	The code of the current benefit plan (if one exists) that is to be replaced by the new benefit. The code of the current benefit plan (if one exists) that is to be replaced by the new benefit. Must be a valid benefit Plan and plan must exist in the managed care locality.. ADD (R/U) Enter the benefit plan code (Program, Subprogram and Benefit Code) in the three-part field UPDATE (R/U) Enter the benefit plan code (Program, Subprogram and Benefit Code) in the three-part field
3	NEW BENEFIT PLAN New County Enrollment New Benefit Code (DE3240)	Edits: Must be a valid benefit Plan. It cannot be the same code as the Old Benefit Plan Code. Messages: Missing/Invalid data, please correct highlighted fields	The new benefit code that is to start in the specified locality. The new benefit code that is to start in the specified locality. Must be a valid benefit Plan. It cannot be the same code as the Old Benefit Plan Code. ADD (R/U) Enter the benefit plan code (Program, Subprogram and Benefit Code) of the new plan in the three-part field UPDATE (R/U)

			Enter the benefit plan code (Program, Sub-program and Benefit Code) of the new plan in the three-part field
4	IMPLEMENTATION DATE New County Enrollment Implementation Date (DE3241)	Edits: Must be a valid month, century, and year in the future. Messages: Missing/Invalid data, please correct highlighted fields	The Date on which the first pre-assignment will begin for the new program. The Date on which the first pre-assignment will begin for the new program. Must be a valid Date in the future. ADD (R/U) Enter the Date MM/DD/CCYY format (including the slash). UPDATE (R/U) Enter the Date in MM/DD/CCYY format (including the slash).
5	INITIAL PRE PRD New County Enrollment Initial Pre-assignment Period (DE3242)	Edits: Must be a valid number of months greater than zero. Messages: Missing/Invalid data, please correct highlighted fields	The number of days before the default assignment takes effect. The number of days before the default assignment takes effect. Must be a valid number of months greater than zero. ADD (R/U) Enter the number of days before default assignment takes effect in the three position field. UPDATE (R/U) Enter the number of days before default assignment takes effect in the three position field.
6	CANCEL CODE New County Enrollment Cancel Code (DE3243)	Edits: If entered, must be a valid code. Messages: Missing/Invalid data, please correct highlighted fields	A code that identifies why a new county pre-assignment was cancelled. Use the on-line HELP system to find valid codes for this field. A code that identifies why a new county pre-assignment was cancelled. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid code. ADD (O/U) If the preassignment is being cancelled, enter the appropriate two position cancel reason code. UPDATE (O/U) If the preassignment is being cancelled, enter the appropriate two position cancel reason code.

7	CANCEL DATE New County Enrollment Cancel Date (DE3244)	Edits: Must be greater than or equal to current date. If not entered, the system will populate this field with the current date.	The date that the new county enrollment cancellation took place. The date that the new county enrollment cancellation took place. If a Cancel reason code is entered and this field is left blank, the system will populate this field with the current date. The user may overlay the date with a future date. Must be greater than or equal to current date. ADD (C/U) If the preassignment is being cancelled, enter the appropriate cancel date in MM/DD/YYYY format. If not entered, the system will populate with the current date. You may overlay the system-generated date with a future date. UPDATE (C/U) If the preassignment is being cancelled, enter the appropriate cancel date in MM/DD/YYYY format. If not entered, the system will populate with the current date. You may overlay the system-generated date with a future date.
9	DATE COMPLETED New County Enrollment Completion Date (DE3246)	Edits: This field is populated by the system once the initial pre-assignment period has ellapsed after the implementation date.	The date on which the initial preassignment process was completed. . The date on which the initial preassignment process was completed. This field is populated by the system once the initial preassignment period has elapsed after the implementation date. System generated (P).
10	(ERROR TEXT FIELD) Calculated (DE0002)	Edits: This field is used to display messages generated by the program.	This field is used to display messages generated by the program. This field is used to display messages generated by the program. System displayed (P).

NAVIGATION	**New County Enrollment Data (MC-S-040)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through the Benefit New County Enrollment Table (RS_BNFT_NEW_CNTY) and displays up to 4 occurrences of new county enrollment data.	N/A

ENTER	Validates the data entered. The enter key does not update the data.	N/A
SUB MENU	Returns to the Managed Care Menu; no updating is performed unless the Update button is pressed.	MC-S-005 (R)
SCROLL DOWN	Scrolls forward through the Benefit New County Enrollment Table (RS_BNFT_NEW_CNTY) and displays up to 4 occurrences of new county enrollment data.	N/A
REFRESH	Re-displays screen with values from database.	N/A
RETURN	Control is transferred to MCT005 (VA DMAS PCCM On-line Menu Program); no updating is performed unless the UPDATE button is pressed.	MC-S-005 (R)
UPDATE	Re-edit the entered/modified data and Update the Benefit New County Enrollment Table (RS_BNFT_NEW_CNTY), if no errors exist.	N/A

Error Messages

Error	Description	Resolution
3346	A RECORD WITH THIS IMPLEMENT DATE ALREADY EXISTS, MODIFY EXISTING RECORD	Modify the existing record to complete the task.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3336	BOTH CANCEL REASON AND CANCEL DATE ARE REQUIRED	Information message.
3335	CANCEL DATE MUST BE GREATER THAN OR EQUAL TO CURRENT DATE	Enter a Cancel date falling after or on Current date.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
70	CURRENT PAGE NUMBER IS	Information message, no action needed.
2	DATA NOT CHANGED	Information message. No action needed.
3259	DATA NOT UPDATED; ERROR IN THE HIGHLIGHTED FIELD(S)	Information message.
68	DATA REFRESHED	Information message.
27	DATA UPDATED	Information message. No action needed.
3337	DATE ENTERED IS INVALID	Information message.
3257	DUPLICATE RECORD CORRECT THE HIGHLIGHTED ROW.	Information message.
4	END OF THE PAGE	Information message, no

		action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3338	IMPL DATE MUST BE GREATER THAN CURRENT DATE PLUS PRE-ASSIGNMENT PERIOD	Information message.
3263	LOCALITY NOT FOUND	Information message.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3339	NEW BENEFIT PACKAGE CODE CANNOT BE BLANK	Enter valid data and begin process again.
3260	NEW BENEFIT PACKAGE CODE NOT A MANAGED CARE BENEFIT PACKAGE	Information message.
3267	NEW COUNTY ENROLLMENT CANCEL REASON IS INVALID	Information message.
3265	NEW COUNTY ENROLLMENT IMPLEMENTATION DATE IS INVALID	Information message.
3266	NEW COUNTY ENROLLMENT INITIAL PRE-ASSIGNMENT PERIOD IS INVALID	Information message.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
3262	OLD AND NEW BENEFIT PACKAGE CODES CANNOT BE EQUAL	Information message.
3340	OLD BENEFIT PACKAGE CODE CANNOT BE BLANK	Information message.
3261	OLD BENEFIT PACKAGE CODE NOT A MANAGED CARE BENEFIT PACKAGE	Information message.
3264	OLD BENEFIT PACKAGE NOT FOUND IN MANAGED CARE LOCALITY	Information message.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
29	TOP OF THE PAGE	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Managed Care option in the selection field. Choose Enter.
2. You see the Managed Care Menu (MC-S-005).
3. On the Managed Care Menu, select New County Enrollment Data in the Selection field.
4. Choose the radio button beside desired function (Add, Change, Inquiry). Choose Enter.

5. You see the New County Enrollment Data screen (MC-S-040).
Screen Use:
After entering data for an Add or Change, choose Update to save the data.

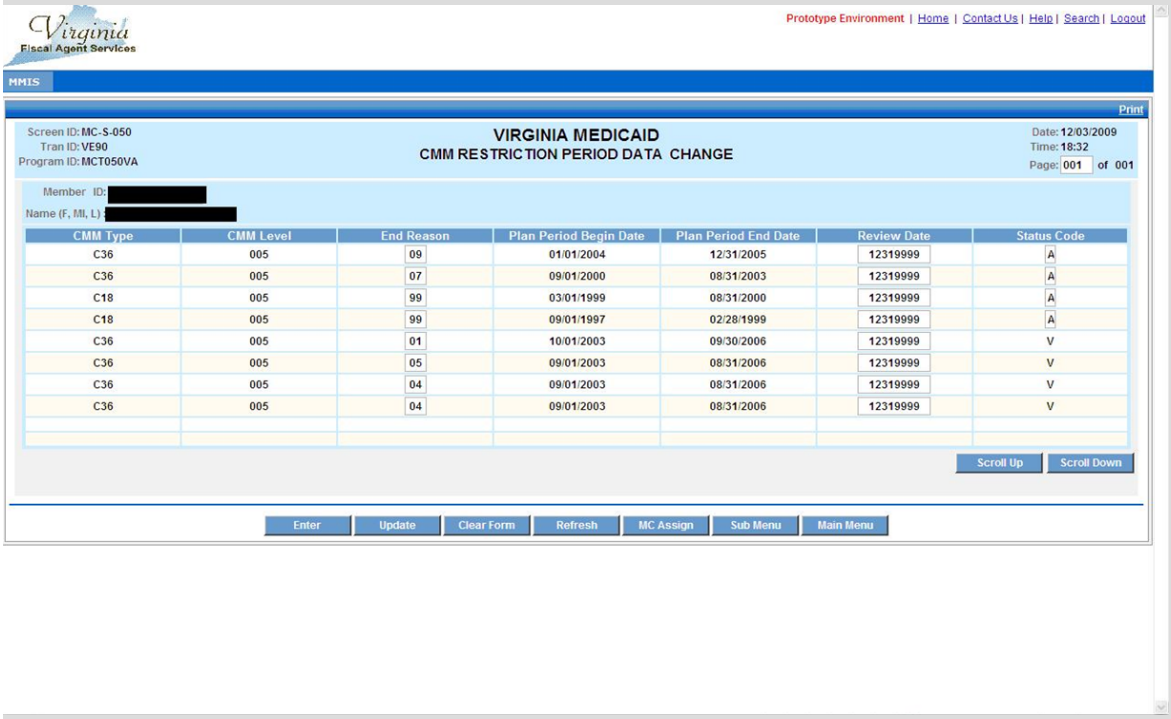
Screens MC-S-050 CMM Restriction Period History

General Information

This screen allows for the viewing, entry, and modification of CMM Restriction Period information.

SOURCE/ORIGINATOR	DMAS Authorized User
USAGE	Inquiry, Update, Add
PROGRAM	MCT050
MAPSET	MC050VA
TRAN ID	VE74 (Create), VE90 (Update) and VE75 (Inquiry)

SAMPLE	CMM Restriction Period History (MC-S-050)



CMM Type	CMM Level	End Reason	Plan Period Begin Date	Plan Period End Date	Review Date	Status Code
C36	005	09	01/01/2004	12/31/2005	12319999	A
C36	005	07	09/01/2000	08/31/2003	12319999	A
C18	005	99	03/01/1999	08/31/2000	12319999	A
C18	005	99	09/01/1997	02/28/1999	12319999	A
C36	005	01	10/01/2003	09/30/2006	12319999	V
C36	005	05	09/01/2003	08/31/2006	12319999	V
C36	005	04	09/01/2003	08/31/2006	12319999	V
C36	005	04	09/01/2003	08/31/2006	12319999	V

Field Definitions

#	GSD Field Name Data Element Name	Edit Criteria Message	Field Instructions

	(ID)		
2	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Must be a valid enrollee ID. Messages: Missing/Invalid data, please correct highlighted fields.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. If the Enrollee ID was not entered on the menu, enter the Enrollee ID and click Enter to access the enrollee data. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. If the Enrollee ID was not entered on the menu, enter the Enrollee ID and click Enter o access the enrollee data.
3	NAME (ENROLLEE LAST, FIRST, and MIDDLE INITIAL) Enrollee Last Name (DE3110)	Edits: Displays the Enrollee Last Name, First Name, and Middle Initial depending on Enrollee ID (DE #3093).	Displays the Enrollee's Last Name, First Name, and Middle Initial depending on Enrollee ID (DE #3093). Displays the Enrollee's Last Name, First Name, and Middle Initial depending on Enrollee ID (DE #3093). System displayed (P).
4	CMM TYPE Enrollee CMM Restriction Type (DE3131)	Edits: Must be a valid CMM restriction type if entered (Type values are defined in the data element dictionary). Messages: Missing/Invalid data, please correct highlighted fields	A code that describes the type and length of the restriction period. For example, I18 means initial 18 months, C18 means continue 18 months. Use the on-line HELP system to find valid codes for this field. A code that describes the type and length of the restriction period. For example, I18 means initial 18 months, C18 means continue 18 months. Use the on-line HELP system to find valid codes for this field. Must be a valid CMM restriction type if entered ADD (R/U) Enter the three position CMM Type code. UPDATE (P) System displayed.
5	CMM LEVEL Enrollee CMM Restriction Level (DE3136)	Edits: Must be valid CMM restriction level. Messages: Missing/Invalid data, please correct highlighted fields	A code that identifies the enrollee as being restricted to a specific physician, pharmacist, transportation provider, or any combination of the three including all. Use the on-line HELP system to find valid codes for this field. A code that identifies the enrollee as being restricted to a specific physician, pharmacist, transportation provider, or any combination of the three including all. Use the on-line HELP

			system to find valid codes for this field. Must be valid CMM restriction level. ADD (R/U) Enter the three position CMM Level code. UPDATE (P) System displayed.
6	END RSN Enrollee CMM Restriction End Reason (DE3132)	Edits: Must be a valid CMM restriction end reason code; required if Enrollee CMM Restriction End Date (DE #3130) is modified and is less than the time span specified by the restriction type (DE3131). Messages: Missing/Invalid data, please correct highlighted fields	A reason code that identifies why the enrollee's restriction period was ended. Use the on-line HELP system to find valid codes for this field. A reason code that identifies why the enrollee's restriction period was ended. Use the on-line HELP system to find valid codes for this field. Must be a valid CMM restriction end reason code; required if Enrollee CMM Restriction End Date (DE #3130) is modified and is less than the time span specified by the restriction type (DE3131). ADD (O/U) Enter a valid two position code if the Plan Period End Date is less than the time span specified by the restriction type (DE3131). UPDATE (C/U) Enter a valid two position code if the Plan Period End Date is modified and is less than the time span specified by the restriction type (DE3131).
7	PLAN PERIOD BEGIN DATE Enrollee CMM Restriction Begin Date (DE3125)	Edits: Must be a valid date format (mm/dd/ccyy) first day of month. This field must be entered on an add. Plan periods cannot overlap with other plan periods for the same enrollee. Messages: Missing/Invalid data, please correct highlighted fields	The begin date of the CMM restriction period established for a specific enrollee. The restriction period is a span of time in which DMAS wishes to restrict an enrollee to the use of a specific physician, pharmacy, or transportation provider, or any combination of the three. This range is setup by the recipient monitoring unit. The begin date of the CMM restriction period established for a specific enrollee. The restriction period is a span of time in which DMAS wishes to restrict an enrollee to the use of a specific physician, pharmacy, or transportation provider, or any combination of the three. This range is set up by the recipient monitoring unit. Must be a valid date format (MM/DD/CCYY) , first day of the month, if

			entered. Plan periods cannot overlap with other plan periods for the same enrollee, except that active and pend status dates can overlap with voids. .ADD (R/U) Enter the period start date in MM/DD/CCYY format. UPDATE (O/U) Type over the existing date to change the start date for an existing segment.
8	PLAN PERIOD END DATE Enrollee CMM Restriction End Date (DE3130)	Edits: Must be valid date format (mm/dd/ccyy) if entered it must be entered on an add. Plan periods cannot overlap with other plan periods for the same enrollee. Messages: Missing/Invalid data, please correct high-lighted fields	The end date of the CMM restriction period established for a specific enrollee. This range is setup by the recipient monitoring unit. The end date of the CMM restriction period established for a specific enrollee. This range is setup by the recipient monitoring unit. Must be valid date format (MM/DD/CCYY) if entered Plan periods cannot overlap with other plan periods for the same enrollee. ADD (R/U) Enter the restriction period end date in MM/DD/CCYY format. UPDATE (O/U) Type over the existing end date to change.
9	REVIEW DATE Enrollee CMM Restriction Review Date (DE3133)	Edits: The review date is cal-culated to be four (4) months prior to the end date (DE3130). If entered, it must equal to '12/31/9999'. Messages: Missing/Invalid data, please correct high-lighted fields	A date used by the system to identify when enrollee data is to appear on specific CMM reports for DMAS review. A date used by the system to identify when enrollee data is to appear on specific CMM reports for DMAS review. The review date is calculated to be four (4) months prior to the end date (DE3130). ADD (O/U) System generated, but can be changed to 12/31/9999. UPDATE (O/U) System generated, but can be changed to 12/31/9999.
10	STATUS CODE Enrollee CMM Restriction Status Code (DE3134)	Edits: Must be a valid CMM restriction status code. When Status Code changes, the Date of the change is	A code that identifies the restriction period as (A) active, (P) pending (for when an enrollee appeals the decision by DMAS to restrict them), or (V) void. A code that identifies the restriction period as

		stored in the Status Date field. Messages: Missing/Invalid data, please correct high-lighted fields	(A) active, (P) pending (for when an enrollee appeals the decision by DMAS to restrict them), or (V) void. Must be a valid CMM restriction status code. When Status Code changes, the Date of the change is stored in the Status Date field. ADD (O/U) Enter the Status code or leave blank and the system will default to A (active). UPDATE (O/U) Type over the status code to change.
12	(ERROR TEXT FIELD) Calculated (DE0002)		Displays system error or status message. Displays system error or status message.

NAVIGATION	**CMM Restriction Period History (MC-S-050)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MC ASSIGN	Branch to the Managed Care Assignment Screen (Program MCT010).	MC-S-010 (B)
SCROLL UP	Scrolls backward through the Client Medical Management Table (RS_CLIENT_MED_MGMT) and CMM Status Table (RS_CMM_STATUS) and displays up to 9 occurrences of CMM restriction period history data that are associated with the specific key data entered.	N/A
CLEAR FORM	Clears all fields on the screen.	N/A
ENTER	Validates the data entered, and displays an error message is errors are encountered. The enter key (and ENTER button) does not update the data tables.	POS-S-000 (R)
SUB MENU	Return to the Managed Care Menu; no updating is performed.	MC-S-005 (R)
SCROLL DOWN	Scrolls forward through the Client Medical Management Table (RS_CLIENT_MED_MGMT) and CMM Status Table (RS_CMM_STATUS) and displays up to 9 occurrences of CMM restriction period history data that are associated with the specific key data entered.	POS-S-000 (R)
MAIN MENU	Return to the MMIS Main System Menu	RF-S-010 (R)
REFRESH	Re-displays screen with values from database.	N/A
UPDATE	Update the Client Medical Management Table and	N/A

	CMM Status Table with the data entered on the screen (data is re-edited on an update).	

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
3165	CANNOT CHANGE PAGE NUMBER WHEN UPDATING	Information message.
3355	CHANGE THE END REASON	Change the End Reason to continue processing.
3023	CHOOSE ENTER TO PROCESS NEW ENROLLEE ID	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3234	CMM RESTRICTION PERIOD HISTORY NOT FOUND	Information message.
70	CURRENT PAGE NUMBER IS	Information message, no action needed.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.
68	DATA REFRESHED	Information message.
3705	DATE CALCULATION ERROR	Information message.
3030	DATE ENTERED IS INVALID	Information message.
62	DATE OVERLAP DETECTED; UPDATE NOT APPLIED	Check the date entered.
5	END DATE MUST BE GREATER THAN BEGIN DATE	Enter an End Date that falls after the begin date. See the field definitions for valid end/begin date specifications.
4	END OF THE PAGE	Information message, no action needed.
3006	ENROLLEE ID NOT FOUND, OR NOT FOR A PERMANENT PERSON ID	Information message.
3236	ENTER A VALID CMM LEVEL	Enter valid values according to error message specifications.

3235	ENTER A VALID CMM TYPE	Enter valid values according to error message specifications.
3237	ENTER A VALID END REASON	Enter a valid End Reason. See the field definitions for valid Enrollee ID specifications.
3122	ENTER A VALID PERMANENT ENROLLEE ID	Enter valid values according to error message specifications.
3238	ENTER A VALID STATUS CODE	Enter valid values according to error message specifications.
3473	ENTERED END DATE CANNOT BE LESS THAN THE ORIGINAL END DATE	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3071	INVALID BEGIN DATE	Enter a valid begin date. If necessary, see the field definitions for valid data/formatting.
3064	INVALID END DATE	Enter a valid end date. If necessary, see the field definitions for valid data/formatting.
3688	INVALID PROVIDER SPECIALTY FOR THIS INQUIRY	Check field for valid data and re-enter.
3687	INVALID PROVIDER TYPE FOR THIS INQUIRY	Check field for valid data and re-enter.
3635	INVALID REVIEW DATE	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
41	NO UPDATES WERE MADE TO THE DATA	Information message. No action needed.
3704	ONLY ACTIVE CMM SEGMENTS MAY BE RE-OPENED	Information message.
73	PERSON NAME NOT FOUND	Cancel the transaction and research the enrollee eligibility record.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
29	TOP OF THE PAGE	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Managed Care option in the selection field. Choose Enter.
2. You see the Managed Care Menu (MC-S-005).
3. On the Managed Care Menu, select CMM Restriction Periods in the Selection field.
4. Choose the radio button beside desired function (Add, Change, Inquiry).
5. Enter the Enrollee ID. Choose Enter.
6. You see the CMM Restriction Period Data screen (MC-S-050).
Screen Use:
1. After entering data for an Add or Change, choose Update to save the data.
2. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through additional pages of data.

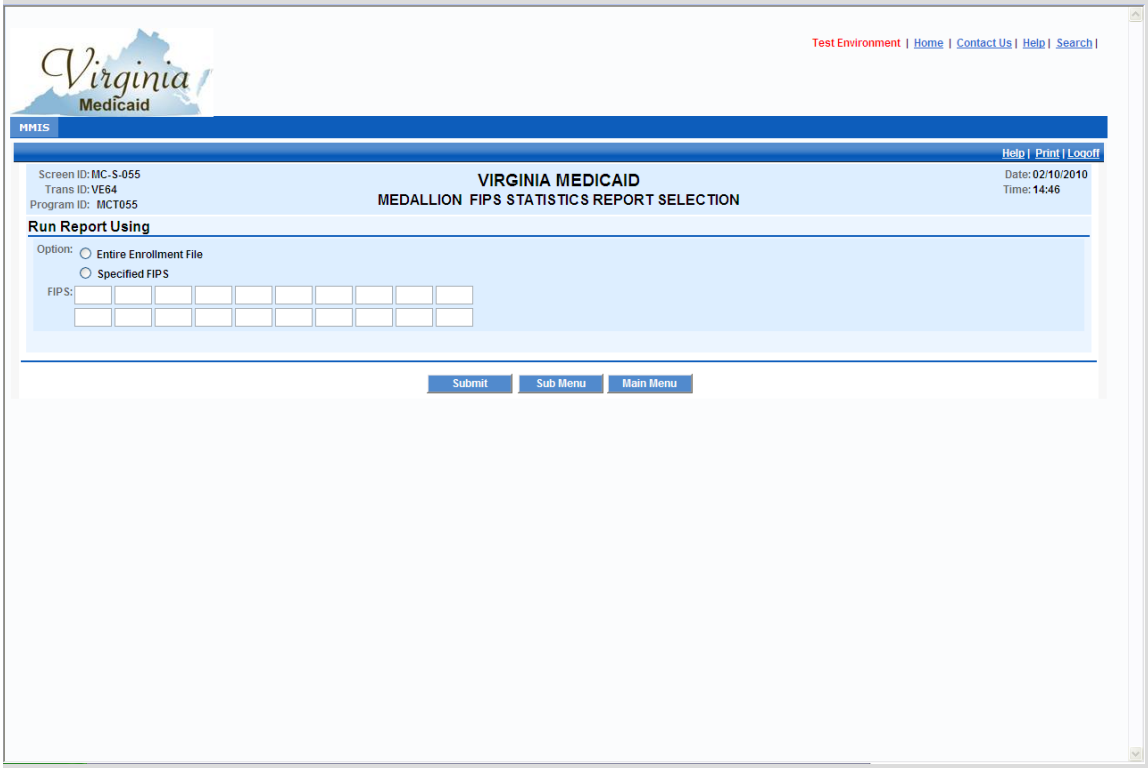
Screens MC-S-055 Managed Care FIPS Statistics Report Selection

General Information

This program provides for the entry of report criteria and the submission of the batch program (MCM070) to create the Managed Care FIPS Statistics Report (MC-O-040).

SOURCE/ORIGINATOR	DMAS Authorized User
USAGE	Update, Add
PROGRAM	MCT055
MAPSET	MC055VA
TRAN ID	VE64

SAMPLE	**Managed Care FIPS Statistics Report Selection (MC-S-055)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENTER OPTION Calculated (DE0002)	Edits: Must be values '1' (Run report using entire enrollment file), '2' (Run report using specified localities). Messages: Invalid data entered; report was not submitted.	Allows the user to select how the report is to be run. The options are to run the report using the 'Entire Enrollment File' or using 'Specified Localities'. Click on the radio button beside the option that you wish to select.
2	LOCALITIES Region Type (DE3226)	Edits: At least one locality must be entered with option '2' (Run report using specified localities). The localities entered must be valid on the RF_ LOCALITY Table and must be an in-state locality.	The city/county code in which the pre-assignment is in effect. If option 'Specified Localities' was selected, at least one locality must be entered in this field. The localities entered must be valid in-state localities. Do not enter a value if you selected Option 'Entire Enrollment File'

NAVIGATION	**Managed Care FIPS Statistics Report Selection (MC-S-055)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Edits the data on the screen for correctness and displays the appropriate error message when necessary. Job is not submitted until the SUBMIT button is pressed	N/A
SUB MENU	Returns to the Managed Care Menu; the report is not submitted.	MC-S-005 (R)
RETURN	Return to the calling program	RF-S-010 (R)
SUBMIT	Re-edit the data and if clean, generates JCL (batch JCL to produce the report) that will be read into the System	N/A

	Internal Reader. This causes the job to be submitted for execution.	

Error Messages

Error	Description	Resolution
3253	AT LEAST ONE LOC CODE MUST BE ENTERED FOR THIS OPTION	Information message.
3256	DATA ENTERED IS INVALID CORRECT THE HIGHLIGHTED FIELD(S).	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
87	INVALID SELECTION	Selection is invalid for this mode, enter another function.
3708	LOCALITIES ARE NOT ALLOWED FOR THE SELECTED OPTION	Information message.
3707	LOCALITY SHOULD BE AN IN-STATE LOCALITY	Information message.
3254	MANAGED CARE LOCALITY STATISTICS REPORT JOB SUBMITTED	Information message.
3258	PRESS SUBMIT KEY TO SUBMIT THE BATCH JOB	Information message.
3255	THE RECORD FOR PGM:MCM070 IS NOT FOUND IN RF%SYS%PARAMETER TBL	Information message.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Managed Care option in the selection field. Choose Enter.
2. You see the Managed Care Menu (MC-S-005).
3. On the Managed Care Menu, select Managed Care Region & Locality Statistics Report (MC-O-040) in the Selection field.
4. Choose the radio button beside the Add or Change function.(This is a data entry screen and can be accessed using either function.) Choose Enter.
5. You see the Managed Care Region & Locality Statistics Report screen (MC-S-055).
Screen Use:
Once the selections have been made in the fields on this screen, choose the Submit button at the bottom of the screen to submit the report request.

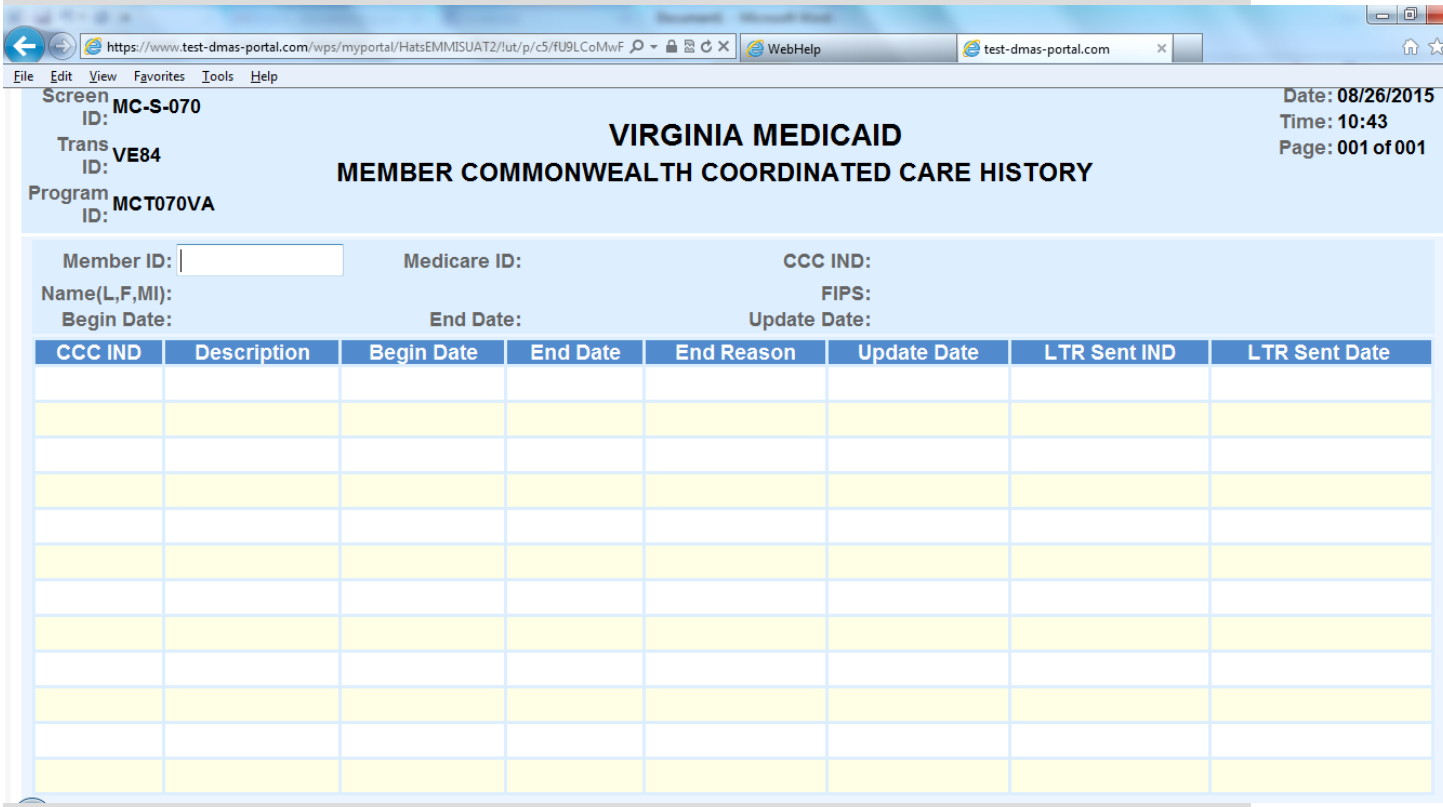
Screens MC-S-070 Member Commonwealth Coordinated Care History Screen

General Information

This screen is used to display the members Commonwealth Coordinated Care (CCC) History information.

SOURCE/ORIGINATOR	DMAS Authorized User
USAGE	Inquiry
PROGRAM	MCT070
MAPSET	MC070VA
TRAN ID	VE84

SAMPLE	**Member Commonwealth Coordinated Care History (MC-S-070)**



Scroll Up Scroll Down

ENROLLEE ID NOT FOUND, OR NOT FOR A PERMANENT ENROLLEE

Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	MEMBER ID Enrollee Permanent Identification Number (DE3093)	Edits: The enrollee ID can be entered onto the screen or, it is placed into this field by another on-line program prior to branching to this screen. The Enrollee ID is how DMAS identifies enrollees within the system. Messages: Enrollee ID not Found on Enrollee Master File	The 12-digit DMAS-administered identification number that is used to tie all claims for a single enrollee together. The enrollee ID can be entered in this field when the screen is displayed After entering the Enrollee ID, press or click Enter to retrieve the record. If the Enrollee ID is entered on the menu or if this screen is accessed from another screen, the Enrollee ID will be populated from the previous entry. Must be a valid Enrollee ID number. The 12-digit DMAS-administered identification number that is used to tie all claims for a single enrollee together. The enrollee ID can be entered in this field when the screen is displayed. If the Enrollee ID is entered on the menu or if this screen is accessed from another screen, the Enrollee ID will be populated from the previous entry. Must be a valid Enrollee ID number. UPDATE (R/U) Enter the Enrollee ID if the number was not entered on the accessing screen. Press or click Enter to retrieve the record.
2	MEDICARE ID Person Identifier Value (DE3955)	Edits: Displays the value of the person identifier depending on the C_ID_TYPE_CVAL.	The members permanent Enrollee ID number.

3	CCC IND: Commonwealth Coordinated Care Indicator (DE3280)	Edits: Displays the current CCC Indicator. It cannot be changed on this screen (it is protected).	Eleven CCC Indicator values are defined with their corresponding descriptions within the value set table.
4	ENROLLEE NAME Enrollee Full Name (DE3003)	Edits: This field is shown on the screen for display purposes only. It cannot be changed on this screen (it is protected). Data elements DE3111, DE3112, DE3113 are shown on this screen (display only). Messages: N/A	The first and last name of the individual eligible for a DMAS-administered medical care program. System displayed (P).
5	FIPS: Enrollee FIPS Code (DE3008)	Edits: Displays the code indicating the geographic or geopolitical statistical reporting area in which the member resides. It cannot be changed on this screen (it is protected).	Current FIPS code is displayed for this member.
6	BEGIN DATE: Commonwealth Coordinated Care History	Edits: Displays the most current CCC History	Begin date of the most current row for that member's data.

	Begin Date (DE3281)	Begin Date. It cannot be changed on this screen (it is protected).	
7	END DATE: Commonwealth Coordinated Care History End Date (DE3282)	Edits: Displays the most current rows CCC History End Date. It cannot be changed on this screen (it is protected).	End date of the most current row for that member's data.
8	UPDATE DATE: Commonwealth Coordinated Care History Update Date (DE0011)	Edits: Displays the last update date for this member's data on the CCC Eligibility History Table (RS_ENRL_CCC_IND). It cannot be changed on this screen (it is protected).	Record Update date recorded on the table when the data row was added/changed.
9	CCC IND: Commonwealth Coordinated Care Indicator (DE3280)	Edits: Displays the CCC Indicator. It cannot be changed on this screen (it is protected).	Eleven CCC Indicator values are defined with their corresponding descriptions within the value set table.
10	DESCRIPTION	Edits: Displays the description of the CCC Indicator from the value set table. It cannot be	Description is obtained from the value set table based on the CCC Indicator value.

		changed on this screen (it is protected).	
11	CCC Begin Date: Commonwealth Coordinated Care History Begin Date (DE3281)	Edits: Displays the CCC History Begin Date. It cannot be changed on this screen (it is protected).	Begin date of that row for the CCC value.
12	CCC End Date: Commonwealth Coordinated Care History End Date (DE3282)	Edits: Displays the CCC History End Date. It cannot be changed on this screen (it is protected).	End date of that row for the CCC value.
13	CCC End Reason: Commonwealth Coordinated Care History End Reason (DE3813)	Edits: Displays the CCC History End Reason Code. It cannot be changed on this screen (it is protected).	End Reason code of that row for the CCC value.
14	UPDATE DATE Commonwealth Coordinated Care History Update Date (DE0011)	Edits: Displays the CCC H_ REC_UPDT date. It cannot be changed on this screen (it is protected).	Record Update date recorded on the table when the data row was added/changed.
15	LTR SENT IND Commonwealth Coordinated Care Letter Sent Indicator (DE3283)	Edits: Displays the Indicator that specifies if a CCC Letter was sent. It cannot be changed on this screen (it is protected).	Indicator specifies what type of letter was sent.

16	LTR SENT DATE Commonwealth Coordinated Care Letter Sent Date (DE3284)	Edits: Displays the Date the CCC Letter was sent. It cannot be changed on this screen (it is protected).	

NAVIGATION	**Member Commonwealth Coordinated Care History (MC-S-070)**	
Function (B) or (M)	Action	Branch To (B) or Return To I
ENTER	Edits the data on the screen for correctness and displays the appropriate error message when necessary. Job is not submitted until the SUBMIT button is pressed	N/A
SUB MENU	Returns to the Managed Care Menu; the report is not submitted.	MC-S-005 I
RETURN	Return to the calling program	MC-S-010 I

Error Messages

Error	Description	Resolution
3122	ENTER A VALID PERMANENT ENROLLEE ID.	Enter a valid Enrollee ID.
3209	INVALID ENROLLEE ID.	Enter a valid Enrollee ID.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3023	CHOOSE ENTER TO PROCESS NEW ENROLLEE ID.	Information message.
3094	END OF MEDICARE PREMIUM TRANSACTIONS.	Information message.
3093	TOP OF MEDICARE PREMIUM TRANSACTIONS.	Information message.
70	CURRENT PAGE NUMBER IS	Information message.
20	PREVIOUS PAGE DATA IS DISPLAYED.	Information message.
17	NEXT PAGE DATA IS DISPLAYED.	Information message.
3505	NO RECORDS FOR THIS ENROLLEE.	Information message.
3006	ENROLLEE ID NOT FOUND, OR NOT FOR A PERMANENT ENROLLEE	Information message.
33	ERROR WHILE ACCESSING.	Re-try data entry.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Managed Care option in the selection field. Choose Enter.
2. You see the Managed Care Menu (MC-S-005).
3. On the Managed Care Menu, select Member Commonwealth Coordinated Care History (MC-S-070) in the Selection field.
4. You see the Member Commonwealth Coordinated Care History (MC-S-070).
Screen Use:
Display only.

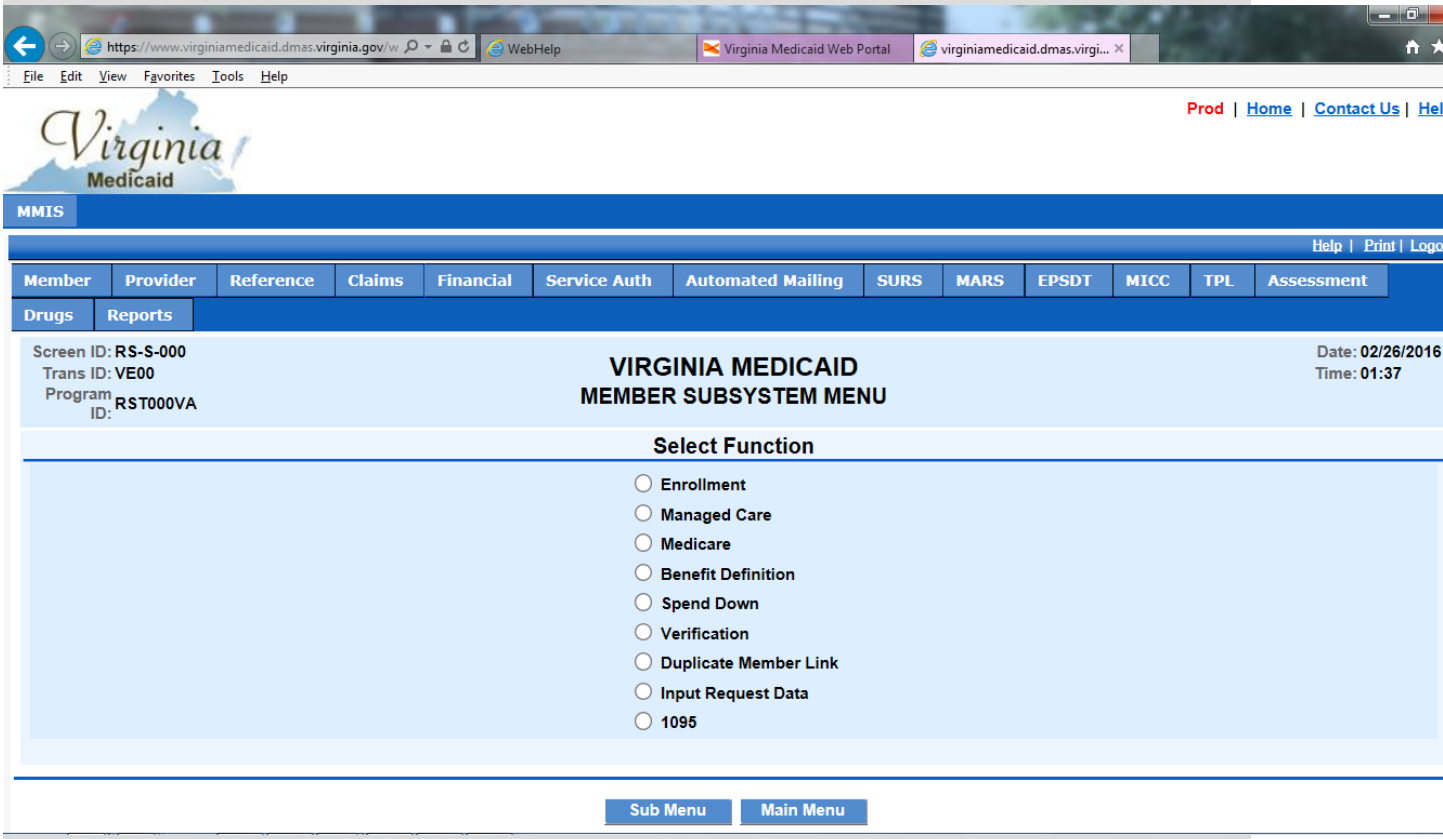
Screens RS-S-000 Member Sub-system Menu

General Information

Menu to select transfer to Enrollment, Managed Care, Medicare, Benefit Definition, Spend Down, Link Members, Verification or Input Request Data functions for the Member subsystem. Navigation will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update
PROGRAM	RST000
MAPSET	RS000VA
TRAN ID	VE00

SAMPLE	**Member Subsystem Menu (RS-S-000)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECT (DE0000)	Edits: Must be 1 through 9. Messages: Missing/Invalid data, please correct highlighted fields	Allows selection of the section of the Recipient Subsystem to be invoked. Click on the radio button beside the function you want to access, then click on the Enter button at the bottom of the screen or choose Enter. Allows selection of the section of the Recipient Subsystem to be invoked. Click on the radio button beside the function you want to access, then click on the Enter button at the bottom of the screen or choose Enter.

NAVIGATION	Member Subsystem Menu (RS-S-000)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	When SELECT is equal to 1, branch to the Enrollment Menu Screen. When SELECT is equal to 2, branch to the Managed Care Menu Screen. When SELECT is equal to 3, branch to the Medicare Menu Screen. When SELECT is equal to 4, branch to the Benefits Definition Menu Screen. When SELECT is equal to 5, branch to the Spend Down Maintenance Screen. When SELECT is equal to 6, branch to the Duplicate Member Link Screen. When SELECT is equal to 7, branch to the Eligibility and Provider Payment Verification Selection Screen. When SELECT is equal to 8, branch to the Member Input Request Data Screen. When SELECT is equal to 9, branch to the 1095 Menu Screen.	N/A
MAIN MENU	Return to the Virginia MMIS Main Menu.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4004	CHOOSE A VALID SELECTION	Choose a selection from the drop-down menu.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
4002	ENTER A SELECTION	Enter your selection at the cursor to complete the task.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4116	SELECTION NUMBER MUST BE NUMERIC	Enter a numeric selection number.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

1. From the Main System Menu, select the Recipient icon.
2. You see the Recipient Subsystem Menu (RS-S-000).
Screen Use:
1. On the Recipient Subsystem Menu, choose the radio button beside the function you wish to select.
2. Choose Enter.
3. You see the selected screen.

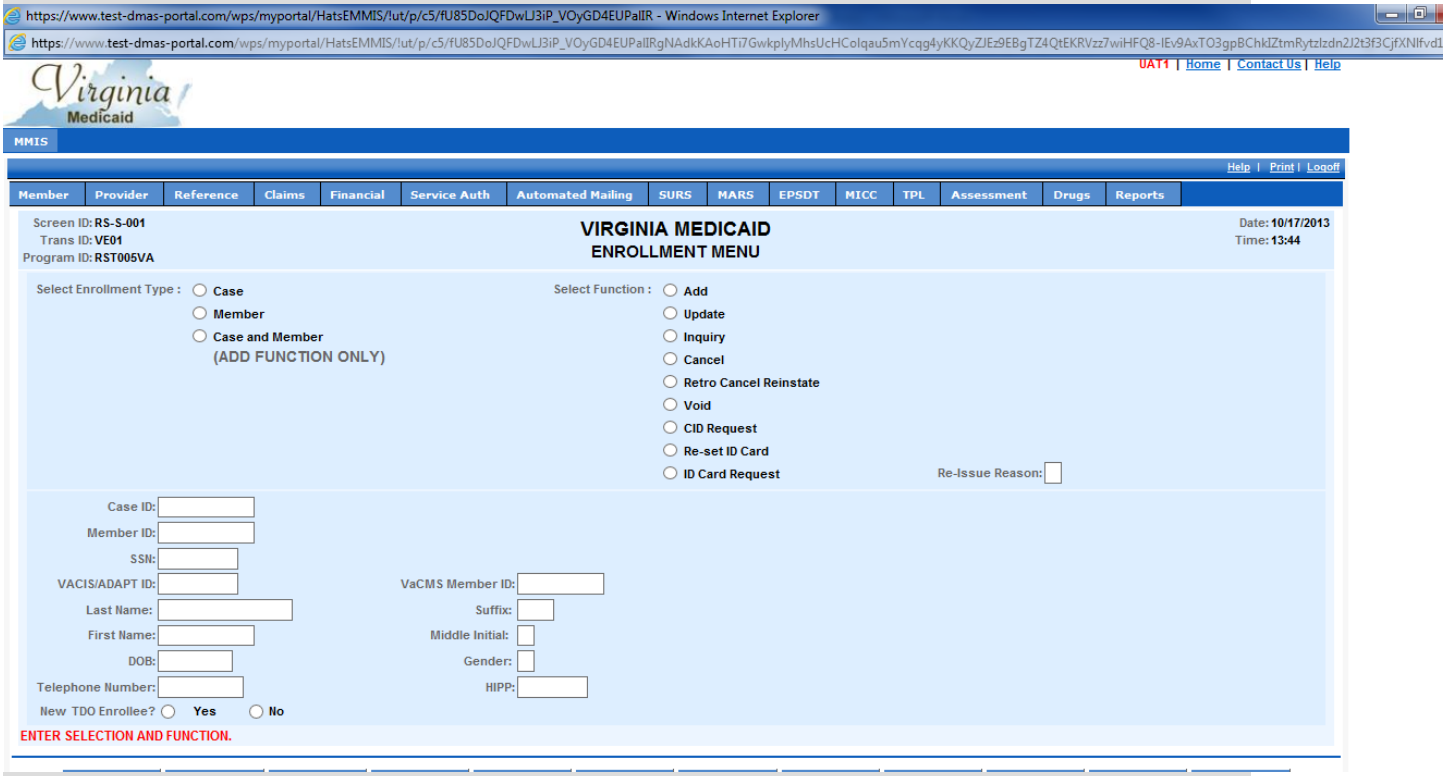
Screens RS-S-001 Enrollment Menu

General Information

Screen to facilitate Inquiry, Create and Update functions accessing Member tables. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update, Add
PROGRAM	RST005
MAPSET	RS001VA
TRAN ID	VE01, VEZ1

SAMPLE	**Enrollment Menu (RS-S-001)**



Field Definitions

#	GSD Field Name Data Element Name	Edit Criteria Message	Field Instructions

	(ID)		
1	SELECT ENROLLMENT TYPE (DE0000)	Edits: If entered, must be 1 through 3. If not entered, a navigation button must be pressed or search criteria entered and the function assumed will be inquiry. Messages: Missing/Invalid data, please correct highlighted fields	Allows selection of the type of record to be accessed. Click on the radio button beside one of the three enrollment types listed to select a record based on either case, enrollee or both case and enrollee. If you are initiating a search, do not enter a selection in this field. Allows selection of the type of record to be accessed. Click on the radio button beside one of the three enrollment types listed to select a record based on either case, enrollee or both case and enrollee. If you are initiating a search, do not enter a selection in this field.
2	SELECT FUNCTION (DE0000)	Edits: If entered, must be A, U, I, X, T, V, S, E, D or P. Functions U, X, V, S,E,T, D and P are only valid with selection 2. Only function A may be entered when the selection is 3. If not entered, a navigation button must be pressed or search criteria entered and the function assumed will be inquiry. Messages: Missing/Invalid data, please correct highlighted fields	Allows selection of a function. Click on the radio button beside the desired function. Functions Reinstate, Cancel, ID Request, ID Card Request and are only valid with Select Enrollment Type 'Enrollee'. Only the 'Add' function may be selected when the Select Enrollee Type selection is 'Case and Enrollee'. If you are initiating a search, do not enter a selection in this field. Allows selection of a function. Click on the radio button beside the desired function. Functions Cancel/Reinstate, Cancel, ID Request, ID Card Request and are only valid with Select Enrollment Type 'Enrollee'. Only the 'Add' function may be selected when the Select Enrollee Type selection is 'Case and Enrollee'. If you are initiating a search, do not enter a selection in this field.
3	REISSUE REASON Enrollee ID Card Reissue Reason (DE3481)	Edits: Required when FUNCTION D is chosen, not allowed for other options. If entered, must be a valid reissue reason. Messages: Missing/Invalid data, please correct highlighted fields	The reason code explaining why a plastic card is being re-issued to an enrollee. Required when Select Function 'ID Card Request' is chosen, not allowed for other options. If entered, must be a valid reissue reason. Use the on-line HELP system to find valid codes for this field. The reason code explaining why a plastic card is being re-issued to an enrollee. Required when Select Function 'ID Card Request' is chosen, not allowed for other

			options. If entered, must be a valid reissue reason. Use the on-line HELP system to find valid codes for this field.
4	CASE ID Case Identification Number (DE3043)	Edits: Required when the SELECT field is 1 or 3 or when the CASE navigation button is pressed. If entered, must be numeric or equal to '975'. Add Transactions: - Should "internally" generate last digit of the Case-Id. User entry not allowed. - Case-Id cannot be the same as an existing Enrollee-Id - Ensure that the first 3 characters: - Are present in the DSS_OFFICE table as a valid locality - OR - - Is in the range 100 thru 238 with the exception of 164, 176, 194, 225. - OR - - Is one of the following : 701, 761, 762, 899 Messages: Missing/Invalid data, please correct highlighted fields	A number that uniquely identifies the family or group of individuals in the same Case entity. Required when the Select Enrollment Type field is 'Case' or 'Case and Enrollee' or when the Case navigation button is pressed. If entered, must be numeric or equal to '975 '. A number that uniquely identifies the family or group of individuals in the same Case entity. Required when the Select Enrollment Type field is 'Case' or 'Case and Enrollee' or when the Case navigation button is pressed. If entered, must be numeric or equal to '975'. For Add Transactions: - System 'internally' generates last digit of the Case-Id. User entry not allowed. - Case-Id cannot be the same as an existing Enrollee-ID - the first 3 characters: - must be present in the table as a valid locality - OR - - must be in the range 100 thru 238 with the exception of 164, 176, 194, 225. - OR - - must be one of the following : 701, 761, 762, 899
5	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Required when the SELECT field is 2 or 3, or when the DEMOGR, ELIG,	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Required when the Select Enrollment Type selection is 'Enrollee' or 'Case and Enrollee' or when the Demographics, TDO, Financial, or ID Cross-Reference navigation buttons are pressed. If

		TDO, FIN, or ID XREF navigation buttons are pressed. Add Transactions: - If the first 3 characters are 975, then the rest of the number must not be entered as it is auto-generated, UNLESS this is a "re-key" of an enrollee who is an Approved Duplicate, in which case the full 12 digit Enrollee number that was generated when the duplicate was detected must be used. - Should "internally" generate last digit of the Enrl-Id. User entry not allowed. - Enrollee Id cannot be the same as an existing Case-Id - Ensure that the first 3 characters: - Are present in the DSS_OFFICE table as a valid locality - OR - - Is in the range 100 thru 238 with the exception of 164, 176, 194, 225. - OR - - Is one of the following : 701, 761, 762, 899 Reinstate Transactions: - Should not allow pro-	entered, must be numeric or equal to '975'. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Required when the Select Enrollment Type selection is 'Enrollee' or 'Case and Enrollee' or when the Demographics, TDO, Financial, or ID Cross-Reference navigation buttons are pressed. If entered, must be numeric or equal to '975'. For Add Transactions: - System internally generates last digit of the Enrl-Id. User entry not allowed. - Enrollee ID cannot be the same as an existing Case-Id - the first 3 characters: - must be present in the table as a valid locality - OR - - must be in the range 100 thru 238 with the exception of 164, 176, 194, 225. - OR - - must be one of the following : 701, 761, 762, 899 For Reinstate Transactions: - does not allow processing for 'Associated Enrollees'.

		cessing for "Associated Enrollees". Messages: Missing/Invalid data, please correct highlighted fields	
6	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Required when the SELECT field is 2 or 3 and the FUNCTION field is A; and allowed as search criteria. Not allowed for other options. When entered for search, operator may not select any other criteria. If entered, must be numeric. Positions 1-3 may not be zeros, 666 or (900 through 998). Positions 4-5 may not be zeros. Positions 6-9 may not be zeros. If 999, last six positions must be valid date in the format MMDDYY and cannot be in the future. Add Transaction: If first three characters = '999', Last 6 digits must be a valid date MMDDYY <= TODAY. (Assume Century = 2000 for YY < 20) Messages: Missing/Invalid data, please correct highlighted fields	The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. Allowed as search criteria. When entered for search, operator may not select any other criteria. If entered, must be numeric. The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. Required when the Select Enrollment Type selection is 'Enrollee' or 'Case and Enrollee' and the Select Function selection is 'Add' and allowed as search criteria. Not allowed for other options. When entered for search, operator may not select any other criteria. If entered, must be numeric. If SSN is unavailable (e.g. Newborn), enter a pseudo SSN where the first three characters = '999', Last 6 digits a valid date MMDDYY <= TODAY. (Assume Century = 2000 for YY < 20). Otherwise, enter the enrollee's SSN

7	VACIS/ADAPT ID Enrollee ADAPT/VACIS Client Identification Number (DE3096)	Edits: Allowed when the FUNCTION field is A or as search criteria. When entered for search, operator may not select any other criteria. Messages:	The unique identifier used by the State for each welfare Enrollee. Allowed as search criteria for inquiry. When entered for search, operator may not select any other criteria. The unique identifier used by the State for each welfare Enrollee. Allowed when the Select Function selection is 'Add' or as inquiry search criteria. When entered for search, operator may not select any other criteria.
8	VaCMS Member ID Enrollee VaCMS Member Identification Number	Edits: Allowed when the FUNCTION field is A or as search criteria. When entered for search, operator may not select any other criteria.	The unique identifier used by the State for each welfare Enrollee. Allowed as search criteria for inquiry. When entered for search, operator may not select any other criteria. The unique identifier used by the State for each welfare Enrollee. Allowed when the Select Function selection is 'Add' or as inquiry search criteria. When entered for search, operator may not select any other criteria.
9	LAST NAME Enrollee Last Name (DE3110)	Edits: Required when the SELECT field is 2 or 3 and the FUNCTION field is A; and allowed as part of search criteria. Not allowed for other options. When entered for search, operator may not select SSN or VACIS/ADAPT ID. For Generic Search (End with "%"): Atleast 3 characters mandatory. Messages: Missing/Invalid data, please correct highlighted fields	The last name of the individual eligible for a DMAS-administered medical care program. Allowed as part of inquiry search criteria. When entered for search, operator may not select SSN or VACIS/Adapt ID. Enter the entire last name, or enter at least three characters of the last name followed by %. This will give a list of all names that begin with the three characters entered. The last name of the individual eligible for a DMAS-administered medical care program. Required when the Select Enrollment Type field is 'Enrollee' or 'Case and Enrollee' and the Select Function selection is 'Add'; and allowed as part of search criteria. Not allowed for other options. When entered for search, operator may not select SSN or VACIS/Adapt ID. For Generic Search enter at least three characters of the last name followed by %. This will give a list of all names that begin with the three characters entered.
10	SUFFIX Enrollee Name Suffix (DE3113)	Edits: Allowed when the FUNCTION field is A or as part of search cri-	The name suffix of the individual eligible for a DMAS-administered medical care program. Allowed as part of inquiry search criteria. When entered for search, must also enter the

		teria. When entered for search, operator must also enter the selections LAST NAME and FIRST NAME.	selections Last Name and First Name. The name suffix of the individual eligible for a DMAS-administered medical care program. Allowed when the Select Function choice is 'A' or as part of search criteria. When entered for search, must also enter the selections Last Name and First Name.
11	FIRST NAME Enrollee First Name (DE3111)	Edits: Required when the SELECT field is 2 or 3 and the FUNCTION field is A; and allowed as part of search criteria. Not allowed for other options. When entered for search, operator must also enter the selection LAST NAME. For Generic Search (End with "%"): Atleast 3 characters mandatory. Messages: Missing/Invalid data, please correct highlighted fields	The first name of the individual eligible for a DMAS-administered medical care program. Allowed as part of inquiry search criteria. When entered for search, must also enter the selection Last Name. For Generic Search enter at least three characters of the last name followed by %. This will give a list of all names that begin with the three characters entered. The first name of the individual eligible for a DMAS-administered medical care program. Required when the Select Enrollment Type selection is 'Enrollee' or 'Case and Enrollee' and the Select Function choice is 'Add'; and allowed as part of search criteria. Not allowed for other options. When entered for search, must also enter the selection Last Name. For Generic Search enter at least three characters of the last name followed by %. This will give a list of all names that begin with the three characters entered.
12	MIDDLE INITIAL Enrollee Middle Initial (DE3112)	Edits: Allowed when the FUNCTION field is A or as part of search criteria. When entered for search, operator must also enter the selections LAST NAME and FIRST NAME. Messages:	The middle initial of the individual eligible for a DMAS-administered medical care program. Allowed as part of inquiry search criteria. When entered for search, must also enter the selections Last Name and First Name. The middle initial of the individual eligible for a DMAS-administered medical care program. Allowed when the Select Function choice is 'Add' or as part of search criteria. When entered for search, must also enter the selections Last Name and First Name.
13	DATE OF BIRTH Enrollee Birth Date (DE3005)	Edits: Required when the SELECT field is 2 or 3	The enrollee's date of birth. Allowed as part of inquiry search criteria. When entered for search, must also enter the selections Last

		and the FUNCTION field is A; and allowed as part of search criteria. Not allowed for other options. When entered for search, operator must also enter the selections LAST NAME and FIRST NAME. If entered, must be a valid date. Messages: Missing/Invalid data, please correct highlighted fields	Name and First Name. If entered, must be a valid date. The enrollee's date of birth. Required when the Select Enrollment Type selection is 'Enrollee' or 'Case and Enrollee' and the Select Function choice is 'A'; and allowed as part of search criteria. Not allowed for other options. When entered for search, operator must also enter the selections Last Name and First Name. If entered, must be a valid date.
14	SEX Enrollee Sex Code (DE3007)	Edits: Required when the SELECT field is 2 or 3 and the FUNCTION field is A; and allowed as part of search criteria. Not allowed for other options. When entered for search, operator must also enter the selections LAST NAME and FIRST NAME. If entered, must be a valid sex code Messages: Missing/Invalid data, please correct highlighted fields	A code indicating the sex of the enrollee. M = Male, F = Female, U = Unknown. Allowed as part of inquiry search criteria. When entered for search, operator must also enter the selections Last Name and First Name. If entered, must be a valid sex code. A code indicating the sex of the enrollee. M = Male, F = Female, U = Unknown. Required when the Select Enrollment Type selection is 'Enrollee' or 'Case and Enrollee' and the Select Function choice is 'Add'; and allowed as part of search criteria. Not allowed for other options. When entered for search, operator must also enter the selections Last Name and First Name. If entered, must be a valid sex code.
15	TELEPHONE NUMBER Enrollee Telephone Number (DE3095)	Edits: Allowed when the FUNCTION field is A or as part of search criteria. If entered, must be numeric. When entered for search, operator must also enter the selections LAST NAME and	The telephone number of the enrollee as given to the enrolling agency. Allowed as part of inquiry search criteria. If entered, must be numeric. When entered for search, must also enter the selections Last Name and First Name. The telephone number of the enrollee as given to the enrolling agency. Allowed when the Select Function choice is 'Add' or as part of search criteria. If entered, must be numeric.

		FIRST NAME. Messages: Missing/Invalid data, please correct highlighted fields	When entered for search, must also enter the selections last Name and First Name.
16	NEW TDO ENROLLEE (DE0000)	Edits: Allowed when the SELECT field is 2 or 3 and the FUNCTION field is A. Not allowed for other options. If entered, must be an 'X'. When entered, SSN, birthdate and sex not required. Messages: Missing/Invalid data, please correct highlighted fields	This field is not used for the inquiry function. Allowed when the Select Enrollment Type selection is 'Enrollee' or 'Case and Enrollee' and the Select Function choice is 'Add'. Not allowed for other options. Click the radio button beside Yes or No to enter the appropriate selection. When entered, SSN, birthdate and sex are not required.
17	HIPP HIPP File Number (DE9522)	Edits: Allowed to search by HIPP Case number. If entered, must be numeric. Messages: Missing/Invalid data, please correct highlighted fields.	A unique number assigned to each HIPP/HIV case. Allowed as part of inquiry search criteria. If entered, must be numeric. A unique number assigned to each HIPP/HIV case. Allowed as part of inquiry search criteria. If entered, must be numeric.

NAVIGATION	**Enrollment Menu (RS-S-001)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CASE	Branch to the Case Data maintenance screen. Only applicable for functions U and I with selection 1. A case number must be present.	RS-S-010 (B)
CLEAR FORM	Clears all user data from the screen and returns blank screen RS-O-001.	RS-S-001 (R)
MEMBER	Branch to the Demographics screen. Only applicable for functions U and I with selection 2. An member number must be present.	RS-S-018 (B)

DUP MEM	Branches to the VA Medicaid Duplicate Member screen in Inquiry mode. Access is restricted to authorized DMAS and DSS users.	RS-S-021 (B)
ELIG	Branch to the Eligibility Data Screen. Only applicable for functions U , I , T, and X with selection 2. An member number must be present.	RS-S-015 (B)
ENTER	Command to edit data entered. When a search is initiated, branch to the Member Search Results screen.	RS-S-019 (B)
SUB MENU	Return to the Member Subsystem Menu.	RS-S-000 (R)
FIN	Branch to the Member Financials screen. Only applicable for functions U and I with selection 2. An member number must be present.	RS-S-006 (B)
ID XREF	Branch to the ID Cross Reference screen. Not applicable when an option is chosen. An member number must be present.	RS-S-007 (B)
MAIN MENU	Will return the Operator to the Main System Menu.	RF-S-010 (R)
OVERRIDE	Branches to the VA Medicaid Duplicate Member screen in update mode. Access is restricted to authorized DMAS users.	RS-S-021 (B)
TDO	Branch to the Temporary Detention Order screen. Only applicable for functions U and I with selection 2 An member number must be present.	RS-S-009 (B)
TPL SUM	Branch to the TPL Summary screen. Only applicable for functions U and I with selection 2. An member number must be present.	RS-S-020 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3168	AT LEAST 3 CHARACTERS OF NAME REQUIRED	Enter 3 characters of name.
3818	BYPASS FILE IS CLOSED.	System error. Contact ACS Operations for assistance.
3349	CASE ID ALREADY ON FILE	Informational message.
3350	CASE ID NOT ALLOWED	Informational message.
3351	CASE ID NOT ON FILE	Informational message.

3386	CHOOSE ENTER TO CONTINUE	Informational message.
3361	DATE OF BIRTH NOT ALLOWED	Informational message.
3046	DO NOT ENTER ANY OTHER SEARCH CRITERIA WITH SSN	Informational message.
3047	DO NOT ENTER ANY OTHER SEARCH CRITERIA WITH VACIS/ADAPT ID	Informational message.
5704	DO NOT ENTER ANY OTHER SEARCH CRITERIA WITH VACMS ID	Informational message.
5705	INVALID VACMS ID.	Informational message.
5715	VACMS ID NOT ALLOWED.	Informational message.
5611	DUPLICATE RECORD FILE(VARSF021) ERROR OCCURED.	System error. Contact ACS Operations for assistance.
5612	DUPLICATE RECORD FILE(VARSF021) NOT OPEN!!.	System error. Contact ACS Operations for assistance.
3847	DUPLICATE SSN FOUND, SSN ALREADY ON DATABASE, CANNOT PROCEED.	Error message. Even though the duplicate review request was approved by DMAS, this transaction will result in a duplicate SSN record being created and cannot proceed. Contact DMAS support.
3356	ENROLLEE ID ALREADY ON FILE	Informational message.
3352	ENROLLEE ID NOT ON FILE	Check the Enrollee ID for valid formatting and try the task again. See the field definitions for valid Enrollee ID specifications.
3367	ENROLLEE ID ON FILE AS AN ASSOCIATED ID; NO UPDATES ARE ALLOWED	Informational message.
3373	ENTER SELECTION	Enter valid values according to error message specifications.
3369	ENTER SELECTION AND FUNCTION	Enter valid values according to error message specifications.
3819	ERROR READING BYPASS FILE.	System error. Contact ACS Operations for assistance.
3364	FIRST NAME NOT ALLOWED	Informational message.

3044	FIRST NAME REQUIRED	Informational message.
139	FUNCTION IS INVALID	Informational message.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3375	FUNCTION NOT ALLOWED	Informational message.
9574	HIPP CASE IS INVALID ENTER A VALID HIPP CASE	Enter a valid HIPP Case number. See the field definitions for explanation of formatting and requirements for this field.
3331	INVALID CASE ID	Check field for valid data and re-enter.
3037	INVALID DATE OF BIRTH	Check field for valid data and re-enter.
3209	INVALID ENROLLEE ID	Check field for valid data and re-enter.
3080	INVALID FIRST NAME	Check field for valid data and re-enter.
3079	INVALID LAST NAME	Check field for valid data and re-enter.
3268	INVALID MIDDLE INITIAL	Check field for valid data and re-enter.
3379	INVALID NEW TDO INDICATOR	Check field for valid data and re-enter.
3035	INVALID PHONE NUMBER	Check field for valid data and re-enter.
3380	INVALID REISSUE REASON CODE	Check field for valid data and re-enter.
87	INVALID SELECTION	Selection is invalid for this mode, enter another function.
3036	INVALID SEX CODE	Check field for valid data and re-enter.
3041	INVALID SSN	Check field for valid data and re-enter.
3216	INVALID SUFFIX	Check field for valid data and re-enter.
3040	INVALID VACIS/ADAPT ID	Check field for valid data and re-enter.
3377	LAST 6 DIGITS OF SSN MUST BE A VALID DATE NOT GREATER THAN CURRENT DATE	Informational message.
3387	LAST DIGIT OF CASE ID NOT ALLOWED FOR ADD TRANSACTION	Informational message.
3388	LAST DIGIT OF ENROLLEE ID NOT ALLOWED FOR ADD TRANSACTION	Informational message.
3039	LAST NAME AND FIRST	Informational message.

	NAME REQUIRED	
3365	LAST NAME NOT ALLOWED	Informational message.
3038	LAST NAME REQUIRED	Informational message.
3368	MATCHING ENROLLEE ID/CASE ID	Informational message.
3328	MIDDLE INITIAL NOT ALLOWED	Informational message.
3378	NEW TDO INDICATOR NOT ALLOWED	Informational message.
3389	NO DIGITS ALLOWED AFTER "975" FOR AN ADD TRANSACTION	Informational message.
3034	NO RECORDS MEETING SEARCH CRITERIA	Informational message.
3390	PHONE NUMBER NOT ALLOWED	Informational message.
5644	POSSIBLE DUPLICATE FOUND ON FILE. PRESS DUP ENRL TO REQUEST DMAS REVIEW.	Warning message. Possible Duplicates have been detected by this transaction. Review the data that was input for typing errors and, if there are none, invoke the Dup Enrl (F20) function to request DMAS review of this duplicate.
3382	REISSUE REASON NOT ALLOWED	Informational message.
5635	REMOVE DIGITS AFTER 975 PREFIX. ENROLLEE ID NOT IN THE BYPASS FILE.	Error message. A full 12 character enrollee id has been entered for an enrollee id with a 975 prefix and it does not exist on the Possible duplicates file. Remove the characters after the 975 prefix, which enables the system to generate an enrollee Id.
3374	SELECTION NOT ALLOWED FOR OPTION CHOSEN	Informational message.
3004	SELECTION/FUNCTION COMBINATION IS INVALID	Use another selection or function.
3359	SEX CODE NOT ALLOWED	Delete sex code entered.
3358	SSN NOT ALLOWED	Informational message.
3363	SUFFIX NOT ALLOWED	Informational message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
96	USER NOT AUTHORIZED FOR	Informational message. No action needed.

	THIS TRANSACTION	
3384	VACIS/ADAPT ID NOT ALLOWED	Enter a valid code. See the on-line HELP facility for valid codes.
3330	VALID CASE ID REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3362	VALID DATE OF BIRTH REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3334	VALID ENROLLEE ID REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3381	VALID REISSUE REASON REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3360	VALID SEX CODE REQUIRED	Enter a valid sex code.
3357	VALID SSN REQUIRED	Enter a valid SSN.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
Screen Use:
HOW TO USE THIS MENU TO:
Initiate a search by name, SSN, date of birth, HIPP number, DSS Client ID and VaCMS Member ID:
1. Do not enter a selection in either the Select Eligibility Type or Select Function boxes.
2. Enter the name, SSN, or Adapt Client ID or VaCMS Member ID and choose Enter. The date of birth can be used with name to limit the search.
3. The system will return the Search Results screen (RS-S-019) with a listing of enrollee records that match the search criteria and a selection function for selecting a specific record.
Initiate an Inquiry when the Enrollee ID is known:
1. Choose Case or Enrollee, depending on which record type you wish to view.
2. Choose Inquiry in the Select Function field.
3. Enter the Case ID or the Enrollee ID, depending on whether you wish to view Case or Enrollee based records.
4. Choose one of the buttons at the bottom of the screen to go directly to the screen relating to the button. Using the
Enter button will take you to the Demographics screen.
Add a case:

1. Choose Case.
2. Select Function Add.
3. Enter the first 11 digits of the new Case ID. The system will add the check digit.
4. Enter a valid Enrollee ID number.
5. Choose Enter.
Add a case and enrollee:
1. Choose Case and Enrollee.
2. Select Function Add.
3. Enter the first 11 digits of the new Case ID. The system will add the check digit.
4. Enter the first 11 digits of the new Enrollee ID number. The system will add the check digit.
5. Enter the Enrollee SSN, Name (Last, First, Middle Initial and Suffix). Date of Birth, Sex code and telephone number, if known.
6. Choose Enter.
To add a case and enrollee, the following screens must be completed in the following order:
1. Case Data (RS-S-010)
2. Enrollee Demographics (RS-S-018)
3. Eligibility Data (RS-S-015)
4. Enrollee Benefits (RS-S-011)
The system will edit each screen and prompt the user to advance to the next screen in the series. Data is updated on the last screen after all errors are cleared. If you exit any screen before completing the final screen and choosing Update, all data will be lost.
Add a new enrollee to an existing case:
1. Choose Enrollee.
2. Select Function Add.
3. Enter the 12 digit Case ID.
4. Enter the first 11 digits of the new Enrollee ID number. The system will add the check digit.
5. Enter the Enrollee SSN, Name (last, First, Middle Initial and Suffix). Date of Birth, Sex code and telephone number, if known.
6. Choose Enter.
To add a new enrollee to an existing case, the following screens must be completed in the following order:
1. Enrollee Demographics (RS-S-018)
2. Eligibility Data (RS-S-015)
3. Enrollee Benefits (RS-S-011)
The system will edit each screen and prompt the user to advance to the next screen in the series.

Data is updated on the last screen after all errors are cleared. If you exit any screen before completing the final screen and choosing Update, all data will be lost.
Enter changes to existing case or enrollee records:
1. Choose Case or Enrollee, depending on which record type you wish to access.
2. Choose Change in the Select Function field.
3. Enter the Case ID or the Enrollee ID, depending on whether you wish to change Case or Enrollee based records.
4. Choose one of the buttons at the bottom of the screen to go directly to the screen relating to the button. Using the Enter button will take you to the Demographics screen.
Cancel enrollee benefits:
1. Choose Enrollee.
2. Choose Cancel in the Select Function field.
3. Enter the Enrollee ID.
4. Choose Enter. The Eligibility Data Cancel screen will be displayed.
Reinstate enrollee benefits:
1. Choose Enrollee.
2. Choose Update in the Select Function field.
3. Enter the Enrollee ID.
4. Choose Enter. The Eligibility Data Reinstate screen will be displayed.
Issue an ID Card.
1. Choose Enrollee.
2. Choose ID Card Request in the Select Function field.
3. Enter a valid ID Card Reissue Reason.
4. Enter the Enrollee ID.
5. Choose Enter. The Demographics screen will be displayed.
6. On the Demographics Screen, choose the ID/CID button.
Note: An ID Card may be reissued up to three times. After the third reissue, no additional cards can be issued unless an authorized operator resets the ID Card reissue flag by selecting "Re-set ID Card" on the menu. On the Demographics screen, choose the ID/CID button to reset the ID card flag.
Request a Client Information Document (CID):
1. Choose Enrollee.
2. Choose CID Request in the Select Function field.
3. Enter the Enrollee ID.
4. Choose Enter. The Demographics screen will be displayed.

5. On the Demographics Screen, choose the ID/CID button.
Add a TDO Enrollee:
1. Choose Case and Enrollee.
2. Choose Function Add.
3. Enter 975 in the Case ID field. The system will generate the new Case ID.
4. Enter 975 in the Enrollee ID field. The system will generate the new Enrollee ID. However, if this is a "re-key" of a new enrollee that was originally identified as a duplicate and has subsequently been approved by DMAS, then enter the full Enrollee ID that was generated at the time the duplicate was detected.
5. Enter the Enrollee Name (last, First, Middle Initial and Suffix). Date of Birth, and Sex code.
6. Choose the Yes button beside New TDO Enrollee?
7. Choose Enter.
To add a new TDO case and enrollee, the following screens must be completed in the following order:
1. Case Data (RS-S-010)
2. Enrollee Demographics (RS-S-018)
3. Eligibility Data (RS-S-015)
4. Temporary Detention Order (RS-S-009)
5. Enrollee Benefits (RS-S-011)
The system will edit each screen and prompt the user to advance to the next screen in the series. Data is updated on the last screen after all errors are cleared. If you exit any screen before completing the final screen and choosing Update, all data will be lost.
Add an enrollee for assessment processing when the individual who was screened is not on file:
1. Choose Case and Enrollee.
2. Choose Function Add.
3. Enter 975 in the Case ID field. The system will generate the new Case ID.
4. Enter 975 in the Enrollee ID field. The system will generate the new Enrollee ID. However, if this is a "re-key" of a new enrollee that was originally identified as a duplicate and has subsequently been approved by DMAS, then enter the full Enrollee ID that was generated at the time the duplicate was detected.
5. Enter the Enrollee SSN, Name (Last, First, Middle Initial and Suffix). Date of Birth, and Sex code.
6. Choose Enter.
To add a case and enrollee, the following screens must be completed in the following order:
1. Case Data (RS-S-010)
2. Enrollee Demographics (RS-S-018)
3. Eligibility Data (RS-S-015)

4. Enrollee Benefits (RS-S-011)
The system will edit each screen and prompt the user to advance to the next screen in the series. Data is updated on the last screen after all errors are cleared. If you exit any screen before completing the final screen and choosing Update, all data will be lost.
Invoke the Dup Enrl function (Function is restricted to authorized DMAS and DSS users)
a) If you are directed to use this function because of a "Possible Duplicate Detected" message that was generated during an ADD new enrollee operation:
1) Select the DUP ENRL button. The system will transfer you to the Duplicate Enrollee Review (RS-S-021) screen using the data from the ADD operation.
b) If you want to invoke this function for an enrollee that has already been identified as a duplicate during a previous ADD.
1) Enter the Enrollee ID. There is no need to select either the SELECT or FUNCTION options.
2) Select the DUP ENRL button. The system will transfer you to the Duplicate Enrollee Review (RS-S-021) screen.
Invoke the Override function (Function is restricted to authorized DMAS users).
1) Either Enter the Enrollee ID or leave it blank (invokes scrolling capabilities). There is no need to select either the SELECT or FUNCTION options.
2) Select the OVERRIDE button. The system will transfer you with your highest security level (Inquiry/update) to the Duplicate Enrollee Review (RS-S-021) screen. If the Enrollee ID was left blank, the details of the first record on the Possible Duplicates file will be displayed and the Next Enrl and Prev Enrl scrolling buttons will be enabled. If an Enrollee ID was entered, the duplicate details of that enrollee are displayed and the Next Enrl and Prev Enrl scrolling buttons are disabled.
Retro Cancel/Reinstate enrollee eligibility:
1. Choose Enrollee.
2. Choose Retro Cancel/Reinstate
3. Enter the Enrollee ID.
4. Choose Eligibility or ENTER. The Eligibility Data Cancel/Reinstate screen will be displayed.

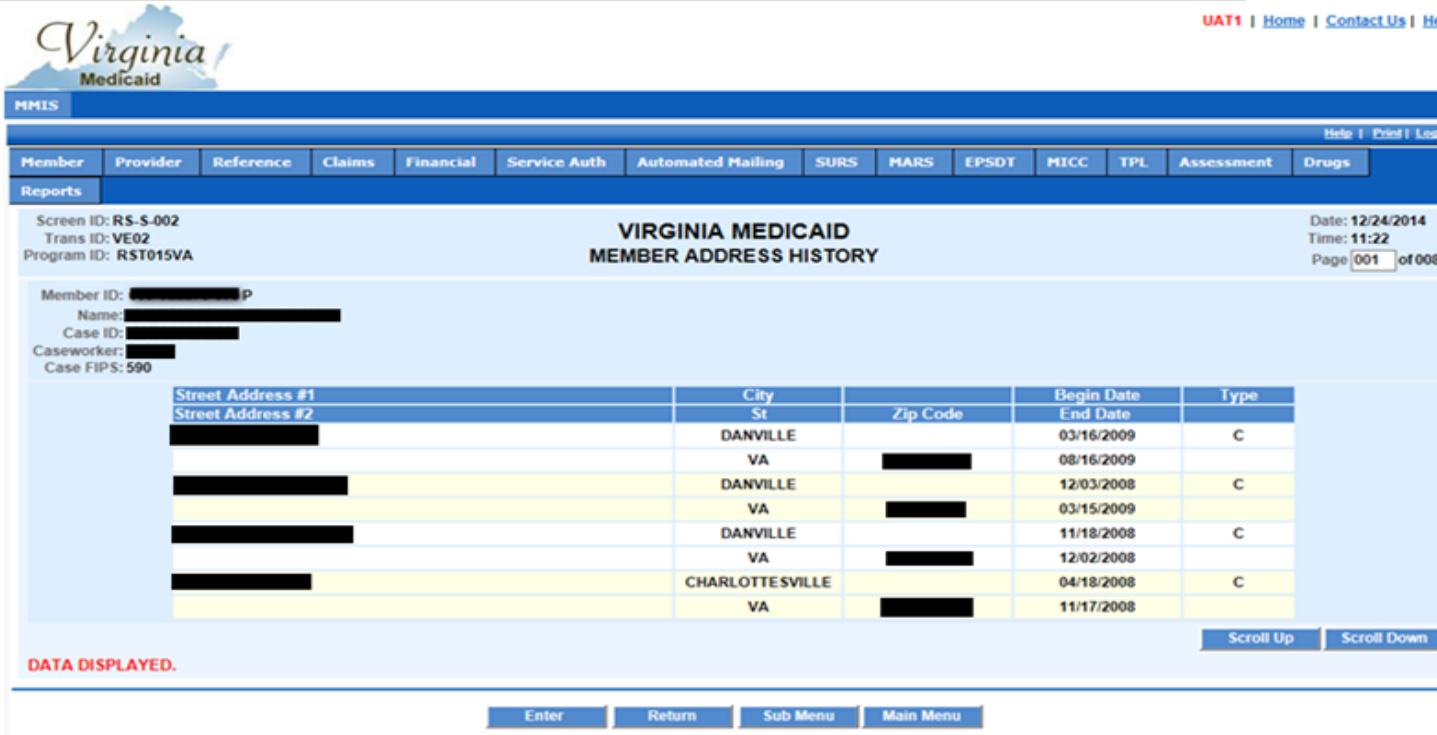
Screens RS-S-002 Member Address History

General Information

This screen displays the member's previous addresses.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST015
MAPSET	RS002VA
TRAN ID	VE02

SAMPLE	**Member Address History (RS-S-002)**



Field Definitions

#	GSD Field Name	Edit Criteria	Field

	Data Element Name (ID)	Message	Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. N/A
1a	PERMANENT/ASSOCIATE LINK INDICATOR	Edits: This field is shown on the screen for display purposes only. It cannot be changed on this screen (it is protected). Data element DE3702.	When an AERL Enrollee ID value that has an I_PERSON with an I_DUP_PERSON_ID > 0 on the RS_PERSON table, the Permanent/Associate Link Indicator will display an 'A'. When a PERL Enrollee ID value that does not have an I_DUP_PERSON_ID > 0, but has a C_ID_TYPE_CVAL = 'AERL' (associated ID) and C_DATA_SRCE_CVAL = 'D' and D_ID_END is NULL on the RS_PRSN_IDENTIFIER table, the Permanent/Associate Link Indicator will display a 'P'.
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name. Passed from calling program through communications area	The name of the individual eligible for DMAS-administered programs. N/A
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number. Passed from calling program through communications area	A number that uniquely identifies the family or group of individuals in the same Case entity. N/A
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number. Passed from calling program through communications area	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. N/A
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code. Passed from calling program through com-	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued.

		munications area	N/A
6	AC Enrollee Eligibility Aid Category (DE3009)	Edits: Displays enrollee's aid category. Passed from calling program through communications area	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field. N/A
7	BENEFIT PLAN Benefit Definition Plan Short Name (DE3555)	Edits: Displays enrollee's most defining benefit plan description. Passed from calling program through communications area	A short, concise description of a Benefit Plan used primarily in reporting. Displays enrollee's most defining benefit plan description. N/A
8	EXCEPTION IND Benefit Plan Exception Indicator (DE3072)	Edits: Displays enrollee's benefit plan exception indicator. Passed from calling program through communications area	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. N/A
9	STREET ADDRESS 1 Enrollee Additional Address Name (DE3114)	Edits: Displays enrollee's additional address name.	Additional name information for the enrollee address information such as 'care of' or 'attention' information. N/A
10	STREET ADDRESS 2 Enrollee Street Address (DE3115)	Edits: Displays enrollee's street address.	Displays enrollee's street address. N/A
11	CITY Enrollee City Name (DE3116)	Edits: Displays enrollee's city.	Name of the city in which the enrollee lives. N/A
12	ST Enrollee State Code (DE3117)	Edits: Displays enrollee's state.	State abbreviation of the state in which the enrollee lives. N/A
13	ZIP Enrollee ZIP Code (DE3118)	Edits: Displays enrollee's	ZIP code of the area in which the enrollee lives.

		zip code..	N/A
14	BEGIN DATE Enrollee Address Begin Date (DE3105)	Edits: Displays begin date of enrollee address.	The effective date of the enrollee's address. N/A
15	END DATE Enrollee Address End Date (DE3106)	Edits: Displays end date of enrollee address.	The end date associated with a specific address for an enrollee. N/A
16	TYPE Enrollee Address Type (DE3107)	Edits: Displays the enrollee's address type.	This field indicates whether the enrollee's address is the Case address or an individual address. 'C' = Case address, 'E' = Enrollee address. N/A
17	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A
18	Page XXX of YYY (DE0000)	Edits: Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages).	Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages). Enter a number and click Enter to access a specific page of the record. N/A

NAVIGATION	**Member Address History (RS-S-002)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of an Member's Address History. If this button is pressed, and there are no more Address History records on the Member Data Store for the Member ID on the screen, a message will appear.	N/A

ENTER	Processes page number request, if changed.	N/A
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	N/A
SCROLL DOWN	Command button to view the previous page of an Member's Address History. If this button is pressed, and there are no more Address History records on the Member Data Store for the Member ID on the screen, a message will appear.	MR-S-001 ()
RETURN	Return to the Member Demographics screen.	N/A

Error Messages

Error	Description	Resolution
3083	ADDRESS HISTORY DOES NOT EXIST FOR THE ENROLLEE	Information message.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assist-ance.
3056	DATA DISPLAYED	Information message. No action needed.
3084	END OF ENROLLEE ADDRESS HISTORY	Information message.
3086	END OF ENROLLEE NAME HISTORY	Information message.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3085	NAME HISTORY DOES NOT EXIST FOR THE ENROLLEE	Enter valid data and begin process again.
64	NO DATA TO SCROLL	Information message. No action needed.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Information message.
3142	PAGE NUMBER MUST BE NUMERIC	Information message.

Screen Access

This screen is only accessible from the Demographics screen.

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001)..
3. On the Enrollment Menu, select the 'Enrollee' Enrollment Type, select Inquiry Function. Enter the Enrollee ID and choose either the Enter button or the Demographics button.
4. You see the Enrollee Demographics screen (RS-S-018).
5. On the Enrollee Demographics Screen, choose the box beside 'View Previous Addresses" in the bottom left corner of the screen. Choose Enter.
6. You see the Enrollee Address History screen (RS-S-002).
Screen Use:
Use the Page Up and Page Down arrow buttons to the right of the data box to page through additional records.

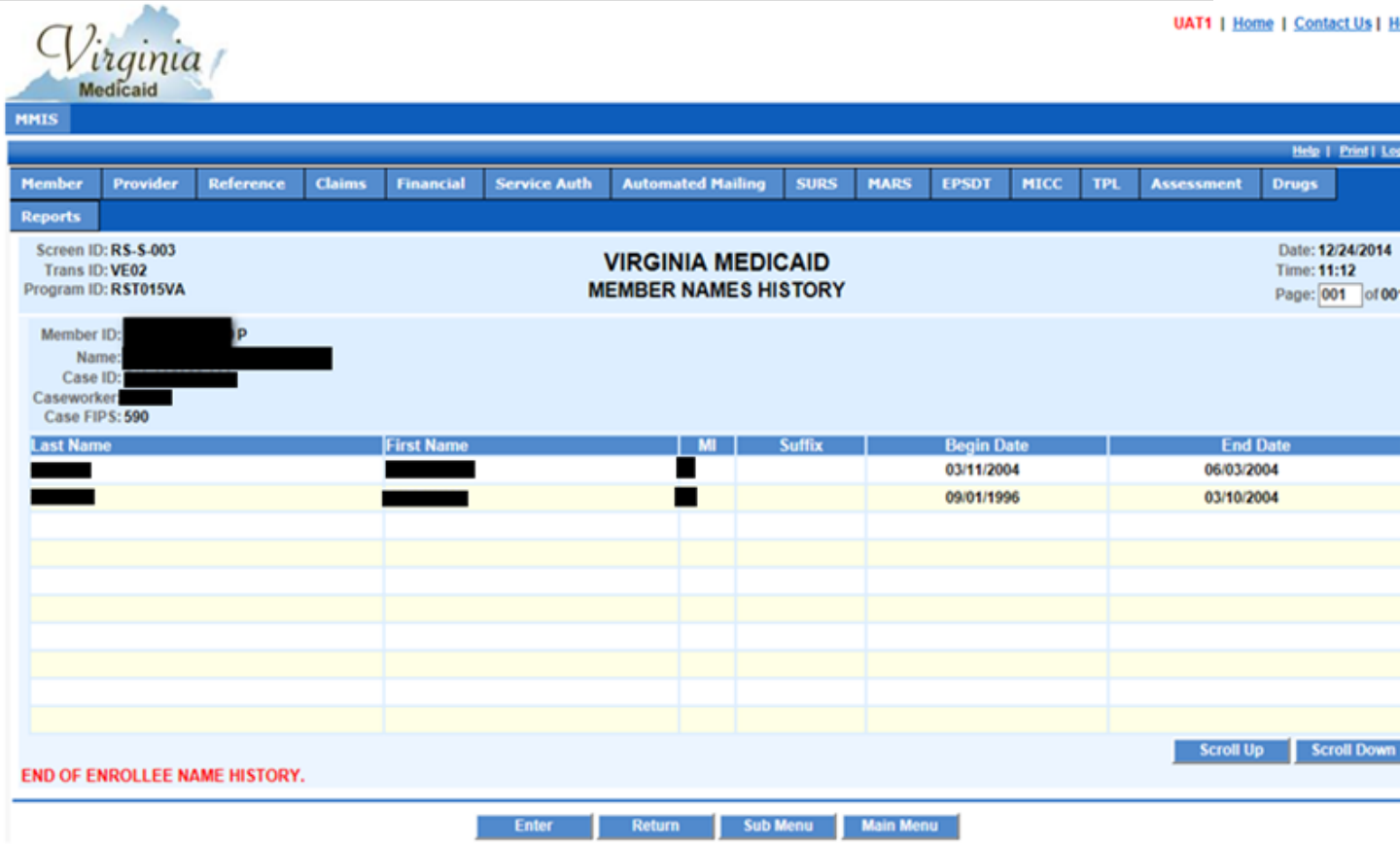
Screens RS-S-003 Member Names History

General Information

This screen lists all previous names associated with the member.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST015
MAPSET	RS003VA
TRAN ID	VE02

SAMPLE	**Member Names History (RS-S-003)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. N/A
1a	PERMANENT/ASSOCIATE LINK INDICATOR	Edits: This field is shown on the screen for display purposes only. It cannot be changed on this screen (it is protected). Data element DE3702.	When an AERL Enrollee ID value that has an I_PERSON with an I_DUP_PERSON_ID > 0 on the RS_PERSON table, the Permanent/Associate Link Indicator will display an 'A'. When a PERL Enrollee ID value that does not have an I_DUP_PERSON_ID > 0, but has a C_ID_TYPE_CVAL = 'AERL' (associated ID) and C_DATA_SRCE_CVAL = 'D' and D_ID_END is NULL on the RS_PRSN_IDENTIFIER table, the Permanent/Associate Link Indicator will display a 'P'.
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name. Passed from calling program through communications area	The name of the individual eligible for DMAS-administered programs. N/A
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number. Passed from calling program through communications area	A number that uniquely identifies the family or group of individuals in the same Case entity. N/A
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number. Passed from calling program through communications area	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. N/A
5	FIPS Case Administrative FIPS	Edits: Displays case FIPS	The locality of the DSS or local welfare office that administers the enrollee's

	Code (DE3039)	code. Passed from calling program through communications area	case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. N/A
6	AC Enrollee Eligibility Aid Category (DE3009)	Edits: Displays enrollee's aid category. Passed from calling program through communications area	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field. N/A
7	BENEFIT PLAN Benefit Definition Plan Short Name (DE3555)	Edits: Displays enrollee's most defining benefit plan description. Passed from calling program through communications area	A short, concise description of a Benefit Plan used primarily in reporting. Displays enrollee's most defining benefit plan description. N/A
8	EXCEPTION IND Benefit Plan Exception Indicator (DE3072)	Edits: Displays enrollee's benefit plan exception indicator. Passed from calling program through communications area	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. N/A
9	LAST NAME Enrollee Last Name (DE3110)	Edits: Displays enrollee's last name.	The last name of the individual eligible for a DMAS-administered medical care program. N/A
10	FIRST NAME Enrollee First Name (DE3111)	Edits: Displays enrollee's first name.	The first name of the individual eligible for a DMAS-administered medical care program. N/A
11	MI Enrollee Middle Initial (DE3112)	Edits: Displays enrollee's middle initial.	The middle initial of the individual eligible for a DMAS-administered medical care program. N/A

12	SUFFIX Enrollee Name Suffix (DE3113)	Edits: Displays enrollee's suffix.	The name suffix of the individual eligible for a DMAS-administered medical care program. N/A
13	BEGIN DATE Enrollee Name Begin Date (DE3108)	Edits: Displays begin date of enrollee's name.	The effective date of the enrollee's name. N/A
14	END DATE Enrollee Name End Date (DE3109)	Edits: Displays end date of enrollee's name.	The end date associated with a specific name for an enrollee. N/A
15	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A
16	Page XXX of YYY (DE0000)	Edits: Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages).	Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages). Enter a number and click Enter to access a specific page of the record. N/A

NAVIGATION	**Member Names History (RS-S-003)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of an Member's Name History. If this button is pressed, and there are no more Name History records on the Member Data Store for the Member ID on the screen, a message will appear.	RF-S-004 ()
ENTER	Processes page number request, if changed.	N/A
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	N/A

SCROLL DOWN	Command button to view the next page of an Member's Name History. If this button is pressed, and there are no more Name History records on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
RETURN	Return to the Member Demographics screen.	RF-S-001-03 (R)

Error Messages

Error	Description	Resolution
3083	ADDRESS HISTORY DOES NOT EXIST FOR THE ENROLLEE	Information message.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3056	DATA DISPLAYED	Information message. No action needed.
3084	END OF ENROLLEE ADDRESS HISTORY	Information message.
3086	END OF ENROLLEE NAME HISTORY	Information message.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3085	NAME HISTORY DOES NOT EXIST FOR THE ENROLLEE	Enter valid data and begin process again.
64	NO DATA TO SCROLL	Information message. No action needed.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Information message.
3142	PAGE NUMBER MUST BE NUMERIC	Information message.

Screen Access

This screen is only accessible from the Demographics screen.
From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, select the 'Enrollee' Enrollment Type, select Inquiry Function, enter the Enrollee ID and choose either the Enter button or the Demographics button.

4. You see the Enrollee Demographics screen (RS-S-018).
5. On the Enrollee Demographics Screen, choose the box beside 'View Previous Names" in the bottom left corner of the screen. Choose Enter.
6. You see the Enrollee Names History screen (RS-S-003).
Screen Use:
Use the Page Up and Page Down arrow buttons to the right of the data box to page through additional records.

Screens RS-S-004 Patient Pay History

General Information

This screen displays a member's previous patient pay liability with the associated patient pay period.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST004
MAPSET	RS004VA
TRAN ID	VE04

SAMPLE	**Patient Pay History (RS-S-004)**

Help | Print |

Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs | Reports

Screen ID: RS-S-004
Trans ID: VE04
Program ID: RST004VA

VIRGINIA MEDICAID
PATIENT PAY HISTORY - INQUIRY

Date: 08/17/201
Time: 12:23
Page: 001 of

Member ID:
Name:
Case ID:
Caseworker:
Benefit Plan:
Case FIPS:
Aid Category:
Comments:
Penalty:
Exception Indicator:

Select	Begin Date	End Date	Patient Pay	Add Date	Reason Code	User ID	Update Date	S

Scroll Up | Scroll Dow

DATA DISPLAYED.

Field Definitions

#	GSD Field Name Data Element	Edit Criteria Message	Field Instructions

	Name (ID)		
1	Enrollee ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area Messages:	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. N/A
2	Name Enrollee Full Name (DE3003)	Edits: Displays enrollee's name. Passed from calling program through communications area Messages:	The name of the individual eligible for DMAS-administered programs. N/A
3	Case ID Case Identification Number (DE3043)	Edits: Displays case identification number. Passed from calling program through communications area Messages:	A number that uniquely identifies the family or group of individuals in the same Case entity. N/A
4	Caseworker Case Worker Number (DE3431)	Edits: Displays case worker number. Passed from calling program through communications area Messages:	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. N/A
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code. Passed from calling program through communications area	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. N/A
6	Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: Displays enrollee's aid category. Passed from calling program through communications area Messages:	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field. N/A

7	Benefit Plan Benefit Definition Plan Short Name (DE3555)	Edits: Displays enrollee's most defining benefit plan description. Passed from calling program through communications area Messages:	Displays enrollee's most defining benefit plan description. N/A
8	Exception Indicator Benefit Plan Exception Indicator (DE3072)	Edits: Displays enrollee's benefit plan exception indicator. Passed from calling program through communications area Messages:	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. N/A
9	Begin Date Patient Pay Begin Date (DE4801)	Edits: Displays enrollee's patient pay begin date. Messages:	Displays enrollee's patient pay begin date. N/A
10	End Date Patient Pay End Date (DE4802)	Edits: Displays enrollee's patient pay end date. Messages:	Displays enrollee's patient pay end date. N/A
11	Patient Pay Medicaid Rate (DE4834)	Edits: Displays enrollee's patient pay liability amount. Messages:	The monthly amount of an enrollee's patient pay or coinsurance liability. N/A
12	Add Date (DE0005)	Edits: The date PP segment was initially added to the MMIS Messages:	Displays Patient pay added date. N/A
13	Reason Code Patient Pay Reason Code (DE4800)	Edits: Valid values are 'IA', 'RE', 'AL', 'PR', 'IN', 'LA', 'VO', 'OT', 'RV','RAL','RCD' and 'ROT'. Messages: Patient Pay Reason Code	Valid values are 'IA', 'OT', 'RV','RAL','RCD' and 'ROT'. N/A

14	E Code ECODE (DE4843)	Edits: Operator ID is displayed. Messages: Operator ID/Employee ID	Operator ID is displayed. Operator ID is displayed.
15	Update date (DE0011)	Edits: The date the PP segment was modified Messages:	Update Date displayed. N/A
16	ST Patient Pay Status (DE4838)	Edits: Code to indicate the status of a period of patient pay. 'A' = Active and 'V' = Void. Messages:	Code to indicate the status of a period of patient pay. 'A' = Active, 'C' = Closed, 'V' = Void. N/A
17	Comments (Indicator) (DE0000)	Edits: Indicates whether comments exists for that enrollee. Messages: Indicates whether comments exists for that enrollee.	Indicates whether comments exists for that enrollee. N/A
18	Penalty (Indicator) (DE0000)	Edits: Indicates whether penalty information exists for that enrollee. Messages: Indicates whether penalty information exists for that enrollee.	Indicates whether penalty information exists for that enrollee. N/A

NAVIGATION	**Patient Pay History (RS-S-004)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of an Member's Patient Pay records. If this button is pressed, and there are no more Patient Pay records on the Member Data Store for the Member ID on the screen, a message will appear.	RS-S-004 ()

ENTER	Processes Member ID or page number request, if changed. If Member ID and page number are changed at the same time, then Member ID changes are given preference.	RS-S-004 ()
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	RS-S-001 RS-S-019 (R)
SCROLL DOWN	Command button to view the next page of an Member's Patient Pay records. If this button is pressed, and there are no more Patient Pay records on the Member Data Store for the Member ID on the screen, a message will appear.	RS-S-004 ()
MAIN	Will return the Operator to the Main System Menu.	RF-S-010 (R)
PF13	When command button selected control goes to RST023 screen to view the Member's Comment information and data is displayed on the screen.	RS-S-023 (B)
PF15	Command button refreshes the Member's Patient pay information on the screen.	RS-S-004 (R)
PF17	Control is transferred to the Patient Pay Information screen 1 RS-S-060-01. The selected Member's Patient Pay information segment details are displayed on the screen.	RS-S-060-01 (B)
PF18	Clear Screen is displayed.	RS-S-004 (R)
PF5	If command button is selected control goes to RST047 to view the an Member's Uncompensated Property screen. If there are uncompensated property records for the inquired Member in the Database, then data is displayed on the screen, a message will appear.	RS-S-046-11 (B)
RETURN	Return to the Member Financials Screen.	RS-S-006 (R)

Error Messages

Error	Description	Resolution
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Informational message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Informational message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3056	DATA DISPLAYED	Informational message. No action needed.

3092	END OF PATIENT PAY HISTORY	Informational message.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
64	NO DATA TO SCROLL	Informational message. No action needed.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Informational message.
3142	PAGE NUMBER MUST BE NUMERIC	Informational message.
3091	PATIENT PAY HISTORY DOES NOT EXIST FOR THE ENROLLEE	Informational message.

Screen Access

This screen is accessible from the Enrollee Financials screen and Patient Pay Calculation screen.
From the Main System Menu, select the Recipient icon.
1. On the Enrollee Financials Screen, choose the box beside 'View Previous Patient Pay". Choose Enter.
2. You will see the Patient Pay History screen (RS-S-004).
3. From Patient Pay Calculation screen (RS-S-060) select Patient Pay History button to navigate to RS-S-004 Screen.
Use the Page Up and Page Down arrow buttons to the right of the data box to page through additional records.

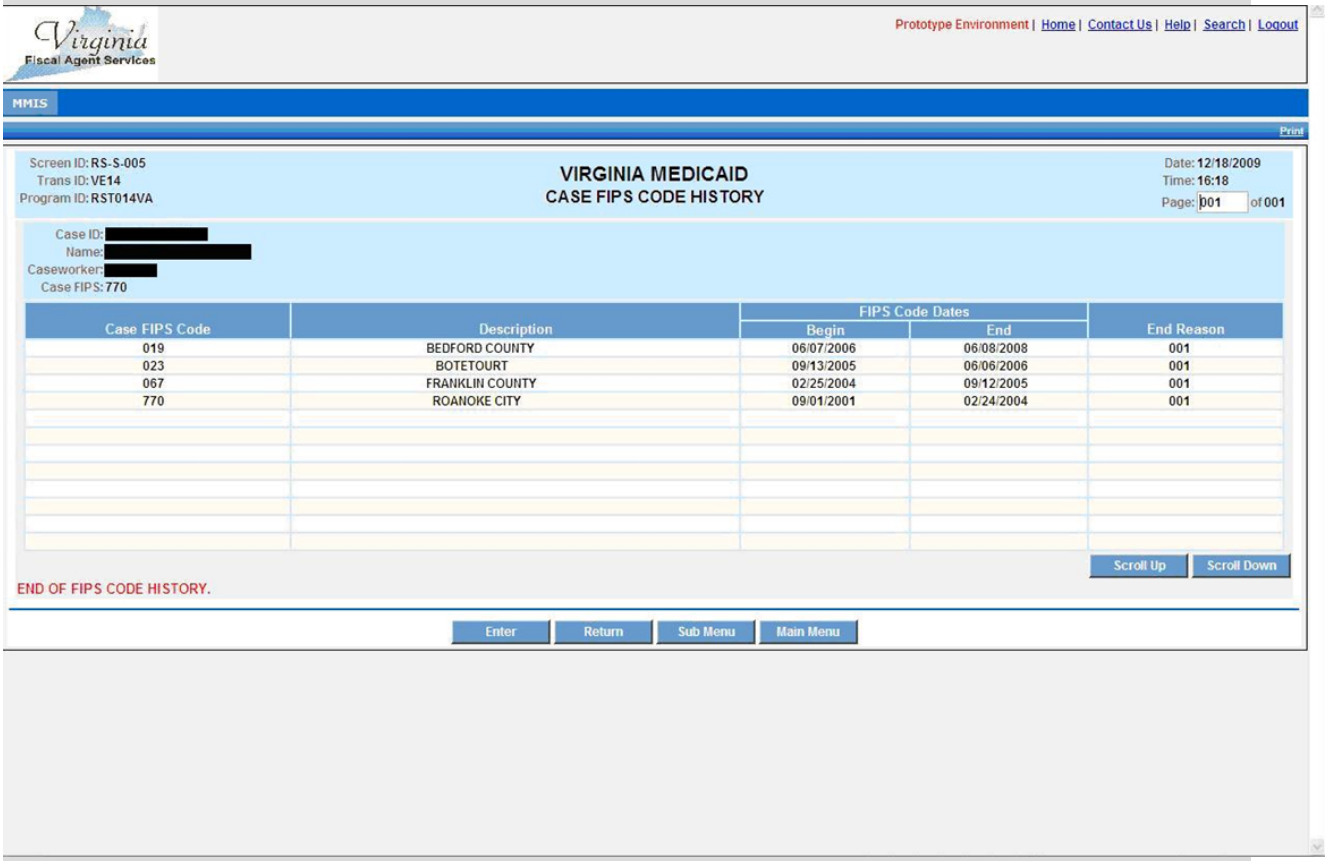
Screens RS-S-005 Case FIPS Codes History

General Information

This screen displays the administrative FIPS code history relative to the case.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST014
MAPSET	RS005VA
TRAN ID	VE14

SAMPLE	**Case FIPS Codes History (RS-S-005)**



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MMIS

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Screen ID: RS-S-005
Trans ID: VE14
Program ID: RST014VA

VIRGINIA MEDICAID
CASE FIPS CODE HISTORY

Date: 12/18/2009
Time: 16:18
Page: 001 of 001

Case ID: [redacted]
Name: [redacted]
Caseworker: [redacted]
Case FIPS: 770

Case FIPS Code	Description	FIPS Code Dates		End Reason
		Begin	End	
019	BEDFORD COUNTY	06/07/2006	06/08/2008	001
023	BOTETOURT	09/13/2005	06/06/2006	001
067	FRANKLIN COUNTY	02/25/2004	09/12/2005	001
770	ROANOKE CITY	09/01/2001	02/24/2004	001

Scroll Up | Scroll Down

END OF FIPS CODE HISTORY.

Enter | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number. Passed from calling program through communications area	A number that uniquely identifies the family or group of individuals in the same Case entity. N/A
2	NAME Case Name (DE3046)	Edits: Displays case name. Passed from calling program through communications area	The name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. N/A
3	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number. Passed from calling program through communications area	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. N/A
4	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code. Passed from calling program through communications area	Displays the current case FIPS code. N/A
5	ADM FIPS CODES Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code.	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. Displays all FIPS code for the case. If the Page ___ of ___ indicates additional pages of records, click on the Page Down button to view the additional records. N/A
6	DESCRIPTION Locality Name (DE5255)	Edits: Displays the description for the associated FIPS code.	Displays the description for the associated FIPS code. N/A
7	FIPS CODE DATES - FROM	Edits: Displays the FIPS	Displays the FIPS code begin date.

	Case Administrative FIPS Begin Date (DE3491)	code begin date.	N/A
8	FIPS CODE DATES - TO Case Administrative FIPS End Date (DE3492)	Edits: Displays the FIPS code end date.	Displays the FIPS code end date. N/A
9	END RSN Administrative FIPS Code End Reason (DE3486)	Edits: Displays FIPS code end reason.	The reason an Administrative FIPS Code was changed for an enrollee. Use the on-line HELP system to find valid codes for this field. N/A
10	MSG (DE0000)	Edits: Displays error/in-formational messages to the operator.	Displays error/informational messages to the operator. N/A
11	Page XXX of YYY (DE0000)	Edits: Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages).	Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages). Enter a number and click Enter to access a specific page of the record. N/A

NAVIGATION	**Case FIPS Codes History (RS-S-005)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of a Case's FIPS Code History. If this button is pressed, and there are no more FIPS Code History records on the Member Data store for the Case ID on the screen, a message will appear.	N/A
ENTER	Processes page number request, if changed.	N/A
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	N/A

SCROLL DOWN	Command button to view the next page of a Case's FIPS Code History. If this button is pressed, and there are no more FIPS Code History records on the Member Data store for the Case ID on the screen, a message will appear.	N/A
RETURN	Return to the Case Data screen.	RF-S-014-04 (R)

Error Messages

Error	Description	Resolution
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assist-ance.
3056	DATA DISPLAYED	Information message. No action needed.
3061	END OF FIPS CODE HISTORY	Information message.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
3059	FIPS CODE HISTORY DOES NOT EXIST FOR THE CASE	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
64	NO DATA TO SCROLL	Information message. No action needed.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Information message.
3142	PAGE NUMBER MUST BE NUMERIC	Information message.

Screen Access

This screen is only accessible from the Case screen.
From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001)..
3. On the Enrollment Menu, select the 'Case' Enrollment Type, select Inquiry Function, enter the Case ID and choose the Case button.
4. You see the Case Data screen (RS-S-010). The Case screen can also be accessed from the Enrollee Demographic Screen by clicking on the Case button at the bottom of the Demographic screen.

5. On the Case Data screen, click the check box beside the View Previous FIPS field in the middle of the screen. Choose Enter.
6. You see the Case FIPS Codes History screen (RS-S-005)
Screen Use:
Use the Page Up and Page Down arrow buttons to the right of the data box to page through additional records.

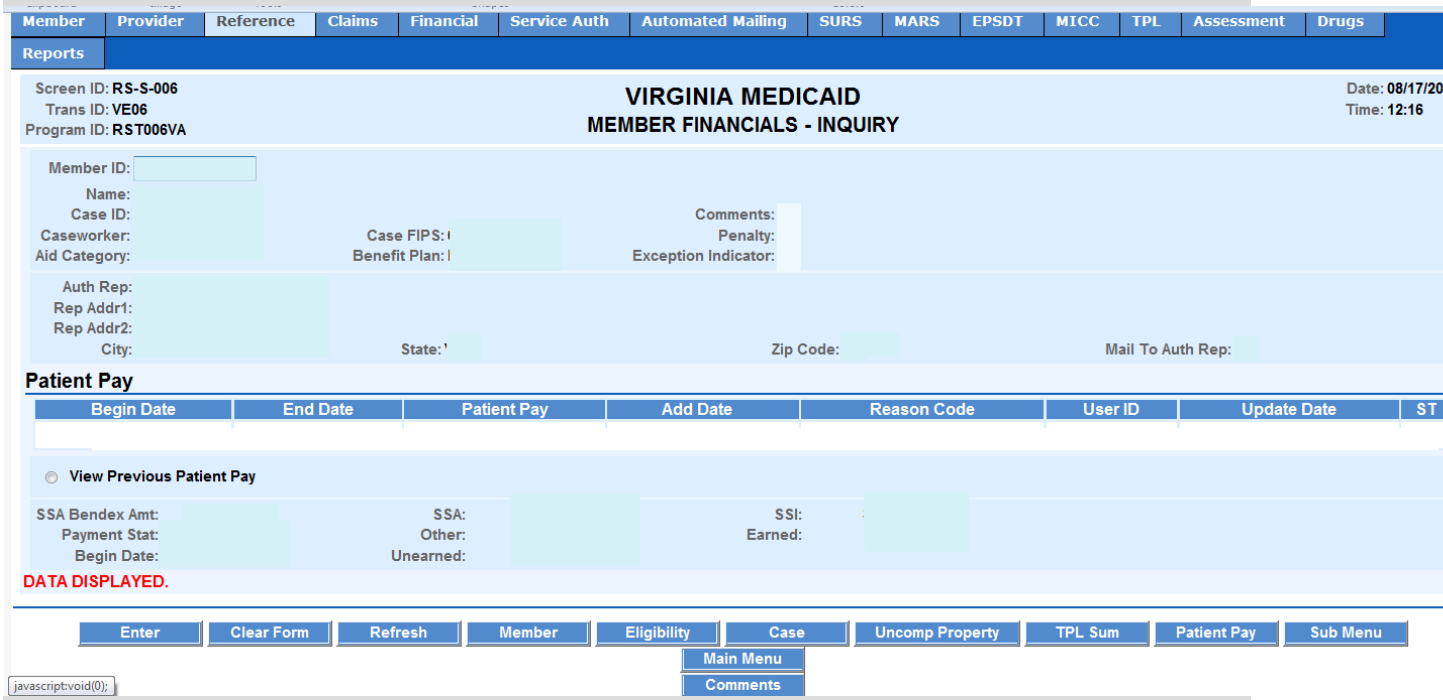
Screens RS-S-006 Member Financials

General Information

This screen displays member's latest patient pay information. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST006
MAPSET	RS006VA
TRAN ID	VE06-Inquiry/VEC6-Create

SAMPLE	Member Financials (RS-S-006)



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enrollee ID Enrollee Permanent	Edits:	The DMAS-administered identification number that is used to tie all claims for a single

	Identification Number (DE3093)	Displays enrollee's permanent identification number. Passed from calling program through communications area Messages:	enrollee together. Displays enrollee's permanent identification number. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Displays enrollee's permanent identification number (P).
2	Name Enrollee Full Name (DE3003)	Edits: Displays enrollee's name. Messages:	The name of the individual eligible for DMAS-administered programs. The name of the individual eligible for DMAS-administered programs. System displayed (P).
3	Case ID Case Identification Number (DE3043)	Edits: Displays case identification number. Messages:	A number that uniquely identifies the family or group of individuals in the same Case entity. A number that uniquely identifies the family or group of individuals in the same Case entity. System displayed (P).
4	Caseworker Case Worker Number (DE3431)	Edits: Displays case worker number. Messages:	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. System displayed (P).
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code.	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. System displayed (P).
6	Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: Displays enrollee's aid category. Messages:	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans.

			Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Displays enrollee's aid category (P).
7	Benefit Plan Benefit Definition Plan Short Name (DE3555)	Edits: Displays enrollee's most defining benefit plan description is displayed. Messages: Displays enrollee's most defining benefit plan description is displayed.	Displays enrollee's most defining benefit plan description. Displays enrollee's most defining benefit plan description. System displayed (P).
8	Exception Ind Benefit Plan Exception Indicator (DE3072)	Edits: Displays enrollee's benefit plan exception indicator. Messages: Displays enrollee's benefit plan exception indicator.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. System displayed (P).
9	Begin Date Patient Pay Begin Date (DE4801)	Edits: Latest Patient Pay Begin Date is displayed. Messages:	Latest Patient Pay Begin Date is displayed. N/A
10	End Date Patient Pay End Date (DE4802)	Edits: Latest Patient Pay End Date is displayed. Messages:	Latest Patient Pay End Date is displayed. N/A
11	Patient Pay Patient Pay Amount (DE4835)	Edits: Latest Patient Pay amount is displayed. Messages:	Latest Patient Pay amount is displayed. N/A
12	Reason Code Patient Pay Reason	Edits: Patient Pay reason	Latest Patient Pay reason is displayed. N/A

	Code (DE4800)	Messages: Patient Pay Reason	
13	ST Patient Pay Status (DE4838)	Edits: Only active Patient Pay Status is displayed. Messages: Patient Pay Status is displayed.	Latest Patient Pay status is displayed. N/A
14	E Code ECODE (DE4843)	Edits: Operator ID is displayed. Messages:	Latest Patient Pay edited User ID displayed. N/A
15	View Previous Patient Pay (DE0000)	Edits: If entered, transfer to screen RS-S-004. Messages:	This selection field allows the user to view Patient Pay history. Click in the selection box, then press or click Enter to access the Patient Pay History screen. This selection field allows the user to view Patient Pay history. Click in the selection box, then choose Enter to access the Patient Pay History screen.
16	SSA BENDEX Amt BENDEX Monthly Benefit Payable (DE3517)	Edits: BENDEX amount is displayed. Messages:	BENDEX amount is displayed. N/A
17	Payment Stat Patient Pay Status (DE4838)	Edits: BENDEX Status is displayed. Messages:	BENDEX Status is displayed. N/A
18	Auth Rep Employer Name (DE3170)	Edits: Name displayed Messages:	The name of the enrollee's employer. N/A
19	Begin Date BENDEX Begin Date (DE4842)	Edits: BENDEX added date is displayed. Messages:	BENDEX added date is displayed. N/A
20	Rep Addr1 Enrollee Additional Address Name (DE3114)	Edits: Address will be displayed Messages:	Additional name information for the address information of the enrollee's employer such as 'care of' or attention information.

		Depending on C_ ADDR_TYPE_CVAL (DE 3107) Address will be displayed if 'C' Case address, if 'E' Enrollee address or if 'R' representative address	Additional name information for the address information of the enrollee's employer such as 'care of' or attention information. If entered, first character may not be space. ADD (O/U) Enter the additional address information, if needed. UPDATE (O/U) Enter the additional address information, if needed.
21	Rep Addr2 Enrollee Street Address (DE3115)	Edits: Appropriate address will be displayed. Messages: Depending on C_ ADDR_TYPE_CVAL (DE 3107) Address will be displayed if 'C' Case address, if 'E' Enrollee address or if 'A' representative address	The street address or Post Office box of the enrollee's employer. The street address or Post Office box of the enrollee's employer. If entered, first character may not be space. ADD (O/U) Enter the employer's street address. UPDATE (O/U) Enter the employer's street address.
22	City Enrollee City Name (DE3116)	Edits: Appropriate city name is displayed. Messages: Depending on C_ ADDR_TYPE_CVAL (DE 3107) Address will be displayed if 'C' Case address, if 'E' Enrollee address or if 'A' representative address	The city name associated with the enrollee's employer's address. The city name associated with the enrollee's employer's address. If entered, first character may not be space. ADD (O/U) Enter the employer's city name. UPDATE (O/U) Enter the employer's city name.
23	State Enrollee State Code (DE3117)	Edits: Appropariate state value is displayed. Messages: Depending on C_ ADDR_TYPE_CVAL (DE 3107) Address will be displayed if 'C' Case address, if 'E' Enrollee address	The state code associated with the enrollee's employer's address. The state code associated with the enrollee's employer's address. If entered, must be a valid state code. ADD (O/U) Enter the employer's state code. UPDATE (O/U) Enter the employer's state code.

		or if 'A' representative address	
24	Zip Code Enrollee ZIP Code (DE3118)	Edits: Appropriate zip code is displayed. Messages: Depending on C_ ADDR_TYPE_CVAL (DE 3107) Address will be displayed if 'C' Case address, if 'E' Enrollee address or if 'A' representative address	The ZIP code associated with the enrollee's employer's address. The ZIP code associated with the enrollee's employer's address. If entered, must be numeric and first five digits must be greater than zero. ADD (O/U) Enter the Zip code. UPDATE (O/U Enter the Zip code.
25	SSA SSA (DE4803)	Edits: SSA amount is displayed. Messages:	SSA amount is displayed. N/A
26	Unearned (DE0000)	Edits: Calculated. Total of SSA amount and Other Income. Messages:	Calculated. Total of SSA amount and Other Income. N/A
28	Other Other Unearned Income (DE4805)	Edits: Other Income is displayed. Messages:	Other income is displayed. N/A
29	SSI SSI (DE4804)	Edits: SSI Amount is displayed. Messages:	SSI Amount is displayed. N/A
30	Earned (DE0000)	Edits: Calculated. Total of Income 1(DE 4807) and Income 2(DE 4808) Messages:	Calculated. Total of Income 1(DE 4807) and Income 2(DE 4808). N/A
31	Mail to Auth Rep Enrollee Address Type (DE3107)	Edits: valid values ate 'A','C' or 'E'. Messages:	Mail to Auth Rep N/A

		valid values ate 'A','C' or 'E'.	
32	Comments (Indicator) (DE0000)	Edits: Indicates whether comments information exists for that enrollee. Messages: Indicates whether comments information exists for that enrollee.	Indicates whether comments information exists for that enrollee. N/A
33	Penalty (Indicator) (DE0000)	Edits: Indicates whether penalty information exists for that enrollee. Messages: Indicates whether penalty information exists for that enrollee.	Indicates whether penalty information exists for that enrollee. N/A
34	Add Date(DE0005)	Edits: The date PP segment was initially added to the MMIS Messages:	Displays Patient pay added date. N/A
35	Update date (DE0011)	Edits: The date the PP segment was modified Messages:	Update Date displayed. N/A

NAVIGATION	**Member Financials (RS-S-006)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CASE	Branch to the Case Data screen.	RS-S-010 (B)
CLEAR	When selected, all fields are initialized.	RS-S-006 (B)
Comments	Command button to view the Member's Comment information and data is displayed on the screen, a message will appear.	RS-S-023 (B)
MEMBER	Branch to the Demographics screen.	RS-S-018 (B)
ELIG	Branch to Eligibility Data screen. Not applicable during a create transaction unless eligibility data has been entered.	RS-S-015 (B)

ENTER	Command to process entered Member ID.	RS-S-004 RS-S-006 (B)
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	RS-S-001 (R)
MAIN MENU	Returns the operator to the Main System Menu.	RF-S-010 (B)
Patient Pay	Control is transferred to Patient Pay information screen (RS-S-060). Member's latest patient pay information details are displayed on the screen.	RS-S-060-01 (B)
PF15	Refreshes the Member's Patient Pay information on the screen.	RS-S-006 (R)
TPL SUM	Branch to the TPL Summary screen. Not applicable during a create transaction.	RS-S-020 (B)
Uncomp Property	Navigates to the Member's Uncompensated Property screen.	RS-S-046-11 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3082	CHOOSE DEMOGRAPHICS TO GO BACK TO ENROLLEE DEMOGRAPHICS SCREEN	Informational message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3056	DATA DISPLAYED	Informational message. No action needed.
4955	ENTER ENROLLEE ID	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4956	INVALID ENROLLEE ID ENTERED	Error message. The Enrollee ID hat was entered is invalid. Enter a valid Enrollee ID.
10083	NO ACTIVE PATIENT PAY SEGMENT FOUND FOR THE ENROLLEE.	Informational Message.
10072	NO PATIENT PAY INFORMATION FOUND.	Informational Message.
10110	SCREEN DATA REFRESHED.	Informational Message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. See the Enrollment Menu (RS-S-001).

3. On the Enrollment Menu, select the 'Enrollee' Enrollment Type, select the Inquiry Function, enter the Enrollee ID and choose the Financial button.
4. See the Enrollee Financials screen (RS-S-006).
The Financials screen can also be accessed from the Enrollee Demographics Screen by choosing the Financial button at the bottom of the Demographics screen.

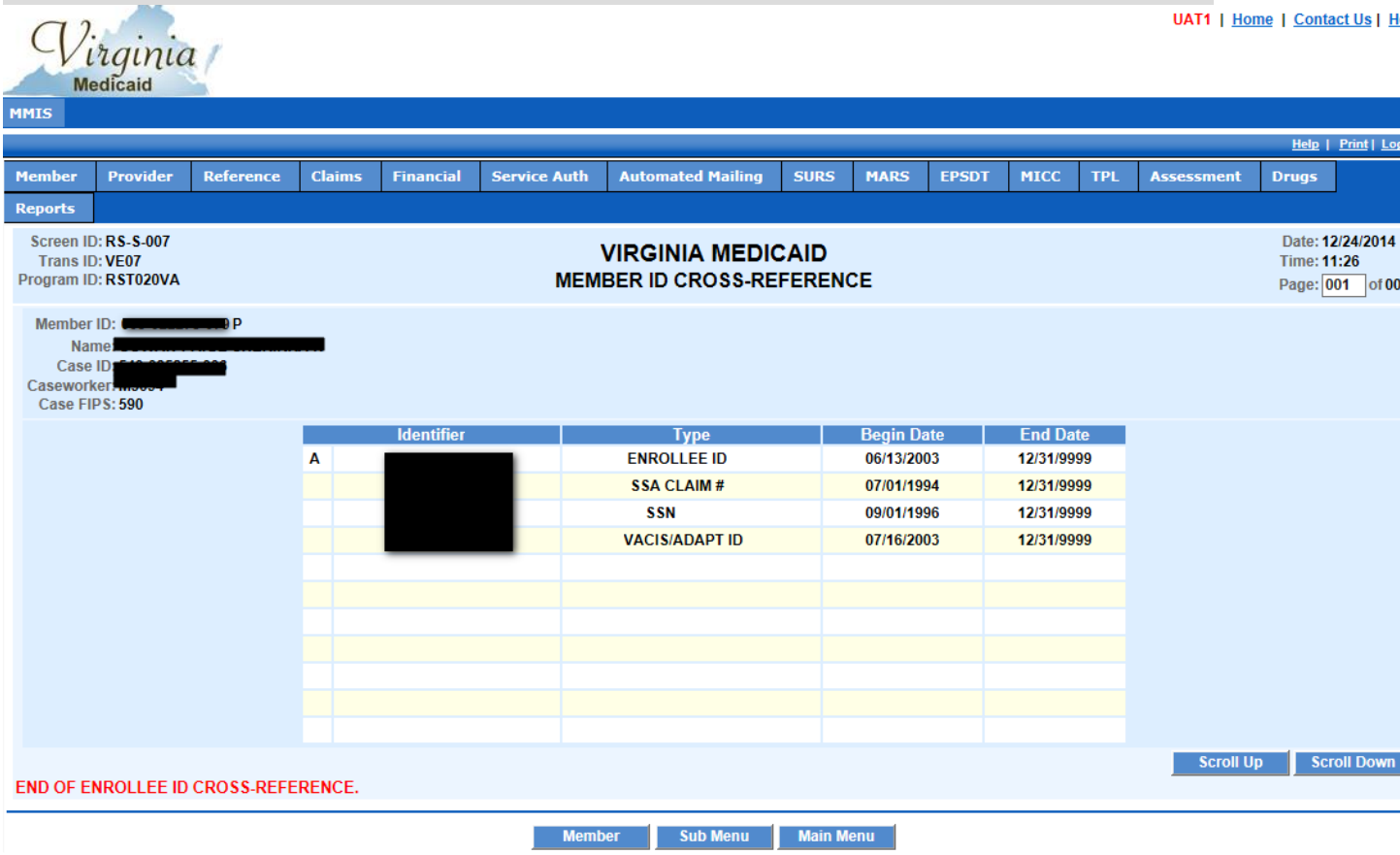
Screens RS-S-007 Member ID Cross-Reference

General Information

This screen displays identifiers and prior member ID's which may be used for cross-referencing. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST020
MAPSET	RS007VA
TRAN ID	VE07

SAMPLE	**Member ID Cross-Reference (RS-S-007)**



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Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs | Reports

Screen ID: RS-S-007
Trans ID: VE07
Program ID: RST020VA

VIRGINIA MEDICAID
MEMBER ID CROSS-REFERENCE

Date: 12/24/2014
Time: 11:26
Page: 001 of 00

Member ID: [redacted] P
Name [redacted]
Case ID [redacted]
Caseworker [redacted]
Case FIPS: 590

	Identifier	Type	Begin Date	End Date
A	[redacted]	ENROLLEE ID	06/13/2003	12/31/9999
		SSA CLAIM #	07/01/1994	12/31/9999
		SSN	09/01/1996	12/31/9999
		VACIS/ADAPT ID	07/16/2003	12/31/9999

Scroll Up | Scroll Down

END OF ENROLLEE ID CROSS-REFERENCE.

Member | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This number is displayed from the menu selection. N/A
1a	PERMANENT/ASSOCIATE LINK INDICATOR	Edits: This field is shown on the screen for display purposes only. It cannot be changed on this screen (it is protected). Data element DE3702.	When an AERL Enrollee ID value that has an I_PERSON with an I_DUP_PERSON_ID > 0 on the RS_PERSON table, the Permanent/Associate Link Indicator will display an 'A'. When a PERL Enrollee ID value that does not have an I_DUP_PERSON_ID > 0, but has a C_ID_TYPE_CVAL = 'AERL' (associated ID) and C_DATA_SRCE_CVAL = 'D' and D_ID_END is NULL on the RS_PRSN_IDENTIFIER table, the Permanent/Associate Link Indicator will display a 'P'.
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name.	The name of the individual eligible for DMAS-administered programs. N/A
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number.	A number that uniquely identifies the family or group of individuals in the same Case entity. N/A
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number.	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. N/A
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code.	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued.

			N/A
6	AC Enrollee Eligibility Aid Category (DE3009)	Edits: Displays enrollee's aid category.	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field. N/A
7	BENEFIT PLAN Benefit Definition Plan Short Name (DE3555)	Edits: Displays enrollee's most defining benefit plan description.	A short, concise description of a Benefit Plan used primarily in reporting. Displays enrollee's most defining benefit plan description. N/A
8	EXCEPTION IND Benefit Plan Exception Indicator (DE3072)	Edits: Displays enrollee's benefit plan exception indicator.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. N/A
9	IDENTIFIER Calculated (DE0002)	Edits: Displays one of the identification numbers present for an enrollee.	A number used to uniquely identify an individual enrollee in a DMAS-administered program. The number may be the enrollee's SSN, ADAPT/VACIS identification number, HIC Number, SSA Claim Number, Managed Care Patient Account number, or HIPP Case ID number. The type of number is identified in the (Identifier) Type field. N/A
9.1	TYPE Calculated (DE0002)	Edits: When DE3949 is equal to 'HIC', 'MEDICARE NUMBER' is displayed. When DE3949 is equal to 'AERL', 'ENROLLEE ID' is displayed and	Type of person ID. Use the on-line HELP system to find valid codes for this field. N/A

		an 'A' is displayed to the left of the number. When DE3949 is equal to 'SSN', 'SSN' is displayed. When DE3949 is equal to 'VACS', 'VACIS/ADAPT ID' is displayed. When DE 3949 is equal to 'CLM', 'SSA CLAIM #" is displayed. Messages:	
10	FROM DATE Enrollee Identification Number Begin Date (DE3408)	Edits: Displays the begin date of the enrollee's associated identification number.	The effective begin date of the associated enrollee identifier. N/A
11	TO DATE Enrollee Identification Number End Date (DE3409)	Edits: Displays the end date of the enrollee's associated identification number.	The ending date for a time period associated with an enrollee identifier. N/A
16	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A
17	Page XXX of YYY (DE0000)	Edits: Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages).	Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages). Enter a number and click Enter to access a specific page of the record. N/A

NAVIGATION	**Member ID Cross-Reference (RS-S-007)**	
Function	Action	Branch To (B) or

(B) or (M)		Return To (R)
SCROLL UP	Command button to view the previous page of an Member's ID Cross Reference data. If this button is pressed, and there are no more records on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
MEMBER	Branch to the Demographics screen (RS-S-018).	N/A
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	RF-S-014-03 (R)
SCROLL DOWN	Command button to view the next page of an Member's ID Cross Reference data. If this button is pressed, and there are no more records on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
MAIN MENU	Returns to the MMIS Main Menu	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3341	CROSS REFERENCE DETAILS NOT AVAILABLE FOR THIS ENROLLEE	Information message.
3056	DATA DISPLAYED	Information message. No action needed.
3143	END OF ENROLLEE ID CROSS-REFERENCE	Information message.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
64	NO DATA TO SCROLL	Information message. No action needed.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Information message.
3142	PAGE NUMBER MUST BE NUMERIC	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, enter the Enrollee ID in the Enrollee ID field. Choose the ID Cross-Reference button at the bottom of the screen.
4. You see the Enrollee ID Cross-Reference screen (RS-S-007).
Screen Use:
The screen will identify Page XXX of XXX in the top right corner.
1. To move forward to pages beyond 001, use the Page Down arrow button to the right of the display box.
2. Use the Page Up arrow button to move backward through the pages

Screens RS-S-008 Spend Down Maintenance

General Information

This screen is used for the maintenance of member spend down expenditures and balances by the DSS worker.

SOURCE/ORIGINATOR	DSS Case Workers.
USAGE	Inquiry, Update, Add
PROGRAM	RST030
MAPSET	RS008VA
TRAN ID	VE03

SAMPLE	**Spend Down Maintenance (RS-S-008)**

There is no Sample

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ACTION (DE0000)	Edits: Must equal 'A', 'U', or 'I'. Messages: Missing/Invalid data, please correct highlighted fields	Radio button that allows the user to select the function. Click on Add, Update, or Inquiry to select the desired action. Radio button that allows the user to select the function. Click on Add, Update, or Inquiry to select the desired action.
2	WORKER Case Worker Number (DE3431)	Edits: Required when adding a budget unit/-time period to the spend down ledger. Messages: Missing/Invalid data, please correct highlighted fields	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. Required when adding a budget unit/time period to the spend down ledger. ADD (R/U) Enter your five position eligibility worker iden-

			tification code. UPDATE (O/U) Type over the worker number if you wish to change it.
3	BUDGET UNIT Enrollee Spend Down Budget Unit (DE3540)	Edits: Required when adding a budget unit time period to the spend down ledger or when effective dates are entered. When entered, first 9 characters must be numeric and last character must be A-Z. Messages: Missing/Invalid data, please correct highlighted fields	The budget unit case number as specified by DSS to track related expenditures for a spend down case. When entered, first 9 characters must be numeric and last character must be A-Z. Enter the budget unit number and press or click Enter to view all spend down cases that are on file for the unit. The budget unit case number as specified by DSS to track related expenditures for a spend down case. Required when adding a budget unit time period to the spend down ledger or when effective dates are entered. When entered, first 9 characters must be numeric and last character must be A-Z. ADD (R/U) Enter the 10 position budget unit number. UPDATE (R/U) Enter the 10 position budget unit number.
4	EFFECTIVE FROM Enrollee Spend Down Liability Begin Date (DE3496)	Edits: Required when adding a budget unit time period to the spend down ledger. If entered, must be a valid date less than or equal to the Spend Down Liability End Date (DE3497). Messages: Missing/Invalid data, please correct highlighted fields	The beginning date of a spend down deductible period established by a DSS worker. If entered, must be a valid date less than or equal to the Spend Down Liability End Date (DE3497). Enter the beginning date to narrow the search for inquiry when searching without the Spend Down ID. The beginning date of a spend down deductible period established by a DSS worker. Required when adding a budget unit time period to the spend down ledger. If entered, must be a valid date less than or equal to the Spend Down Liability End Date (DE3497). ADD (R/U) Enter the start date for the spend down accumulation period in MMDDCCYY format. UPDATE (R/U) Enter the start date in MMDDCCYY format as part of the selection process to access the record for update.
5	EFFECTIVE THRU Enrollee Spend Down	Edits: Required when	The ending date of the spend down deductible period established by a DSS worker.

	Liability End Date (DE3497)	adding a budget unit time period to the spend down ledger. If entered, must be a valid date greater than or equal to the Spend Down Liability Begin Date (DE3496). Messages: Missing/Invalid data, please correct highlighted fields	The ending date of the spend down deductible period established by a DSS worker. Required when adding a budget unit time period to the spend down ledger. If entered, must be a valid date greater than or equal to the Spend Down Liability Begin Date (DE3496). ADD (R/U) Enter the end date for the spend down accumulation period in MMDDCCYY format. UPDATE (R/U) Enter the end date in MMDDCCYY format as part of the selection process to access the record for update.
6	SPEND DOWN ID Enrollee Spend Down ID (DE3541)	Edits: Required when adding an individual to the spend down ledger, adding the individual to a subsequent budget unit time period. Messages: Missing/Invalid data, please correct highlighted fields	A number used to uniquely identify an individual in Spend Down. Enter the 11 position Spend Down IDand press or click Enter to go directly to the selected record. A number used to uniquely identify an individual in Spend Down. Required when adding an individual to the spend down ledger, adding the individual to a subsequent budget unit time period, or when adding a new budget unit time period. ADD (R/U) Enter an 11 position Spend Down ID in addition to the Budget Unit and Effective From and Thru dates. Press or click Enter to initiate the add function. UPDATE (R/U) Enter an 11 position Spend Down ID in addition to the Budget Unit and Effective From and Thru dates. Press or click Enter to access the existing record to which changes can be made.
7	ORIGINAL SPEND DOWN THIS UNIT Enrollee Spend Down Original Liability (DE3465)	Edits: Required when adding a budget unit time period to the spend down ledger. If entered, must be numeric. Messages: Missing/Invalid data,	The spend down liability amount (deductible) established for an enrollee by a DSS worker. The spend down liability amount (deductible) established for an enrollee by a DSS worker. Required when adding a budget unit time period to the spend down ledger. If entered, must be numeric. ADD (C/U) Enter the liability amount for this enrollee.

		please correct high-lighted fields	UPDATE (C/U) Type over the original value if you need to enter a change.
8	ENROLLEE L-NAME Enrollee Last Name (DE3110)	Edits: Required when adding an individual to the spend down ledger. If entered, must not be numeric and first character may not equal space. Messages: Missing/Invalid data, please correct high-lighted fields	The last name of the individual eligible for a DMAS-administered medical care program. The last name of the individual eligible for a DMAS-administered medical care program. Required when adding an individual to the spend down ledger. If entered, must not be numeric and first character may not equal space. ADD (R/U) Enter the enrollee's last name. UPDATE (R/U) Type over the existing data to change.
9	F-NAME Enrollee First Name (DE3111)	Edits: Required when adding an individual to the spend down ledger. If entered, must not be numeric and first character may not equal space. Messages: Missing/Invalid data, please correct high-lighted fields	The first name of the individual eligible for a DMAS-administered medical care program. The first name of the individual eligible for a DMAS-administered medical care program. Required when adding an individual to the spend down ledger. If entered, must not be numeric and first character may not equal space. ADD (R/U) Enter the enrollee's first name. UPDATE (R/U) Type over the existing data to change.
10	MI Enrollee Middle Initial (DE3112)	Edits: May be entered when adding an individual to the spend down ledger. If entered, must not be numeric. Messages: Missing/Invalid data, please correct high-lighted fields	The middle initial of the individual eligible for a DMAS-administered medical care program. The middle initial of the individual eligible for a DMAS-administered medical care program. May be entered when adding an individual to the spend down ledger. If entered, must not be numeric. ADD (O/U) Enter the enrollee's middle initial, if known. UPDATE (O/U) Type over the existing data to change.
11	SUFX Enrollee Name Suffix (DE3113)	Edits: May be entered when adding an individual to the spend down ledger. If entered,	The name suffix of the individual eligible for a DMAS-administered medical care program. The name suffix of the individual eligible for a DMAS-administered medical care program.

		must be a valid suffix. Messages: Missing/Invalid data, please correct highlighted fields	May be entered when adding an individual to the spend down ledger. If entered, must be a valid suffix as listed in the on-line HELP system for this data element. ADD (C/U) Enter the enrollee's suffix, if needed. UPDATE (C/U) Type over the existing data to change.
12	ENROLLEE SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Required when adding an individual to the spend down ledger. If entered, must be numeric. Messages: Missing/Invalid data, please correct highlighted fields	The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. Required when adding an individual to the spend down ledger. If entered, must be numeric. ADD (R/U) Enter the enrollee's SSN without dashes. UPDATE (R/U) Type over the existing data to change.
13	DOB Enrollee Birth Date (DE3005)	Edits: Required when adding an individual to the spend down ledger. If entered, must be a valid date. Messages: Missing/Invalid data, please correct highlighted fields	The enrollee's date of birth. The enrollee's date of birth. Required when adding an individual to the spend down ledger. If entered, must be a valid date. ADD (R/U) Enter the enrollee's date of birth in MMDDCCYY format. UPDATE (R/U) Type over the existing data to change.
14	SEX Enrollee Sex Code (DE3007)	Edits: Required when adding an individual to the spend down ledger. If entered, must be a valid sex code. Messages: Missing/Invalid data, please correct highlighted fields	A code indicating the sex of the enrollee. 'F' = Female, 'M' = Male. A code indicating the sex of the enrollee. 'F' = Female, 'M' = Male. ADD (R/U) Enter the enrollee's sex designation F or M. UPDATE (R/U) Type over the existing code to change.
15	TOTAL EXP THIS ID/UNIT	Edits: Displays the total	Displays the total amount of expenditures for an individual that is applied to a specific

	Calculated (DE0002)	amount of expenditures for an individual that is applied to a specific spend down period.	spend down period. Displays the total amount of expenditures for an individual that is applied to a specific spend down period. System displayed (P).
16	BALANCE Enrollee Spend Down Account Balance (DE3464)	Edits: Displays the liability amount remaining for the specific budget unit time period.	This data is stored for access by the DSS worker who establishes an enrollee's spend down liability or deductible. Each expenditure by the enrollee, entered by the worker is subtracted from the original liability amount to derive the Enrollee Spend Down Account Balance. This data is stored for access by the DSS worker who establishes an enrollee's spend down liability or deductible. Each expenditure by the enrollee, entered by the worker is subtracted from the original liability amount to derive the Enrollee Spend Down Account Balance. System displayed (P).
17	MET DATE Enrollee Spend Down Met Date (DE3458)	Edits: Displays the latest claim date that caused the spend down requirement to be met.	The date an enrollee meets, with expenditures approved by his DSS worker, his spend down deductible amount (liability), and becomes eligible for Medicaid when enrollment is initiated by the worker. The date an enrollee meets, with expenditures approved by his DSS worker, his spend down deductible amount (liability), and becomes eligible for Medicaid when enrollment is initiated by the worker. System displayed (P).
17.1	(DELETE SELECTION) (DE0000)	Edits: If entered, must be a 'D'. Used to remove an expenditure from the spend down time period. Messages: Missing/Invalid data, please correct highlighted fields	Not used for inquiry. Selection field used to remove an expenditure from the spend down time period. To delete an expenditure, enter a 'D' in the selection box beside the line you wish to delete.
18	PROVIDER NAME Spend Down Service Provider Name	Edits: Required when entering expenditure inform-	The name of the provider of a service related to a medical expense approved by a DSS worker and applied toward the enrollee's

	(DE3127)	ation. Messages: Missing/Invalid data, please correct highlighted fields	spend down liability. The name of the provider of a service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability. Required when entering expenditure information. ADD (C/U) Enter the provider name. UPDATE (C/U) To enter a new expenditure, enter the provider name on the unprotected field at the top of the data box and continue to the next field to enter the new expenditure.
18.1	DESC Spend Down Service Description (DE3086)	Edits: Required when entering expenditure information. Messages: Missing/Invalid data, please correct highlighted fields	A brief description of a service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability. A brief description of a service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability. Required when entering expenditure information. ADD (R/U) Enter a brief text description of the service. Up to 30 characters may be entered. UPDATE (O/U) Enter a brief text description of the service. Up to 30 characters may be entered.
19	EXPENDITURE Payment Request Used to Satisfy Spend Down (DE3498)	Edits: Required when entering expenditure information. If entered, must be numeric. Messages: Missing/Invalid data, please correct highlighted fields	The dollar amount of the service. The dollar amount of the service. ADD (R/U) Enter the amount of the service in dollars and cents without dollar sign or decimal. UPDATE (R/U) Enter the amount of the new service in dollars and cents without dollar sign or decimal.
20	DATES OF SERVICE (FROM) Spend Down Service Begin Date (DE3124)	Edits: Required when entering expenditure information. If entered, must be a valid date less than or equal to the	The beginning date of service related to a medical expense approved by a DSS worker and applied toward the enrollee's spend down liability. The beginning date of service related to a

		Spend Down Service End Date (DE3126) and must be between the effective From & Thru Dates.. Messages: Missing/Invalid data, please correct high-lighted fields	medical expense approved by a DSS worker and applied toward the enrollee's spend down liability. Required when entering expenditure information. If entered, must be a valid date less than or equal to the Spend Down Service End Date (DE3126), and must be between the effective from and thru dates. ADD (R/U) Enter the beginning date of service for the expenditure in MMDDCCYY format. UPDATE (R/U) Enter the beginning date of service for the new expenditure in MMDDCCYY format.
21	DATES OF SERVICE (THRU) Spend Down Service End Date (DE3126)	Edits: Required when enter-ing expenditure inform-ation. If entered, must be a valid date greater than or equal to the Spend Down Service Begin Date (DE3124) and must be between the effective From & Thru Dates. Messages: Missing/Invalid data, please correct high-lighted fields	The ending date of service related to a med-ical expense approved by a DSS worker and applied toward the enrollee's spend down liability. The ending date of service related to a med-ical expense approved by a DSS worker and applied toward the enrollee's spend down liability. Required when entering expenditure information. If entered, must be a valid date greater than or equal to the Spend Down Ser-vice Begin Date (DE3124), and must be between the effective from and thru dates. ADD (R/U) Enter the ending date of service for the expenditure in MMDDCCYY format. UPDATE (R/U) Enter the ending date of service for the new expenditure in MMDDCCYY format.
22	MSG (DE0000)	Edits: Displays error/in-formational messages to the operator.	Displays error/informational messages to the operator. Displays error/informational messages to the operator. (P).

NAVIGATION	**Spend Down Maintenance (RS-S-008)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of spend down expenditures for an individual during the dis-played budget unit effective dates. If this button is	N/A

	pressed, and there are no more expenditures for the time period, a message will appear.	
ENTER	Processes page number request, if changed.	N/A
SUB MENU	Return to the Member Subsystem Menu.	RF-S-014-03 (R)
SCROLL DOWN	Command button to view the next page of spend down expenditures for an individual during the displayed budget unit effective dates. If this button is pressed, and there are no more expenditures for the time period, a message will appear.	N/A
NEXT DATES	Command button to view the next period of spend down expenditures for the budget unit. If this button is pressed, and there are no more spend down time periods, a message will appear. If a spend down ID was entered, time periods not containing the individual will be bypassed.	N/A
NEXT ID	Command button to view the expenditures of the next spend down ID within a budget unit time period or to view the expenditures of the spend down ID's previous budget unit. If this button is pressed, and there is no more information, a message will appear. Not applicable if both a specific spend down ID and budget unit were entered.	N/A
PREV DATES	Command button to view the previous period of spend down expenditures for the budget unit. If this button is pressed, and there are no more spend down time periods, a message will appear. If a spend down ID was entered, time periods not containing the individual will be bypassed.	N/A
PREV ID	Command button to view the expenditures of the previous spend down ID within a budget unit time period or to view the expenditures of the spend down ID's previous budget unit. If this button is pressed, and there is no more information, a message will appear. Not applicable if both a specific spend down ID and budget unit were entered.	N/A
SEARCH	Command to transfer to the Spend Down Search screen.	N/A
UPDATE	Command to save information entered in a create or update screen.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT	User does not have access to the screens

	AUTHORIZED	chosen.
3274	ACTION VALID ONLY IN INQUIRY MODE	Information message.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
3169	CHOOSE UPDATE TO ADD/UPDATE DATA	Information message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3066	CORRECT ERRORS BEFORE ATTEMPTING TO SCROLL	Information message.
3087	DATA ADDED	Information message. No action needed.
3215	DATA ALREADY EXIST FOR THIS KEY COMBINATION	Information message.
3056	DATA DISPLAYED	Information message. No action needed.
3278	DATA FOR FIRST AVAILABLE PERIOD DISPLAYED SCROLLING BACKWARD NOT POSSIBLE.	Information message.
3277	DATA FOR LAST AVAILABLE PERIOD DISPLAYED SCROLLING FORWARD NOT POSSIBLE.	Information message.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.
68	DATA REFRESHED	Information message.
3090	DATA UPDATED	Information message. No action needed.
3175	DATE ALONE CANNOT BE ENTERED	Information message.
3280	DATES ENTERED OVERLAP AN EXISTING PERIOD	Information message.
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
3273	END OF SPEND DOWN DETAILS	Information message.
3179	ENTER A VALID ACTION	Information message.
3183	ENTER A SERVICE DESCRIPTION	Enter valid values according to error message specifications.
3184	ENTER A SERVICE PROVIDER NAME	Enter valid values according to error message specifications.
3185	ENTER A VALID END DATE	Enter valid values according to error message specifications.
3178	ENTER A VALID FROM DATE	Enter valid values according to error message specifications.
3176	ENTER A VALID KEY	Enter valid values according to error mes-

		sage specifications.
3186	ENTER A VALID PAYMENT AMOUNT	Enter valid values according to error message specifications.
3187	ENTER A VALID SPEND DOWN AMOUNT	Enter valid values according to error message specifications.
3214	ENTER ACTION, KEY VALUES AND CHOOSE ENTER	Enter valid values according to error message specifications.
3177	ENTER BUDGET UNIT WHEN ENTERING EFFECTIVE DATE	Enter valid values according to error message specifications.
3111	ENTER DATA AND CHOOSE UPDATE	Enter the data needed and choose the Update button.
3188	ENTER WORKER ID	Enter valid values according to error message specifications.
3181	FIRST 9 CHARACTERS OF BUDGET UNIT MUST BE NUMERIC	Information message.
3326	FIRST CHARACTER OF WORKER MUST BE ALPHABETIC AND THE REST MUST BE NUMERIC	Information message.
3044	FIRST NAME REQUIRED	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3071	INVALID BEGIN DATE	Enter a valid begin date. If necessary, see the field definitions for valid data/-formatting.
3037	INVALID DATE OF BIRTH	Check field for valid data and re-enter.
3064	INVALID END DATE	Enter a valid end date. If necessary, see the field definitions for valid data/-formatting.
3080	INVALID FIRST NAME	Check field for valid data and re-enter.
3348	INVALID KEY PRESSED NO SDIDs IN UNIT.	Check field for valid data and re-enter.
3079	INVALID LAST NAME	Check field for valid data and re-enter.
3036	INVALID SEX CODE	Check field for valid data and re-enter.
3041	INVALID SSN	Check field for valid data and re-enter.
3216	INVALID SUFFIX	Check field for valid data and re-enter.
3225	KEY COMBINATION NOT VALID IN UPDATE MODE	Information message.
3180	LAST CHARACTER OF BUDGET UNIT MUST BE ALPHABETIC	Information message.
3039	LAST NAME AND FIRST NAME REQUIRED	Information message.
3038	LAST NAME REQUIRED	Information message.
3210	MAKE CHANGES AND CHOOSE UPDATE	Information message.
3077	MAKE CHANGES BEFORE ATTEMPTING TO UPDATE	Enter changes to data fields before choosing the Update button.

3328	MIDDLE INITIAL NOT ALLOWED	Information message.
3275	MUST PERFORM INQUIRY BEFORE ATTEMPTING THIS ACTION	Enter valid data and begin process again.
3211	NO DATA EXIST FOR THE KEY COMBINATION	Information message.
64	NO DATA TO SCROLL	Information message. No action needed.
3171	NO DETAILS AVAILABLE FOR THE BUDGET UNIT ENTERED	Information message.
3279	NO MORE SPEND DOWN IDs FOR THIS UNIT AND PERIOD SCROLLING NOT POSSIBLE.	Information message.
3182	SELECTION FIELD MUST BE A 'D'	Enter a D in the selection field.
3281	SERVICE DATES MUST BE WITHIN THE EFFECTIVE DATE RANGE	Enter valid service dates.
3213	SPEND DOWN ID ALONE CANNOT BE ENTERED FOR ADD/UPDATE	Information message.
3172	SPEND DOWN ID AND BUDGET UNIT ALONE CANNOT BE ENTERED	Information message.
3174	SPEND DOWN ID AND DATE ALONE CANNOT BE ENTERED	Information message.
3327	SPEND DOWN ID MUST BE NUMERIC	Enter a valid spend-down numeric.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
3173	UNIT ALONE CANNOT BE ENTERED FOR ADD/UPDATE	Information message.
3212	VIEW DATA BEFORE ADD/UPDATE	Information message.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Spend Down option in the selection field. Choose Enter.
2. You see the Spend Down Maintenance (RS-S-008).
Screen Use:
1. If you wish to scroll through a listing of names to find a specific spend down record, choose the Search button at the bottom of the screen. This action will display the Spend Down Search screen (RS-S-035) on which you can perform a search by name or SSN.
2. Choose Action Add, Update or Inquiry, enter key values and choose Enter to retrieve a record or begin an add transaction.
3. Use the Page Up and Page Down arrow keys to the right of the data box to scroll through additional records.

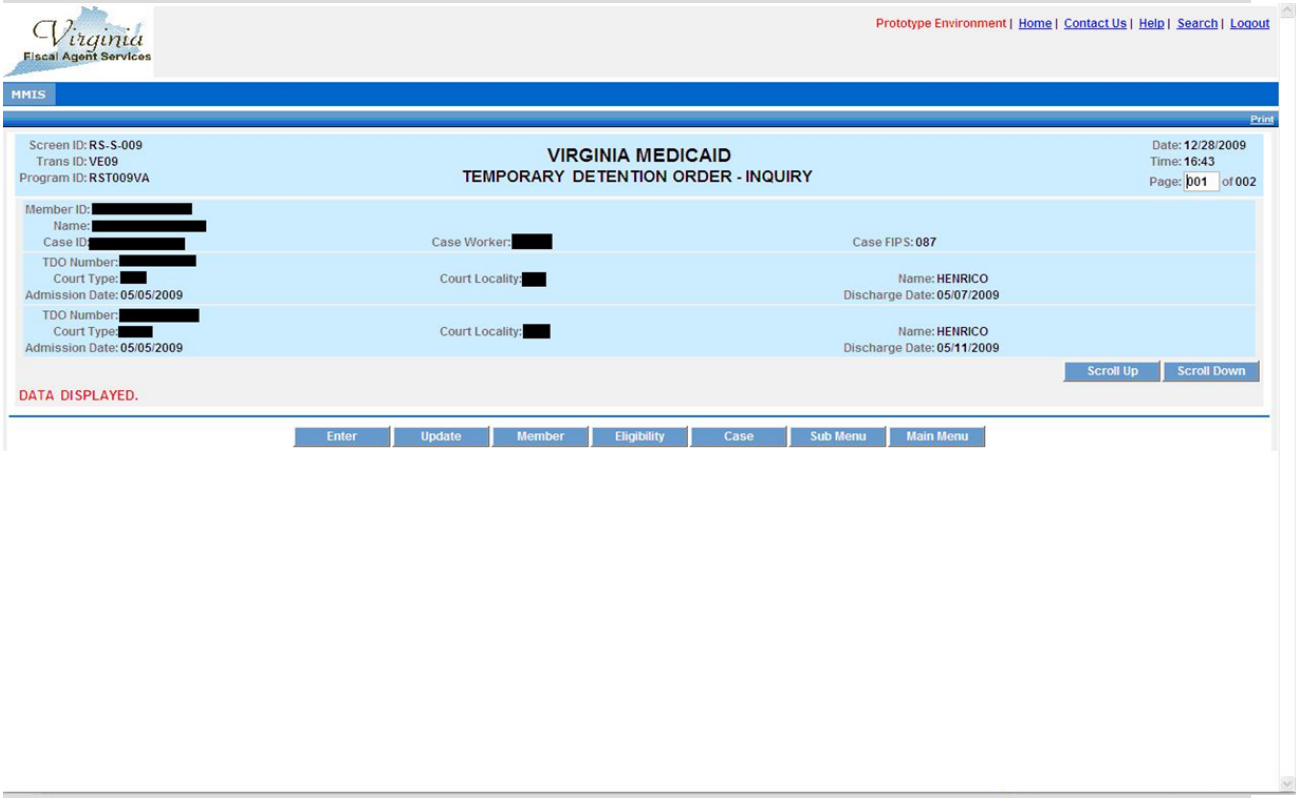
Screens RS-S-009 Temporary Detention Order

General Information

This screen shows information specific to the Temporary Detention Order issued for the member. Entry fields will protected for transactions other than an Member Create or Update. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update, Add
PROGRAM	RST009
MAPSET	RS009VA
TRAN ID	VE09-Inquiry/VEC9-Create/VEU9-Update/VER9-Reinstate

SAMPLE	**Temporary Detention Order (RS-S-009)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. Displays enrollee's permanent identification number. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. Displays enrollee's permanent identification number. System displayed (P).
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name.	The name of the individual eligible for DMAS-administered programs. Displays enrollee's name. The name of the individual eligible for DMAS-administered programs. Displays enrollee's name (P).
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number.	A number that uniquely identifies the family or group of individuals in the same Case entity. Displays case identification number. A number that uniquely identifies the family or group of individuals in the same Case entity. Displays case identification number (P).
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number.	The identification code of the eligibility worker assigned to the case. Displays case worker number. The identification code of the eligibility worker assigned to the case. Displays case worker number (P).
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code.	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. The locality of the DSS or local welfare office that administers the enrollee's case. For TDO

			Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. System displayed (P).
6	TDO NUMBER TDO Warrant Number (DE3470)	Edits: Must be numeric or may start with 'C' (Criminal TDO) followed by numeric value. Messages: Missing/Invalid data, please correct highlighted fields.	The TDO warrant or Green Warrant number issued by the court for mandatory medical services for the enrollee. The TDO warrant or Green Warrant number issued by the court for mandatory medical services for the enrollee. Must be numeric or may begin with 'C' (Criminal TDO) followed by numeric value. ADD (R/U) Enter the TDO warrant number. Up to 10 positions may be entered. UPDATE (R/U) Enter the TDO warrant number. Up to 10 positions may be entered.
7	COURT TYPE Claim TDO Court Type (DE2166)	Edits: Must be present in RS_TDO_COURT_R in conjuntion with court locality. Messages: Missing/Invalid data, please correct highlighted fields.	Code that identifies the type of court issuing the order. Code that identifies the type of court issuing the order. ADD (R/U) Enter the three position court type code. UPDATE (R/U) Type over the displayed code if you wish to change the type code.
8	COURT NAME TDO Court Name (DE3479)	Edits: Displays the court name for the associated court code.	The name of the court issuing the TDD warrant for the enrollee. The name of the court issuing the TDD warrant for the enrollee. Displays the court name for the associated court code (P).
9	ADMISSION DATE Enrollee Benefit Enrollment Begin Date (DE3064)	Edits: Displays corresponding benefit package begin date. (If benefits not yet created, use DE3010)	The beginning date of enrollment in the Benefit Plan. For TDO, this is the date of admission to the treatment facility ordered by the court. The beginning date of enrollment in the Benefit Plan. For TDO, this is the date of admission to the treatment facility ordered by the court. System displayed (P).
10	LOCALITY Claim TDO Court Locality (DE2165)	Edits: Must be present in RS_TDO_COURT_R in conjuntion with	Code that identifies the court location. Code that identifies the court location. ADD (R/U)

		court type.	Enter the three position court locality code. UPDATE (R/U) Type over the displayed code if you wish to change.
11	DISCHARGE DATE Enrollee Benefit Enrollment End Date (DE3065)	Edits: Displays corresponding benefit package end date. (If benefits not yet created, use DE3011)	The ending date of enrollment in the Benefit Plan. For TDO, this is the date of discharge from the treatment facility ordered by the court. The ending date of enrollment in the Benefit Plan. For TDO, this is the date of discharge from the treatment facility ordered by the court. System displayed (P).
12	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. Displays error/informational messages to the operator. System displayed (P).
13	Page XXX of YYY (DE0000)	Edits: Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages).	Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages). Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages). Enter a page number to access a specific page of data.

NAVIGATION	**Temporary Detention Order (RS-S-009)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of an Member's TDO data. If this button is pressed, and there are no more TDO segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
CASE	Branch to the Case Data screen.	RF-S-014-03 (B)
MEMBER	Branch to the Member Demographics screen.	N/A
ELIG	Branch to the Eligibility Data screen.	RF-S-014-03 (B)
Enter	Edits the data on the screen for correctness and dis-	N/A

	plays the appropriate error message when necessary. No updates take place until the Update button is pressed.	
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	RF-S-014-03 (R)
SCROLL DOWN	Command button to view the next page of an Member's TDO data. If this button is pressed, and there are no more TDO segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
RETURN	Returns to the Main System Menu.	N/A
UPDATE	Not applicable during an inquiry transaction. Command to save information entered when in update mode. Prepare communication area with all TDO details to be used by RST999. During add mode, defer update until RST011. During Update mode, call RST999 to update changes and display appropriate message after returning from RST999.	RF-S-014-03 ()

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
3391	CANNOT SCROLL WHEN DATA UPDATE PENDING	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
3056	DATA DISPLAYED	Information message. No action needed.
2	DATA NOT CHANGED	Information message. No action needed.
3090	DATA UPDATED	Information message. No action needed.
3218	END OF DETAILS	Information message.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3371	INVALID COURT LOCALITY / COURT TYPE COMBINATION	Check field for valid data and re-enter.
3372	INVALID TDO NUMBER	Check field for valid data and re-enter.

3392	KEY DATA AND CHOOSE ENTER	Information message.
64	NO DATA TO SCROLL	Information message. No action needed.
3217	NO DETAILS AVAILABLE	Information message.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Information message.
3142	PAGE NUMBER MUST BE NUMERIC	Information message.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, choose Enrollee in the Select Enrollment Type field.
4. Select function Change or Inquiry.
5. Enter the TDO Enrollee ID in the Enrollee ID field.
6. Choose the TDO button.
7. You see the Temporary Detention Order screen (RS-S-009).
This screen can also be accessed from various other Recipient Subsystem screens by choosing the TDO button at the bottom of the screen.
Screen Use:
To add a TDO enrollee, see instructions for the Enrollment Menu. After the Case Data, demographics data and eligibility data are entered, choose the TDO button to access this screen.

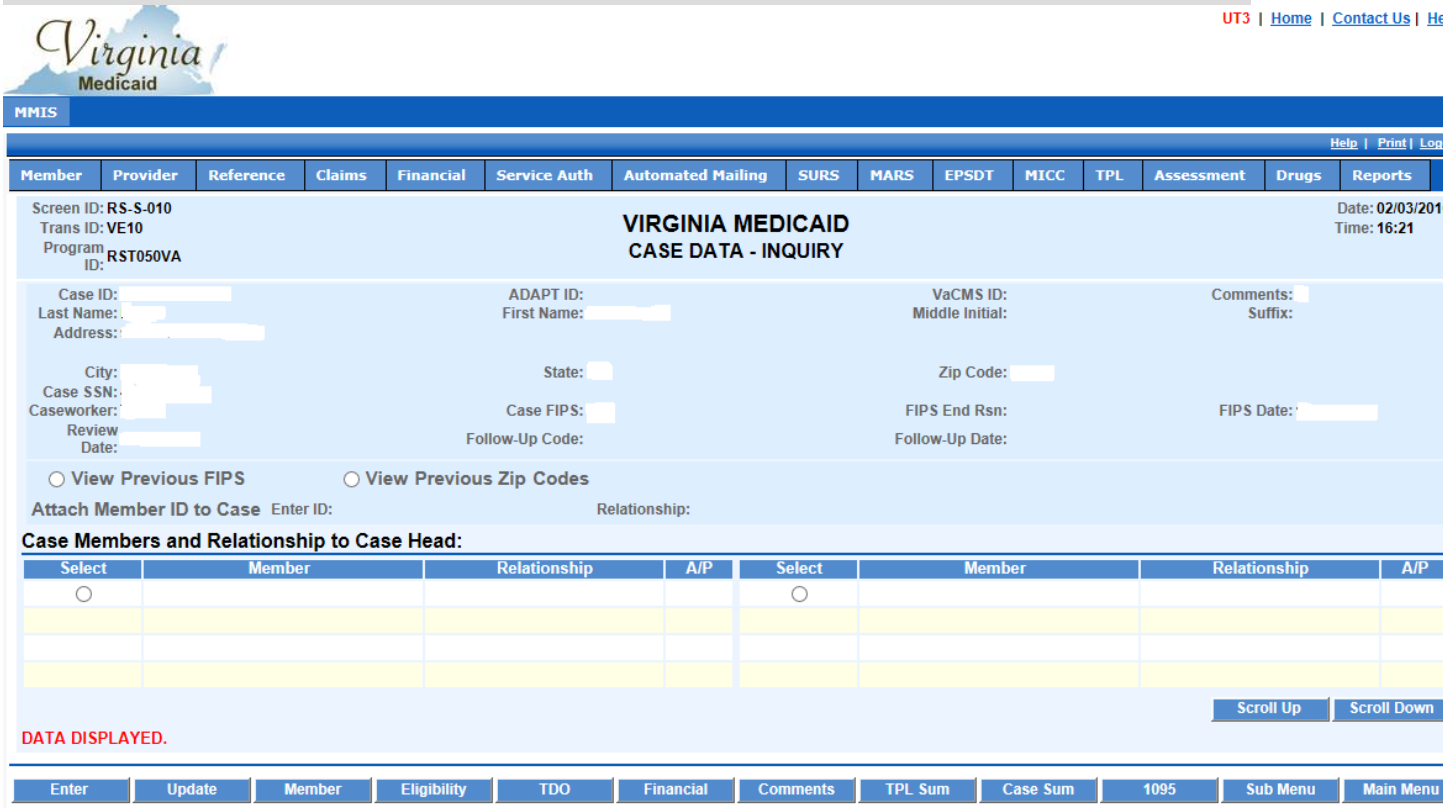
Screens RS-S-010 Case Data

General Information

This screen displays case information. Entry fields will protected for transactions other than an Member Create or Update. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update, Add
PROGRAM	RSR440 RST050
MAPSET	RS010VA
TRAN ID	VE10-Inquiry/VEC0-Create/VEU0-Update

SAMPLE	Case Data (RS-S-010)



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number. Passed from calling program through communication area.	A number that uniquely identifies the family or group of individuals in the same Case entity. A number that uniquely identifies the family or group of individuals in the same Case entity. System displayed (P).
2	ADAPT ID Case ADAPT Number (DE3469)		DSS assigned Case ID in the ADAPT system. DSS assigned Case ID in the ADAPT system. ADD (O/U) Enter the Adapt Case ID if applicable. UPDATE (O/U) Enter the Adapt Case ID if applicable.
3	VACMS ID Case VaCMS Number (DE3258)	Edits: The data element must contain valid 9 digits of code.	A code indicating the Case's VaCMS Number. ADD (O/U) Enter the VaCMS Case ID if applicable. UPDATE (O/U) Enter the VaCMS Case ID if applicable.
4	LAST NAME Case Last Name (DE3487)	Edits: Must not be numeric and first character may not equal space. Messages: Missing/Invalid data, please correct highlighted fields	The last name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. The last name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. Must not be numeric and first character may not equal space. ADD (R/U) Enter the last name of the case head. UPDATE (R/U) Type over the case head last name to change or correct.
5	FIRST NAME Case First Name	Edits: Must not be numeric	The first name of the individual who is considered head of the household, family, or

	(DE3488)	and first character may not equal space. Messages: Missing/Invalid data, please correct highlighted fields	group of individuals in the same Case entity. The first name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. Must not be numeric and first character may not equal space. ADD (R/U) Enter the first name of the case head. UPDATE (R/U Type over the first name case head to change or correct.
6	MIDDLE INITIAL Case Middle Initial (DE3489)	Edits: If entered, must not be numeric. Messages: Missing/Invalid data, please correct highlighted fields	The middle initial name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. The middle initial name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. If entered, must not be numeric. ADD (O/U) Enter a middle initial, if known. UPDATE (O/U) Enter a middle initial, if known.
7	SUFFIX Case Name Suffix (DE3490)	Edits: If entered, must be valid suffix. Messages: Missing/Invalid data, please correct highlighted fields	The suffix of the name (if present) of the individual who is considered head of the household, family, or group of individuals in the same Case entity. The suffix of the name (if present) of the individual who is considered head of the household, family, or group of individuals in the same Case entity. If entered, must be valid suffix. ADD (O/U) Enter 3 character suffix (Jr, Sr. III, etc.), if applicable. UPDATE (O/U) Enter 3 character suffix (Jr, Sr. III, etc.), if applicable.
8	ADDRESS (LINE 1) Case Additional Address Name (DE3560)	Edits: Must not be spaces or numeric. Messages:	Additional name information for the case address such as 'care of' or attention information, or may be the street address.

		Missing/Invalid data, please correct highlighted fields. Address line 1 cannot be spaces. Address lines 1 and 2 cannot be the same.	Additional name information for the case address such as 'care of' or attention information. Must not be spaces or numeric. ADD (C/U) Enter the additional addressee information in this field or the street address if there is not additional addressee information. An entry must be made in this field. Two lines are provided for the street address and they cannot be the same. UPDATE (C/U) Type over the address to change. An entry must be made in this field. Two lines are provided for the street address and they cannot be the same.
9	(ADDRESS LINE 2) Case Street Address (DE3561)	Edits: Must not be numeric and first character may not equal space. Messages: Missing/Invalid data, please correct highlighted fields	The street address of the case. May be blank if the street address is listed in line 1. The street address of the case. First character may not equal space. ADD (C/U) Enter the street address of the case head. If the first address line was used for the street address, this field may be left blank. Two lines are provided for the street address and they cannot be the same. An entry must be made in address (line 1) and address (line2) is optional. UPDATE (C/U) Type over the street address of the case head to enter an address change. If the first address line was used for the street address, this field may be left blank. Two lines are provided for the street address and they cannot be the same. An entry must be made in address (line1) and address (line2) is optional.
10	CITY Case City Name (DE3562)	Edits: Must not be numeric and first character may not equal space. Messages: Missing/Invalid data, please correct high-	Name of the city in which the case is located. Name of the city in which the case is located. Must not be numeric and first character may not equal space. ADD (R/U) Enter the city in which the case is located. UPDATE (R/U)

		lighted fields	Type over the city in which the case is located to change.
11	STATE Case State Code (DE3563)	Edits: Must be valid state code. Messages: Missing/Invalid data, please correct highlighted fields	State abbreviation of the state in which the case is located. State abbreviation of the state in which the case is located. Must be valid state code. ADD (R/U) Enter the two character State abbreviation for the case address. UPDATE (R/U) Type over the two character State abbreviation for the case address to change.
12	ZIPCODE Case ZIP Code (DE3564)	Edits: Must be numeric and the first five digits must be greater than zeros. Messages: Missing/Invalid data, please correct highlighted fields	ZIP code of the area in which the case is located. ZIP code of the area in which the case is located. Must be numeric and the first five digits must be greater than zeros. ADD (R/U) Enter the Zip Code for the case address. The first 5 numbers are required. The + four portion of the field is optional. UPDATE (R/U) Type over the existing Zip Code to change. The first 5 numbers are required. The + four portion of the field is optional.
13	CASE SSN Case Social Security Number (DE3450)	Edits: Must be numeric. Positions 1-3 may not be zeros, 666 or (900 through 998). Positions 4-5 may not be zeros. Positions 6-9 may not be zeros. If 999, last six positions must be valid date in the format MMDDYY and cannot be in the future Messages: Missing/Invalid data, please correct highlighted fields	The social security number of the Case head of household. The social security number of the Case head of household. First three digits may not be zeros, 666 or (900 through 998). Positions 4-5 may not be zeros. Positions 6-9 may not be zeros. If first 3 digits are 999, last six positions must be valid date in the format MMDDYY and cannot be in the future. ADD (R/U) Enter the SSN of the case head. Do not enter dashes. UPDATE (R/U) Type over the case SSN to correct or change.
14	FAMILY GROSS	Edits:	Calculated from incom for all enrollees

	INCOME (DE0000)	Calculated from income for all enrollees attached to the case.	attached to the case. Calculated from income for all enrollees attached to the case. System displayed (P).
15	CASEWORKER Case Worker Number (DE3431)	Edits: First position must be alpha or space. Remaining positions must be numeric. If not entered and FIPS code (DE#3039) changes, set this field to zeros. Messages: Missing/Invalid data, please correct highlighted fields	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. The first position of the five position field must be alpha or space. Remaining positions must be numeric. If not entered and FIPS code (DE#3039) changes, the system will set this field to zeros. ADD (R/U) Enter the caseworker identification code. UPDATE (R/U) Enter the caseworker identification code.
16	FIPS Case Administrative FIPS Code (DE3039)	Edits: Must be a valid City/County code. Should not be in the range 900 - 970. Messages: Missing/Invalid data, please correct highlighted fields	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. Must be a valid City/County code. Should not be in the range 900-970. ADD (R/U) Enter the three position FIPS code. UPDATE (R/U) If the FIPS code changes, type over the existing code to enter the new code. If the FIPS code is changed, a reason code must be entered in the FIPS End field.
17	FIPS END Administrative FIPS Code End Reason (DE3486)	Edits: If entered, must be a valid FIPS end reason. Messages: Missing/Invalid data, please correct highlighted fields	The reason an Administrative FIPS Code was changed for an enrollee. Use the on-line HELP system to find valid codes for this field. The reason an Administrative FIPS Code was changed for an enrollee. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid FIPS end reason. ADD (P)

			System displayed UPDATE (O/U) If the FIPS code changes and a new code is entered in the FIPS field, enter the three position reason for the change in this field.
18	FIPS DATE Case Administrative FIPS Begin Date (DE3491)	Edits: Displays date the FIPS code was entered.	The date on which the case was assigned to the associated Administrative FIPS Code. Displays date the FIPS code was entered. The date on which the case was assigned to the associated Administrative FIPS Code. Displays date the FIPS code was entered (P).
19	REVIEW DATE Case Review Date (DE3432)	Edits: Must be valid date. Cannot be more than two years in future. Must be greater than or equal to the current date. Messages: Missing/Invalid data, please correct highlighted fields	Date selected for review of eligibility. Used in monthly processing for Welfare Utilization reports. Date selected for review of eligibility. Used in monthly processing for Welfare Utilization reports. Must be valid date. Cannot be more than two years in future. ADD (R/U) Enter the case review date in MMDDCCYY format. UPDATE (R/U) Type over the case review date in MMDDCCYY format to enter a change. Following new review date edits have been added in the system – 1) If existing review date month/year <= current month/year, Allow last day of current date month + 12 months. 2) If existing review date month/year > current month/year + 3 Months, allow last day of current date month + 12 months 3) If existing review date month/year " within " current month/year + 3 months, accept the new review date as last day of existing review date month + 12 months

20	FOLLOW-UP CODE DSS Special Follow Up Code (DE3433)	Edits: Initialized to spaces. If other than spaces and the first position is other than 'X' or 'D', then must be between AA-ZZ inclusive and 00-99 inclusive. Follow-up Codes starting with 'W' are not valid for new entries. For Extended Medicaid (1st position entered is 'X') Only values X0, X1, X2, X3, X4, and X9 may be entered Remaining values are system generated. If the value entered is other than X0, the value of the Follow-up code on the database controls what the value may be changed to as follows: Indicator on File Indicator Allowed X1 X2, X9 XA X2 X2, XB X3 X3, XC X4 Only values X1, and X9 may be entered when the case is added. For Diversionary Assistance: (1st position entered is 'D') Only values D1, D2, D3 and D4 may be entered If X0 is entered, the	Indicates that the case is receiving Extended Medicaid coverage or Diversionary Assistance. It is used by the system for the generation of notification letters and cancellation. Please note that all associated Business Rules and Valid Values apply to Benefit Plan Program Code 01 only. Use the on-line HELP system to find valid codes for this field. Indicates that the case is receiving Extended Medicaid coverage or Diversionary Assistance. It is used by the system for the generation of notification letters and cancellation. Please note that all associated Business Rules and Valid Values apply to Benefit Plan Program Code 01 only. Use the on-line HELP system to find valid codes for this field. If other than 'ZZ' and the first position is other than 'X', 'D', then must be between AA-ZZ inclusive and 00-99 inclusive. Follow-up codes starting with 'W' are not valid for new entries. For Extended Medicaid only values X0, X1, X2, X3, X4, and X9 may be entered. Remaining values are system generated. If the value entered is other than X0, the value of the follow-up code on the database controls what the value may be changed to as follows: Indicator on File Indicator Allowed X0 X1, X2, X0, X1 X9 X1,XA X2 X2, XB X3 X3, XC X4 Only values X0, X1, and X9 may be entered when the case is added. For Diversionary Assistance: Only values D1, D2, D3 and D4 may be entered. If X0 is entered, the system fills the follow-up date (DE#3434) with 'ZZZZZZZZ', otherwise, this date must contain a valid date. If the follow-up code is changed from spaces or 'X0' to 'X2' the follow-up date entered must be within 5 months of the current system date. ADD (O/U) Enter the appropriate two position follow-up code following the rules explained above. UPDATE (O/U)

		system fills Follow-up Date (DE#3434) and Follow-Up Code (DE#3433) with nulls; otherwise, this date must contain a valid date If the Follow-up Code is changed from spaces or 'X1' to 'X2' the Follow-up Date entered must be within 5 months of current system date. Messages: Missing/Invalid data, please correct highlighted fields	Enter the appropriate two position follow-up code following the rules explained above.
21	FOLLOW-UP DATE DSS Special Follow Up Effective Date (DE3434)	Edits: For Extended Medicaid (1st position of indicator is 'X') If Follow-up code (DE#3433) is spaces or X0, the system will fill with nulls. The follow-up date may only be changed if the follow-up code is X1 or X9. When the follow-up code is X1, the follow-up date must be greater than 03311990. It also must be within two months of the current month. When the follow-up code is X9, the follow-up date must be greater than 07311989 and less than 05011990.	The date the recipient in the case with Extended Medicaid coverage or Diversionary Assistance are to be sent (or were sent) notification letters. Please note that all associated Business Rules apply to Benefit Plan Program Code 01 only. The date the recipient in the case with Extended Medicaid coverage or Diversionary Assistance are to be sent (or were sent) notification letters. Please note that all associated Business Rules apply to Benefit Plan Program Code 01 only. For Extended Medicaid: If follow-up code (DE#3433) is ZZ or X0, the system will fill with 'ZZZZZZZZ' The follow-up date may only be changed if the follow-up code is X1 or X9. When the follow-up code is X1, the follow-up date must be greater than 03311990. It also must be within two months of the current month (plus or minus) When the follow-up code is X9, the follow-up date must be greater than 07311989 and less than 05011990. For Diversionary Assistance: The follow-up date must be greater than 6301995. If the Follow-up Code is changed from spaces or 'X0' to 'X2' the Follow-up Date entered must be within 5 months of the current system

		When the Follow-up Code is changed to 'X2' from spaces or 'X1' and the follow-up date is also changed, then the Follow-up date must be within 5 months of the current system date. For Diversionary Assistance: (1st position of indicator is 'D') The AFDC effective date must be greater than 06301995. Messages: Missing/Invalid data, please correct highlighted fields	date. ADD (O/U) Enter the Follow-up date according to the rules explained above. UPDATE (O/U) Enter the Follow-up date according to the rules explained above.
22	VIEW PREVIOUS FIPS (DE0000)	Edits: If entered, transfer to screen RS-S-005.	Selection field used to access the Case FIPS Code History screen. Click in the check box and press or choose Enter to access the screen. Selection field used to access the Case FIPS Code History screen. Click in the check box and press or choose Enter to access the screen.
23	VIEW PREVIOUS ZIP CODES (DE0000)	Edits: If entered, transfer to screen RS-S-014.	Selection field used to access the Case Zip Code History screen. Click in the check box and press or choose Enter to access the screen. Selection field used to access the Case Zip Code History screen. Click in the check box and press or choose Enter to access the screen.
24	ENTER ID Enrollee Permanent Identification Number (DE3093)	Edits: Used to attach an existing enrollee to the case. If entered, must be a valid enrollee number. Required if "relationship" field (DE#3480) is present.	This field is not used for inquiry. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Used to attach an existing enrollee to the case. If entered, must be a valid enrollee number. Required if 'Relationship' field (DE#3480) is present.

		Messages: Missing/Invalid data, please correct high-lighted fields	ADD (P) When adding a new case, this field is system displayed with the Enrollee ID entered on the Enrollment Menu. UPDATE (O/U) When attaching a new enrollee to an existing case, enter the Enrollee ID number of the enrollee being added to the case. If an entry is made in this field, the Relationship field must also be entered.
25	RELATIONSHIP Enrollee Relationship to Case Head Code (DE3480)	Edits: Used to describe the relationship of enrollee being attached to the case. If entered, must be a valid relationship indic-ator. Required if "enter ID" field (DE#3039) is present. Messages: Missing/Invalid data, please correct high-lighted fields	A code reflecting the enrollee's relationship to the head-of-household or Case Head. DSS ADAPT relationship values are suggested. Use the on-line HELP system to find valid codes for this field. While checking enrollment rules the following logic is used: If Case relationship code DE 3480 is '00', then rules listed for option (DE 3066) '00' are applied, if the case relationship code '00' is a valid value under rule EL10 of the DSS rela-tionship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is '01', then rules lis-ted for option '01', if present, are applied; else rules listed for option '00' are applied, if the case relationship code '01' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is greater than '01', rules for option greater than '01' are applied. If no option value greater than '01' exists, then rules for option value '00' apply to the child, if the case relationship code is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. A code reflecting the enrollee's relationship to

			the head-of-household or Case Head. DSS ADAPT relationship values are suggested. Use the on-line HELP system to find valid codes for this field. Used to describe the relationship of enrollee being attached to the case. If entered, must be a valid relationship indicator. Required if 'enter ID' field (DE#3039) is present. If entered '00' or '01': Should not be an existing relationship of the same value. ADD (R/U) When adding the case enter the valid two position codes that identifies the relationship of the Enrollee IDentified in the Enter ID field to the case head. UPDATE (C/U) If you are attaching a new enrollee to an existing case, enter the valid two position code that identifies the relationship of the enrollee entered in the Enter ID field to the case head. While checking enrollment rules the following logic is used: If Case relationship code DE 3480 is '00', then rules listed for option (DE 3066) '00' are applied, if the case relationship code '00' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is '01', then rules listed for option '01', if present, are applied; else rules listed for option '00' are applied, if the case relationship code '01' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is greater than '01', rules for option greater than '01' are applied. If no option value greater than '01' exists, then rules for option value '00' apply to the child, if the case relationship code is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under

			rule EL10, error message will be displayed.
26	(ENROLLEE SELECTION) (DE0000)	Edits: If entered, pass the chosen ID when transfering to desired screen.	Selection field used to access details for the enrollee selected. Click in the check box and then click Demographics, Eligibility, TDO, Financial or TPL Summary button to access the desired detail screen for the Enrollee IDentified beside the selection field. Selection field used to access details for the enrollee selected. Click in the check box and then click Demographics, Eligibility, TDO, Financial or TPL Summary button to access the desired detail screen for the Enrollee IDentified beside the selection field.
27	ENROLLEE Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Displays enrollee's permanent identification number. All enrollees associated with case are listed. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Displays enrollee's permanent identification number. All enrollees associated with case are listed. System displayed (P).
28	RELATIONSHIP Enrollee Relationship to Case Head Code (DE3480)	Edits: Displays enrollee's relationship in case. Messages:	A code reflecting the enrollee's relationship to the head-of-household or Case Head. Use the on-line HELP system to find valid codes for this field. A relationship code is given for each enrollee associated with the case. While checking enrollment rules the following logic is used: If Case relationship code DE 3480 is '00', then rules listed for option (DE 3066) '00' are applied, if the case relationship code '00' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is '01', then rules lis-

			ted for option '01', if present, are applied; else rules listed for option '00' are applied, if the case relationship code '01' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is greater than '01', rules for option greater than '01' are applied. If no option value greater than '01' exists, then rules for option value '00' apply to the child, if the case relationship code is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. A code reflecting the enrollee's relationship to the head-of-household or Case Head. Use the on-line HELP system to find valid codes for this field. A relationship code is given for each enrollee associated with the case. System displayed (P). While checking enrollment rules the following logic is used: If Case relationship code DE 3480 is '00', then rules listed for option (DE 3066) '00' are applied, if the case relationship code '00' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is '01', then rules listed for option '01', if present, are applied; else rules listed for option '00' are applied, if the case relationship code '01' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is greater than '01', rules for option greater than '01' are applied. If no option value greater than '01' exists, then rules for option value '00' apply to the child, if

			the case relationship code is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed
29	AP Calculated (DE0002)	Edits: Messages: Determines whether the Enrollee ID is a Permanent (PERL) or Associated (AERL) ID and assigns a corresponding value of P or A. Permanent Enrollee IDs which do not have a corresponding associated ID will be displayed as a space.	Determines whether the Enrollee ID is a Permanent (PERL) or Associated (AERL) ID and assigns a corresponding value of P or A. Permanent Enrollee IDs which do not have a corresponding associated ID will be displayed as a space. N/A
30	MSG (DE0000)	Edits: Displays error/informational messages to the operator. Messages:	Displays error/informational messages to the operator. Displays error/informational messages to the operator (P).
31	COMMENT Comment Indicator (DE3075)	Edits: Displays Comments indicator 'Y' (Comments Present) or 'N' (Comments not present). Messages: Comment Indicator.	Displays Comments indicator 'Y' (Comments Present) or 'N' (Comments not present). N/A

NAVIGATION	**Case Data (RS-S-010)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of associated members to the case. If this button is pressed, and there are no more associated members for the case, a message will appear. Not applicable during a create transaction.	RS-S-010 ()

CASE SUM	Branch to Case Summary Inquiry Screen	RS-S-051 (B)
MEMBER	Branch to the Demographics screen for the selected member ID.	RS-S-018 (B)
ELIG	Branch to the Eligibility Data screen for the selected member ID. Not applicable during a create transaction unless demographics data has been entered.	RS-S-015 (B)
ENTER	Command to edit data entered. If the "VIEW PREVIOUS FIPS" box is selected, branch to the first named screen. If the "VIEW PREVIOUS ZIP CODES" box is selected, branch to the second named screen. Branching is not applicable during a create transaction.	RS-S-010 (B)
SUB MENU	Return to the Member Data Main Menu.	RS-S-001 (R)
FIN	Branch to the Member Financials screen for the selected member ID. Not applicable during a create transaction unless demographic data has been entered.	RS-S-006 (B)
SCROLL DOWN	Command button to view the next page of associated members to the case. If this button is pressed, and there are no more associated members for the case, a message will appear. Not applicable during a create transaction.	RS-S-010 ()
MAIN MENU	Returns to the MMIS Main System Menu	RF-S-010 (R)
TDO	Branch to the Temporary Detention Order screen for the selected member ID. Not applicable during a create transaction unless demographic and eligibility data with a TDO aid category has been entered.	RS-S-009 (B)
TPL SUM	Branch to the Member TPL Summary screen for the selected member ID. Not applicable during a create transaction.	RS-S-020 (B)
UPDATE	Command to save information entered when in update mode and to enable transfer to the Member File Edit/Update Main program (RST010) when in create mode. Not applicable during an inquiry transaction. Prepares commarea (ENRLCOMM) and calls RST999 to update. Displays appropriate error message after returning from RST999.	RS-S-010 ()
1095	For a selected Enrollee ID, control is transferred to 1095 Menu screen by populating Enrollee ID in Member ID field on 1095 Menu.	RS-S-301(B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5583	ADDRESS LINE 1 CANNOT BE SPACES	Please enter a valid address.
5584	ADDRESS LINES 1 AND 2 CANNOT BE THE SAME	Address cannot be the same.
3406	ADDRESS REQUIRED	Information message.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
3349	CASE ID ALREADY ON FILE	Information message.
3633	CASEWORKER REQUIRED	Information message.
3376	CHOOSE A FUNCTION	Information message.
3621	CHOOSE DEMOGRAPHICS TO CONTINUE	Information message.
3640	CHOOSE ONLY ONE SELECTION	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
3408	CITY REQUIRED	Information message.
3087	DATA ADDED	Information message. No action needed.
3056	DATA DISPLAYED	Information message. No action needed.
2	DATA NOT CHANGED	Information message. No action needed.
3090	DATA UPDATED	Information message. No action needed.
3218	END OF DETAILS	Information message.
3641	ENROLLEE ALREADY IN CASE	Information message.
3131	ENROLLEE ID NOT ON FILE	Check the Enrollee ID for valid formatting and try the task again. See the field definitions for valid Enrollee ID specifications.
51	ENTER A SELECTION	Enter your selection at the cursor to complete the task.
3642	ENTER DATA AND CHOOSE DEMOGRAPHICS	Enter valid values according to error message specifications.
3111	ENTER DATA AND CHOOSE UPDATE	Enter the data needed and choose the Update button.
3044	FIRST NAME REQUIRED	Information message.
3631	FOLLOW-UP DATE CHANGES NOT ALLOWED	Information message.

3630	FOLLOW-UP DATE MUST BE GREATER THAN 03/31/1990	Information message.
3629	FOLLOW-UP DATE MUST BE GREATER THAN 06/30/1995	Information message.
3628	FOLLOW-UP DATE MUST BE GREATER THAN 07/31/1989	Information message.
3627	FOLLOW-UP DATE MUST BE LESS THAN 05/01/1990	Information message.
3626	FOLLOW-UP DATE MUST BE WITHIN 2 MONTHS OF CURRENT DATE	Information message.
3803	FOLLOW-UP DATE MUST BE WITHIN 5 MONTHS OF CURRENT DATE	Check field for valid data.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3407	INVALID ADDRESS	Check field for valid data and re-enter.
3638	INVALID CASE DATA/ELIGIBILITY RULES COMBINATION	Check field for valid data and re-enter.
3632	INVALID CASEWORKER	Check field for valid data and re-enter.
3099	INVALID CITY	Check field for valid data and re-enter.
3209	INVALID ENROLLEE ID	Check field for valid data and re-enter.
3622	INVALID EXISTING FOLLOW-UP CODE/ENTERED FOLLOW-UP CODE COMBINATION	Check field for valid data and re-enter.
3405	INVALID FIPS CODE	Check field for valid data and re-enter.
3637	INVALID FIPS END REASON	Check field for valid data and re-enter.
3624	INVALID FOLLOW-UP CODE	Check field for valid data and re-enter.
3625	INVALID FOLLOW-UP DATE	Check field for valid data and re-enter.
3268	INVALID MIDDLE INITIAL	Check field for valid data and re-enter.
3366	INVALID NAME	Check field for valid data and re-enter.
3429	INVALID RELATIONSHIP CODE PLEASE ENTER A NUMERIC VALUE.	Check field for valid data and re-enter.
3431	INVALID RELATIONSHIP CODE AT THIS TIME FOR THE CASE	Check field for valid data and re-enter.
3635	INVALID REVIEW DATE	Check field for valid data and re-enter.
87	INVALID SELECTION	Selection is invalid for this mode, enter another function.
3041	INVALID SSN	Check field for valid data and re-enter.
3098	INVALID STATE CODE	Check field for valid data and re-enter.

3216	INVALID SUFFIX	Check field for valid data and re-enter.
3040	INVALID VACIS/ADAPT ID	Check field for valid data and re-enter.
3097	INVALID ZIP CODE	Check field for valid data and re-enter.
3392	KEY DATA AND CHOOSE ENTER	Information message.
3377	LAST 6 DIGITS OF SSN MUST BE A VALID DATE NOT GREATER THAN CURRENT DATE	Information message.
3038	LAST NAME REQUIRED	Information message.
3786	MULTIPLE FIELD CHANGES ARE NOT ALLOWED	Change Enrollee Name, SSN or Date of Birth, one at a time
64	NO DATA TO SCROLL	Information message. No action needed.
3217	NO DETAILS AVAILABLE	Information message.
3639	NO ENROLLEES ATTACHED TO CASE	Information message.
3636	REVIEW DATE CANNOT BE MORE THAN TWO YEARS IN THE FUTURE	Information message.
3634	REVIEW DATE REQUIRED	Information message.
3374	SELECTION NOT ALLOWED FOR OPTION CHOSEN	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
3334	VALID ENROLLEE ID REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3623	VALID FOLLOW-UP CODE REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3430	VALID RELATIONSHIP CODE REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3357	VALID SSN REQUIRED	Enter a valid SSN.
5705	INVALID VACMS ID.	Enter a valid 9 digits VaCMS ID.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, select the 'Case' Enrollment Type.
4. To view a case, select the Inquiry Function, enter a valid Case ID number and choose either the Enter or Case function button. You see the Case Data screen in Inquiry mode
5. To add a new case, select the Add Function, enter a new 11 digit Case ID number (the system will supply the check digit), enter a valid Enrollee ID number and choose Enter. You see the Case Data screen in Add mode.

6. To update a case or add an enrollee to an existing case, select the 'Change' Function, enter the full 12 digit valid Case ID number, and choose Enter or Case. You see the Case Data screen in Update mode.
7. To add a new case and a new enrollee, select Case and Enrollee from the Select Enrollment Type field, select Add from the Select Function field. Enter the new Case ID (first 11 digits), new Enrollee ID (first 11 digits), Enrollee SSN, Enrollee Name (Last, First, MI and Suffix, if applicable), Enrollee Date of Birth, Enrollee Sex code, and the telephone number. Choose Enter to access the Case Data screen
The Case Data screen can also be accessed from the Enrollee Demographic Screen by choosing the Case button at the bottom of the Demographic screen. Case Data is accessible from a number of other screens as well by choosing the Case function button at the bottom of the screen.
Screen Use:
When you have completed adding a new case, choose the Demographics button to accept the data and advance to the Demographics screen.

Screens RS-S-011 Member Benefits

General Information

This screen is used to display the benefit packages associated with the member's aid category. Navigation to other screens is only allowed if the proper operator security is present. There is no "Add" function on this screen in the sense of adding a benefit package for a new member. This function is accomplished by entering the appropriate eligibility data on the Eligibility Data screen (RS-S-015.) Upon successful completion of the eligibility add, the Member Benefits screen is automatically displayed so the user can view the results of the entry. User must enter FPL status when 'U' is displayed in INCOME LESS THAN OR = 100% FPL field. The valid values are 'Y' or 'N'. The Member Benefits screen does allow an update function. Update includes the ability to add a new benefit to an existing member and to end certain types of benefits. Update also includes FPL status update. User can change the FPL% status which will be effective from a begin date entered. Benefits that are basic to the Benefit Plan cannot be closed. The user can also void a benefit that was added incorrectly, but only on the same day that the erroneous entry was made..

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update, Add
PROGRAM	RSR440 RST011
MAPSET	RS011VA
TRAN ID	VE11-Inquiry/VEC1-Create/VEU1-Update/VER1-Reinstate/VEX1-Cancel/VEV1-Void

SAMPLE	**Member Benefits (RS-S-011)**

UAT1 | Home | Contact Us | Hel

Virginia Medicaid

MMIS

Help | Print | Logo

Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs | Reports

Screen ID: RS-S-011
Trans ID: VE11
Program ID: RST011VA

VIRGINIA MEDICAID
MEMBER BENEFITS - INQUIRY

Date: 12/24/2014
Time: 11:29

Member ID: [redacted] P
Name : [redacted]
Case ID : [redacted]
Caseworker : [redacted]
Case FIPS: 590

Comments: N
Income Less Than Or = 100% FPL: Y
FPL % ST Begin Date: 04 2008

Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Status	Extension Reason	Reinstate Reason
081	07/03/2003	04/01/2008	12/31/9999	002	09/30/2009	C	000	001

Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-03-0807		XIX HALIFAX	[redacted]	02/01/2009	09 30 2009	00	097	A	01/18/2009
01-03-0805		XIX USWVA		06/01/2008	11 30 2008	00	228	A	05/18/2008
01-01-0100		MEDICAID FF		04/01/2008	09 30 2009	DF	097	A	04/18/2008
01-01-0300		MED PREMIUM		04/01/2008	04 01 2008	00	097	V	04/18/2008
01-01-0400		MED CO & DE		04/01/2008	04 01 2008	00	097	V	04/18/2008

Scroll Up | Scroll Down

DATA DISPLAYED.

Enter | Update | Prov Loc | Comments | VALTC Sum | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Displays enrollee's permanent identification number. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Displays enrollee's permanent identification number (P).
1a	PERMANENT/ASSOCIATE LINK INDICATOR	Edits: This field is shown on the screen for display purposes only. It cannot be	When an AERL Enrollee ID value that has an I_PERSON with an I_DUP_PERSON_ID > 0 on the RS_PERSON table, the Permanent/Associate Link

		changed on this screen (it is protected). Data element DE3702.	Indicator will display an ‘A’. When a PERL Enrollee ID value that does not have an I_DUP_PERSON_ID > 0, but has a C_ID_TYPE_CVAL = 'AERL' (associated ID) and C_DATA_SRCE_CVAL = 'D' and D_ID_END is NULL on the RS_PRSN_IDENTIFIER table, the Permanent/Associate Link Indicator will display a ‘P’. (P)
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name.	The name of the individual eligible for DMAS-administered programs. Displays enrollee's name. The name of the individual eligible for DMAS-administered programs. Displays enrollee's name (P).
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number.	A number that uniquely identifies the family or group of individuals in the same Case entity. Displays case identification number. A number that uniquely identifies the family or group of individuals in the same Case entity. Displays case identification number (P).
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number.	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. Displays case worker number. The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. Displays case worker number (P).
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code.	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. Displays case FIPS code. The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the

			TDO warrant was issued. Displays case FIPS code (P).
6	INCOME LESS THAN OR = 100% FPL Enrollee FPL Status (DE3449)	Edits: The field is protected when the original FPL status (DE# 3456), in MR_ DUAL_AID_CATG table for the aid category, is 'Y' and 'N'. The field is unprotected only in ADD, CHANGE and REINSTATE functions when the original FPL status is 'U'. When unprotected the value entered must be 'Y' or 'N'. Messages: MUST UPDATE FPL STATUS FLAG TO 'Y' OR 'N'.	Indicates if the enrollee's income is less than or equal to 100% Federal Poverty Level. Indicates if the enrollee's income is less than or equal to 100% Federal Poverty Level. The field is protected for Cancel and Void functions. The field is protected when the original FPL status (DE# 3456) for the aid category is 'Y' or 'N'. The field is unprotected when FPL required for the aid category and original FPL status (DE# 3456) is 'U'. The valid values are 'Y' and 'N'.
7	FPL% ST BEGIN DATE Enrollee FPL status begin date (DE3462)	Edits: The field will be protected for CANCEL, VOID, ADD, INQUIRY, CHANGE (New aid category is being added) REINSTATE(Non-Overlapping eligibility segment) transactions. When unprotected the date entered must be a valid date greater than or equal to Eligibility begin date. The field is unprotected only in CHANGE(when an aid category is selec-	The begin date from which the FPL status (the value in the field Income less than or = 100% FPL) is effective. The format is MMCCYY. The begin date from which the FPL status (the value in the field Income less than or = 100% FPL) is effective. The format is MMCCYY. The field is unprotected only in CHANGE (only when an existing aid category is selected for update) and REINSTATE functions when original FPL status (DE# 3456), in MR_DUAL_AID_CATG table for the added/modified aid category, is 'U'. The begin date must be valid and greater than equal to the associated eligibility begin date. The FPL% ST BEGIN DT must be less than or equal to the associated eligibility end date.

		ted in RS-S-015 screen) and REINSTATE functions (Overlapping eligibility segment). The field is unprotected only when original FPL status (DE3456), in MR_DUAL_AID_CATG table for the added/-modified aid category, is 'U'. Messages: FPL BEGIN MONTH SHOULD BE NUMERIC. FPL BEGIN YEAR SHOULD BE NUMERIC. INVALID FPL MONTH. CANNOT CHANGE FUTURE FPL STATUS. FPL% BEGIN DATE CAN ONLY BE CHANGED FOR PREVIOUS 3 MONTHS. ENROLLEE DOESN'T HAVE ACTIVE ELIGIBILITY FOR THE FPL DATE ENTERED. FPL BEGIN DATE CANNOT BE BEYOND ONE MONTH.	
8	AID CATEGORY Enrollee Eligibility Aid Category (DE3009)	Edits: Displays the enrollee's aid category. Messages:	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to

			identify an enrollee's eligibility for certain Benefit Plans. Displays the enrollee's Aid Category selected on the previous screen. Use the on-line HELP system to find valid codes for this field. Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field. Displays the enrollee's Aid Category selected on the previous screen (P).
9	APPLICATION DATE Enrollee Application Date (DE3041)	Edits: Displays the application date for the associated period of eligibility. Messages:	Displays the application date for the associated period of eligibility. Displays the application date for the associated period of eligibility (P).
10	BEGIN DATE Enrollee Eligibility Begin Date (DE3010)	Edits: Displays the begin date for the associated period of eligibility.	Displays the begin date for the associated period of eligibility. Displays the begin date for the associated period of eligibility (P).
11	END DATE Enrollee Eligibility End Date (DE3011)	Edits: Displays the end date for the associated period of eligibility.	Displays the end date for the associated period of eligibility. Displays the end date for the associated period of eligibility (P)
12	CANCEL REASON Eligibility Cancel Reason (DE3451)	Edits: Displays the cancel reason for the associated period of eligibility. Messages:	The reason code associated with the termination of an enrollee's eligibility under an aid category. Displays the cancel reason for the associated period of eligibility. Use the on-line HELP system to find valid codes for this field. The reason code associated with the termination of an enrollee's eligibility under an aid category. Use the on-line HELP system to find valid codes for this field. Displays the cancel reason for the associated period of eligibility (P).

13	CANCEL DATE Eligibility Cancel Date (DE3452)	Edits: Displays the cancel date for the associated period of eligibility.	Displays the cancel date for the associated period of eligibility. Displays the cancel date for the associated period of eligibility (P).
14	STATUS Enrollee Eligibility Status Code (DE3499)	Edits: Displays the status for the associated period of eligibility. Messages:	Displays the status for the associated period of eligibility. Use the on-line HELP system to find valid codes for this field. Displays the status for the associated period of eligibility. Use the on-line HELP system to find valid codes for this field. System displayed (P)
15	EXTENSION REASON Enrollee Eligibility Extension Reason Code (DE3473)	Edits: Displays the extension reason for the associated period of eligibility. Messages:	Displays the extension reason for the associated period of eligibility. Use the on-line HELP system to find valid codes for this field. Displays the extension reason for the associated period of eligibility. Use the on-line HELP system to find valid codes for this field. System displayed (P).
16	REINSTATE REASON Enrollee Reinstatement Reason (DE3453)	Edits: Displays the reinstate reason for the associated period of eligibility. Messages:	Displays the reinstate reason for the associated period of eligibility. Use the on-line HELP system to find valid codes for this field. Displays the reinstate reason for the associated period of eligibility. Use the on-line HELP system to find valid codes for this field. System displayed (P).
17	BENEFIT PLAN Benefit Definition Benefit Plan Code (DE3550)	Edits: First portion must be a valid plan program code for the associated period of eligibility. Second portion must be a valid plan subprogram code for the associated period of eligibility. May not be a managed care subprogram code.	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Up to three Plans are displayed per page. Use the Page Up and Page Down Arrow buttons to access additional Plans. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reim-

		Last portion must be a valid plan benefit code for the associated period of eligibility. Must be present for the associated aid category on RS_ BNFT_AID_CATG_ R. Must conform to rules present in RS_ BNFT_RULE_ VALUE with an end date of null. May not have an exception indicator > spaces. May not have a subprogram code of 02, 03, or 04. May not be a duplicate of an existing active benefit package. May not have a plan code of 0200 or 0500. Messages: Missing/Invalid data, please correct highlighted fields.	bursed. Up to three Plans are displayed per page. Use the Page Up and Page Down Arrow buttons to access additional Plans. To enter a new benefit, enter the Plan and related information in the top, unprotected box. First portion must a valid plan program code for the associated period of eligibility. Second portion must be a valid plan subprogram code for the associated period of eligibility. May not be a managed care subprogram code. Last portion must be a valid plan benefit code for the associated period of eligibility. Must be present for the associated aid category on Benefit Aid category table. Must conform to rules present in Benefit Rule Value table with an end date of null. May not have an exception indicator > spaces. May not have a subprogram code of 02, 03, or 04. May not be a duplicate of an existing active benefit package. May not have a plan code of 0200 or 0500. ADD (R/U) Enter a valid Plan for a new benefit in the top, unprotected box. UPDATE (P) Existing Plan codes are system displayed in the boxes below the top,
18	EXCEPTION INDICATOR Benefit Plan Exception Indicator (DE3072)	Edits: Exception indicator of the associated benefit plan. Follow rules mentioned for Benefit Package. Messages:	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Displays exception indicator of the associated benefit plan. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Displays exception indicator of the associated benefit plan (P).
19	PLAN DESCRIPTION	Edits:	A short, concise description of a Benefit

	Benefit Definition Plan Short Name (DE3555)	Displays the description of the associated benefit plan. Messages:	Plan used primarily in reporting. A short, concise description of a Benefit Plan used primarily in reporting. Displays the description of the associated benefit plan (P).
20	PROVIDER NUMBER National Provider Identifier (DE4700)	Edits: May only be entered for a benefit package with subprogram 05. Must be a valid, active provider number. If the recipient is being enrolled into the PACE benefit plan (01-05-2001) then the provider number should be a PACE provider type (DE 4006 - value should be '104') Messages: Missing/Invalid data, please correct highlighted fields.	The Provider Identification Number of the provider assigned by the Benefit Plan to the enrollee, especially related to Managed Care and CMM Lock-in, and PACE (01-05-2001) The Provider Identification Number of the provider assigned by the Benefit Plan to the enrollee, especially related to Managed Care and CMM Lock-in, and PACE (01-05-2001) . May only be entered for a benefit package with subprogram 05. Must be a valid, active provider number. ADD (C/U) Enter provider ID if required for the benefit being added. UPDATE(P) system display. If the benefit plan is a PACE benefit plan then the provider number should be of a PACE provider type (DE 4006 - value should be '104'). When entering an NPI provider number then a site must be selected for that NPI number. However, if the NPI number only has one site associated to it, then it will default to that site.
21	BEGIN DATE Enrollee Benefit Enrollment Begin Date (DE3064)	Edits: Must be a valid date greater than or equal to the associated eligibility begin date. Messages: Missing/Invalid data, please correct highlighted fields.	The beginning date of enrollment in the Benefit Plan. For managed care, this represents the beginning date of an assignment between a provider and an enrollee. If the recipient moves from Medicaid to FAMIS, then the FAMIS MCO benefit plan should not begin until the first of the month following the month of entry. The beginning date of enrollment in the Benefit Plan. For managed care, this represents the beginning date of an assign-

			ment between a provider and an enrollee. If entering a new Plan, must be a valid date greater than or equal to the associated eligibility begin date (DE#3010). ADD (R/U) Enter the Plan begin date in MMDDCCYY format. UPDATE (P) System displayed for existing Plans.
22	END DATE Enrollee Benefit Enrollment End Date (DE3065)	Edits: Valid date greater than or equal to the entered begin date. Must be less than or equal to the associated eligibility end date. (May not span more than one eligibility segment) Messages: Missing/Invalid data, please correct highlighted fields.	The end date of enrollment in the Benefit Plan. For managed care, this represents the end date of an assignment between a provider and an enrollee. The end date of enrollment in the Benefit Plan. For managed care, this represents the end date of an assignment between a provider and an enrollee. If entered, must be a valid date less than or equal to the associated eligibility end date (DE#3011) May not span more than one eligibility segment. ADD (C/U) Enter the end date in MMDDCCYY format if an end date is known. Otherwise, leave blank. UPDATE (C/U) To close a benefit, enter the end date in MMDDCCYY format.
23	CHANGE SOURCE Enrollee Benefit Change Source (DE3074)	Edits: Valid change source on GL _CODE_ VALUE. Messages: Missing/Invalid data, please correct highlighted fields.	Source that provided the information resulting in a change of benefit data (specifically, nursing home, community based care or mental retardation information); or a specific type of benefit. Use the online HELP system to find valid codes for this field. Source that provided the information resulting in a change of benefit data (specifically, nursing home, community based care or mental retardation information); or a specific type of benefit. Use the online HELP system to find valid codes for this field. System generated (P).
24	END REASON	Edits:	A code indicating the reason that the

	Enrollee Benefit Closure Reason (DE3073)	If entered, must be a valid end reason on GL _CODE_ VALUE. Messages: Missing/Invalid data, please correct high-lighted fields.	enrollee's benefit period was ended. Use the on-line HELP system to find valid codes for this field. A code indicating the reason that the enrollee's benefit period was ended. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid end reason for the associated bene-fit plan. ADD (C/U) If an end date is entered for the new benefit, enter the appropriate three pos-ition End Reason code. UPDATE (C/U) If the benefit is being closed, enter the appropriate three position End Reason code.
25	DISPOSITION IND Enrollee Benefit Disposition Code (DE3141)	Edits: Can only be entered when when adding a benefit package. Entry must equal ‘A’. Messages: Missing/Invalid data, please correct high-lighted fields.	A code that Indicates the disposition of the associated benefit. The acceptable coding depends upon the benefit, but could include benefit approved, pre-assigned or void. Use the on-line HELP system to find valid codes for this field. A code that indicates the disposition of the associated benefit. The acceptable coding depends upon the benefit, but could include benefit approved, pre-assigned or void. Use the on-line HELP system to find valid codes for this field. If entered, may only be 'V' (void). Other-wise, system generated as 'A' (active) when the associated end reason is zero and 'C' (cancelled) when end reason is entered. The void entry is only allowed on the same day that the benefit is added. It is allowed as a means to cor-rect an error if the error is detected before the benefit can be used by the claims processing system. If not voided on the same day, the benefit will have to be closed rather than voided. ADD (O/U) If you wish to void a benefit added in error, enter a V in this field. Can only be entered on the same day the benefit was

			added. Otherwise, this field is system displayed and protected. UPDATE (O/U) If you wish to void a benefit added in error, enter a V in this field. Can only be entered on the same day the benefit was added. Otherwise, this field is system displayed and protected.
26	DISPOSITION DATE Enrollee Benefit Disposition Date (DE3140)	Edits: Entry not allowed. Value with current date.	The date in which the Enrollee Benefit Disposition Code was entered either by the system via the managed care pre-assignment/assignment process or on-line by a user. Displays the date of the latest status change. The date in which the Enrollee Benefit Disposition Code was entered either by the system via the managed care pre-assignment/assignment process or on-line by a user. Displays the date of the latest status change. System generated (P).
28	COMMENTS Comment Indicator (DE3075)	Edits: Displays Comments indicator 'Y' (Comments Present) or 'N' (Comments not present). Messages: Comment Indicator.	Displays Comments indicator 'Y' (Comments Present) or 'N' (Comments not present). N/A

NAVIGATION	**Member Benefits (RS-S-011)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of Benefit data. If this button is pressed, and there are no more Benefit segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
COMMENTS	Transfer control to Member Comments screen.	RS-S-023 (B)
ENTER	Command to edit data entered.	RS-S-011 ()
SUB MENU	Returns to the Enrollment Menu or Search Screen	RS-S-001 (R)

	depending on the where the call was originally invoked from.	
SCROLL DOWN	Command button to view the next page of Benefit data. If this button is pressed, and there are no more Benefit segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
MAIN MENU	Returns to the MMIS Main System Menu	RF-S-010 (R)
PROV LOC	XCTL to the PST018VA program so user can select a site for an NPI	PS-S-018 (B)
RETURN	Returns control to the Eligibility Program (RST016VA).	RS-S-015 (R)
UPDATE	Command to save information entered in a create or update screen. Not applicable during an inquiry transaction. Prepares commarea (ENRLCOMM) and calls RST999 to update. Displays appropriate error message after returning from RST999.	N/A
VALTC SUM	Branch to the VALTC Summary screen.	MC-S-025 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3690	ALREADY AT THE FIRST BENEFIT; CANNOT SCROLL FURTHER	Informational message.
3691	ALREADY AT THE LAST BENEFIT; CANNOT SCROLL FURTHER	Informational message.
3446	BENEFIT BEGIN DATE MUST BE GREATER THAN, OR EQUAL TO, ELIG BEGIN DATE	Informational message.
3448	BENEFIT END DATE MUST BE GREATER THAN, OR EQUAL TO, BENEFIT BEGIN DATE	Enter a Benefit End Date falling after or on Benefit Begin date.
3447	BENEFIT END DATE MUST BE LESS THAN, OR EQUAL TO, ELIG END/CANCEL DATE	Informational message.
3809	CANNOT CHANGE EXISTING FPL STATUS IN REINSTATE.	FPL status can not be changed in reinstate mode unless FPL status in unknown.
3808	CANNOT CHANGE FUTURE	Eligibility begin date entered is greater than the maximum

	FPL STATUS.	existing FPL segment end date for the enolllee.
3391	CANNOT SCROLL WHEN DATA UPDATE PENDING	Informational message.
3452	CHANGE ONLY ONE BENEFIT AT A TIME	Informational message.
3169	CHOOSE UPDATE TO ADD/UPDATE DATA	Informational message.
3087	DATA ADDED	Informational message. No action needed.
3056	DATA DISPLAYED	Informational message. No action needed.
2	DATA NOT CHANGED	Informational message. No action needed.
3090	DATA UPDATED	Informational message. No action needed.
3450	DUPLICATE BENEFIT PACKAGE	Cannot define the same benefit package more than once for the same stratum. Re-enter a valid benefit package code. See the field definitions for explanation and categories.
3218	END OF DETAILS	Informational message.
4997	ENROLLEE DOESN'T HAVE ACTIVE ELIGIBILITY FOR THE FPL DATE ENTERED.	FPL date entered does not fall in between any eligibility segments for the enrollee.
3251	ENROLLEE NOT ELIGIBLE FOR THIS BENEFIT PACKAGE	Research the enrollee eligibility record before continuing with this transaction.
3185	ENTER A VALID END DATE	Enter valid values according to error message specifications.
105	ERROR IN RSX200; ERROR ACCESSING FHSC_DATE_ ROUTINE	Contact ACS Operations for assistance.
103	ERROR IN RSX200; INVALID INPUT PARAMETERS	Contact ACS Operations for assistance.
3812	FPL BEGIN DATE CANNOT BE BEYOND ONE MONTH.	FPL begin date can not be beyond one month of current calendar date.
4994	FPL BEGIN MONTH SHOULD BE NUMERIC.	Enter valid values according to error message specifications.
4995	FPL BEGIN YEAR SHOULD BE NUMERIC.	Enter valid values according to error message specifications.
4998	FPL DATA UPDATE SUCCESSFUL.	N/A
3806	FPL% BEGIN DATE CAN ONLY BE CHANGED FOR PREVIOUS 3 MONTHS.	FPL begin date can only be modified from 3 months from the current system date.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.

3445	INTERNAL ELIGIBILITY SEGMENT TABLE ERROR	Informational message.
3440	INVALID AID CATEGORY/BENEFIT PACKAGE COMBINATION	Check field for valid data and re-enter.
3071	INVALID BEGIN DATE	Enter a valid begin date. If necessary, see the field definitions for valid data/formatting.
3449	INVALID BENEFIT DISPOSITION	Check field for valid data and re-enter.
3442	INVALID BENEFIT PACKAGE	Check field for valid data and re-enter.
3443	INVALID BENEFIT PACKAGE END REASON	Check field for valid data and re-enter.
3451	INVALID BENEFIT PACKAGE OVERLAP	Check field for valid data and re-enter.
3454	INVALID BENEFIT PACKAGE/PRIOR ENROLLMENT COMBINATION	Check field for valid data and re-enter.
3455	INVALID BENEFIT PACKAGE/TPL COMBINATION	Check field for valid data and re-enter.
4996	INVALID FPL MONTH.	Please enter valid month.
3444	INVALID/INACTIVE PROVIDER FOR THIS BENEFIT PACKAGE	Check field for valid data and re-enter.
4992	MUST UPDATE FPL STATUS FLAG TO 'Y' OR 'N'.	FPL status must be set to Yes or No.
5659	NEED TO SELECT A SITE FOR PROVIDER	Please select a site for this provider.
64	NO DATA TO SCROLL	Informational message. No action needed.
3217	NO DETAILS AVAILABLE	Informational message.
3832	PACE BENEFIT CAN ONLY BE ADDED IN LEVEL OF CARE SCREEN(AS-S-075).	Add this benefit package from the Level of Care Screen (AS-S-075).
3453	PROVIDER ID NOT ALLOWED	Informational message.
5660	SITE SELECTED, PRESS ENTER TO CONTINUE	Informational Message
3441	THIS BENEFIT PACKAGE CANNOT BE ADDED ON THIS SCREEN	Informational message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

This screen is accessible only from the Eligibility Data screen (RS-S-015).
From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, choose Enrollee in the Select Enrollment Type field.
4. Choose the Inquiry or Update Function.
5. Enter the 12 digit Enrollee ID.
6. Choose the Eligibility button.
7. You see the Eligibility Data screen (RS-S-015).
8. On the Eligibility Data screen (RS-S-015), choose the selection box beside the Aid Category segment you wish to view and choose Enter.
9. You see the Enrollee Benefits screen (RS-S-011).
To add a new enrollee:
If you are adding a new enrollee, this screen is displayed automatically upon successful completion of the enrollee eligibility data on the Eligibility Data screen (RS-S-015). The Enrollee Benefits screen is displayed for the purpose of viewing and verifying that the enrollee was entered in the correct plan. If an incorrect plan is displayed, the enrollee was entered into the wrong aid category on the Eligibility Data screen. In such case, you must return to the Eligibility Data screen and correct the Aid Category.
User should enter FPL status when 'U' is displayed in INCOME LESS THAN OR = 100% FPL field (In ADD, CHANGE and REINSTATE functions) else error message will be displayed. The valid values are 'Y' and 'N'.
Screen Use:
Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through additional pages of eligibility data.

Screens RS-S-012 Significant Health Conditions

General Information

This screen is used to display health conditions related to the member which are deemed as significant to DMAS in calculating cost effectiveness and in making Managed Care assignments. Entry fields will protected for transactions other than an Member Create or Update.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update, Add
PROGRAM	RST012
MAPSET	RS012VA
TRAN ID	VE12-Inquiry/VEC2-Create/VEU2-Update

SAMPLE	**Significant Health Conditions (RS-S-012)**

There is no Sample

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Displays enrollee's permanent identification number. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Displays enrollee's permanent identification number. System displayed (P).
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name.	The name of the individual eligible for DMAS-administered programs. Displays enrollee's name. The name of the individual eligible for DMAS-administered programs. Displays enrollee's name. System displayed (P).

3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number.	A number that uniquely identifies the family or group of individuals in the same Case entity. Displays case identification number. A number that uniquely identifies the family or group of individuals in the same Case entity. Displays case identification number. System displayed (P).
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number.	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. Displays case worker number. The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. Displays case worker number. System displayed (P).
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code.	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. Displays case FIPS code. The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. Displays case FIPS code. System displayed (P).
6	IMMUNIZATION STATUS Enrollee Immunization Status (DE3485)	Edits: Initialized to the value currently residing in RS_ENROLLEE'. If entered, must be a valid value on GL_ CODE_VALUE. Messages: Missing/Invalid data, please correct highlighted fields	A code indicating whether the enrollee has completed the standard set of immunizations or not. Use the on-line HELP system to find valid codes for this field. A code indicating whether the enrollee has completed the standard set of immunizations or not. Use the on-line HELP system to find valid codes for this field. Initialized to 'N'. If entered, must be a valid value. ADD/UPDATE (O/U) Enter the one position code that identifies the status of the enrollee's immunizations.
7	AC Enrollee Eligibility Aid	Edits: Displays enrollee's	Also known as Money Payment Code,

	Category (DE3009)	aid category.	Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Displays enrollee's aid category. Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Displays enrollee's aid category. System displayed (P).
8	BENEFIT PLAN Benefit Definition Plan Short Name (DE3555)	Edits: Displays enrollee's most defining benefit plan description.	A short, concise description of a Benefit Plan used primarily in reporting. Displays enrollee's most defining benefit plan description. A short, concise description of a Benefit Plan used primarily in reporting. Displays enrollee's most defining benefit plan description. System displayed (P).
9	EXCEPTION IND Benefit Plan Exception Indicator (DE3072)		A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. System displayed (P).
11	DIAGNOSIS Enrollee Health Condition Code (DE3472)	Edits: If entered, must be a valid diagnosis. Required if diagnosis begin date (DE#3400), diagnosis end date (DE#3401), or diagnosis end reason (DE#3558) is entered.	The diagnosis code that indicates the nature of the enrollee's health condition. The diagnosis code that indicates the nature of the enrollee's health condition. If entered, must be a valid diagnosis. Required if diagnosis begin date (DE#3400), diagnosis end date (DE#3401), or diagnosis end reason (DE#3558) is entered.

		Messages: Missing/Invalid data, please correct highlighted fields	ADD/UPDATE (O/U) Enter a valid diagnosis code for a new segment. Up to seven positions are provided It is not necessary to zero fill if the code is less than seven positions.
12	DIAGNOSIS DESCRIPTION Diagnosis Name (DE5302)	Edits: Displays the description of the associated diagnosis.	Displays the description of the associated diagnosis. Displays the description of the associated diagnosis. System displayed (P).
13	DIAG BEGIN Enrollee Health Condition Begin Date (DE3400)	Edits: If entered, must be a valid date. Required if diagnosis code (DE#5301), diagnosis end date (DE#3401), or diagnosis end reason (DE#3558) is entered. Must be less than or equal to diagnosis end date (DE#3401). Messages: Missing/Invalid data, please correct highlighted fields	The date the enrollee's health condition began, The date the enrollee's health condition began, If entered, must be a valid date. Required if diagnosis code (DE#5301), diagnosis end date (DE#3401), or diagnosis end reason (DE#3558) is entered. Must be less than or equal to diagnosis end date (DE#3401). ADD/UPDATE (C/U) Enter the begin date in MMDDCCYY format if you are adding a new diagnosis.
14	DIAG END Enrollee Health Condition End Date (DE3401)	Edits: If entered, must be a valid date. Required if diagnosis code (DE#5301), diagnosis begin date (DE#3400), or diagnosis end reason (DE#3558) is entered. Must be greater than or equal to diagnosis begin date (DE#3400). Messages: Missing/Invalid data, please correct highlighted fields	The date that the enrollee's health condition ended. The date that the enrollee's health condition ended. If entered, must be a valid date. Required if diagnosis end reason (DE#3558) is entered. Must be greater than or equal to diagnosis begin date (DE#3400). If not entered, the system will default to open-ended date 12/31/9999. ADD/UPDATE (C/U) Enter end date in MMDDCCYY format if health condition has ended. Otherwise, leave blank.
15	END RSN	Edits:	The reason an end date was entered for an

	Enrollee Health Condition End Reason (DE3558)	If entered, must be a valid end reason. Required if diagnosis end date (DE#3401) is entered. Messages: Missing/Invalid data, please correct highlighted fields	enrollee's significant health condition. Use the on-line HELP system to find valid odes for this field. The reason an end date was entered for an enrollee's significant health condition. Use the on-line HELP system to find valid odes for this field. Must be a valid end reason. Required if diagnosis end date (DE#3401) is entered. ADD/UPDATE (C/U) If the health condition has ended, enter a valid three position reason code.
16	PROCEDURE Enrollee Handicap Needs Code (DE3477)	Edits: If entered, must be a valid procedure code. May not be entered unless corresponding diagnosis code (DE#3472) is present. Messages: Missing/Invalid data, please correct highlighted fields	A procedure code that indicates the handicap needs of the enrollee. A procedure code that indicates the handicap needs of the enrollee. If entered, must be a valid procedure code. May not be entered unless corresponding diagnosis code (DE#3472) is present. ADD/UPDATE (O/U) Enter a procedure code, if applicable. Up to seven positions may be entered. It is not necessary to zero fill if the code is less than seven positions.
17	PROCEDURE/DEVICE DESCRIPTION Procedure Short Name (DE5015)	Edits: Displays the description of the associated procedure code.	Description of the procedure code in lay terminology. Displays the description of the associated procedure code. System displayed (P).
18	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. Displays error/informational messages to the operator. (P)

NAVIGATION	**Significant Health Conditions (RS-S-012)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of Health Condition data. If this button is pressed, and there are no more Health Condition segments on the Member Data Store for the Member ID on the	RF-S-002-05 ()

	screen, a message will appear.	
ENTER	Command to edit data entered.	N/A
SUB MENU	Return to the Member Data Main Menu.	N/A
SCROLL DOWN	Command button to view the next page of Health Condition data. If this button is pressed, and there are no more Health Condition segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
MAIN	Returns to the MMIS System Main Menu	N/A
RETURN	Return to the Member Demographics screen.	N/A
UPDATE	Command to save information entered in an update screen. Not applicable during an inquiry or create transaction. During Update mode, prepares commarea (ENRLCOMM) and calls RST999 to update. Displays appropriate error message after returning from RST999.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
3082	CHOOSE DEMOGRAPHICS TO GO BACK TO ENROLLEE DEMOGRAPHICS SCREEN	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3066	CORRECT ERRORS BEFORE ATTEMPTING TO SCROLL	Information message.
3063	CORRECT ERRORS BEFORE ATTEMPTING TO UPDATE	Information message.
3056	DATA DISPLAYED	Information message. No action needed.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.

53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
3073	END OF SIGNIFICANT HEALTH CONDITIONS FOR ENROLLEE	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3071	INVALID BEGIN DATE	Enter a valid begin date. If necessary, see the field definitions for valid data/formatting.
3072	INVALID DIAGNOSIS CODE	Check field for valid data and re-enter.
3064	INVALID END DATE	Enter a valid end date. If necessary, see the field definitions for valid data/formatting.
3076	INVALID IMMUNIZATION STATUS CODE	Check field for valid data and re-enter.
3075	INVALID PROCEDURE CODE	Enter a valid Procedure code. See the field definitions for valid data and formatting for this field.
3070	INVALID REASON CODE	Check field for valid data and re-enter.
3077	MAKE CHANGES BEFORE ATTEMPTING TO UPDATE	Enter changes to data fields before choosing the Update button.
3062	NO ALIASES EXIST FOR THIS ENROLLEE	Information message.
64	NO DATA TO SCROLL	Information message. No action needed.
3074	NO SIGNIFICANT HEALTH CONDITIONS EXIST FOR ENROLLEE	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

This screen can be accessed only from the Enrollee Demographics screen (RS-S-018). If you wish to create health conditions segments for an enrollee who has none on file or add new conditions to those already on file, you must access the Demographics screen in Change mode. If you wish to inquire, access the Demographics screen in Inquiry mode.
From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field .
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, select the 'Enrollee' Enrollment Type, select Inquiry or Change Function, enter the Enrollee ID and choose either the Enter button or the Demographics button.
4. You see the Enrollee Demographics screen (RS-S-018).
5. On the Enrollee Demographics Screen, choose the box beside Health Conditions in the bottom left corner of the screen. Choose Enter.
6. You see the Significant Health Conditions screen (RS-S-012).
Screen Use:
Use the Page Up and Page Down arrow buttons to the right of the data box to page through addi-

tional records.

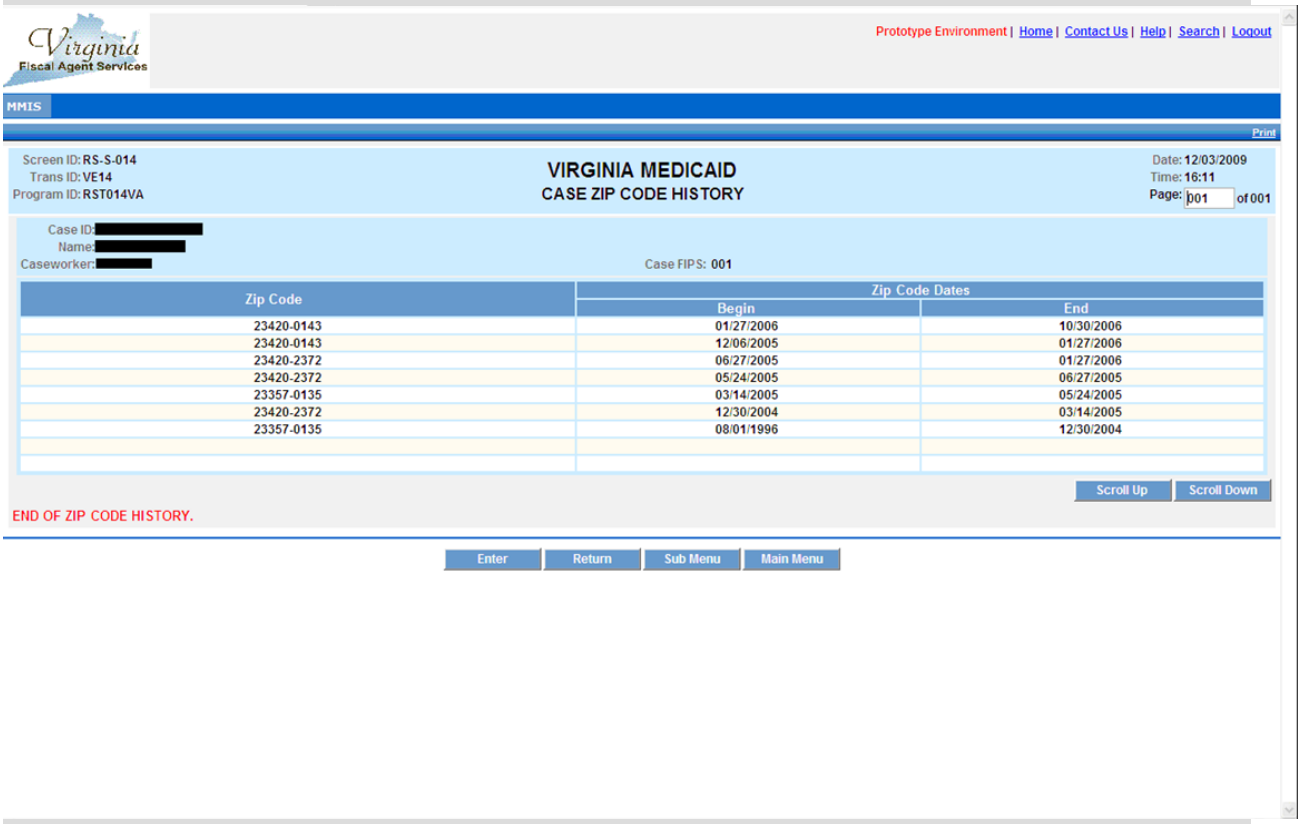
Screens RS-S-014 Case Zip Code History

General Information

This screen displays a case's zip code history.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST014
MAPSET	RS014VA
TRAN ID	VE14

SAMPLE	**Case Zip Code History (RS-S-014)**



Virginia Fiscal Agent Services

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MMIS

Print

Screen ID: RS-S-014
Trans ID: VE14
Program ID: RST014VA

VIRGINIA MEDICAID
CASE ZIP CODE HISTORY

Date: 12/03/2009
Time: 16:11
Page: 001 of 001

Case ID: [redacted]
Name: [redacted]
Caseworker: [redacted]

Case FIPS: 001

Zip Code	Zip Code Dates	
	Begin	End
23420-0143	01/27/2006	10/30/2006
23420-0143	12/06/2005	01/27/2006
23420-2372	06/27/2005	01/27/2006
23420-2372	05/24/2005	06/27/2005
23357-0135	03/14/2005	05/24/2005
23420-2372	12/30/2004	03/14/2005
23357-0135	08/01/1996	12/30/2004

Scroll Up | Scroll Down

END OF ZIP CODE HISTORY.

Enter | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number. Passed from calling program through communications area	A number that uniquely identifies the family or group of individuals in the same Case entity. N/A
2	NAME Case Name (DE3046)	Edits: Displays case name. Passed from calling program through communications area	The name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. N/A
3	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number. Passed from calling program through communications area	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. N/A
4	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code. Passed from calling program through communications area	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. N/A
5	ZIP CODES Case ZIP Code (DE3564)	Edits: Displays case ZIP code.	ZIP code of the area in which the case is located. Displays all case ZIP codes for the case. If the screen is full and the Page ___ of ___ shows additional pages, click on the Page Down arrow button to access additional data. N/A
6	ZIP CODE DATES - FROM Case ZIP Code Begin Date (DE3493)	Edits: Displays the ZIP code begin date.	Displays the ZIP code begin date. N/A
7	ZIP CODE DATES - TO Case ZIP Code End Date (DE3494)	Edits: Displays the ZIP code end date.	Displays the ZIP code end date. N/A

8	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A
9	Page XXX of YYY (DE0000)	Edits: Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages).	Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages). Enter a page number and click Enter to access a specific page. N/A

NAVIGATION	Case Zip Code History (RS-S-014)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of a Case's ZIP Code History. If this button is pressed, and there are no more ZIP Code History records on the Member Data store for the Case ID on the screen, a message will appear.	N/A
ENTER	Displays the zip code history for a particular case. Processes page number request, if changed.	N/A
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	N/A
SCROLL DOWN	Command button to view the next page of a Case's ZIP Code History. If this button is pressed, and there are no more ZIP Code History records on the Member Data store for the Case ID on the screen, a message will appear.	N/A
MAIN MENU	Returns to the MMIS Main System Menu	N/A
RETURN	Return to the Case Data screen.	N/A

Error Messages

Error	Description	Resolution

3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3056	DATA DISPLAYED	Information message. No action needed.
3060	END OF ZIP CODE HISTORY	Information message.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
64	NO DATA TO SCROLL	Information message. No action needed.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Information message.
3142	PAGE NUMBER MUST BE NUMERIC	Information message.
3058	ZIP CODE HISTORY DOES NOT EXIST FOR THE CASE	Information message.

Screen Access

This screen can be accessed only from the Case screen (RS-S-010).
From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, select the 'Case' Enrollment Type, select Inquiry Function, enter the Case ID and click the Case button.
4. You see the Case Data screen (RS-S-010). The Case screen can also be accessed from the Enrollee Demographic Screen by clicking on the Case button at the bottom of the Demographic screen.
5. On the Case Data screen, choose the check box beside the View Previous Zip Codes field in the middle of the screen. Choose Enter.
6. You see the Case Zip Code History screen(RS-S-014).
Screen Use:
Use the Page Up and Page Down arrow buttons to the right of the data box to page through additional records.

Screens RS-S-015 Eligibility Data

General Information

This screen displays a member's eligibility data by aid category. Entry fields will be unprotected for transactions: Member Create, Update or Reinstate. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update, Add
PROGRAM	RSR440 RST016
MAPSET	RS015VA
TRAN ID	VE15-Inquiry/VEC5-Create/VEU5-Update/VER5-Reinstate/VEX5-Cancel/VEV5-Void

SAMPLE	**Eligibility Data (RS-S-015)**

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Virginia Medicaid

MMIS

Help | Print | Log

Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs | Reports

Screen ID: RS-S-015
Trans ID: VE15
Program ID: RST016VA

VIRGINIA MEDICAID
ELIGIBILITY DATA - INQUIRY

Date: 02/03/201
Time: 16:24

Member ID:
Name:
Case ID:
Caseworker:
Income less than or = 100% FPL:
Case Review Date:
Consent Date:
FPL Begin Date:
Case FIPS:
Comments:
HIPP:
HIPP Status:

Select	Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Extension Reason	Reinstate Reason	Status
○									
○									
○									

Scroll Up | Scroll Down

DATA DISPLAYED.

Enter | Update | Refresh | Member | TDO | Financial | Case | TPL Sum | Comments | Sub Menu | Main Menu
Cost Eval | Case Sum | 1095

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Displays enrollee's permanent identification number. System displayed (P).
1a	PERMANENT/ASSOCIATE LINK INDICATOR	Edits: This field is shown on the screen for display purposes only. It cannot be changed on this screen (it is protected). Data element DE3702.	When an AERL Enrollee ID value that has an I_PERSON with an I_DUP_PERSON_ID > 0 on the RS_PERSON table, the Permanent/Associate Link Indicator will display an 'A'. When a PERL Enrollee ID value that does not have an I_DUP_PERSON_ID > 0, but

			has a C_ID_TYPE_CVAL = 'AERL' (associated ID) and C_DATA_SRCE_CVAL = 'D' and D_ID_END is NULL on the RS_PRSN_IDENTIFIER table, the Permanent/Associate Link Indicator will display a 'P'. System displayed (P).
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name.	The name of the individual eligible for DMAS-administered programs. The name of the individual eligible for DMAS-administered programs. System displayed (P).
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number.	A number that uniquely identifies the family or group of individuals in the same Case entity. A number that uniquely identifies the family or group of individuals in the same Case entity. System displayed (P).
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number.	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. System displayed (P)
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code.	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. System displayed (P).
6	INCOME LESS THAN OR = 100% FPL Enrollee FPL Status (DE3449)	Edits: Displays FPL status which is effective on the current date.	Indicates if the enrollee's income is less than or equal to 100% Federal Poverty Level for the current active FPL segment. No data will be displayed when FPL is not required for the Enrollee or no active FPL segment present.

			Indicates if the enrollee's income is less than or equal to 100% Federal Poverty Level for the current active FPL segment. No data will be displayed when FPL is not required for the Enrollee or no active FPL segment present. System Displayed (P).
7	FPL% ST BEGIN DATE Enrollee FPL status begin date (DE3462)	Edits: Displays FPL status begin date which is effective on the current date. The format of the displayed date is MM CCYY. Messages:	Displays FPL status begin date which is effective on the current date. The format of the displayed date is MMCCYY. No data will be displayed when FPL is not required for the Enrollee or no active FPL segment present. Displays FPL status begin date which is effective on the current date. The format of the displayed date is MMCCYY. No data will be displayed when FPL is not required for the Enrollee or no active FPL segment present. System Displayed (P).
8	AID CATEGORY Enrollee Eligibility Aid Category (DE3009)	Edits: Must be a valid aid category and must conform to table rules. Unprotected only for Create, Update, and Reinstate transactions. Messages: Missing/Invalid data, please correct highlighted fields.	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field. Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Must be a valid aid category and must conform to table rules. Use the on-line HELP system to find valid codes for this field. ADD (R/U) Enter the three position Aid Category code for the new enrollee. If you are entering an enrollee for the purpose of

			paying for an Assessment screening, use one of the following codes as appropriate to the type of assessment: 801 - Level I screening 802 - Level II screening 803 - ACR UPDATE (R/U) Enter the three position Aid Category code for the eligibility segment being added for the existing enrollee. CANCEL (P) System Displayed. REINSTATE (R/U) Enter the three position Aid Category code for the eligibility segment being reinstated.
9	APPLICATION DATE Enrollee Application Date (DE3041)	Edits: Must be a valid date less than or equal to the current date and >= 07/01/1969. Unprotected for Create, Update and Reinstate transactions. Messages: Missing/Invalid data, please correct highlighted fields.	The date an Enrollee applied for DMAS-administered program benefits. The date an Enrollee applied for DMAS-administered program benefits. Must be a valid date less than or equal to the current date and greater than or equal to 07/01/1969. ADD (R/U) Enter the application date in MMDDCCYY format. UPDATE (R/U) Enter the application date for the new segment in MMDDCCYY format. CANCEL (P) System Displayed. REINSTATE (R/U) Enter the application date for the reinstated segment in MMDDCCYY format.
10	BEGIN DATE Enrollee Eligibility Begin Date (DE3010)	Edits: Must be a valid date greater than or equal to July 1, 1969. Other rules apply depending on the transaction mode (see program specifications). Messages: Missing/Invalid data, please correct high-	The date from which an enrollee may begin to receive DMAS-administered program benefits for a particular continuous period. The date from which an enrollee may begin to receive DMAS-administered program benefits for a particular con-

		lighted fields.	tinuous period. The following rules apply: Program 01 (Medicaid) Required entry. Valid date greater than or equal to begin date of aid category on Aid Category table. Aid categories 023, 043 and 063: Must be 1st day of the month. For Reinstate it can be any day for past and current month, but restricted to 1st day of the month for future months. Must be equal to application month + 1 or application month + 2 or application month +3. Aid categories 018, 028, 038, 048, 058, 068, 085, 086, 088, 097, 098 and 099 (Medically Needy): Must be between first day of application month minus 3 months and last day of application month plus 5 months. FAMIS: Begin date must be the first day of the application month or between the first day of the application month plus 2 months. The system will return an error if the Eligibility Begin Date is less than the first day of he Application month (i.e. no retroactive coverage is allowed). All other aid categories: Must be less than or equal to the current date. Must be between 1st day of application month – 3 and 1st day of application month + 2. Program 02 (TDO), 03 (SLH), 04 (HIV), 05 (DISTRICT HOME), 06 (HIDP) and 08 (Assessments) Required entry Valid date greater than or equal to begin date of Aid Category on Aid Category table. Must be less than or equal to the current date. Program 07 (FAMIS) Required entry Valid date greater than or equal to begin date of Aid Category on Aid Category table. Must be 1st day of month.

			Must be equal to application month + 1 or application month + 2. Aid category 006,008: If the Date of Birth falls within the three month calendar period prior to application date then Begin date must be greater than or equal to Date of Birth but less than application month + 2 months otherwise Begin date must be between the first day of application month + 2 months. ADD (R/U) Enter the eligibility start date in MMDDCCYY format UPDATE (R/U) Enter the start date for the new eligibility segment in MMDDCCYY format. CANCEL (P) System-displayed. REINSTATE (R/U) No editing between application date and begin date. You can enter a future eligibility Begin date that is within two months of the current system date. Description The date from which an enrollee may begin to receive DMAS-administered program benefits for a particular continuous period. Edit Must be a valid date greater than or equal to July 1, 1969. Other rules apply depending on the transaction mode (see program specifications). Other rules apply depending on the transaction mode (see program specifications).
11	END DATE Enrollee Eligibility End Date (DE3011)	Edits: Must be a valid date. Other rules apply depending on the transaction mode (see program specifications). Unpro-	The ending date for the eligibility period.

		tected only for Create and Reinstate transactions. Messages: Missing/Invalid data, please correct highlighted fields.	The ending date for the eligibility period. The following rules apply: Program 01 (Medicaid) No entry or valid date greater than or equal to the begin date. Citizenship code = A must be entered and must be less than the current date. Values cancel reason with '020' and cancel date with entered end date. Citizenship code = D must be entered. Aid categories 056, 057 (Qualified Individuals): If entered, must be last day of the begin date year. If not entered, will default to the last day of the begin date year. Aid category 078 (Refugee): If entered, must be less than or equal to the begin date plus 7 months. If not entered and the current date is prior to current monthly recertification, last day of current month must be less than or equal to the begin date plus 7 months. If not entered and the current date is after current monthly recertification, last day of current month plus 1 must be less than or equal to the begin date plus 7 months. Aid categories 018, 028, 038, 048, 058, 068,085, 086, 088, 097, 098 and 099 (Medically Needy): If entered, must be less than or equal to last day of application month plus 5. If entered and date is less than or equal to the last day of the current month and current date is prior to current monthly recertification; or date is less than or equal to last day of month plus 1 and current date is after current monthly recertification, value cancel reason with '011' and cancel date with the entered end date. If not entered, will default to nulls. All other aid categories: If entered and current date is prior to current monthly recertification, must be less than or equal to last day of current month. If entered and current date is after current monthly recertification, must be less than or equal to last day of

			current month plus 1. If entered, value the cancel reason with '011' and cancel date with the entered end date. If not entered, will default to nulls. Program 02 (TDO) If entered and a valid date, it must be greater than or equal to the begin day and less than or equal to the begin day plus 8 business days. If not entered, will default to the begin day plus 8 business days. Value cancel reason with '040' and cancel date with end date. Program 03 (SLH) May not be entered. Will default to the begin day plus 179. Program 04 (HIV), 05 (DISTRICT HOME), 06 (HIDP) May not be entered. Will default to nulls. Program 07 (FAMIS) No entry or valid date greater than or equal to the begin date. If entered and current date is prior to current monthly recertification, must be less than or equal to last day of current month. If entered and current date is after current monthly recertification, must be less than or equal to last day of current month plus 1. If entered, value cancel reason with '011' and cancel date with the entered end date. If not entered, will default to nulls. Program 08 (Assessments) If entered, must equal begin date. If not entered, will default to the begin date. Value cancel reason with '080' and cancel date with end date. ADD (C/U) If the citizenship code = A or D, the end date is required; otherwise, if the end date is known, it may be entered. Note that if you are entering an enrollee for the purpose of paying for a screening Assessment, the system will populate this field with the same data as the begin date. UPDATE (C/U) If the citizenship code = A or D, the end date is required; otherwise, if the end date is known, it may be entered. CANCEL (P) System Displayed.

			REINSTATE (C/U) If the citizenship code = A or D, the end date is required; otherwise, if the end date is known, it may be entered.
12	CANCEL REASON Eligibility Cancel Reason (DE3451)	Edits: Required on a cancel transaction, otherwise may not be entered. When entered, must be a valid cancel reason for aid category found in RS_ ELIG_RULE_ VALUE. If already present, may be changed to '001' or '097' Messages: Missing/Invalid data, please correct highlighted fields.	The reason code associated with the termination of an enrollee's eligibility under an aid category. Use the on-line HELP system to find valid codes for this field. The reason code associated with the termination of an enrollee's eligibility under an aid category. Use the on-line HELP system to find valid codes for this field. When entered, must be a valid cancel reason. Cancel Reason '097' is a super code to close/adjust any or all the benefits segments associated with the eligibility. Authorization is required to use this code. ADD (P) System displayed. UPDATE (P) System displayed. CANCEL (R/U) Enter a valid three position cancel reason for the eligibility segment being canceled. REINSTATE (P) System displayed. Description The reason code associated with the termination of an enrollee's eligibility under an aid category. Edit Required on a cancel transaction, otherwise may not be entered. When entered, must be a valid cancel reason for aid category found in RS_ ELIG_RULE_VALUE. If already present, may be changed to '001' or '097'

13	CANCEL DATE Eligibility Cancel Date (DE3452)	Edits: Required on a cancel transaction, otherwise may not be entered. When entered, must be valid date. Must be less than or equal to current date unless equal to '024'. If cancel reason equals '024' and date is in the future, must be the lessor of the following: a) last day of the current month if prior to current monthly recertification b) last day of the current month plus 1 if after current monthly recertification c) end date of segment If cancel reason equals any except '001', '008', '014', '015', '024' or '097', programmatically change cancel date to last day of the current month if prior to current monthly recertification or last day of the current month plus 1 if after current monthly recertification. If there already exists a Cancel Reason '001' for the member, do not allow any new rows to be created	The date the eligibility period was canceled. The date the eligibility period was canceled. The following rules apply: Must be valid date Must be less than or equal to current date unless equal to '024'. If cancel reason equals '024' and the cancel date is in the future, must be the lesser of the following: a) last day of the current month if prior to current monthly recertification b) last day of the current month plus 1 if after current monthly recertification c) end date of segment. If cancel reason equals any except '001', '008', '014', '015', '024' or '097' programmatically change cancel date to last day of the current month if prior to current monthly recertification or last day of the current month plus 1 if after current monthly recertification. ADD (P) System displayed. UPDATE (P) System displayed. CANCEL (R/U) Enter a valid three position cancel reason for the eligibility segment being canceled. REINSTATE (P) System displayed.

		after the Cancel Date used for the '001' Cancel reason. Messages: Missing/Invalid data, please correct highlighted fields. REINSTATE COVERAGE BEG DATE MUST BE PRIOR TO DOD	
14	EXTENSION REASON Enrollee Eligibility Extension Reason Code (DE3473)	Edits: Required on a change transaction if end date (DE#3011) was extended; otherwise may not be entered. If entered, must be a valid extension reason. Messages: Missing/Invalid data, please correct highlighted fields.	A code indicating the reason an enrollee's eligibility has been extended beyond the previous cancellation date. Use the on-line HELP system to find valid codes for this field. A code indicating the reason an enrollee's eligibility has been extended beyond the previous cancellation date. Required on a change transaction if end date (DE#3011) was extended; otherwise may not be entered. If entered, must be a valid extension reason. Use the on-line HELP system to find valid codes for this field. ADD (P) System displayed. UPDATE (C/U) Enter the three position extension reason if the end date was extended. CANCEL (P) System displayed. REINSTATE (P) System displayed.
15	REINSTATE REASON Enrollee Reinstatement Reason (DE3453)	Edits: Required on a reinstate transaction; otherwise may not be entered. If entered, must be a valid reinstatement reason on GL_CODE_VALUE.	The code explaining why an enrollee's canceled eligibility has been reinstated. Use the on-line HELP system to find valid codes for this field. The code explaining why an enrollee's canceled eligibility has been reinstated. Use the on-line HELP system to find valid codes for this field. Required on a

		Messages: Missing/Invalid data, please correct highlighted fields.	reinstate transaction; otherwise may not be entered. If entered, must be a valid reinstatement reason. ADD (P) System displayed. UPDATE (P) System displayed. CANCEL (P) System displayed. REINSTATE (R/U) Enter the three position reinstate reason code.
16	STATUS Enrollee Eligibility Status Code (DE3499)	Edits: System set to 'A' when eligibility period is added or reinstated and changed to 'C' if eligibility is canceled. Can only be entered on a change or void transaction. Manual entry may only be 'V'. Messages: Missing/Invalid data, please correct highlighted fields.	A code used to indicate whether the associated eligibility period is active (A) or canceled (C). A code used to indicate whether the associated eligibility period is active (A) or canceled (C). System generated (P).
17	(VIEW BENEFITS FIELD) (DE0000)	Edits: If entered, transfer to screen RS-S-011 with selected aid category details. Messages:	Selection field used to select a segment and view benefits for that segment. Choose the check box beside the eligibility segment you wish to access and choose Enter. The Enrollee Benefits screen (RS-S-011) will be displayed. Selection field used to select a segment and view benefits for that segment. Choose the check box beside the eligibility segment you wish to access and choose Enter. The Enrollee Benefits screen (RS-S-011) will be displayed. If you are adding a new enrollee, the Enrollee Benefits screen (RS-S-011) is automatically displayed upon successful entry of the eligibility segment.
19	COMMENTS	Edits:	The field contains values 'Y' (Comments present) or 'N' (Comments not present).

	Comment Indicator (DE3075)	Displays Comments indicator 'Y' (Comments Present) or 'N' (Comments not present). Messages: Comment Indicator.	N/A
20	CONSENT DATE Consent Service Date (DE2152)	Edits: Displays the maximum consent service date. Messages: The maximum consent service date (if present) for an enrollee with a consent type of hysterectomy or sterilization is displayed. If not present, this field will display "No Consent".	The maximum consent service date (if present) for an enrollee with a consent type of hysterectomy or sterilization is displayed. If not present, this field will display "No Consent". The maximum consent service date (if present) for an enrollee with a consent type of hysterectomy or sterilization is displayed. If not present, this field will display "No Consent". The field is a display only field.
22	HIPP HIPP File Number (DE9522)	Edits: Displays the HIPP file number. Messages:	If an enrollee has a HIPP file number, it is displayed. If an enrollee has a HIPP file number, it is displayed.
23	HIPP STATUS HIPP Enrollee Status Code (DE9544)	Edits: Displays the HIPP Enrollee Status Code. Messages:	If an enrollee has a HIPP file number, the corresponding HIPP Enrollee Status Code is displayed. If an enrollee has a HIPP file number, the corresponding HIPP Enrollee Status Code is displayed.

NAVIGATION	**Eligibility Data (RS-S-015)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of an Member's Eligibility History. If this button is pressed, and there are no more Eligibility History records on the Member Data Store for the Member ID on the	N/A

	screen, a message will appear.	
CASE	Branch to the Case Data screen.	RS-S-010 (B)
CASE SUM	Branch to the Case Summary Inquiry Screen.	RS-S-051 (B)
CO	Branch to the HIPP Cost Evaluation Screen FN-S-011.	FN-S-011 (B)
COMMENTS	Transfer control to Member Comments screen.	RS-S-023 (B)
MEMBER	Branch to the Demographics screen.	RS-S-018 (B)
ENTER	Command to edit data entered. If "VIEW BENEFITS" box is selected, branch to screen named.	N/A
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	RS-S-001 (R)
FIN	Branch to the Member Financials screen.	RS-S-006 (B)
SCROLL DOWN	Command button to view the next page of an Member's Eligibility History. If this button is pressed, and there are no more Eligibility History records on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
MAIN MENU	Returns to the MMIS Main System Menu	RF-S-010 (R)
REFRESH	Refresh screen data.	N/A
RETURN	Return to the previous screen.	N/A
TDO	Branch to the Temporary Detention Order screen. Only applicable for aid categories corresponding to benefit program '02'.	RS-S-009 (B)
TPL SUM	Branch to MEMBER TPL SUMMARY screen	RS-S-020 (B)
UPDATE	Command to save information entered when in update mode. When in create mode for aid categories corresponding with benefit program '02', transfer to the Member TDO Inquiry/Update program (RST009) and for all other aid categories, transfer to the Member Benefit Inquiry/Update program. Not applicable during an inquiry transaction. Collect and save Eligibility information in commarea. Data Update deferred until RST011 processes the update function key.	RS-S-009 RS-S-011 ()
1095	For the Enrollee ID on screen, control is transferred to 1095 Menu screen by populating Enrollee ID in Member ID field on 1095 Menu.	RS-S-301(B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3911	AID CATEGORY CANNOT BE CANCELED WITH THIS CANCEL REASON	Informational message.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Informational message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Informational message.
3486	APPLICATION DATE MUST BE GREATER THAN 06/30/1969	Enter a valid Application date.
3484	APPLICATION DATE MUST BE LESS THAN, OR EQUAL TO, CURRENT DATE	Enter an application date falling before or on current date.
3852	BASED UPON SERVICE DATE, COVERAGE END DATE IS UPDATED TO MM/DD/CCYY.	Informational message. Press the Update button to update the data.
3853	BASED UPON SERVICE DATE, COVERAGE IN AC 080 CANNOT EXTEND PAST MON CCYY.	Correct the begin date of the eligibility segment as applicable.
3924	CANCEL DATE CANNOT BE GREATER THAN THE END OF THE MONTH	Informational message.
5675	CANCEL DATE CANNOT EXCEED CURRENT MONTH END WHEN USING CANCEL REASON	Informational message.
3480	CANCEL DATE MUST BE GREATER THAN, OR EQUAL TO, ELIGIBILITY BEGIN DATE	Enter a Cancel date falling after or on Eligibility Begin date.
3479	CANCEL DATE MUST BE LESS THAN, OR EQUAL TO, CURRENT DATE	Enter a Cancel date falling before or on Current date.
3478	CANCEL DATE MUST BE LESS THAN, OR EQUAL TO, ELIGIBILITY END DATE	Enter a Cancel date falling before or on Eligibility End date.
3909	CANCEL REASON ONLY VALID ON THE CURRENT DATE OR 1 DAY PRIOR	Informational message.
3927	CANCEL REASON VALID FOR CANCEL/REINSTATE ONLY – NOT VALID FOR CANCEL	Informational message.
3910	CANCEL REASON VALID ONLY FOR CANCELING EFFECTIVE THE	Informational message.

	CURRENT DAY	
3917	CANCEL REASON VALID ONLY ON THE SAME DAY THE COVERAGE WAS ENTERED	Informational message.
3915	CANCEL REASON VALID ONLY UP TO 5 DAYS BEFORE THE BEGIN DATE	Informational message.
3919	CANCEL/REINSTATE CANNOT GO BACK MORE THAN 1 YEAR	Informational message.
3496	CANNOT CHANGE ELIGIBILITY AND BENEFITS IN THE SAME TRANSACTION	Informational message.
3494	CANNOT VOID ONLY ELIGIBILITY ROW	Informational message.
5676	CHANGE FUNCTION NOT ALLOWED FOR ELIGIBILITY UPDATES	Informational message.
3493	CHANGE ONLY ONE ELIGIBILITY ROW AT A TIME	Informational message.
3386	CHOOSE ENTER TO CONTINUE	Informational message.
3169	CHOOSE UPDATE TO ADD/UPDATE DATA	Informational message.
3925	COVERAGE OVERLAPS CANCELED COVERAGE WITH THE SAME AID CATEGORY	Informational message.
3460	CURRENT FUNCTION DOES NOT SUPPORT ATTEMPTED ACTION	Informational message.
3056	DATA DISPLAYED	Informational message. No action needed.
2	DATA NOT CHANGED	Informational message. No action needed.
5558	DATA UPDATED IN PROPERTY-TRANSFER PENALTY PERIOD, INELIGIBLE FOR LTC.	Advise the enrollee of limited coverage.
3914	DSS NOT AUTHORIZED TO USE CANCEL REASON 032 FOR FAMIS AC	Informational message.
3916	DSS WORKER CANNOT CANCEL MORE THAN 1 YEAR IN THE PAST	Informational message.
3601	DUPLICATE ACTIVE AID CATEGORY	Informational message.
3472	ELIG END DATE MUST BE GREATER THAN, OR EQUAL TO, ELIG BEGIN DATE	Informational message.
3470	ELIG END DATE MUST BE LESS THAN, OR EQUAL TO, LAST DAY OF CURRENT MONTH	Informational message.
3471	ELIG END DATE MUST BE LESS THAN, OR EQUAL TO, LAST DAY OF NEXT MONTH	Informational message.

3465	ELIGIBILITY BEGIN DATE MUST BE LESS THAN, OR EQUAL TO, CURRENT DATE	Informational message.
3464	ELIGIBILITY BEGIN DATE REQUIRED	Informational message.
3474	ELIGIBILITY END DATE CANNOT BE EXTENDED	Informational message.
3469	ELIGIBILITY END DATE NOT ALLOWED	Informational message.
3468	ELIGIBILITY END DATE REQUIRED	Informational message.
3475	ELIGIBILITY END DAY MUST BE THE LAST DAY OF ENTERED END MONTH	Informational message.
3218	END OF DETAILS	Informational message.
3238	ENTER A VALID STATUS CODE	Enter valid values according to error message specifications.
3497	ENTER ALL DETAILS	Enter valid values according to error message specifications.
3920	ENTER THE CANCEL REASON ON A LINE TO CANCEL	Informational message.
3477	ENTERED CANCEL DATE CANNOT BE GREATER THAN THE ORIGINAL CANCEL DATE	Enter valid values according to error message specifications.
3473	ENTERED END DATE CANNOT BE LESS THAN THE ORIGINAL END DATE	Enter valid values according to error message specifications.
3462	ERROR IN ELIGIBILITY RULES PARAMETER	Informational message.
3461	ERROR IN ENROLLEE DATA	Informational message.
3905	ERROR IN RST016VA, INVALID PARAMETER PASSED	Informational message.
3483	EXISTING CANCEL REASON CAN ONLY BE CHANGED TO 001or 097	Informational message.
3492	EXTENSION REASON NOT ALLOWED	Informational message.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
5666	INFANT MOTHER ID IS REQUIRED FOR ENROLLMENT IN AC 093.	Enter the infant mother ID. The infant mother ID must be numeric and is required for enrollment in aid category '093'.
3459	INSUFFICIENT ENROLLEE DEMOGRAPHICS PRESENT TO SUPPORT CURRENT ACTION	Informational message.
3458	INVALID AID CATEGORY	Check field for valid data and re-enter.
3600	INVALID AID CATEGORY OVERLAP	Check field for valid data and re-enter.
3620	INVALID AID CATEGORY RULE DATE/ELIGIBILITY BEGIN DATE	Check field for valid data and re-enter.

	COMBINATION	
3610	INVALID AID CATEGORY/AGE COMBINATION	Check field for valid data and re-enter.
3611	INVALID AID CATEGORY/CANCEL REASON COMBINATION	Check field for valid data and re-enter.
3396	INVALID AID CATEGORY/CITIZENSHIP CODE COMBINATION	Check field for valid data and re-enter.
3605	INVALID AID CATEGORY/COUNTRY OF ORIGIN COMBINATION	Check field for valid data and re-enter.
3603	INVALID AID CATEGORY/DATE OF BIRTH COMBINATION	Check field for valid data and re-enter.
3615	INVALID AID CATEGORY/ELIG BEGIN DATE/ELIG END DATE COMBINATION	Check field for valid data and re-enter.
3613	INVALID AID CATEGORY/ELIGIBILITY BEGIN DATE COMBINATION	Check field for valid data and re-enter.
3614	INVALID AID CATEGORY/ELIGIBILITY BEGIN DATE/APPLICATION DATE COMBINATION	Check field for valid data and re-enter.
3616	INVALID AID CATEGORY/ELIGIBILITY END DATE/APPLICATION DATE COMBINATION	Check field for valid data and re-enter.
3608	INVALID AID CATEGORY/FIPS CODE COMBINATION	Check field for valid data and re-enter.
3604	INVALID AID CATEGORY/RELATIONSHIP CODE COMBINATION	Check field for valid data and re-enter.
3609	INVALID AID CATEGORY/SEX CODE COMBINATION	Check field for valid data and re-enter.
3602	INVALID AID CATEGORY/SPECIAL INDICATOR COMBINATION	Check field for valid data and re-enter.
3607	INVALID AID CATEGORY/TPL COVERAGE COMBINATION	Check field for valid data and re-enter.
3612	INVALID AID CATEGORY/VACIS-ADAPT ID COMBINATION	Check field for valid data and re-enter.
3457	INVALID APPLICATION DATE	Check field for valid data and re-enter.
3476	INVALID CANCEL DATE	Check field for valid data and re-enter.
3481	INVALID CANCEL DATE/RECERTIFICATION END DATE COMBINATION	Check field for valid data and re-enter.
3463	INVALID ELIGIBILITY BEGIN DATE	Check field for valid data and re-enter.
3619	INVALID ELIGIBILITY BEGIN DATE/APPLICATION DATE COMBINATION	Check field for valid data and re-enter.

3467	INVALID ELIGIBILITY END DATE	Check field for valid data and re-enter.
3617	INVALID ELIGIBILITY END DATE/CITIZENSHIP CODE COMBINATION	Check field for valid data and re-enter.
3438	INVALID ENTRY DATE/ELIGIBILITY BEGIN DATE COMBINATION	Check field for valid data and re-enter.
3618	INVALID PROGRAM/AID CATEGORY COMBINATION	Check field for valid data and re-enter.
3491	INVALID REINSTATE REASON	Check field for valid data and re-enter.
3485	INVALID STATUS CODE	Check field for valid data and re-enter.
3392	KEY DATA AND CHOOSE ENTER	Informational message.
3833	MAKE CHANGE AND CHOOSE ENTER.	Make a change to the field and press enter.
3495	MAKE SELECTION, OR UPDATE DATA, AND CHOOSE ENTER	Informational message.
3795	MAY BE INELIGIBLE: FRAUD SANCTION CONTACT DMAS RECIP AUDIT UNIT TO ENROLL.	Informational message.
64	NO DATA TO SCROLL	Informational message. No action needed.
3217	NO DETAILS AVAILABLE	Informational message.
2333	NO EXISTING CONSENTS FOR THE ENROLLEE	Informational message. No action needed.
5582	NOT AUTHORIZED TO USE CANCEL REASON 097 (SUPER CODE)	Need Authorization to use cancel reason 097.
3794	NOT ELIGIBLE FOR ENROLLMENT DURING 12-MONTH FRAUD SANCTION PERIOD	Informational message.
3921	ONLY NON-DSS USERS MAY ENTER THIS REASON CODE.	Informational message.
5585	QMB - BEGIN DATE MUST BE THE FIRST DAY OF THE MONTH	Please make sure begin date is the first day of the month.
3912	REASON CODE IS NOT A VALID CANCEL/REINSTATE REASON	Informational message.
3923	REINSTATE BEGIN DATE MUST BE BEFORE ORIGINAL CANCEL DATE	Informational message.
3922	REINSTATE BEGIN DATE MUST BE BEFORE ORIGINAL END DATE	Informational message.
3918	REINSTATE DATE CANNOT BE BEFORE ORIGINAL BEGIN DATE	Informational message.
3490	REINSTATE REASON REQUIRED	Informational message.
3488	REMOVE DETAILS FOR THE NEW SEGMENT DEFAULT VALUES TAKE PRECEDENCE.	Informational message.

3499	SELECT AN ELIGIBILITY ROW TO VIEW BENEFITS	Informational message.
5586	SELECT ANY ELIGIBILITY TO CANCEL AND PRESS ENTER	Please select any eligibility.
3498	SELECT ONLY ONE ELIGIBILITY ROW	Informational message.
3374	SELECTION NOT ALLOWED FOR OPTION CHOSEN	Informational message.
3004	SELECTION/FUNCTION COMBINATION IS INVALID	Use another selection or function.
3926	THIS CANCEL REASON IS NOT VALID ON-LINE	Informational message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.
3487	VALID AID CATEGORY REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3456	VALID APPLICATION DATE REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3482	VALID CANCEL REASON REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3489	VALID EXTENSION REASON REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
5608	VALID VALUES ARE Y OR N.	Error Message. An invalid value has been entered.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, choose Enrollee in the Select Enrollment Type field.
4. Choose any of the Update functions.
5. Enter the 12 digit Enrollee ID.
6. Choose the Eligibility button.
7. You see the Eligibility Data screen (RS-S-015).
This screen can be accessed directly from various other screens by choosing the Eligibility button at the bottom of the screen.
The Add function is not directly accessible from the Enrollment Menu. When adding a new enrollee, the Eligibility Data screen is accessed from the Demographics screen after the demographics data have been entered and accepted. Choose the Eligibility button to proceed to the Eligibility Data screen.

Screen Use:
Use the Page Up and Page Down arrow buttons to the right of the data box to page through additional records.

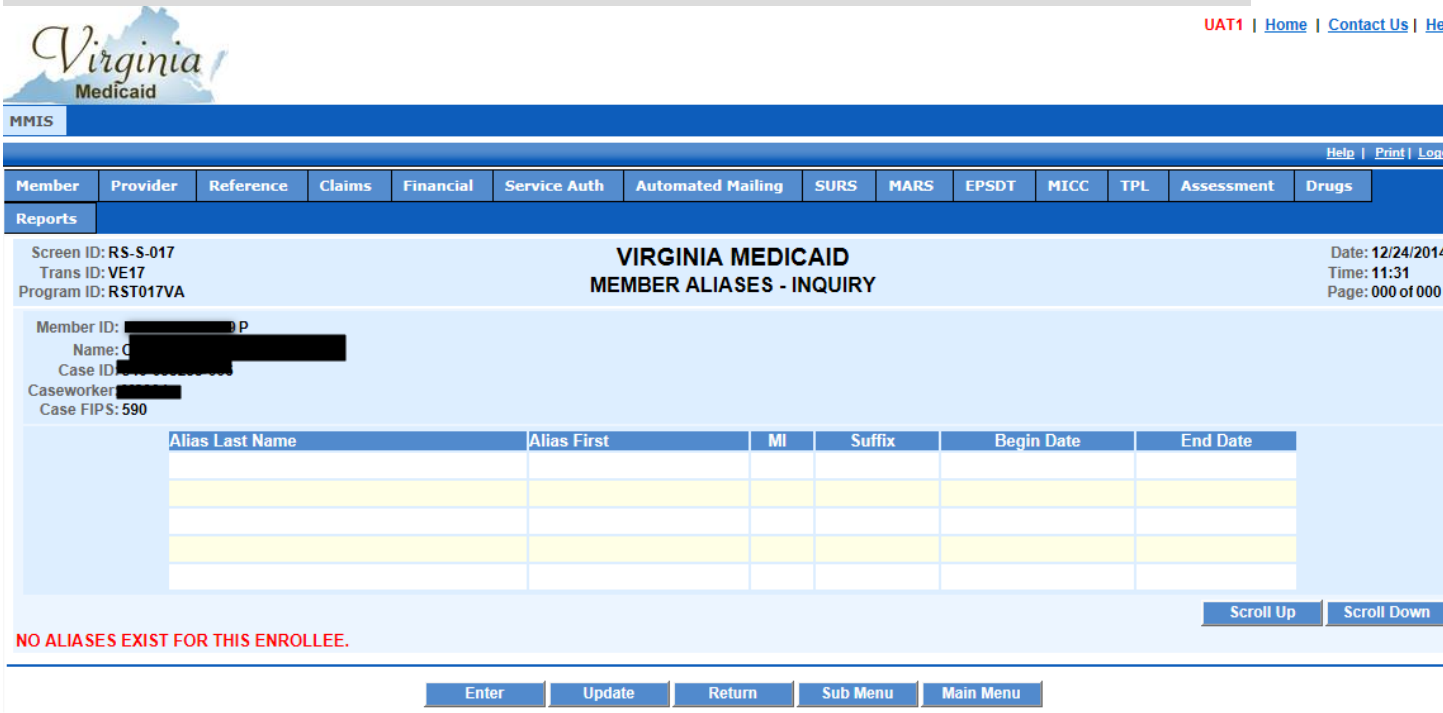
Screens RS-S-017 Member Aliases

General Information

This screen enables the user to maintain member aliases. Entry fields will protected for transactions other than an Member Create or Update.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update, Add
PROGRAM	RST017
MAPSET	RS017VA
TRAN ID	VE17-Inquiry/VEC7-Create/VEU7-Update

SAMPLE	**Member Aliases (RS-S-017)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID	Edits:	The DMAS-administered identification

	Enrollee Permanent Identification Number (DE3093)	Displays enrollee's permanent identification number. Passed from calling program through communications area	number that is used to tie all claims for a single enrollee together. Displays enrollee's permanent identification number. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Displays enrollee's permanent identification number (P).
1a	PERMANENT/ASSOCIATE LINK INDICATOR	Edits: This field is shown on the screen for display purposes only. It cannot be changed on this screen (it is protected). Data element DE3702.	When an AERL Enrollee ID value that has an I_PERSON with an I_DUP_PERSON_ID > 0 on the RS_PERSON table, the Permanent/Associate Link Indicator will display an 'A'. When a PERL Enrollee ID value that does not have an I_DUP_PERSON_ID > 0, but has a C_ID_TYPE_CVAL = 'AERL' (associated ID) and C_DATA_SRCE_CVAL = 'D' and D_ID_END is NULL on the RS_PRSN_IDENTIFIER table, the Permanent/Associate Link Indicator will display a 'P'. System displayed (P)
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name.	The name of the individual eligible for DMAS-administered programs. The name of the individual eligible for DMAS-administered programs. System displayed (P)
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number.	A number that uniquely identifies the family or group of individuals in the same Case entity. A number that uniquely identifies the family or group of individuals in the same Case entity. Displays case identification number P).
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number.	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. System displayed (P).

5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code.	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. Displays case FIPS code (P).
6	AC Enrollee Eligibility Aid Category (DE3009)	Edits: Displays enrollee's aid category.	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field. Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field. Displays enrollee's aid category P).
7	BENEFIT PLAN Benefit Definition Plan Short Name (DE3555)	Edits: Displays enrollee's most defining benefit plan description.	Displays enrollee's most defining benefit plan description. Displays enrollee's most defining benefit plan description (P).
8	EXCEPTION IND Benefit Plan Exception Indicator (DE3072)	Edits: Displays enrollee's benefit plan exception indicator.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care

			(LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. System displayed (P).
9	ALIAS LAST NAME Enrollee Last Name (DE3110)	Edits: If entered, must not be numeric and first character may not equal space.	An alternative last name of the individual eligible for a DMAS-administered medical care program; one that is not defined as the name of record. An alternative last name of the individual eligible for a DMAS-administered medical care program; one that is not defined as the name of record. If entered, must not be numeric and first character may not equal space. ADD (O/U) Enter the alias last name. Up to 19 characters may be entered. UPDATE (O/U) Enter the alias last name. Up to 19 characters may be entered.
10	ALIAS FIRST Enrollee First Name (DE3111)	Edits: If entered, must not be numeric and first character may not equal space.	An alternative first name of the individual eligible for a DMAS-administered medical care program; one that is not defined as the name of record. An alternative first name of the individual eligible for a DMAS-administered medical care program; one that is not defined as the name of record. If entered, must not be numeric and first character may not equal space. ADD (O/U) Enter the alias first name. Up to 12 characters may be entered. UPDATE (O/U) Enter the alias first name. Up to 12 characters may be entered.
11	MI Enrollee Middle Initial (DE3112)	Edits: If entered, must not be numeric.	An alternative middle initial of the individual eligible for a DMAS-administered medical care program; one that is not defined as the middle initial of record. An alternative middle initial of the individual eligible for a DMAS-administered

			medical care program; one that is not defined as the middle initial of record. If entered, must not be numeric. ADD (O/U) Enter the one character alias middle initial. UPDATE (O/U) Enter the one character alias middle initial.
12	SUFFIX Enrollee Name Suffix (DE3113)		The name suffix of the individual eligible for a DMAS-administered medical care program. The name suffix of the individual eligible for a DMAS-administered medical care program. ADD (O/U) Enter the alias suffix. Up to 3 characters may be entered. UPDATE (O/U) Enter the alias suffix. Up to 3 characters may be entered.
13	BEGIN DATE Enrollee Name Begin Date (DE3108)		The effective date of the enrollee's name. The effective date of the enrollee's name. System displayed (P).
14	END DATE Enrollee Name End Date (DE3109)		The end date associated with a specific name for an enrollee. The end date associated with a specific name for an enrollee. System displayed (P).
15	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. Displays error/informational messages to the operator. System displayed (P)
16	Page XXX of YYY (DE0000)	Edits: Displays the current page (XXX) and total number of pages (YYY). If page request XXX	Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages). Enter a page number and click Enter to access a spe-

		is changed, must be a numeric value less than or equal to YYY (Total number of pages).	cific page. Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages). Enter a page number and click Enter to access a specific page.

NAVIGATION	Member Aliases (RS-S-017)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of an Member's Alias History. If this button is pressed, and there are no more Alias History segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
ENTER	Command to edit data entered.	N/A
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	N/A
SCROLL DOWN	Command button to view the next page of an Member's Alias History. If this button is pressed, and there are no more Alias History segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
MAIN MENU	Returns to the MMIS Main System Menu	N/A
RETURN	Return to the Member Demographics screen.	N/A
UPDATE	Command to save information entered in an update screen. Not applicable during an inquiry or create transaction. Prepares commarea (ENRLCOMM) and calls RST999 to update. Displays appropriate error message after returning from RST999.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3055	ALREADY AT THE BOTTOM SCROLLING	Information message.

	NOT POSSIBLE.	
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
3165	CANNOT CHANGE PAGE NUMBER WHEN UPDATING	Information message.
3082	CHOOSE DEMOGRAPHICS TO GO BACK TO ENROLLEE DEMOGRAPHICS SCREEN	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3066	CORRECT ERRORS BEFORE ATTEMPTING TO SCROLL	Information message.
3056	DATA DISPLAYED	Information message. No action needed.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.
68	DATA REFRESHED	Information message.
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
3065	END OF ALIASES FOR THE ENROLLEE	Information message.
3078	ENTER LAST NAME OR FIRST NAME	Enter valid values according to error message specifications.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3064	INVALID END DATE	Enter a valid end date. If necessary, see the field definitions for valid data/formatting.
3080	INVALID FIRST NAME	Check field for valid data and re-enter.
3079	INVALID LAST NAME	Check field for valid data and re-enter.
3268	INVALID MIDDLE INITIAL	Check field for valid data and re-enter.
3216	INVALID SUFFIX	Check field for valid data and re-enter.
3077	MAKE CHANGES BEFORE ATTEMPTING TO UPDATE	Enter changes to data fields before choosing the Update button.
3062	NO ALIASES EXIST FOR THIS ENROLLEE	Information message.
64	NO DATA TO SCROLL	Information message. No action needed.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Information message.
3142	PAGE NUMBER MUST BE NUMERIC	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. . Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, select the Enrollee Enrollment Type, select Inquiry or Change Function, enter the Enrollee ID and choose either the Enter button or the Demographics button.
4. You see the Enrollee Demographics screen (RS-S-018).
5. On the Enrollee Demographics Screen, choose the check box beside 'Aliases" in the bottom left corner of the screen. Choose Enter.
6. You see the Enrollee Aliases screen (RS-S-017).
Screen Use:
1. Use the Page Up and Page Down arrow buttons to the right of the data box to page through additional records.
2. In Add or Update mode you may enter an alias first name, last name middle initial and suffix.

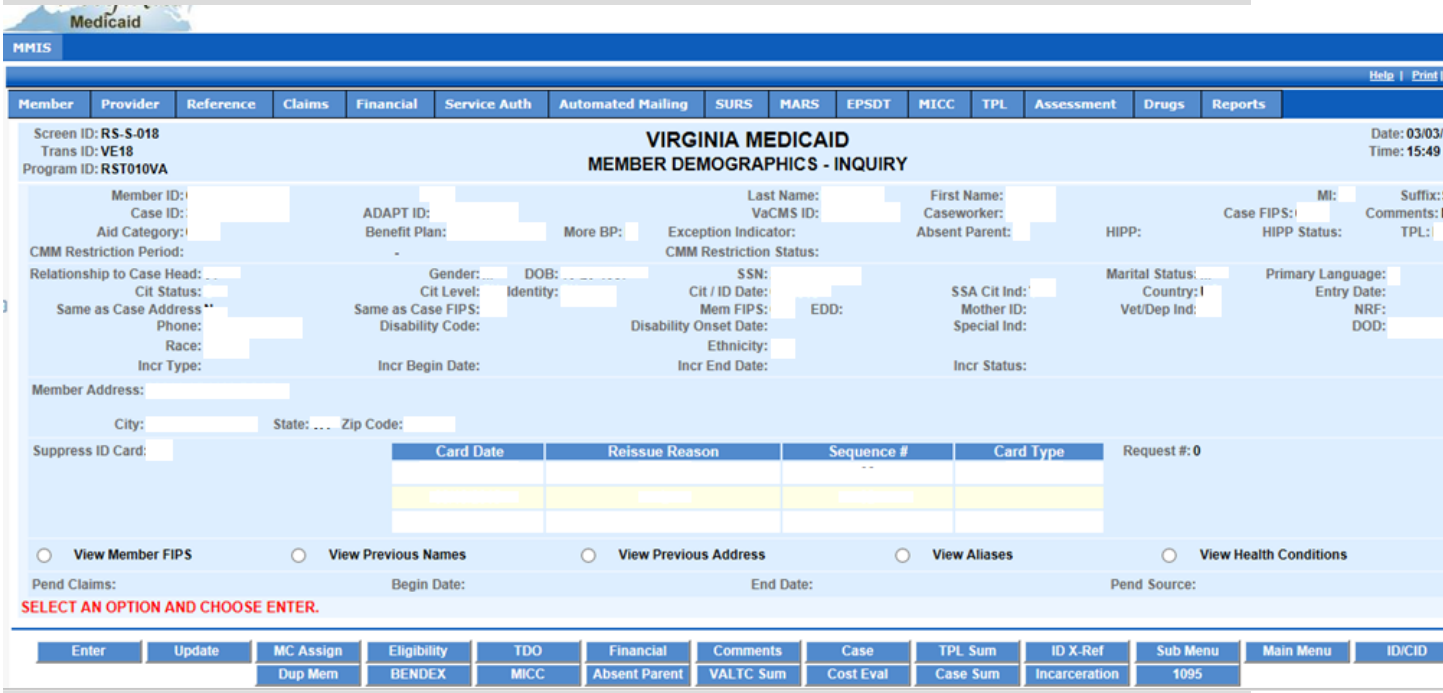
Screens RS-S-018 Member Demographics

General Information

This screen displays the member's demographic information. Entry fields are protected for transactions other than a Member Create, Update, or Reinstate. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update, Add
PROGRAM	RSR440 RST010
MAPSET	RS018VA
TRAN ID	VE18-Inquiry/VEC8-Create/VEU8-Update/VED8-Req ID/VEE8-RE-SET ID/VES8-Req CID

SAMPLE	Member Demographics (RS-S-018)



Field Definitions

#	GSD Field Name	Edit Criteria	Field

	Data Element Name (ID)	Message	Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays Enrollee's identification number.	The DMAS-administered identification number that is used to tie all claims for a single Enrollee together. The DMAS-administered identification number that is used to tie all claims for a single Enrollee together. Displays Enrollee's identification number entered on the Enrollment Menu. For a new Enrollee being added, the number displayed includes the check digit added by the system. (P).
2	(LINK INDICATOR) Calculated (DE0002)	Edits: Displays a 'P' if Enrollee ID currently has other IDs linked to it. Displays an 'A' if the Enrollee ID is linked to another Enrollee ID. Otherwise, a space is displayed. Messages:	Displays a 'P' if Enrollee ID currently has other IDs linked to it. Displays an 'A' if the Enrollee ID is linked to another Enrollee ID. Otherwise, a space is displayed. Displays a 'P' if Enrollee ID currently has other IDs linked to it. Displays an 'A' if the Enrollee ID is linked to another Enrollee ID. Otherwise, a space is displayed (P).
3	ADAPT ID Enrollee ADAPT/VACIS Client Identification Number (DE3096)	Edits: Initialized to zeros. If entered, must be numeric. For creates and reinstates, must be entered and greater than zero if program designation code is 71 or 73. Messages: Missing/Invalid data, please correct highlighted fields	The unique identifier used by the State for each welfare Enrollee. The unique identifier used by the State for each welfare Enrollee. Initialized to zeros. If entered, must be numeric. For creates and reinstates, must be entered and greater than zero if program designation code is 71 or 73. ADD (C/U) If program designation is 71 or 73, enter the ADAPT ID for the new Enrollee. Otherwise, leave blank. UPDATE (C/U) Type over the number to correct for program 71 or 73. Otherwise, leave blank.
4	VaCMS ID Enrollee VaCMS Client Identification Number (DE3955)	Edits: Initialized to zeros. If entered, must be numeric. Messages: Missing/Invalid data, please correct highlighted fields	The unique VaCMS identifier used by the State for each welfare Enrollee. The unique VaCMS identifier used by the State for each welfare Enrollee. Initialized to zeros. If entered, must be numeric.
5	AID CATEGORY	Edits: Displays Enrollee's (most	Also known as Money Payment Code, Recipient Program Designation or Scope of Cover-

	Enrollee Eligibility AID Category (DE3009)	recently defined) Aid category. Messages:	age code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. System displayed (P).
6	COMMENTS Comment Indicator (DE3075)	Edits: Displays Comments indicator 'Y' (Comments Present) or 'N' (Comments not present). Messages: Comments Indicator	Displays Comments indicator 'Y' (Comments Present) or 'N' (Comments not present). N/A
7	LAST NAME Enrollee Last Name (DE3110)	Edits: Must not be numeric and first character may not equal space. Messages: Missing/Invalid data, please correct highlighted fields	The last name of the individual eligible for a DMAS-administered medical care program. The last name of the individual eligible for a DMAS-administered medical care program. Must not be numeric and first character may not equal space. ADD (P) System displayed from the entry on the Enrollment menu. UPDATE (O/U) Type over the existing name to correct.
8	FIRST NAME Enrollee First Name (DE3111)	Edits: Must not be numeric and first character may not equal space. Messages: Missing/Invalid data, please correct highlighted fields	The first name of the individual eligible for a DMAS-administered medical care program. The first name of the individual eligible for a DMAS-administered medical care program. Must not be numeric and first character may not equal space. ADD (P) System displayed from the entry on the Enrollment menu. UPDATE (O/U) Type over the existing name to correct.
9	MIDDLE INITIAL Enrollee Middle Initial (DE3112)	Edits: If entered, must not be numeric. Messages:	The middle initial of the individual eligible for a DMAS-administered medical care program.

		Missing/Invalid data, please correct highlighted fields	The middle initial of the individual eligible for a DMAS-administered medical care program. If entered, must not be numeric. ADD (P) System displayed from the entry on the Enrollment menu. UPDATE (O/U) Type over the existing name to correct.
10	SUFFIX Enrollee Name Suffix (DE3113)	Edits: If entered, must be valid suffix. Messages: Missing/Invalid data, please correct highlighted fields	The name suffix of the individual eligible for a DMAS-administered medical care program. The name suffix of the individual eligible for a DMAS-administered medical care program. If entered, must be valid suffix. ADD (P) System displayed from the entry on the Enrollment menu. UPDATE (O/U) Type over the existing name suffix to correct.
11	TPL Calculated (DE0002)	Edits: Displays Enrollee's TPL indicator. Messages:	Displays Enrollee's TPL indicator. 'Y' indicates there is TPL information on file for the Enrollee. Displays Enrollee's TPL indicator. 'Y' indicates there is TPL information on file for the Enrollee. System displayed (P).
12	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number. Messages:	A number that uniquely identifies the family or group of individuals in the same Case entity. A number that uniquely identifies the family or group of individuals in the same Case entity. Displays case identification number that was entered on the Enrollment Menu (P).
13	CASE FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code. Messages:	The locality of the DSS or local welfare office that administers the Enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. Displays case FIPS code. The locality of the DSS or local welfare office that administers the Enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. Displays case FIPS code (P).
14	CASEWORKER Case Worker	Edits: Displays case worker number.	Displays case worker number.

	Number (DE3431)		The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. Displays case worker number that was entered on the Case Data screen (P).
15	SUPPRESS ID CARD Enrollee ID Card Suppress Production Indicator (DE3059)	Edits: Initialized to 'N'. If entered, must be valid value. Messages: Missing/Invalid data, please correct highlighted fields	An indicator that allows the suppression of ID card production for an individual Enrollee. 'N' = No, 'Y' = Yes. An indicator that allows the suppression of ID card production for an individual Enrollee.'N' = No, 'Y' = Yes. ADD (O/U) Enter 'Y' to suppress generation of an ID card. Leave blank or enter 'N' to allow ID card to generate. UPDATE (O/U) Enter 'Y' to suppress generation of an ID card. Leave blank or enter 'N' to allow ID card to generate.
16	EXCEPTION INDICATOR Benefit Plan Exception Indicator (DE3072)	Edits: Displays Enrollee's default benefit plan exception indicator. Messages: If there is more than one active EI for the Enrollee, then a Plus sign (+) will be displayed.	Displays Enrollee's benefit plan exception indicator. If there is more than one active EI for the Enrollee, then a Plus sign (+) will be displayed. Displays Enrollee's benefit plan exception indicator (P).
17	BENEFIT PLAN Benefit Definition Plan Short Name (DE3555)	Edits: Displays description of the benefit plan corresponding to the Aid category selected for display. Messages:	Displays Enrollee's most defining benefit plan description. Displays Enrollee's most defining benefit plan description. (P)
18	MORE BP Calculated (DE0002)	Edits: Displays a 'Y' if Enrollee has more than one benefit plan. Messages:	Displays a 'Y' if Enrollee has more than one benefit plan. Displays a 'Y' if Enrollee has more than one benefit plan. System displayed (P).
19	ABSENT PARENT Calculated (DE0002)	Edits: Displays a 'Y' if Enrollee has absent parent data present. Messages:	Displays a 'Y' if Enrollee has absent parent data present. Displays a 'Y' if Enrollee has absent parent data present. System generated (P).
20	CMM RESTRICTION	Edits: Displays Enrollee's current	A code that identifies the restriction period as active (A), pending (P) for when an Enrollee

	STATUS Enrollee CMM Restriction Status Code (DE3134)	CMM restriction status. Messages:	appeals the decision by DMAS to restrict them, or void (V). A code that identifies the restriction period as active (A), pending (P) for when an Enrollee appeals the decision by DMAS to restrict them, or void (V). System displayed (P).
21	CMM RESTRICTION PERIOD (BEGIN DATE) Enrollee CMM Restriction Begin Date (DE3125)	Edits: Displays Enrollee's current CMM restriction begin date. Messages:	The begin date of the CMM restriction period established for a specific Enrollee. The restriction period is a span of time in which DMAS wishes to restrict an Enrollee to the use of a specific physician, pharmacy, or transportation provider, or any combination of the three. This range is setup by the recipient monitoring unit. The begin date of the CMM restriction period established for a specific Enrollee. The restriction period is a span of time in which DMAS wishes to restrict an Enrollee to the use of a specific physician, pharmacy, or transportation provider, or any combination of the three. This range is setup by the recipient monitoring unit. System displayed (P).
22	(CMM RESTRICTION PERIOD END DATE) Enrollee CMM Restriction End Date (DE3130)	Edits: Displays Enrollee's current CMM restriction end date. Messages:	The end date of the CMM restriction period established for a specific Enrollee. This range is setup by the recipient monitoring unit. The end date of the CMM restriction period established for a specific Enrollee. This range is setup by the recipient monitoring unit. System displayed (P).
23	HIPP HIPP File Number (DE9522)	Edits: Displays the Enrollee's HIPP file number. The display order for the HIPP case number will be first active, then suspended, then cancelled, followed by other statuses. Messages:	A unique number assigned to each HIPP/HIV case. A unique number assigned to each HIPP/HIV case. ADD (P) System displayed, if applicable. UPDATE (P) System displayed, if applicable.
24	HIPP ST HIPP Enrollee Status Code (DE9544)	Edits: Default is Spaces. Derived from the FN_HIPP_CASE_ENRL table for the Enrollee displayed on the screen.	A code which identifies the current Enrollee's status in a HIPP/HIV case. A code which identifies the current Enrollee's status in a HIPP/HIV case.

		Messages:	
25	SAME AS CASE ADDRESS Calculated (DE0002)	Edits: Indicates 'Y' if the case and Enrollee address are the same (DE3107 will then be set to 'C'). Indicates 'N' if the case and Enrollee address are different (DE3107 will then be set to 'E'). If changed to 'Y', the address fields must be left blank so it can be internally updated. If changed to 'N', the Enrollee address must be provided. Messages: Missing/Invalid data, please correct highlighted fields	This field indicates whether the Enrollee's address is the Case address or an individual address. 'Y' = Yes, 'N' = No. This field indicates whether the Enrollee's address is the Case address or an individual address. 'Y' = Yes, 'N' = No. ADD (R/U) Enter 'Y' if the Enrollee address is the same as the case address. If yes, the system will plug the case address into the Demographics screen address fields. Enter 'N' if the Enrollee address is different from the case address. If you enter 'N' in this field, you must enter the Enrollee address in the Address field. UPDATE (R/U) Type over the indicator if you wish to change.
26	ADDRESS (LINE 1) Enrollee Additional Address Name (DE3114)	Edits: Must not be spaces or numeric. Messages: Missing/Invalid data, please correct highlighted fields. Address line 1 cannot be spaces. Address lines 1 and 2 cannot be the same.	Additional name information for the Enrollee address information such as 'care of' or 'attention' information or may be the street address. Additional name information for the Enrollee address information such as 'care of' or 'attention' information. Must not be spaces or numeric. ADD (C/U) If Same as Case Address indicator is 'N', enter the Enrollee's additional address information, if appropriate. Address lines 1 and 2 cannot be the same. UPDATE (R/U) If you are changing the existing address, type over the existing additional address information or enter new information, if appropriate Must not be spaces or numeric. Address lines 1 and 2 cannot be the same.
27	(ADDRESS LINE 2) Enrollee Street Address (DE3115)	Edits: Must not be numeric and first character may not equal space. Messages: Missing/Invalid data, please correct highlighted fields	The street address of the Enrollee. May be blank if the street address is listed in line 1. The street address of the Enrollee. Must not be numeric and first character may not equal space. Address line 1 and 2 cannot be the same.

			ADD (C/U) If Same as Case Address indicator is 'N', enter the Enrollee's street address. If the first address line was used for the street address, this line may be left blank. Two lines are provided for the street address and they cannot be the same. An entry must be made in address (line 1) and address (line 2) is optional. UPDATE (R/U) If you are changing the existing address, type over the existing street address. If the first address line was used for the street address, this line may be left blank. Two lines are provided for the street address and they cannot be the same. An entry must be made in address (line 1) and address (line 2) is optional.
28	SAME AS CASE FIPS Calculated (DE0002)	Edits: Indicates 'Y' if the case and Enrollee FIPS are the same. Indicates 'N' if the case and Enrollee FIPS are different. If changed to 'Y', the Enrollee FIPS field must be left blank so it can be internally updated. If changed to 'N', the erollee FIPS must be provided. Messages: Missing/Invalid data, please correct highlighted fields.	This field indicates whether the Enrollee's FIPS is the Case address or an individual address. 'Y' = Yes, 'N' = No. This field indicates whether the Enrollee's FIPS is the Case FIPS or an individual FIPS. 'Y' = Yes, 'N' = No. ADD (R/U) Enter 'Y' if the Enrollee FIPS is the same as the case FIPS. If yes, the system will plug the case FIPS into the Demographics screen address fields. Enter 'N' if the Enrollee FIPS is different from the case FIPS. If you enter 'N' in this field, you must enter the Enrollee FIPS in the FIPS field. UPDATE (R/U) Type over the indicator if you wish to change.
29	ENR FIPS Enrollee FIPS Code (DE3008)	Edits: Must be a valid City/County code. In addition, should not be in the range 900 thru 970. Messages: Missing/Invalid data, please correct highlighted fields	A code indicating the geographic or geo-political statistical reporting area in which the Enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). A code indicating the geographic or geo-political statistical reporting area in which the Enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the

			Federal Standard County Codes (FIPS Pub. 6-1). Must be a valid City/County code. Should not be in the range 900-970. ADD (R/U) Enter the three position FIPS code applicable to the Enrollee. UPDATE (R/U) Type over the existing three position FIP code to change.
30	RELATIONSHIP TO CASE HEAD Enrollee Relationship to Case Head Code (DE3480)	Edits: Must be a valid relationship indicator. If changed to '00' or '01', ensure that such a relationship does not already exist in the case. Add Enrollee Transaction: Check for duplicate relationship in the case. Messages: Missing/Invalid data, please correct highlighted fields	A code reflecting the Enrollee's relationship to the head-of-household or Case Head. Use the on-line HELP system to find valid codes for this field. While checking enrollment rules the following logic is used: If Case relationship code DE 3480 is '00', then rules listed for option (DE 3066) '00' are applied, if the case relationship code '00' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is '01', then rules listed for option '01', if present, are applied; else rules listed for option '00' are applied, if the case relationship code '01' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is greater than '01', rules for option greater than '01' are applied. If no option value greater than '01' exists, then rules for option value '00' apply to the child, if the case relationship code is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. A code reflecting the Enrollee's relationship to the head-of-household or Case Head. Use the on-line HELP system to find valid codes

			for this field. Must be a valid relationship indicator. '00' or '01' cannot be used if they already exist on the case. ADD (R/U) Enter the two position code indicating the relationship to case head. '01' cannot be used if a '00' does not already exist on the case. UPDATE (R/U) Type over the existing code if you wish to change the value. While checking enrollment rules the following logic is used: If Case relationship code DE 3480 is '00', then rules listed for option (DE 3066) '00' are applied, if the case relationship code '00' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is '01', then rules listed for option '01', if present, are applied; else rules listed for option '00' are applied, if the case relationship code '01' is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed. If Case relationship code is greater than '01', rules for option greater than '01' are applied. If no option value greater than '01' exists, then rules for option value '00' apply to the child, if the case relationship code is a valid value under rule EL10 of the DSS relationship code qualifier, DE 3042. If not valid value under rule EL10, error message will be displayed.
31	PHONE Enrollee Telephone Number (DE3095)	Edits: If entered, must be numeric. Messages: Missing/Invalid data, please correct highlighted fields	The telephone number of the Enrollee as given to the enrolling agency. The telephone number of the Enrollee as given to the enrolling agency. If entered, must be numeric. ADD (O/U) Enter the Enrollee's phone number, if known. Enter area code and number without punc-

			tuation. UPDATE (O/U) Enter the Enrollee's phone number, if known. Enter area code and number without punctuation.
32	RACE Enrollee Race Code (DE3006)	Edits: Must be a valid race code. An Enrollee can have up to 15 race codes. Messages: Missing/Invalid data, please correct highlighted fields. Duplicate race code values. Please correct highlighted fields.	A code indicating the Enrollee's racial origin. Use the on-line HELP system to find valid codes for this field. A code indicating the Enrollee's racial origin. Use the on-line HELP system to find valid codes for this field. ADD (R/U) Enter the appropriate race code values. UPDATE (R/U) Type over the existing codes to update.
33	ETHNICITY Enrollee Ethnicity Code (DE3254)	Edits: Must be a valid Ethnicity code. An Enrollee can have 6 Ethnicity codes. Messages: Missing/Invalid data, please correct highlighted fields. Duplicate Ethnicity code values. Please correct highlighted fields.	A code indicating the Enrollee's Ethnicity. Use the on-line HELP system to find valid codes for this field. A code indicating the Enrollee's Ethnicity. Use the on-line HELP system to find valid codes for this field. ADD (R/U) Enter the appropriate Ethnicity code values. UPDATE (R/U) Type over the existing codes to update.
34	MARITAL STATUS Enrollee Marital Status (DE3016)	Edits: If entered, must be a valid marital status code. If not entered, will default to 'U'. Messages: Missing/Invalid data, please correct highlighted fields	The marital status of the Enrollee. Use the on-line HELP system to find valid codes for this field. The marital status of the Enrollee. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid marital status code. If not entered, will default to 'U' (Unreported). ADD (O/U) Enter the one position marital status code, if known. Leave blank if unknown. UPDATE (O/U) Enter the one position marital status code, if known. Leave blank if unknown.
35	CITY Enrollee City Name (DE3116)	Edits: Must not be numeric and first character may not equal	Name of the city in which the Enrollee lives. Name of the city in which the Enrollee lives.

		space. Messages: Missing/Invalid data, please correct highlighted fields	Must not be numeric and first character may not equal space. ADD (C/U) If Same as Case Address indicator is 'N', enter the Enrollee's city. UPDATE (R/U) If you are changing the existing address, type over the existing city.
36	STATE Enrollee State Code (DE3117)	Edits: Must be a valid state code. Messages: Missing/Invalid data, please correct highlighted fields	State abbreviation of the state in which the Enrollee lives. State abbreviation of the state in which the Enrollee lives. Must be a valid state code. ADD (C/U) If Same as Case Address indicator is 'N', enter the Enrollee's state code. UPDATE (R/U) If you are changing the existing address, type over the existing state code.
37	ZIP CODE Enrollee ZIP Code (DE3118)	Edits: Must be numeric and first five digits must be greater than zero. Messages: Missing/Invalid data, please correct highlighted fields	ZIP code of the area in which the Enrollee lives. ZIP code of the area in which the Enrollee lives. Must be numeric and first five digits must be greater than zero. ADD (C/U) If Same as Case Address indicator is 'N', enter the Enrollee's Zip code. UPDATE (R/U) If you are changing the existing address, type over the existing Zip code.
38	SEX Enrollee Sex Code (DE3007)	Edits: Must be a valid sex code. Used in the "NAME" duplicate check. Messages: Missing/Invalid data, please correct highlighted fields	A code indicating the sex of the Enrollee. 'M' = Male, 'F' = Female, 'U' = Unknown. A code indicating the sex of the Enrollee. 'M' = Male, 'F' = Female, 'U' = Unknown. ADD (P) System displayed from the Enrollment Menu entry. UPDATE (R/U) Type over the existing code to correct or change the value.
39	SSA CIT IND SSA Citizenship Indicator (DE3621)	Edits: Messages:	Display SSA Citizenship Indicator. Derived value from SSA Citizenship Status coming from the SSA response file. Derived value from SSA Citizenship Status

			coming from the SSA response file.
40	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Must be numeric. Positions 1-3 may not be zeros, 666 or (900 through 998). Positions 4-5 may not be zeros. Positions 6-9 may not be zeros. If 999 in positions 1-3, last six positions must be valid date in the format MMDDYY and cannot be in the future. Messages: Missing/Invalid data, please correct highlighted fields	The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. Must be numeric. Positions 1-3 may not be zeros, 666 or (900 through 998). Positions 4-5 may not be zeros. Positions 6-9 may not be zeros. If 999 in positions 1-3, last six positions must be valid date in the format MMDDYY and cannot be in the future. ADD (P) System displayed from the entry on the Enrollment Menu. UPDATE (R/U) Type over the existing SSN to enter a correction.
41	DATE OF BIRTH Enrollee Birth Date (DE3005)	Edits: Must be a valid date less than or equal to the current date. Messages: Missing/Invalid data, please correct highlighted fields	The Enrollee's date of birth. The Enrollee's date of birth. Must be a valid date less than or equal to the current date. ADD (P) System displayed from the entry on the Enrollment menu. UPDATE (R/U) Type over the existing date to correct.
42	DATE OF DEATH Enrollee Date of Death (DE3036)	Edits: Date of Death is not Enterable. If entered, must be a valid date less than or equal to the current date. Must be >= Date Of Birth. Messages: Missing/Invalid data, please correct highlighted fields	The date of an Enrollee's death. The date of an Enrollee's death. If entered, must be a valid date less than or equal to the current date. ADD (O/U) Enter the date of the Enrollee's death, if applicable, in MMDDCCYY format. UPDATE (O/U) Enter the date of the Enrollee's death, if applicable, in MMDDCCYY format. If a date has been entered in error, space out the date to correct.
43	IDENTITY Enrollee IDentity Verification (DE3080)	Edits: If Program is 01 or 07 and the Enrollee Citizenship Status (3251) is 'C', Enrollee IDentity	The Enrollee IDentity Verification status. This field is for programs 01 and 07 only. The Enrollee IDentity Verification status. This field is for programs 01 and 07 only.

		Verification must have a valid value. User is not allowed to enter values 'CV' and 'PV' (System generated values). If Enrollee IDentity Verification = 'CV', user is not allowed to update the field. This field is for programs 01 and 07 only. Messages:	
44	CIT STAT Enrollee Citizenship Status (DE3251)	Edits: If entered, must be a valid citizenship status code. If not entered, will default to 'C'. If Country of origin (DE3253) = 'US', citizenship status must equal 'A', 'N', or 'C'. MMay not be changed to 'A' or 'D' if individual has active eligibility. If Enrollee ID starts with '975', or if TDO ENROLLEE field is not spaces, then C_ CITIZENSHIP_CVAL may be blank. Messages: Missing/Invalid data, please correct highlighted fields	Citizenship Status. Indicates if the eligible/ineligible individual is in special alien status. Use the on-line HELP system to find valid codes for this field. Indicates if the eligible/ineligible individual is in special alien status. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid citizenship status code. If not entered, will default to 'C' (Citizen) If the corresponding Aid category (DE#3009) = 78 or 79, must be 'R' or 'C'. If 'C' and the Aid category (DE#3009) are 78, the Enrollee's age must be < 12 months. If 'C' and the Aid category (DE#3009) are 79, the Enrollee's age must be < 4 months. If 'A' or 'D', the eligibility segment must have an end date. If Enrollee ID starts with '975', or if TDO ENROLLEE field is not spaces, then C_CITIZENSHIP_ CVAL may be blank. ADD (C/U) Enter the one position code or leave blank to default to 'C' (Citizen). UPDATE (C/U) Type over the existing code to change.
45	CITLVL Enrollee Citizenship Level (DE3081)	Edits: If Program 01 or 07 and the Enrollee Citizenship Status (3251) is 'C', Enrollee Citizenship Level must have a valid value. User is not allowed to enter values 'CV' and 'PV' (System generated values). If Enrollee Citizenship Level = 'CV', user is not allowed to update the field. This field is for programs 01 and 07 only. Messages:	The Enrollee Citizenship Level. This field indicates the Enrollee's documented level of citizenship. The Enrollee Citizenship Level. This field indicates the Enrollee's documented level of citizenship. This field is for programs 01 and 07 only.

46	CIT/ID DATE Enrollee Citizenship Identity Date (DE3624)	Edits: For Program '01' and '07', if Identity Verification (3080) = 'GF' or Citizenship Level (3081) = 'GF', Citizenship Identity Date must have a valid date. The date entered cannot be future date. If both Identity Verification and Citizenship Level have a value other than 'GF', Citizenship Idenity Date must be blank. Messages:	The date when the citizenship status was updated. Display Enrollee Citizenship Identity Date in MMCCYY format. The date when the citizenship status was updated.
47	COUNTRY Enrollee Country of Origin (DE3253)	Edits: If entered, must be a valid country code. If not entered, will default to 'US'. If Enrollee ID starts with '975', or if TDO ENROLLEE field is not spaces, then C_CNTRY_ ORGN_CVAL may be blank. Messages: Missing/Invalid data, please correct highlighted fields	Displays the Enrollee's country of origin. Use the on-line HELP system to find valid codes for this field. The Enrollee's country of origin. Use the on-line HELP system to find valid codes for this field. If not entered, will default to 'US' If Enrollee ID starts with '975', or if TDO ENROLLEE field is not spaces, then C_ CNTRY_ORGN_CVAL may be blank. ADD (O/U) Enter the two position country of origin code or leave blank to default to 'US'. UPDATE (O/U) Type over the existing code to change.
48	US ENTRY DATE Enrollee Entry to US Date (DE3252)	Edits: If entered, must be valid date less than the current date, less than or equal to eligibility begin date (DE#3010), and not more than 100 years in the past. Required if the corresponding Aid category (DE#3009) = 078 or 079. If the corresponding Aid category (DE#3009) = 078, the difference between the entry date and eligibility end date (DE#3011) cannot be greater than 11 months. Required if Citizenship Status (DE #3251) is not equal to 'C' or 'N'. If Citizenship Status = 'N' and date is entered in Entry to	The year and month of residence in the U.S. The year and month of residence in the U.S. If entered, must be valid date less than the current date, and less than or equal to eligibility begin date (DE#3010). Required if the corresponding Aid category (DE#3009) = 078 or 079 or Citizenship Status (DE #3251) is not equal to 'C' or 'N'. If the corresponding Aid category (DE#3009) = 078, the difference between the entry date and eligibility end date (DE#3011) cannot be greater than 11 months. The date entered cannot be 100 years in the past. ADD (C/U) Enter the date in MMDDCCYY format, if applicable. UPDATE (C/U) Enter the date in MMDDCCYY format, if

		US Date then validate the date. If Citizenhship Status is equal to 'C', date must not be entered in the Entry to US Date field. Messages: Missing/Invalid data, please correct highlighted fields	applicable.
49	PRIM LANG Enrollee Primary Language Code (DE3476)	Edits: If entered, must be a valid language code. Will default to 'E' if not entered. Messages: Missing/Invalid data, please correct highlighted fields	A code that indicates the primary language used by the Enrollee. Use the on-line HELP system to find valid codes for this field. A code that indicates the primary language used by the Enrollee. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid language code. Will default to 'E' (English) if not entered. ADD (O/U) Enter the one position primary language code or leave blank to default to 'E' (English) UPDATE (O/U) Type over the one position primary language code to change.
50	SIGNIFICANT HEALTH CONDITION Calculated (DE0002)	Edits: Displays a 'Y' if Enrollee has health condition information. Messages:	Displays a 'Y' if Enrollee has health condition information. Displays a 'Y' if Enrollee has health condition information. System generated. (P)
51	EXPECTED DELIVERY DATE Enrollee Expected Delivery/Delivery Date (DE3402)	Edits: If entered, must be a valid date. Allow entry only if Gender = 'F'. Must be in the past for an individual active in Aid category 080. Messages: Missing/Invalid data, please correct highlighted fields	The date that the pregnant Enrollee is expected to deliver her infant(s) or has delivered if in the family planning waiver. The date that the pregnant Enrollee is expected to deliver her infant(s) or has delivered if in the family planning waiver. If entered, must be a valid date. Entry allowed only if gender = F. Must be in the past for an individual active in Aid category 080. ADD (O/U) Enter the expected delivery date, if applicable, in MMDDCCYY format. UPDATE (O/U) Enter the expected delivery date, if applicable, in MMDDCCYY format.

52	SPECIAL INDICATOR Enrollee Special Eligibility Code (DE3340)	Edits: If entered, must be a valid special eligibility code. If not entered, will default to Spaces. Must equal 'ST' if Enrollee relationship indicator (DE#3480) is 02, their age is 18 or 19, and the corresponding Aid category (DE#3009) is 071, 072, 081, or 088. Must equal 'HC' if Enrollee relationship indicator (DE#3480) is 02, their age is > 5 and < 21, and the corresponding Aid category (DE#3009) is 091. If special indicator code = 'UM', the corresponding Aid category (DE#3009) must be 079, and the Enrollee's age must be less than 21. Must equal 'AA', 'HC', or 'ST' for new enrollment in Aid category (DE#3009) 072. The Enrollee's age must be less than 21 to contain a value of 'AA'. Must equal 'FC', 'HC', or 'ST' for new enrollment in Aid category (DE#3009) 074, 075, 076, 085, and 086. The Enrollee's age must be less than 21 to contain a value of 'FC'. Messages: Missing/Invalid data, please correct highlighted fields	Code used to indicate special eligibility conditions such as a student over 18, hospitalized child, foster care child, or adoption assistance child. This data element with the associated Business Rules and Valid Values is related to Benefit Plan Program Code 01 only. Use the on-line HELP system to find valid codes for this field. Code used to indicate special eligibility conditions such as a student over 18, hospitalized child, foster care child, or adoption assistance. This data element with the associated Business Rules and Valid Values is related to Benefit Plan Program Code 01 only. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid special eligibility code. If not entered, will default to 'ZZ'. Must equal 'ST' if Enrollee relationship indicator (DE#3480) is 02, Enrollee age is 18 or 19, and the corresponding Aid category (DE#3009) is 071, 072, 081, or 088. Must equal 'HC' if Enrollee relationship indicator (DE#3480) is 02, their age is > 5 and < 21, and the corresponding Aid category (DE#3009) is 091. If special indicator code = 'UM', the corresponding Aid category (DE#3009) must be 079, and the Enrollee's age must be less than 21. The special indicator will default to 'AA' for new enrollment in Aid category (DE#3009) 072. The special indicator will default to 'FC' for new enrollment in Aid category (DE#3009) 074, 075, 076, 085, AND 086. The Enrollee's age must be less than 21 to contain a value of 'AA' or 'FC'. ADD (C/U) Enter the appropriate two position code or leave blank for system default. UPDATE (C/U) Enter the appropriate two position code or leave blank for system default.
53	DISABILITY CODE Enrollee Disability Code (DE3403)	Edits: If entered, must be a valid disability code. Required if disability onset date (DE#3404) is greater than zero.	An indication of the type of disability associated with an Enrollee. Use the on-line HELP system to find valid codes for this field.

		Messages: Missing/Invalid data, please correct highlighted fields	An indication of the type of disability associated with an Enrollee. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid disability code. Required if disability onset date (DE#3404) is greater than zero. ADD (C/U) Enter the appropriate three position code if Enrollee is disabled. UPDATE (C/U) Enter the appropriate three position code if Enrollee is disabled.
54	DISABILITY ONSET DATE Enrollee Disability Onset Date (DE3404)	Edits: If entered, must be a valid date not greater than current date. Required if disability code (DE#3403) is greater than zero. Messages: Missing/Invalid data, please correct highlighted fields	The date of onset of the Enrollee's disability. The date of onset of the Enrollee's disability. If entered, must be a valid date not greater than current date. Required if disability code (DE#3403) is greater than zero. ADD (C/U) Enter the date in MMDDCCYY format if Disability Code is entered. UPDATE (C/U) Enter the date in MMDDCCYY format if Disability Code is entered.
55	MOTHER ID Enrollee Mother Identification Number (DE3936)	Edits: If entered, infant mother ID must be numeric. If the Aid category of Enrollee is '093', then the infant mother ID is required. If the Aid category of Enrollee is '093' and not in 'VOID' status, then the infant mother can not be removed. For Enrollee in Medicaid or FAMIS, If Citizenship Level (3081) = 'NB', a valid Enrollee ID must be entered in the Mother ID field. The Enrollee in the Mother ID field must have eligibility for the DOB of the Enrollee whose coverage is being entered and the gender must be female. The edit will be bypassed for AC 093 but an Enrollee ID must be entered.	The permanent Enrollee ID (DE 3093) of the mother of an infant Enrollee. The permanent Enrollee ID (DE 3093) of the mother of an infant Enrollee. If entered, must be a valid Enrollee ID. For Enrollee in Medicaid or FAMIS, If Citizenship Level (3081) = 'NB', a valid Enrollee ID must be entered in the Mother ID field. The Enrollee in the Mother ID field must have eligibility for the DOB of the Enrollee whose coverage is being entered and the gender must be female. The edit will be bypassed for AC 093 but an Enrollee ID must be entered. ADD (O/U) Enter the mother's Medicaid ID number for an infant Enrollee. UPDATE (O/U) Enter the mother's Medicaid ID number for an infant Enrollee.

		Messages: INFANT MOTHER ID IS REQUIRED FOR ENROLLMENT IN AC 093. INFANT MOTHER ID CANNOT BE REMOVED DUE TO AC 093 IN NON-VOID STATUS. INVALID INFANT MOTHER ID - MUST BE NUMERIC	
56	Vet/Dep Ind (DE3255)	Edits: If entered, values can only be "Y" or "N" Messages: Veteran/Dependent indicator must be Y/N/Spaces.	A code indicating if the Enrollee is Veteran or Dependent of Veteran. A code indicating if the Enrollee's Veteran or Dependent of Veteran. Can be Spaces, "Y" or "N".
57	Incarceration Type (DE3273)	Edits: To identify Enrollee's type of Facility that has been assigned for serving Incarceration period. Incarceration details (Type, begin date, end date & status) of Enrollee will be displayed in following manner – 1) Most recent active segment will always be fetched first 2) If there are no active segments, then most recent cancelled segment will be fetched 3) No void segments will be fetched and shown on demographics screen Field will be displayed only in protected mode.	Enrollee Incarceration Facility type. A type that identifies Enrollee's type of Facility that has been assigned for serving Incarceration period. Valid Values – F – Federal S – State O – Out of State L – Local
58	Incarceration Begin Date	Edits: Field will be displayed only in protected mode. Messages:	Enrollee's Incarceration begin date.
59	Incarceration	Edits:	Enrollee's Incarceration End date.

	End Date	Field will be displayed only in protected mode. Messages:	
60	Incarceration Status (DE3274)	Edits: Field will be displayed only in protected mode. Messages	A code that identifies the Incarceration period as active, cancelled (Period is ended) and void. Valid Values: A — Active C — Cancelled V — Void
61	NRF Newborn Recycle Flag (DE3169)	Edits: Non - DSS Update only. Messages: Flag to cause a newborn child to recycle through the managed care enrollment process.	Flag to cause a newborn child to recycle through the managed care enrollment process. N/A
62	VIEW ENROLLEE FIPS (DE0000)	Edits: If entered, transfer to Enrollee FIPS screen. Messages:	Selection field used to access Enrollee FIPS screen. Click on the check box and then press or choose Enter to access the screen. Selection field used to access Enrollee FIPS screen. Click on the check box and then press or choose Enter to access the screen.
63	VIEW PREVIOUS NAMES (DE0000)	Edits: If entered, transfer to screen RS-S-002. Messages:	Selection field used to access Enrollee Names History screen (RS-S-003). Click on the radio button and then press or choose Enter to access the screen. Selection field used to access Enrollee Names History screen (RS-S-003). Click on the radio button and then press or choose Enter to access the screen.
64	VIEW PREVIOUS ADDRESSES (DE0000)	Edits: If entered, transfer to screen RS-S-003. Messages:	Selection field used to access Enrollee Address History screen (RS-S-002). Click on the radio button and then press or choose Enter to access the screen. Selection field used to access Enrollee Address History screen (RS-S-002). Click on the radio button and then press or choose Enter to access the screen.

65	ALIASES (DE0000)	Edits: If entered, transfer to screen RS-S-017. Messages:	Selection field used to access Enrollee Aliases screen (RS-S-017). Click on the radio button and then press or click Enter to access the screen. Selection field used to access Enrollee Aliases screen (RS-S-017). Click on the radio button and then press or click Enter to access the screen.
66	HEALTH CONDITIONS (DE0000)	Edits: If entered, transfer to screen RS-S-012. Messages:	Selection field used to access Significant Health Conditions screen (RS-S-012). Click on the radio button and then press or choose Enter to access the screen. Selection field used to access Significant Health Conditions screen (RS-S-012). Click on the radio button and then press or choose Enter to access the screen.
67	LAST CARD DATE Enrollee ID Card Issue/Reissue Date (DE3022)	Edits: Displays last date an ID card was issued for an Enrollee. Messages:	The date on which the most recent identification card was initially issued to an Enrollee. The date on which the most recent identification card was initially issued to an Enrollee. System displayed (P).
68	REASON Enrollee ID Card Reissue Reason (DE3481)	Edits: Displays the reason the last ID card was issued for an Enrollee. Messages:	The reason code explaining why a plastic card was re-issued to an Enrollee. Use the on-line HELP system to find valid codes for this field. The reason code explaining why a plastic card was re-issued to an Enrollee. Use the on-line HELP system to find valid codes for this field. System displayed (P).
69	SEQUENCE Enrollee ID Card Sequence Number (DE3482)	Edits: Displays the sequence number of the last ID card issued for an Enrollee. Messages:	A sequential number that is incremented by one with each re-issue of an Enrollee's plastic ID card. Displays the sequence number of the last ID card issued for an Enrollee. A sequential number that is incremented by one with each re-issue of an Enrollee's plastic ID card. Displays the sequence number of the last ID card issued for an Enrollee (P).
70	Enrollee ID Card Type (DE9060)	Edits: Displays the type of enrollee's plastic ID card.	Filed that Identifies the type of enrollee's plastic ID card. Use the on-line HELP system to find valid codes for this field (DE 9060).

		Messages:	
71	REQ # ID cards issued in a year (DE3060)	Edits: Displays the count of ID cards reissued for the trigger reason = 'L', 'S', or 'D' for the year. Messages:	The count of ID cards reissued for the trigger reason = 'L', 'S', or 'D' during the year. (C/P) The count of ID cards reissued for the trigger reason = 'L', 'S', or 'D' during the year. (C/P)
72	PEND CLAIMS Enrollee Pend Location Code (DE3121)	Edits: If entered, must be a valid pend location. Required if pend begin date (DE#3119) or pend end date (DE#3120) is greater than zero; default to '999' if not entered. Messages: Missing/Invalid data, please correct highlighted fields	Code identifying the unit that will review the Enrollee pends. Use the on-line HELP system to find valid codes for this field (DE 2841). Code identifying the unit that will review the Enrollee pends. Use the on-line HELP system to find valid codes for this field (DE 2841). If entered, must be a valid pend location. Required if pend begin date (DE#3119) or pend end date (DE#3120) is greater than zero. Defaults to 999 if not entered. ADD (C/U) Enter the appropriate pend location code if claims are to be pended for this Enrollee. UPDATE C/U) Enter the appropriate pend location code if claims are to be pended for this Enrollee.
73	(PEND) BEGIN (DATE) Enrollee Pend Payment Begin Date (DE3119)	Edits: If entered, must be a valid date. Required if pend reason code (DE#3121) or pend end date (DE#3120) is greater than zero. If entered, must be less than or equal to pend end date (DE#3120). If changed and pend end date is not changed, will update existing pend period. If changed along with pend end date, will create a new pend period. Pend periods may not overlap. Messages: Missing/Invalid data, please correct highlighted fields	Begin Date used to suspend all claims for an Enrollee for manual reviews prior to adjudication. Begin Date used to suspend all claims for an Enrollee for manual reviews prior to adjudication. If entered, must be a valid date. Required if pend reason code (DE#3121) or pend end date (DE#3120) is greater than zero. If entered, must be less than or equal to pend end date (DE#3120). If changed and pend end date is not changed, will update existing pend period. If changed along with pend end date, will create a new pend period. Pend periods may not overlap. ADD (C/U) Enter the Pend Claims Begin Date in MMDDCCYY format if value is entered in Pend Claims field. UPDATE (C/U) Enter the Pend Claims Begin Date in MMDDCCYY format if value is entered in Pend Claims field.
74	PEND SOURCE Enrollee Pend Payment Source (DE3122)	Edits: Displays the operator ID of the person that entered/updated the pend claims information. Messages:	Displays the operator ID of the person that entered the pend reason code. Displays the operator ID of the person that entered the pend reason code (P).

75	(PEND) END (DATE) Enrollee Pend Payment End Date (DE3120)	Edits: If entered, must be a valid date. Required if pend reason code (DE#3121) or pend begin date (DE#3119) is greater than zero. If entered, must be greater than or equal to pend begin date (DE#3119). If changed and pend begin date is not changed, will update existing pend period. If changed along with pend begin date, will create a new pend period. Pend periods may not overlap. Messages: Missing/Invalid data, please correct highlighted fields	End Date used to suspend all claims for an Enrollee for manual reviews prior to adjudication. End Date used to suspend all claims for an Enrollee for manual reviews prior to adjudication. If entered, must be a valid date. Required if pend reason code (DE#3121) or pend begin date (DE#3119) is greater than zero. If entered, must be greater than or equal to pend begin date (DE#3119). If changed and pend begin date is not changed, will update existing pend period. If changed along with pend begin date, will create a new pend period. Pend periods may not overlap. ADD (C/U) Enter the Pend Claims End Date in MMDDCCYY format. UPDATE C/U) Enter the Pend Claims End Date in MMDDCCYY format.

NAVIGATION	**Member Demographics (RS-S-018)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ABS PAR	Branch to the Absent Parent screen. Not applicable during an ID card request, CID request, create transaction, or if no absent parent data is present for the member.	TP-S-005 (B)
BENDEX	Branch to the Medicare Premium/Bendex screen. Not applicable during an ID card request, CID request, or create transaction.	RS-S-310 (B)
SCROLL UP	Command button to view the previous member pend claims period. If this button is pressed, and there are no more pend claims periods for the member, a message will appear. Not applicable during a create transaction.	RS-S-018 ()
CASE	Branch to the Case Data screen. Not applicable during an ID card or CID request.	RS-S-010 (B)
CASE SUM	Branch to the Case Summary Inquiry screen. Not applicable during an ID card request, CID request, or create transaction.	RS-S-051 (B)
COMMENTS	Transfer control to Member Comments screen.	RS-S-023 (B)
Cost Eval	Branch to the HIPP Cost Evaluation screen. Not applicable during an ID card request, CID request, create transaction, or if member is not present in a	FN-S-011 (B)

	HIPP case.	
DUP MEM	Branch to the Possible Duplicate Member Review Screen. This function is only activated when the "Possible Duplicate Detected" message is shown on the screen.	RS-S-021 (B)
ELIG	Branch to the Eligibility Data screen. Not applicable during an ID card or CID request.	RS-S-015 (B)
ENTER	Command to edit data entered. If the "ALIASES" box is selected, branch to the last named screen. If the "HEALTH CONDITIONS" box is selected, branch to the third named screen. If the "VIEW PREVIOUS NAMES" box is selected, branch to the second named screen. If the "VIEW PREVIOUS ADDRESSES" box is selected, branch to the first named screen. Branching to previous names or addresses is not applicable during a create transaction.	RS-S-002 RS-S-003 RS-S-012 RS-S-017 (B)
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	RS-S-001 (R)
FIN	Branch to the Member Financials screen. Not applicable during an ID card or CID request.	RS-S-006 (B)
SCROLL DOWN	Command button to view the next member pend claims period. If this button is pressed, and there are no more pend claims periods for the member, a message will appear. Not applicable during a create transaction.	RS-S-018 ()
ID XREF	Branch to the Member ID Xref Screen. Not applicable during an ID card request, CID request, or create transaction.	RS-S-019 (B)
ID/CID	Command button to finalize an ID Card / CID request or to RE-SET ID card indicator.	N/A
MC ASSIGN	Branch to the Managed Care Assignment screen. Not applicable during an ID card request, CID request, or create transaction.	MC-S-010 (B)
MICC	Branch to the Maternal and Infant Care Coordination Information screen. Not applicable during an ID card request, CID request, create transaction, or if no MICC data is present for the member.	MI-S-009 (B)
TDO	Branch to the Temporary Detention Order screen. Not applicable during a create transaction unless eligibility data with a TDO aid category has been	RS-S-009 (B)

	entered. Not applicable during an ID card or CID request.	
TPL SUM	Branch to the Member TPL Summary screen. Not applicable during an ID card request, CID request, or create transaction.	RS-S-020 (B)
UP ARROW	Returns to Main Systems Menu.	RF-S-010 ()
UPDATE	Not applicable during an inquiry transaction. Command to save information entered when in update mode. Prepare communication area with all demographic details to be used by RST999. During add mode, defer update until RST011. During Update/ID/CID, call RST999 to update changes and display appropriate message after returning from RST999.	RS-S-018 ()
VALTC SUM	Branch to the VALTC Summary screen. Not applicable during an ID card request, CID request, or create transaction.	MC-S-025 (B)
INCR	Branch to the Incarceration screen, if there are details present for the Enrollee. If not, then error message will be displayed “NO INCARCERATION DETAILS AVAILABLE.”	RS-S-022 (B)
1095	For the Enrollee ID on screen, control is transferred to 1095 Menu screen by populating Enrollee ID in Member ID field on 1095 Menu.	RS-S-301(B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5583	ADDRESS LINE 1 CANNOT BE SPACES	Please enter a valid address.
5584	ADDRESS LINES 1 AND 2 CANNOT BE THE SAME	Address cannot be the same.
3406	ADDRESS REQUIRED	Informational message.
3409	ADDRESS/ADDRESS INDICATOR MISMATCH	Informational message.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Informational message.
3054	ALREADY AT THE TOP SCROLLING NOT	Informational message.

	POSSIBLE.	
3393	BEGIN DATE FOR CLAIMS PEND LOCATION REQUIRED	Enter a valid Begin date for the Claims Pend location.
3394	BEGIN DATE MUST BE LESS THAN OR EQUAL TO END DATE	Enter a valid Begin date.
3403	CHOOSE ELIGIBILITY TO CONTINUE	Informational message.
3400	CHOOSE ID/CID TO CONFIRM REQUEST	Informational message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
3089	CID REQUEST SUBMITTED	Informational message.
5681	CITIZENSHIP IDENTITY DATE NOT REQUIRED.	Citizenship Identity date is not required when Identity Verification and Citizenship Level has a value other than ‘GF’. Enter spaces in Identity Date.
5692	CITIZENSHIP LEVEL MUST BE BLANK WHEN CITIZENSHIP STATUS NOT C OR N.	Citizenship Level field must contain spaces when Citizenship Status is not C or N.
5691	CITIZENSHIP LEVEL REQUIRED.	Enter a valid Citizenship Level. It is required when Citizenship Status is C or N for program 01 and 07.
3408	CITY REQUIRED	Informational message.
5634	COUNTRY CODE MAY NOT BE 'US' UNLESS CITIZENSHIP STATUS IS 'C' or 'N'.	N/A
5642	COUNTRY CODE MUST BE 'US' OR A US TERRITORY CODE IF CITIZNSHIP STAT IS 'C'.	N/A
5686	CV CITIZENSHIP AND/OR IDENTITY LEVEL CANNOT BE UPDATED.	Citizenship Identity/Level cannot be updated from CV to another value.
3056	DATA DISPLAYED	Informational message. No action needed.
2	DATA NOT CHANGED	Informational message. No action needed.
3090	DATA UPDATED	Informational message. No action needed.
5684	DATE ENTERED CANNOT BE FUTURE DATE.	Citizenship Identity Date cannot be future date.
3398	DATE OF DEATH MUST	Informational message.

	BE GREATER THAN OR EQUAL TO DATE OF BIRTH	
3397	DATE OF DEATH MUST BE LESS THAN OR EQUAL TO CURRENT DATE	Informational message.
3399	DEMOGRAPHIC CHANGES INVALIDATE ELIGIBILITY RULE	Informational message.
3402	DISABILITY ONSET DATE MUST BE LESS THAN OR EQUAL TO CURRENT DATE	Informational message.
3847	DUPLICATE SSN FOUND, SSN ALREADY ON DATABASE, CANNOT PROCEED.	Error message. Even though the duplicate review request was approved by DMAS, this transaction will result in a duplicate SSN record being created and cannot proceed. Contact DMAS support.
3404	END DATE FOR CLAIMS PEND LOCATION REQUIRED	Informational message.
5670	ENROLLEE FIPS/SAME AS CASE FIPS INDICATOR MISMATCH	N/A
5636	ENTRY TO US DATE CANNOT BE BLANK.	Entry to US Date must contain a valid date when Citizenship status is not C or N.
3044	FIRST NAME REQUIRED	Informational message.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3088	ID REQUEST SUBMITTED	Informational message.
5690	IDENTITY VERIFICATION MUST BE BLANK WHEN CITIZENSHIP STATUS NOT C OR N.	Identity Verification field must contain spaces when Citizenship Status is not C or N.
5689	IDENTITY VERIFICATION REQUIRED.	Enter a valid Identity Verification. It is required when Citizenship Status is C or N for program 01 and 07.
5667	INFANT MOTHER ID CANNOT BE REMOVED DUE TO AC 093 IN NON-VOID STATUS.	Do not remove the infant mother ID. Infant mother ID is required for enrollment in aid category '093'.
5666	INFANT MOTHER ID IS REQUIRED FOR ENROLLMENT IN AC 093.	Enter the infant mother ID. The infant mother ID must be numeric and is required for enrollment in aid category '093'.
3434	INFANT MOTHER ID NOT	Informational message.

	ON FILE	
3407	INVALID ADDRESS	Check field for valid data and re-enter.
3410	INVALID ADDRESS INDICATOR	Check field for valid data and re-enter.
3396	INVALID AID CATEGORY/CITIZENSHIP CODE COMBINATION	Check field for valid data and re-enter.
3383	INVALID CITIZENSHIP CODE	Check field for valid data and re-enter.
5688	INVALID CITIZENSHIP IDENTITY DATE.	Check field for valid data and re-enter.
5649	INVALID CITIZENSHIP LEVEL.	Check field for valid data and re-enter.
3099	INVALID CITY	Check field for valid data and re-enter.
3418	INVALID COUNTRY CODE	Check field for valid data and re-enter.
3037	INVALID DATE OF BIRTH	Check field for valid data and re-enter.
3420	INVALID DATE OF DEATH	Check field for valid data and re-enter.
3419	INVALID DELIVERY DATE	Check field for valid data and re-enter.
3417	INVALID DELIVERY DATE/SEX CODE COMBINATION	Check field for valid data and re-enter.
3426	INVALID DISABILITY CODE	Check field for valid data and re-enter.
3425	INVALID DISABILITY ONSET DATE	Check field for valid data and re-enter.
3438	INVALID ENTRY DATE/ELIGIBILITY BEGIN DATE COMBINATION	Check field for valid data and re-enter.
3433	INVALID ENTRY DATE/END DATE COMBINATION	Check field for valid data and re-enter.
3405	INVALID FIPS CODE	Check field for valid data and re-enter.
5637	INVALID IDENTITY VERIFICATION.	Check field for valid data and re-enter.
5668	INVALID INFANT MOTHER ID - MUST BE NUMERIC	The infant mother ID must have numeric data only.
3414	INVALID LANGUAGE CODE	Check field for valid data and re-enter.
3413	INVALID MARITAL STATUS CODE	Check field for valid data and re-enter.

3268	INVALID MIDDLE INITIAL	Check field for valid data and re-enter.
3366	INVALID NAME	Check field for valid data and re-enter.
3421	INVALID PEND BEGIN DATE	Check field for valid data and re-enter.
3423	INVALID PEND BEGIN DATE/END DATE COMBINATION	Check field for valid data and re-enter.
3422	INVALID PEND END DATE	Check field for valid data and re-enter.
3427	INVALID PEND LOCATION	Check field for valid data and re-enter.
3035	INVALID PHONE NUMBER	Check field for valid data and re-enter.
3412	INVALID RACE CODE	Check field for valid data and re-enter.
3429	INVALID RELATIONSHIP CODE PLEASE ENTER A NUMERIC VALUE.	Check field for valid data and re-enter.
3431	INVALID RELATIONSHIP CODE AT THIS TIME FOR THE CASE	Check field for valid data and re-enter.
5671	INVALID SAME AS CASE FIPS INDICATOR	N/A
3036	INVALID SEX CODE	Check field for valid data and re-enter.
3435	INVALID SPECIAL ELIGIBILITY INDICATOR	Check field for valid data and re-enter.
3041	INVALID SSN	Check field for valid data and re-enter.
3415	INVALID SSN STATUS CODE	Check field for valid data and re-enter.
3098	INVALID STATE CODE	Check field for valid data and re-enter.
3216	INVALID SUFFIX	Check field for valid data and re-enter.
3436	INVALID SUPPRESS ID CARD INDICATOR	Check field for valid data and re-enter.
3424	INVALID US ENTRY DATE	Check field for valid data and re-enter.
3040	INVALID VACIS/ADAPT ID	Check field for valid data and re-enter.
3097	INVALID ZIP CODE	Check field for valid data and re-enter.
3392	KEY DATA AND CHOOSE ENTER	Informational message.
3377	LAST 6 DIGITS OF SSN MUST BE A VALID DATE NOT GREATER THAN CURRENT DATE	Informational message.

3038	LAST NAME REQUIRED	Informational message.
3795	MAY BE INELIGIBLE: FRAUD SANCTION CONTACT DMAS RECIP AUDIT UNIT TO ENROLL.	Informational message.
5701	MEDICAID/FAMIS-MUST ENTER IDENTITY & CIT LVL. SELECT ELIG TO CONT.	For Medicaid/FAMIS coverage, Enter a valid Enrollee IDentity and Citizenship LVL.
5685	MOTHER ID DOES NOT HAVE ELIGIBILITY ON DOB.	Enrollee in the Mother ID field must have eligibility on DOB of the Child whose coverage is being added. Check the eligibility of Mother ID. Enter a valid Mother ID.
5693	MOTHER ID GENDER IS NOT VALID.	Mother ID gender must be F. Enter a valid Mother ID.
3786	MULTIPLE FIELD CHANGES ARE NOT ALLOWED	Change Enrollee Name, SSN or Date of Birth, one at a time
3794	NOT ELIGIBLE FOR ENROLLMENT DURING 12-MONTH FRAUD SANCTION PERIOD	Informational message.
3428	PEND CLAIMS LOCATION MUST BE ENTERED FOR THE PERIOD	Informational message.
3644	PEND DATES OVERLAP WITH EXISTING PEND TIME PERIOD	Informational message.
3645	PEND DETAILS REQUIRED	Informational message.
5644	POSSIBLE DUPLICATE FOUND ON FILE. PRESS DUP ENRL TO REQUEST DMAS REVIEW.	Warning message. Possible Duplicates have been detected by this transaction. Review the data that was input for typing errors and, if there are none, invoke the Duplicate function to request DMAS review of this duplicate.
3395	RELATIONSHIP CODE ALREADY ACTIVE FOR CASE	Informational message.
3370	SELECT AN OPTION AND CHOOSE ENTER	Informational message.
3439	SELECT ONLY ONE OPTION	Informational message.
3374	SELECTION NOT ALLOWED FOR OPTION CHOSEN	Informational message.

3432	UNABLE TO RETRIEVE ERROR MESSAGE	Error message does not exist for transaction.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
5695	US ENTRY DATE CANNOT BE MORE THAN 100 YEARS IN THE PAST.	Enter US Entry Date which is less than 100 years in the past.
5694	US ENTRY DATE NOT REQUIRED.	US Entry date is not required when Citizenship Status = C.
3362	VALID DATE OF BIRTH REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3401	VALID DISABILITY CODE REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3437	VALID ENTRY DATE REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3416	VALID FIPS CODE REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3411	VALID RACE CODE REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3430	VALID RELATIONSHIP CODE REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3360	VALID SEX CODE REQUIRED	Enter a valid sex code.
3357	VALID SSN REQUIRED	Enter a valid SSN.
5702	DOB, CITIZENSHIP, GENDER, COUNTRY, MARITAL STAT, & RACE CANNOT BE BLANK.	Enter a valid DOB, CITIZENSHIP, GENDER, COUNTRY, MARITAL STAT, and RACE. See the on-line HELP facility for valid values.
5705	INVALID VACMS ID.	Enter a valid 9 digit VaCMS id.
5706	VETERAN/DEPENDENT INDICATOR MUST BE Y/N/SPACES.	Enter a valid code. See the on-line HELP Facility for valid codes.
5707	INVALID ETHNICITY.	Enter a valid code. See the on-line HELP Facility for valid codes.
5708	DUPLICATE ETHNICITY VALUES.	Remove duplicate Ethnicity values and continue.
5709	DUPLICATE RACE CODE VALUES.	Remove duplicate Race code values and continue.
5720	NO INCARCERATION DETAILS AVAILABLE.	INCR details not available.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
For Inquiry:
1. On the Enrollment Menu, select the Enrollee Enrollment Type.
2. Select the Inquiry Function.
3. Enter a valid 12 digit Enrollee ID number and choose either the Enter or Demographics function button.
4. You see the Enrollee Demographics screen (RS-S-018) in Inquiry mode.
To add a new case and a new enrollee:
1. Select Case and Enrollee from the Select Enrollment Type field.
2. Select Add from the Select Function field.
3. Enter the new Case ID (first 11 digits), new Enrollee ID (first 11 digits), Enrollee SSN, Enrollee Name (Last, First, MI and Suffix, if applicable), Enrollee Date of Birth, Enrollee Sex code, and the telephone number. Choose Enter.
4. You see the Case Data screen (RS-S-010).
5. Add the case and proceed to the Demographics screen after the case is added.
To add a new enrollee for an existing case:
1. Select Enrollee from the Select Enrollment Type field.
2. Select Add from the Select Function field.
3. Enter the 12 digit Case ID, new Enrollee ID (first 11 digits), Enrollee SSN, Enrollee Name (Last, First, MI and Suffix, if applicable), Enrollee Date of Birth, Enrollee Sex code, and the telephone number. Choose Enter.
4. You see the Demographics screen (RS-S-018).
To update an existing enrollee:
1. On the Enrollment Menu, select the Enrollee Enrollment Type.
2. Select the Change Function.
3. Enter a valid 12 digit Enrollee ID number and choose either the Enter or Demographics function button.
4. You see the Enrollee Demographics screen (RS-S-018) in Update mode
The Enrollee Demographics screen can also be accessed from various other screens by choosing the Demographics button at the bottom of the screen.
Using the Duplicate function
When the "Possible Duplicate Detected" message is displayed, select the Duplicate button. This will transfer you to the Duplicate Enrollee Review (RS-S-021) screen, where you can 1) review details of the duplicate and 2) initiate the DMAS duplicate review process. Note: This function is only activated when this duplicate detected message is generated, and any other attempt to use it from this demographics screen will result in an error message.

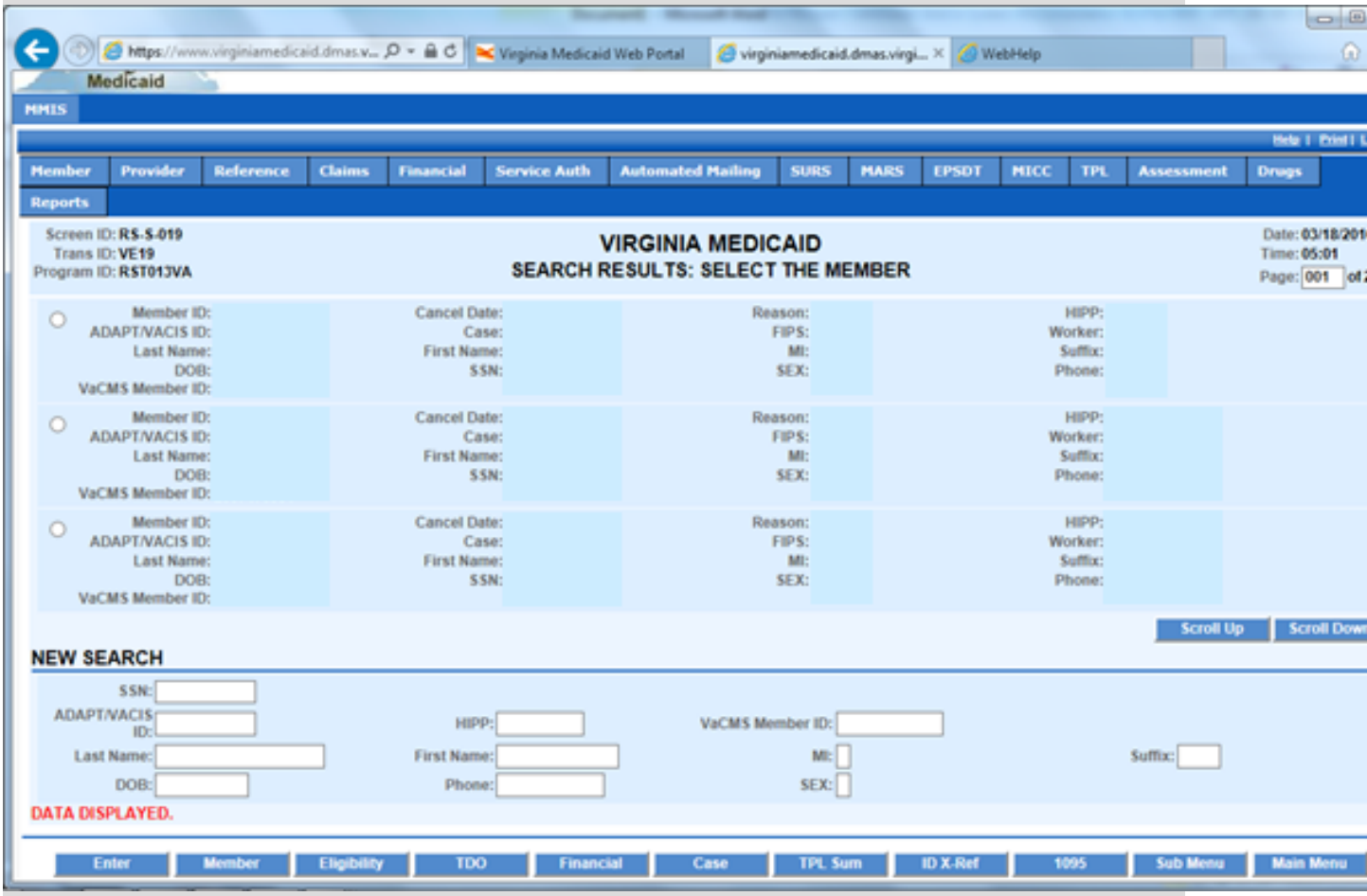
Screens RS-S-019 Search Results: Select the Member

General Information

This screen displays member information returned from an on-line search. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST013
MAPSET	RS019VA
TRAN ID	VE19

SAMPLE	Search Results: Select the Member (RS-S-019)



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(ENROLLEE SELECTION) (DE0000)	Edits: If entered, pass the chosen ID when transferring to desired screen.	Used to select a record from the results presented on the screen. Click on the radio button beside the record you wish to select. Press or click Enter to return to the initiating screen populated with the selected Enrollee ID, or click on one of the other buttons to navigate to another screen. N/A
1.5	ENROLLEE TYPE Calculated (DE0002)		If the Enrollee ID is a primary ID it will show a 'P'. If the Enrollee ID is an associated Enrollee ID it will show an 'A'; otherwise nothing will be displayed. N/A
2	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays the Enrollee's identification number.	Displays the Enrollee's identification number. N/A
3	CANCEL Eligibility Cancel Date (DE3452)	Edits: Displays the Enrollee's eligibility cancel date.	Displays the Enrollee's eligibility cancel date. N/A
4	RSN Eligibility Cancel Reason (DE3451)	Edits: Displays the Enrollee's eligibility cancel reason.	Displays the Enrollee's eligibility cancel reason. Use the on-line HELP system to find valid codes for this field. N/A
5	HIPP HIPP File Number (DE9522)	Edits: Displays the Enrollee's HIPP file number. The display order for the HIPP case number will be first active, then suspended, then cancelled, followed by other statuses. Messages:	A unique number assigned to each HIPP/HIV case. N/A
6	ADAPT/VACIS	Edits:	Displays Enrollee's ADAPT or VACIS ID num-

	Enrollee ADAPT/VACIS Client Identification Number (DE3096)	Displays Enrollee's ADAPT or VACIS ID number.	ber. N/A
7	CASE Case Identification Number (DE3043)	Edits: Displays case identification number.	Displays case identification number. N/A
8	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code.	Displays case FIPS code. N/A
9	WORKER Case Worker Number (DE3431)	Edits: Displays case worker number.	Displays case worker number. N/A
10	L-NAME Enrollee Last Name (DE3110)	Edits: Displays Enrollee's last name.	Displays Enrollee's last name. N/A
11	F-NAME Enrollee First Name (DE3111)	Edits: Displays Enrollee's first name.	Displays Enrollee's first name. N/A
12	MI Enrollee Middle Initial (DE3112)	Edits: Displays Enrollee's middle initial.	Displays Enrollee's middle initial. N/A
13	SUF Enrollee Name Suffix (DE3113)	Edits: Displays Enrollee's suffix.	Displays Enrollee's suffix. N/A
14	BIRTHDATE Enrollee Birth Date (DE3005)	Edits: Displays the Enrollee's birth date.	Displays the Enrollee's birth date. N/A
15	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Displays the Enrollee's social security number.	Displays the Enrollee's social security number. N/A
16	SEX Enrollee Sex Code (DE3007)	Edits: Displays the Enrollee's sex code.	Displays the Enrollee's sex code. 'M' = Male. 'F' = Female, 'U' = Unknown. N/A

17	PHONE Enrollee Telephone Number (DE3095)	Edits: Displays Enrollee's phone number.	Displays Enrollee's phone number. N/A
18	VaCMS ID Enrollee VaCMS Client Identification Number (DE3955)	Edits: Displays Enrollee's VaCMS Client Identification number.	The unique VaCMS identifier used by the State for each welfare Enrollee.
19	SSN (SEARCH KEY) Enrollee Social Security Number (SSN) (DE3034)	Edits: If entered, operator may not select any other criteria. Messages: Missing/Invalid data, please correct highlighted fields.	To initiate a new search using the SSN as the search key, enter the Enrollee's SSN and press or click Enter. If entered, you may not select any other criteria.
20	VACIS/ADAPT (SEARCH KEY) Enrollee ADAPT/VACIS Client Identification Number (DE3096)	Edits: If entered, operator may not select any other criteria. Messages: Missing/Invalid data, please correct highlighted fields.	To initiate a new search using the ADAPT or VACIS ID as the search key, enter the number and press or click Enter. If entered, you may not select any other criteria. N/A
21	VaCMS ID (SEARCH KEY) Enrollee VaCMS Client Identification Number (DE3955)	Edits: If entered, operator may not select any other criteria. Messages: Missing/Invalid data, please correct highlighted fields.	To initiate a new search using the VaCMS ID as the search key, enter the number and press or click Enter. If entered, you may not select any other criteria.
22	L-NAME (SEARCH KEY) Enrollee Last Name (DE3110)	Edits: If entered, operator may not enter SSN, VACIS/ADAPT. For generic search, at least 3 characters of the last name should be provided and suffixed with '%'. Messages: Missing/Invalid data, please correct highlighted fields.	To initiate a new name search, enter the Enrollee's last name. If entered, you may not enter SSN or ADAPT/VACIS ID. For generic search, enter at least three letters of the name and end with %. N/A
23	F-NAME	Edits:	To initiate a new name search, you may enter the

	(SEARCH KEY) Enrollee First Name (DE3111)	If entered, operator must also enter the selection L-NAME. For generic search, atleast 3 characters of the first name should be provided and suffixed with '%'. Messages: Missing/Invalid data, please correct highlighted fields.	first name to narrow the search. If entered, you must also enter the selection Last Name. For generic search, enter at least three letters of the name and end with %. N/A
24	MI (SEARCH KEY) Enrollee Middle Initial (DE3112)	Edits: If entered, operator must also enter the selection L-NAME and selection F-NAME. Messages: Missing/Invalid data, please correct highlighted fields.	To initiate a new name search, you may include the middle initial to narrow the search. If entered, you must also enter the selection Last Name and selection First Name. N/A
25	SUFX (SEARCH KEY) Enrollee Name Suffix (DE3113)	Edits: If entered, operator must also enter the selection L-NAME and selection F-NAME. Messages: Missing/Invalid data, please correct highlighted fields.	To initiate a new name search, you may enter the suffix to narrow the search. If entered, you must also enter the selection last Name and selection First Name. N/A
26	BIRTHDATE (SEARCH KEY) Enrollee Birth Date (DE3005)	Edits: If entered, must be a valid date and operator must also enter the selection L-NAME and selection F-NAME. Messages: Missing/Invalid data, please correct highlighted fields.	To initiate a new search, you may enter the Enrollee's date of birth to narrow the search. If entered, must be a valid date and you must also enter the selection Last Name and selection First Name. N/A
27	PHONE (SEARCH KEY) Enrollee Telephone Number (DE3095)	Edits: If entered, operator must also enter the selection L-NAME and selection F-NAME. Messages: Missing/Invalid data, please correct highlighted fields.	To initiate a new search, you may enter the Enrollee's Phone Number to narrow the search. If entered, you must also enter the selection Last Name and selection First Name. N/A
28	SEX (SEARCH KEY) Enrollee Sex	Edits: If entered, operator must also enter the selection L-NAME and selection F-	To initiate a new search, you may enter the Enrollee's Sex code (M or F) to narrow the search. If entered, you must also enter the selection Last Name and selection First Name.

	Code (DE3007)	NAME. Messages: Missing/Invalid data, please correct highlighted fields.	N/A
29	HIPP (SEARCH KEY) HIPP File Number (DE9522)	Edits: If entered, must be a valid HIPP Case number. Messages: Missing/Invalid data, please correct highlighted fields.	To initiate a new search, you may enter the HIPP Case number. N/A

NAVIGATION	**Search Results: Select the Member (RS-S-019)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of Members. If this button is pressed, and there are no more segments on the Member Data Store for the search criteria entered on the screen, a message will appear.	RS-S-019 ()
CASE	Branch to the Case Data screen. An member must be selected.	RS-S-010 (B)
MEMBER	Branch to Demographics Screen. An member must be selected.	RS-S-018 (B)
ELIG	Branch to the Eligibility Data screen. An member must be selected.	RS-S-015 (B)
ENTER	Command to edit data entered. If an member was selected, return to the Member Data Main Menu with the selected member ID.	N/A
SUB MENU	Returns to the Enrollment Menu.	RF-S-010 (R)
FIN	Branch to the Member Financials screen. An member must be selected.	RS-S-006 (B)
SCROLL DOWN	Command button to view the next page of Members. If this button is pressed, and there are no more segments on the Member Data Store for the search criteria entered on the screen, a message will appear.	RS-S-019 ()
ID XREF	Branch to the Member Cross Reference screen. An member must be selected.	RS-S-007 (B)
TDO	Branch to the Temporary Detention Order screen. An member must be selected.	RS-S-009 (B)
TPL SUM	Branch to the TPL Summary screen. An member must be selected.	TP-S-002 (B)

1095	For a selected Enrollee on screen, control is transferred to 1095 Menu screen by populating Enrollee ID in Member ID field on 1095 Menu.	RS-S-301(B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5589	ALL HICNS DISPLAYED-ENTER ENROLLEE ID ONLY TO DISPLAY ALL LINKED RECORDS	Informational message.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Informational message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Informational message.
3168	AT LEAST 3 CHARACTERS OF NAME REQUIRED	Enter 3 characters of name.
3057	CHOOSE RETURN TO GO BACK TO ENROLLEE DEMOGRAPHICS SCREEN	Informational message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3056	DATA DISPLAYED	Informational message. No action needed.
3046	DO NOT ENTER ANY OTHER SEARCH CRITERIA WITH SSN	Informational message.
3047	DO NOT ENTER ANY OTHER SEARCH CRITERIA WITH VACIS/ADAPT ID	Informational message.
3053	DO NOT SELECT ENROLLEE OR ENTER SEARCH CRITERIA WHEN SCROLLING	Informational message.
3045	END OF ENROLLEE DETAILS	Informational message.
3050	ENTER CRITERIA FOR NEW SEARCH	Enter valid values according to error message specifications.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
3044	FIRST NAME REQUIRED	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
9574	HIPP CASE IS INVALID ENTER A VALID HIPP CASE	Enter a valid HIPP Case number. See the field definitions for explanation of formatting and requirements for this field.

3037	INVALID DATE OF BIRTH	Check field for valid data and re-enter.
3035	INVALID PHONE NUMBER	Check field for valid data and re-enter.
3036	INVALID SEX CODE	Check field for valid data and re-enter.
3041	INVALID SSN	Check field for valid data and re-enter.
3040	INVALID VACIS/ADAPT ID	Check field for valid data and re-enter.
3039	LAST NAME AND FIRST NAME REQUIRED	Informational message.
3038	LAST NAME REQUIRED	Informational message.
64	NO DATA TO SCROLL	Informational message. No action needed.
3034	NO RECORDS MEETING SEARCH CRITERIA	Informational message.
3042	ONLY ONE ENROLLEE CAN BE SELECTED	Informational message.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Informational message.
3142	PAGE NUMBER MUST BE NUMERIC	Informational message.
1018	PERSON NAME NOT FOUND	Cancel the transaction and research the enrollee eligibility record.
3051	SELECT AN ENROLLEE	Informational message.
3052	SELECT AN ENROLLEE DO NOT ENTER ANY SEARCH CRITERIA.	Informational message.
3049	SELECT AN ENROLLEE OR ENTER CRITERIA FOR NEW SEARCH	Informational message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
5704	DO NOT ENTER ANY OTHER SEARCH CRITERIA WITH VACMS ID	Informational message.
5705	INVALID VACMS ID.	Informational message.
5712	VACMS ID NOT ALLOWED.	Informational message.

Screen Access

This screen is accessed from any subsystem screen that allows a name search.
1. On the initiating screen, enter the last name or a partial last name and additional identifiers allowed on the initiating screen. Choose Enter.
2. You see the Search Results screen (RS-S-019) with the first three records that match the search criteria entered on the accessing screen.
Screen Use:
1. Once you are on the Search results screen, you may select one of the records returned in the

search or initiate a new search.
2. Use the Page Up and Page Down arrow buttons to the right of the search results to scroll through additional records that met the search criteria.
This screen is linked to the HIPP screens (FN-S-011 through FN-S-015) for HIPP case file name searches. When transferred from these screens to this screen, you only have to select a record and choose the Return button. Data from the record selected will be returned to the calling screen.

Screens RS-S-020 Member TPL Summary

General Information

This screen gives a summary of the member's third party insurance, both Medicare and private. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST025
MAPSET	RS020VA
TRAN ID	VE20

SAMPLE	**Member TPL Summary (RS-S-020)**

UAT1 | Home | Contact Us | H

Virginia Medicaid

MMIS

Help | Print | Lo

Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs | Reports

Screen ID: RS-S-020
Trans ID: VE20
Program ID: RST025VA

VIRGINIA MEDICAID
MEMBER TPL SUMMARY

Date: 12/24/20
Time: 11:41

Member ID: [redacted]P
Name: [redacted]
Case ID: [redacted]
Caseworker: [redacted]
Aid Category: 081

Case FIPS: 590
HIPP:
Benefit Plan: MEDICAID FFS

Comments: N
Incidents: N
Retired TPL: N
HIPP Status:
Exception Indicator:

Medicare Information

Policy #:

Status :

	Coverage Begin Date	Coverage End Date	Eligibility Begin Date	Eligibility End Date

Scroll Up | Scroll Down

Other Insurance

Carrier	Policy Number	Begin Date	End Date	Coverage Type

Scroll Up | Scroll Down

TPL DETAILS DO NOT EXIST FOR THE ENROLLEE.

Medicare | Member | Eligibility | Part D | Financial | Comments | Case | TPL Resource | Retired TPL | Sub Menu | Main Menu
Cost Eval | Case Sum

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Iden-tification Number (DE3093)	Edits: Displays enrollee's permanent iden-tification number. Passed from calling program through communications area	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. N/A
1a	PERMANENT/ASSOCIATE LINK INDICATOR	Edits: This field is shown on the screen for display purposes only. It cannot be changed on this screen (it is pro-	When an AERL Enrollee ID value that has an I_PERSON with an I_DUP_PERSON_ID > 0 on the RS_PERSON table, the Permanent/Associate Link Indicator will display an 'A'. When a PERL Enrollee ID value that does not

		tected). Data element DE3702.	have an I_DUP_PERSON_ID > 0, but has a C_ID_TYPE_CVAL = 'AERL' (associated ID) and C_DATA_SRCE_CVAL = 'D' and D_ID_END is NULL on the RS_PRSN_IDENTIFIER table, the Permanent/Associate Link Indicator will display a 'P'. N/A
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name.	The name of the individual eligible for DMAS-administered programs. N/A
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number.	A number that uniquely identifies the family or group of individuals in the same Case entity. N/A
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number.	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. N/A
5	FIPS CODE Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code. Messages:	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. N/A
6	INCIDENT (DE0000)	Edits: Displays an indicator (Y/N) depending on whether or not an incident row was found in TP_ENRL_INCIDENT for the enrollee. Messages:	Displays an indicator (Y/N) depending on whether or not an incident row was found in the TPL Incident Table for the enrollee. N/A
7	AID CATEGORY Enrollee Eligibility Aid Category (DE3009)	Edits: Displays enrollee's aid category. Messages:	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain

			Benefit Plans. Use the on-line HELP system to find valid codes for this field. N/A
8	BENEFIT PLAN Benefit Definition Plan Short Name (DE3555)	Edits: Displays enrollee's most defining benefit plan description.	A short, concise description of a Benefit Plan used primarily in reporting. Displays enrollee's most defining benefit plan description. N/A
9	EXCEPTION INDICATOR Benefit Plan Exception Indicator (DE3072)	Edits: Displays enrollee's benefit plan exception indicator. Messages:	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. N/A
10	POLICY # (MEDICARE) TPL Policy Number (DE3658)	Edits: Displays enrollee's Medicare Policy Number	The number at the Social Security Administration (SSA) of individual on whose earnings benefits are paid or eligibility is established for Medicare coverage. It is composed of a nine-digit Social Security Number or a six-digit Railroad Retirement Board Number. Displays enrollee's Medicare Policy Number. N/A
11	STATUS TPL Status Code (DE3698)	Edits: Displays the status of the Medicare policy.	Displays the status of the Medicare policy. N/A
12	COVERAGE BEGIN (PART A or PART B) TPL Coverage Effective (Begin) Date (DE3667)	Edits: Displays enrollee's Medicare Part A or Part B begin date. Messages:	Displays enrollee's Medicare Part A or Part B begin date. N/A
13	COVERAGE END (PART A or PART B) TPL Coverage End Date (DE3668)	Edits: Displays enrollee's Medicare Part A or Part B end date. Messages:	Displays enrollee's Medicare Part A or Part B end date. N/A
14	ELIGIBILITY BEGIN (PART D) TPL Coverage Effective	Edits: Displays enrollee's Medicare Part D eli-	Displays enrollee's Medicare Part D eligibility begin date.

	(Begin) Date (DE3667)	gibility begin date. Messages:	N/A
15	ELIGIBILITY END (PART D) TPL Coverage End Date (DE3668)	Edits: Displays enrollee's Medicare Part D eligibility end date. Messages:	Displays enrollee's Medicare Part D eligibility end date. N/A
16	CARRIER TPL Carrier Code (DE3657)	Edits: Displays enrollee's TPL carrier code.	Displays enrollee's TPL carrier code. More than one entry may be present indicating multiple policies for a single carrier or multiple carriers. If all lines in the box are used, use the Page Down arrow button to access additional lines. Use Page Up button to return to the top of the records. N/A
17	POLICY NUMBER TPL Policy Number (DE3658)	Edits: Displays enrollee's TPL policy number. Messages:	The number assigned to the policy by the insurance carrier. There may be multiple policies per carrier. N/A
18	BEGIN (TPL POLICY) TPL Policy Effective Date (DE3659)	Edits: Displays enrollee's TPL policy begin date.	Displays enrollee's TPL policy begin date. N/A
19	END (TPL POLICY) TPL Policy End Date (DE3660)	Edits: Displays enrollee's TPL policy end date.	Displays enrollee's TPL policy end date. N/A
20	COVERAGE TYPE TPL Coverage Code (DE3013)	Edits: Displays enrollee's TPL policy coverage code.	Displays enrollee's TPL policy coverage code. Use the on-line HELP system to find valid codes for this field. N/A
21	(MESSAGE) (DE0000)	Edits: Displays error/informational messages to the operator. Messages:	Displays error/informational messages to the operator. N/A
22	COMMENTS Comment Indicator (DE3075)	Edits: Displays Comments indicator 'Y' (Com-	Displays Comments indicator 'Y' (Comments Present) or 'N' (Comments not present).

		ments Present) or 'N' (Comments not present). Messages:	N/A
23	RETIRED TPL Calculated (DE0002)	Edits: Messages: A value of 'Y' indicates that one or more Retired Policies exist for this Enrollee. A value of 'N' means that no Retired Policies exist for this Enrollee.	A value of 'Y' indicates that one or more Retired Policies exist for this Enrollee. A value of 'N' means that no Retired Policies exist for this Enrollee. N/A
24	HIPP HIPP File Number (DE9522)	Edits: Messages:	Displays the latest (most recent) HIPP number linked to this Enrollee. N/A
25	HIPP STATUS HIPP Enrollee Status Code (DE9544)	Edits: Messages:	Displays the Status of the HIPP number. N/A

NAVIGATION	**Member TPL Summary (RS-S-020)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of an Member's TPL Resource data. If this button is pressed, and there are no more segments on the TPL Data Store for the Member ID entered on the screen, a message will appear.	N/A
CASE	Branch to the Case Data screen.	RS-S-010 (B)
CASE SUM	Branch to the Case Summary Inquiry screen.	RS-S-051 (B)
COMMENTS	Transfer control to Comments Screen.	RS-S-023 (B)
Cost Eval	Branch to the HIPP Cost Evaluation Screen.	FN-S-011 (B)
MEMBER	Branch to the Demographics screen.	RS-S-018 (B)
ELIG	Branch to the Eligibility Data screen.	RS-S-015 (B)
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	RS-S-001 (R)
FIN	Branch to the Member Financials screen.	RS-S-006 (B)
SCROLL DOWN	Command button to view the next page of an Mem-	N/A

	ber's TPL Resource data. If this button is pressed, and there are no more segments on the TPL Data Store for the Member ID entered on the screen, a message will appear.	
MED SCROLL UP	Command button to view the previous Medicare page. If this function key is depressed from the first page of the medicare data, an error message will be displayed to indicate that the current page displayed is the first page and there are no more pages to be scroll back.	N/A
MED SCROLL DOWN	Command button to view the next page. If this finction key is depressed from the last page of the Medicare data, an error message is displayed to indicate that there are no more pages to scroll forward.	N/A
Medicare	Branch to the Medicare Menu Screen.	RS-S-300 (B)
PART D	Branch to the Medicare Part D screen.	TP-S-007 (B)
Retired TPL	Branch to the Retired TPL Inquiry screen.	TP-S-010 (B)
TPL RES	Branch to the TPL Resource screen.	TP-S-002 (B)
UP ARROW	Returns to Main System Menu.	RF-S-010 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Informational message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Informational message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3332	CROSS SYSTEM NAVIGATION NOT POSSIBLE AT THIS	Informational message.

	TIME	
3056	DATA DISPLAYED	Informational message. No action needed.
3119	END OF TPL DETAILS FOR THE ENROLLEE	Informational message.
9632	ENROLLEE DOES NOT HAVE ANY RETIRED POLICIES.	The user has attempted to navigate to the TPL Retired Policy screen, but there are no retired TPL policies for this enrollee. The RETIRED TPL field is N.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
9512	HIPP FILE NUMBER NOT FOUND ON FIN HIPP CASE ENROLLEE TABLE	Check the HIPP file number. See the field definitions for valid data/formatting for this field.
64	NO DATA TO SCROLL	Informational message. No action needed.
9633	ONLY RETIRED POLICIES EXIST FOR THIS ENROLLEE.	There are no Active policies available for this enrollee, but there are one or more Retired policies available. To view these retired policies, the user must navigate to the Retired Policy screen.
3118	TPL DETAILS DO NOT EXIST FOR THE ENROLLEE	Research the enrollee ID.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Subsystem Menu, select Enrollment Menu. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, select Enrollee from the Select Enrollment Type field.
4. Select Inquiry from the Select Function field.
5. Enter the Enrollee ID in the Enrollee ID field.
6. Choose the TPL Summary button at the bottom of the screen.
7. You see the TPL Summary screen (RS-S-020).
Screen Use:
Use the Page Up and Page Down arrow buttons to the right of the data box to page through additional records.

Screens RS-S-021 Duplicate Member Review

General Information

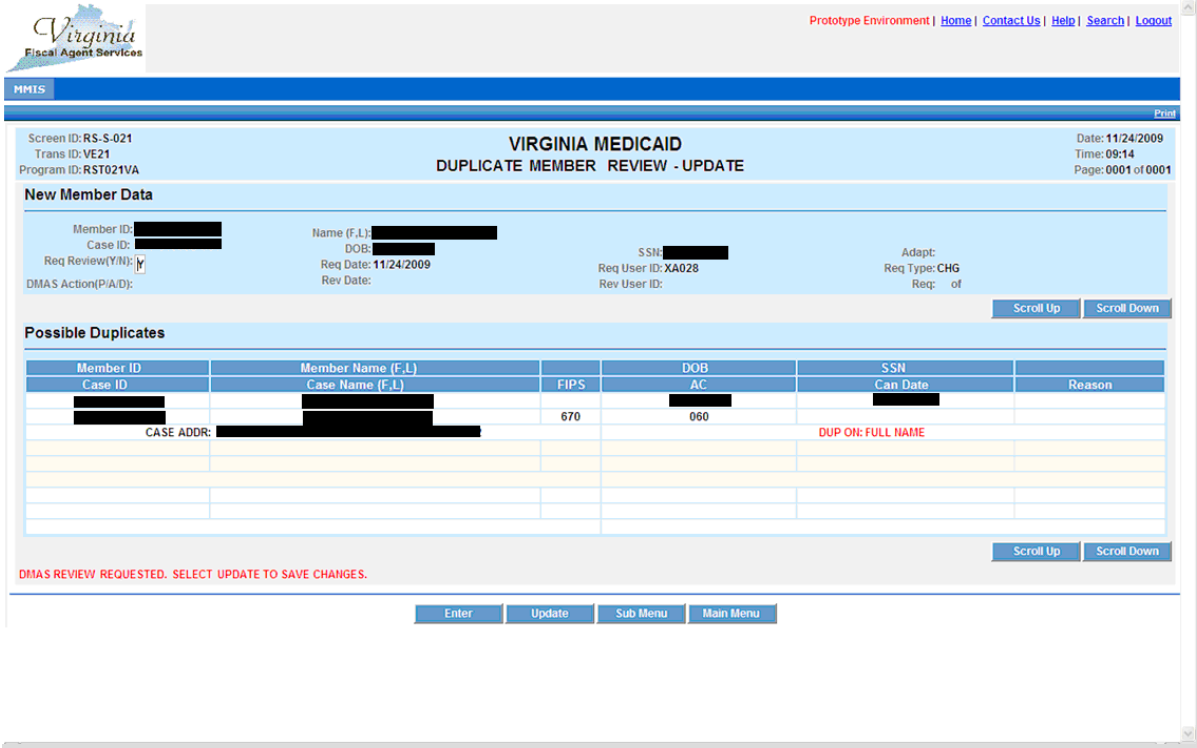
This screen displays the possible duplicates that are detected during new member add operations (screen RS-S-001) and member demographic updates (screen RS-S-018).

DSS users can view the possible duplicates and can request the DMAS review.

Authorized DMAS users can review the requests and approve or deny them.

SOURCE/ORIGINATOR	DMAS-Authorized DSS Users
USAGE	Inquiry, Update
PROGRAM	RST021
MAPSET	RS021VA
TRAN ID	VE21, VE22

SAMPLE	**Duplicate Member Review (RS-S-021)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enrollee ID Enrollee Permanent Identification Number (DE3093)	Edits: Messages:	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. .
2	Name Enrollee Full Name (DE3003)	Edits: Messages:	The name of the individual eligible for DMAS-administered programs. See DE 3110-3113. .
3	Case ID Case Identification Number (DE3043)	Edits: Messages:	A number that uniquely identifies the family or group of individuals in the same Case entity. N/A
4	DOB Enrollee Birth Date (DE3005)	Edits: Messages:	The enrollee's date of birth. .
5	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Messages:	The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. .
6	Req Review(Y/N) Calculated (DE0002)	Edits: Must be 'Y' or 'N'. Messages:	This field is protected when in Update mode and is unprotected in Inquiry mode. In Inquiry mode, the value 'Y' can be entered to "Request DMAS Review" of this duplicate and will place it in a pending status. The value 'N' will decline DMAS review. .
7	Req Date Request Date (DE3996)	Edits: Messages:	Shows the date that the DMAS review was requested/declined. N/A
8	Req Oper User/Operator ID (DE0012)	Edits: Messages:	Shows the Operator ID (User ID) of the person who entered the DMAS review Request transaction. N/A
9	Req Type Request Type (DE3995)	Edits: Messages:	Shows values of 'ADD' (add new enrollee) or 'CHG' (Enrollee update) to indicate what type of transaction was being performed when the duplicate was detected. N/A
10	DMAS Action(P/A/D) DMAS Review Flag	Edits:	Indicates the status of possible duplicate

	(DE3994)	Valid values that can be used for updates are 'A' (Approve), 'D' (Deny) or 'P' (Pending). Value 'S' (System Denied) indicates the possible duplicate was in a Pending Review status for more than nn days. A status of 'S' cannot be entered or updated. Messages:	request for review submitted by DSS to DMAS. Review flag 'P' - Pending status, 'A' - Approved status, 'D' - Denied status, 'S' - System Denied. This field is protected when in Inquiry mode and is unprotected in Update mode. Authorized DMAS users enter their Approve/Deny decision into this field. If an attempt is made to modify this field either from the value 'S' or to a value 'S' an error message will be generated.
11	ADAPT ADAPT Indicator (DE3997)	Edits: Messages:	A value of 'Y' indicates that the transaction was submitted via the DSS Buffer and a value of 'N' means it was submitted via the MMIS screens. .
12	Rev Oper User/Operator ID (DE0012)	Edits: Messages:	The Operator ID (User ID) of the DMAS person who completed the Approve/Deny request. N/A
13	Rev Date Enrollee Update Transaction Date (DE3026)	Edits: Messages:	The date of that the duplicate was Approved or Denied. .
14	Req Calculated (DE0002)	Edits: If entered, the number cannot be 0 or exceed the maximum number of records on the file. Messages: Shows the sequence number of this record within the Possible Duplicate file. Users that have invoked this screen via the Override option in Inquire mode, can overtype this number with the number of a different duplicate enrollee	Shows the sequence number of this record within the Possible Duplicate file. Users that have invoked this screen via the Override option in Browse mode, can overtype this number with the number of a different duplicate enrollee record and the details of that enrollee will be displayed. .

		record and the details of that enrollee will be displayed.	
15	of Calculated (DE0002)	Edits: Messages:	Shows the totals number of Enrollees that exist on the Possible Duplicate file. .
16	Enrollee ID Enrollee Permanent Identification Number (DE3093)	Edits: Messages:	The ID of the enrollee who exists on the database and was detected as a Possible Duplicate of the incoming transaction. .
17	Enrollee Name Enrollee Full Name (DE3003)	Edits: Messages:	The Name of the enrollee who exists on the database and was detected as a Possible Duplicate of the incoming transaction. .
18	Case ID Case Identification Number (DE3043)	Edits: Messages:	The Case ID that is assigned to the enrollee who exists on the database and was detected as a Possible Duplicate of the incoming transaction. N/A
19	Case Name Case Name (DE3046)	Edits: Messages:	The Name associated to the Case ID that is assigned to the enrollee who exists on the database and was detected as a Possible Duplicate of the incoming transaction. N/A
20	FIPS Enrollee FIPS Code (DE3008)	Edits: Messages:	The FIPS code that is assigned to the enrollee who exists on the database and was detected as a Possible Duplicate of the incoming transaction. .
21	DOB Enrollee Birth Date (DE3005)	Edits: Messages:	The Date of Birth of the enrollee who exists on the database and was detected as a Possible Duplicate of the incoming transaction. .
22	AC Enrollee Eligibility Aid Category (DE3009)	Edits: Messages:	The Aid Category code that is assigned to the enrollee who exists on the database and was detected as a Possible Duplicate of the incoming transaction. .
23	CAN DATE Eligibility Cancel Date (DE3452)	Edits: Messages:	The termination date of the Aid Category that was assigned to the enrollee who exists on the database and was detected as a Possible Duplicate of the incoming transaction. .
24	RSN	Edits:	Cancel reason for the Aid Category that was assigned to the enrollee who exists on the

	Eligibility Cancel Reason (DE3451)	Messages:	database and was detected as a Possible Duplicate of the incoming transaction. .
25	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Messages:	The SSN of the enrollee who exists on the database and was detected as a Possible Duplicate of the incoming transaction. .
26	Case Addr Case Street Address (DE3561)	Edits: Messages:	The Address of the person associated with the Case ID that is assigned to the enrollee who exists on the database and was detected as a Possible Duplicate of the incoming transaction. N/A
30	DUP ON Calculated (DE0002)	Edits: Messages:	This field indicates what duplicate evaluation criteria resulted in the enrollee being identified as a duplicate, where 1) "SSN"=Match on Social Security Number, 2) "NAME"= Match on full name and full date of birth, 3) "NAME"= Match on First and Last Names, Gender and Year and month portion of Date of Birth and 4) "PARTIAL NAME" = match on First 8 characters of the last name, first 3 characters of the first name and date of birth. .

NAVIGATION	**Duplicate Member Review (RS-S-021)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Clear	Returns the user to the Main Systems Menu.	RS-S-000 (R)
SUB MENU	Will return the user to the screen that they were working on before invoking this screen.	RS-S-001 RS-S-018 (B)
SCROLL DOWN (Dups)	This function key will scroll forwards (down) through the list of members that are identified as Possible Duplicates.	N/A
SCROLL DOWN (Enr)l	This function key will scroll forwards (down) through the file of members that have been identified as Possible Duplicates. This key is only active if the user invoked this screen using the Override function in RS-S-001 without entering in an Member-Id (invokes browse mode).	N/A
SCROLL UP (Dups)	This function key will scroll backwards (up) through the list of members that are identified as Possible	N/A

	Duplicates.	
SCROLL UP (Enrl)	This function key will scroll backwards (up) through the file of members that have been identified as Possible Duplicates. This key is only active if the user invoked this screen using the Override function in RS-S-001 without entering in an Member-Id (invokes browse mode).	N/A
Update	This function key will apply the changes made on the screen to the Possible Duplicates file.	N/A

Error Messages

Error	Description	Resolution
5596	ALL THE DUPLICATE ENROLLEE DETAILS ARE DISPLAYED. APPROVE/DENY.	Informational message. Research the duplicates as shown on the screen and then Approve or Deny this request.
5607	ALL THE EXISTING POSSIBLE DUPLICATE ENROLLEE DETAILS ARE DISPLAYED.	Informational message. The screen displays the enrollee information together with the details of the enrollee/s that have been detected as possible duplicates.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Informational message.
5620	ALREADY AT THE FIRST REQUEST. PLEASE SCROLL FORWARD.	Informational message. Indicates that the first duplicate for this enrollee has been reached and that no further 'SCROLL UP' operations are possible.
5619	ALREADY AT THE LAST REQUEST. PLEASE SCROLL BACKWARD.	Informational message. Indicates that the last duplicate for this enrollee has been reached and that no further 'SCROLL DOWN' operations are possible.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Informational message.
5639	CANNOT CHANGE TO SYSTEM DENIED STATUS.	Error message. The user has attempted to change a possible duplicate that is in an Approved/Pending/Denied status to a System Denied Status. This action is prohibited.
5604	CURRENTLY NO POSSIBLE DUPLICATES EXIST FOR THIS ENROLLEE.	Informational message. Although this enrollee was originally identified as being a possible duplicate, changes to the 'Duped Against' enrollee information have resulted in this no longer meeting the duplicate criteria.
5609	DMAS REVIEW REQUEST IS ADDED/MODIFIED SUCCESSFULLY.	Informational message. This duplicate enrollee has successfully been changed to a pending status and will be reviewed by DMAS.

5624	DMAS REVIEW REQUEST IS UPDATED SUCCESSFULLY.	Informational message. The transaction has completed successfully.
5599	DMAS REVIEW REQUEST REMOVED. SELECT UPDATE TO SAVE CHANGES.	Informational message. Validation has completed successfully, use the Update function to complete the transaction.
5598	DMAS REVIEW REQUESTED. SELECT UPDATE TO SAVE CHANGES.	Informational message. Validation has completed successfully, use the Update function to complete the transaction.
5595	DUPLICATE DETAILS NOT SHOWN. THEY EXIST ON THE BYPASS FILE.	Informational message. The possible duplicate portion of this screen is blank because the duplicate enrollees exist as a group on the Duplicate Bypass file.
5602	DUPLICATE DETAILS NOT SHOWN. THEY EXIST ON THE BYPASS FILE. APPROVE/DENY	Informational message. The possible duplicate portion of this screen is blank because the duplicate enrollees exist as a group on the Duplicate Bypass file.
5594	DUPLICATE ENROLLEE SELECTION CURSOR OPEN ERROR!.	System error. Contact ACS Operations for assistance.
5611	DUPLICATE RECORD FILE (VARSF021) ERROR OCCURED.	System error. Contact ACS Operations for assistance.
5612	DUPLICATE RECORD FILE (VARSF021) NOT OPEN!!.	System error. Contact ACS Operations for assistance.
5600	END OF BYPASS POSSIBLE DUPLICATE ENROLLEE FILE REACHED.	Warning message. An attempt was made to scroll (browse) past the last record on the file.
5601	END OF DUPLICATE RECORD FILE(VARSF021) REACHED.	Informational message. The last record on the file has been reached.
5646	ENRL ID ALREADY APPROVED WITH DIFFERENT DEMOGRAPHICS. ENTER TO CHANGE IT.	Warning Message. This enrollee ID has been approved as a duplicate, but the information that was approved differs to what was submitted via this transaction. Compare against the duplicate information to ensure that the information is correct.
5603	ENROLLEE IS PENDING DMAS REVIEW.	Informational message. Indicates that this possible duplicate is in a Pending status and is waiting for DMAS to Approve/Deny it.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5638	INVALID FUNCTION KEY	Error message. The function key that was pressed/selected is

	PRESSED.	not currently active.
5629	INVALID FUNCTION KEY. BACKWARD/FORWARD KEYS ARE NOT ACTIVE CURRENTLY.	Error message. The scrolling function keys are not active and cannot be used within the current operation.
5626	INVALID KEY PRESSED. PRESS ENTER TO VALIDATE SCREEN DATA FIRST.	Error message. An attempt was made to use the Update function key before the Validation (Enter Function) was performed.
64	NO DATA TO SCROLL	Informational message. No action needed.
5632	NO PEND/APPROVED/DENIED REQUESTS EXIST FOR THIS ENROLLEE.	Warning message. Duplicates for this enrollee no longer exist. This is due to changes made to the duplicate enrollee data after the original duplicate was detected.
5625	NO RECORDS EXISTS IN DUPLICATE RECORD FILE (VARSF021).	Error message. The enrollee number that was entered does not exist on the Possible Duplicates file.
5606	REQ NUM IS GREATER THAN MAXIMUM REQ NUM. ERROR.	Error message. A number greater than the maximum number of records on the Duplicates file has been entered into the REQ field.
5592	REQUEST ALREADY DENIED BY DMAS. NO CHANGES ARE ALLOWED.	Error message. The request to have this enrollee approved as a duplicate has already been Denied by DMAS and therefore no updates are allowed.
5591	REQUEST IS ALREADY APPROVED BY DMAS. NO CHANGES ARE ALLOWED.	Error message. The request to have this enrollee approved as a duplicate has already been Approved by DMAS and therefore no updates are allowed.
5597	REQUESTED CHANGE IS SUCCESSFUL. SELECT UPDATE TO SAVE CHANGES.	Informational message. Validation has completed successfully, use the Update function to complete the transaction.
5623	SELECTED REQUEST NUMBER MUST BE NUMERIC AND GREATER THAN ZERO.	Error message. The number that has been entered in the REQ field is invalid.
5613	SQL ERROR OCCURED WHILE FETCHING DUPLICATE ENROLLEE DETAILS. ERROR.	System error. Contact ACS Operations for assistance.
5640	SYSTEM DENIED. NO UPDATES ALLOWED.	Error message. The user has attempted to change a possible duplicate that is in a System Denied status to an Approved/Pending/Denied status. This action is prohibited.
5615	THE DUPLICATE RECORD FILE(VARSF021) IS DISABLED ERROR.	System error. Contact ACS Operations for assistance.

5616	THE DUPLICATE RECORD FILE(VARSF021) IS NOT OPEN.	System error. Contact ACS Operations for assistance.
5617	THE DUPLICATE RECORD FILE(VARSF021) RECORD IS NOT FOUND.	System error. Contact ACS Operations for assistance.
5641	THE POSSIBLE DUPLICATE ENROLLEE DETAILS ARE DISPLAYED.	Informational message. The enrollee ID and its duplicates are displayed on the screen
5631	THE REQUEST DOES NOT EXIST YET AS PENDING REQUEST TO WITHDRAW IT.	Error message. Indicates that a request to DMAS to review this as a duplicate has not yet been made, therefore it cannot withdrawn.
5614	THE VARS165G FILE IS NOT OPEN !.	System error. Contact ACS Operations for assistance.
5618	THE VARSF165 FILE IS DISABLED.	System error. Contact ACS Operations for assistance.
5633	THIS REQUEST IS ALREADY DMAS PENDING REVIEW. CHOOSE N TO CANCEL IT.	Warning message. This request has already been submitted for DMAS review. If desired, the only option available is to cancel/withdraw this request.
94	TSQ ERROR	Information message.
5605	USER NOT AUTHORIZED TO APPROVE/DENY THIS OVERRIDE.	Error message. User has insufficient authority to perform this action.
5593	VALID VALUES ARE A, P AND D.	Error message. An invalid code was entered in the DMAS Action Field.
5608	VALID VALUES ARE Y OR N.	Error Message. An invalid value has been entered.

Screen Access

Accessing this screen in Update mode is restricted to authorized users only and can be achieved by either of the two method detailed below.
1) From the RS-S-001 screen, by keying in an Enrollee ID and invoking the Override function.
2) From the RS-S-001 screen, leaving the Enrollee ID blank and invoking the Override function. This will show the details of the first enrollee on the Possible Duplicates file and allow the user to browse through all the records on this file.
This screen shows details of the New/Changed Enrollee at the top of the screen, and lists the possible duplicates below that. The field DUP ON, informs the user which of the match criteria (SSN/Name/Partial Name) were met when the duplicate was detected.

How to use this screen
- Review the duplicates displayed, and decide if the duplicate(s) shown are the same person or not.
- Type "A" (Approve) if they are not the same person or "D" (Deny) if they are the same person in the DMAS ACTION field.
- Press the Enter function to validate the entry.
- Press the Update function to complete the transaction. The DMAS ACTION is changed to selected value and the REV DATE and OPER fields are updated.

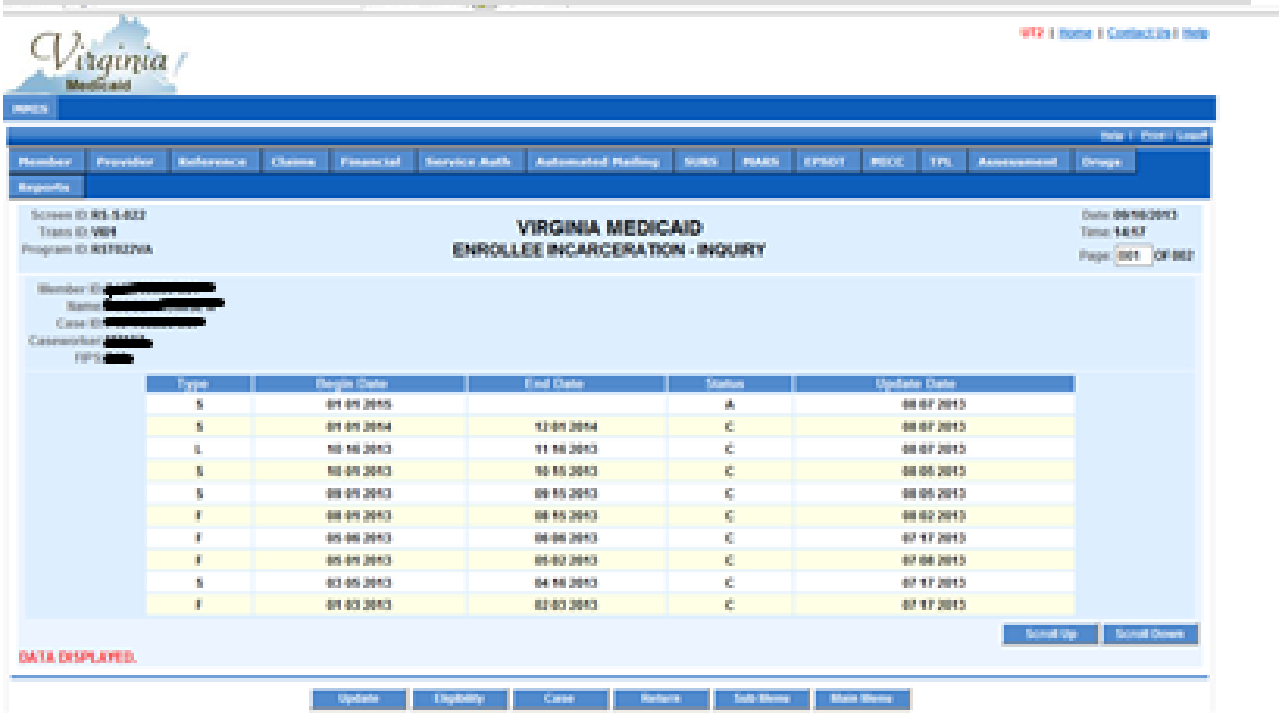
Screens RS-S-022 Enrollee Incarceration History Data

General Information

This screen displays Enrollee's Incarceration history details. Entry fields will be unprotected for transactions: Update. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update
PROGRAM	RST022VA
MAPSET	RSS022
TRAN ID	VI01-Inquiry/VI02-Update

SAMPLE	Incarceration History Data (RS-S-022)



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays Enrollee's permanent identification number. Passed from calling program through communications area	The DMAS-administered identification number that is used to tie all claims for a single Enrollee together. The DMAS-administered identification number that is used to tie all claims for a single Enrollee together. Displays Enrollee's permanent identification number. System displayed (P).
2	NAME Enrollee Full Name (DE3003)	Edits: Displays Enrollee's name.	The name of the individual eligible for DMAS-administered programs. The name of the individual eligible for DMAS-administered programs. System displayed (P).
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number.	A number that uniquely identifies the family or group of individuals in the same Case entity. A number that uniquely identifies the family or group of individuals in the same Case entity. System displayed (P).
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number.	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. System displayed (P)
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code.	The locality of the DSS or local welfare office that administers the Enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. The locality of the DSS or local welfare office that administers the Enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. System displayed (P).
6	FACILITY TYPE Enrollee Facility Type (DE3275)	Edits: Required entry. Must be a valid Facility type.	This is the Enrollee’s Facility type under which he/she has been incarcerated for assigned period.

		Unprotected only for super users in Update Messages: Missing/Invalid data, please correct highlighted fields. (if not entered). Invalid Facility type; must be F/S/O/L. (If not valid)	
7	BEGIN DATE Enrollee Incarceration Begin Date (DE 3277)	Edits: Required entry. Must be a valid date less than end date, if entered. Messages: Missing/Invalid data, please correct highlighted fields. (if not entered). Begin Date is invalid. (if not valid date)	The date which the Enrollee's incarceration began.
8	END DATE Enrollee Incarceration End Date (DE 3278)	Edits: Must be a valid date. Other rules apply depending on the transaction mode (see program specifications). Non-active segments are Unprotected only for super users. Messages: Date entered is invalid. End Date must be greater than begin date. Date overlap not allowed.	The end date of Enrollee's Incarceration Period. If not entered, will be updated as a NULL date for active Enrollee. End date is required for Enrollees in cancelled Incarceration status. End date must be greater than Begin date of Incarceration. No new dates should be overlapping with existing data.
9	Incarceration	Edits:	The enrollee incarceration status.

	Period STATUS Enrollee Incarceration Status Code (DE 3274)	Displays the Enrollee Incarceration Status Code. Messages: Invalid Status Code	

NAVIGATION	Incarceration History Data (RS-S-022)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of an Enrollees Incarceration History. If this button is pressed, and there are no more Eligibility History records on the Enrollee Data Store for the Member ID on the screen, a message will appear.	N/A
CASE	Branch to the Case Data screen in inquiry mode.	RS-S-010 (B)
ELIGIBILITY	Branch to the Eligibility Data Screen in Inquiry mode	RS-S-0185 (B)
ENTER	Command to edit data entered.	N/A
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	RS-S-001 (R)
SCROLL DOWN	Command button to view the next page of an Enrollees Incarceration History. If this button is pressed, and there are no more Eligibility History records on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
MAIN MENU	Returns to the MMIS Main System Menu	RF-S-010 (R)
RETURN	Return to the previous screen Demographics	RS-S-018 (R)
UPDATE	Command to save information entered when in update mode.	N/A

Error Messages

Error	Description	Resolution
5638	INVALID FUNCTION KEY PRESSED.	Press valid function keys only.
3165	CANNOT CHANGE PAGE NUMBER WHEN UPDATING.	Page number cannot be changed when updating a segment. Change page number to current page.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Informational message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Informational message.
3169	CHOOSE UPDATE TO ADD/UPDATE DATA.	Press UPDATE button to update data into table.

70	CURRENT PAGE NUMBER IS	Informational message. Displays current page number when page number is changed.
41	NO UPDATES WERE MADE TO THE DATA.	Informational message. No action needed.
81	FUNCTION KEY IS NOT ACTIVE IN THIS MODE.	Informational message. UPDATE key is not active in inquiry mode.
3157	DATE OVERLAP NOT ALLOWED.	Incarceration history dates must be distinct periods.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	Incarceration Facility type and Begin date are required fields. Either of these is missing as highlighted.
5710	INVALID FACILITY TYPE; MUST BE F/S/O/L.	Valid Facility type is required.
3154	BEGIN DATE IS INVALID.	Enter a valid begin date in MMDDYYYY format.
3030	DATE ENTERED IS INVALID.	Enter a valid End date in MMDDYYYY format.
3485	INVALID STATUS CODE.	Enter a valid Incarceration status. Must be A/C/V.
3158	END DATE MUST BE GREATER THAN BEGIN DATE.	Enter end date greater than begin date.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED.	Cannot scroll page backward when data is changed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED.	Cannot scroll page forward when data is changed.
64	NO DATA TO SCROLL.	Informational message.
3054	ALREADY AT THE TOP. SCROLLING NOT POSSIBLE.	Informational message. No further previous data to scroll backward.
3055	ALREADY AT THE BOTTOM. SCROLLING NOT POSSIBLE.	Informational message. No further more data to scroll forward.
3045	END OF ENROLLEE DETAILS.	Informational message. When all the data is fetched and displayed on screen.
5720	NO INCARCERATION DETAILS AVAILABLE.	Informational message. In update mode, when no history data is available to display.
3056	DATA DISPLAYED.	Informational message. No action needed.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED.	User does not have access to the screens chosen.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
3093	DATA UPDATED.	Informational message. No action needed.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, choose Enrollee in the Select Enrollment Type field.
4. Choose any of the Inquiry/Update functions.
5. Enter the 12 digit Enrollee ID.
6. You see Member Demographics screen (RS-S-018).
7. Choose button INCR
8. You see Incarceration History Screen (RS-S-022).

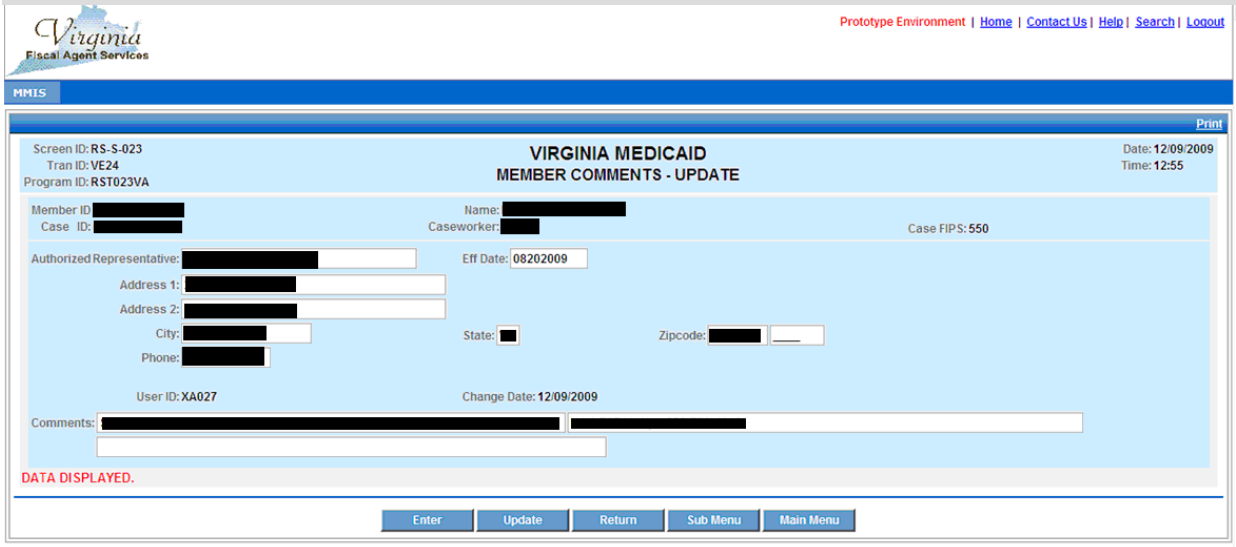
Screens RS-S-023 Member Comments

General Information

This screen displays the member's comments information.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update
PROGRAM	RST023
MAPSET	RS023VA
TRAN ID	VE23-Inquiry/VE24-Update

SAMPLE	**Member Comments (RS-S-023)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enrollee ID Enrollee Permanent Identification Number (DE3093)	Edits: Messages:	N/A
2	Name Enrollee Full Name (DE3003)	Edits: Messages:	N/A
3	Case ID Case Identification Number (DE3043)	Edits: Messages:	N/A
4	Caseworker Case Worker Number (DE3431)	Edits: Messages:	N/A
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Messages:	N/A
6	AC Enrollee Eligibility Aid Category (DE3009)	Edits: Messages:	N/A
7	Benefit Plan Benefit Definition Plan Short Name (DE3555)	Edits: Messages:	N/A
8	Authorized Rep-resentative Enrollee Authorized Representative Name (DE3183)	Edits: Messages:	N/A
9	Address1 Enrollee Additional Address Name (DE3114)	Edits: Messages:	N/A
10	Address2 Enrollee Street Address (DE3115)	Edits: Messages:	N/A
11	City	Edits:	N/A

	Enrollee City Name (DE3116)	Messages:	
12	State Enrollee State Code (DE3117)	Edits: Messages:	N/A
13	Zip Code Enrollee ZIP Code (DE3118)	Edits: Messages:	N/A
14	Phone Enrollee Telephone Number (DE3095)	Edits: Messages:	N/A
15	Change Source Enrollee Authorized Change source (DE3185)	Edits: Messages:	N/A
16	Change Date Enrollee Authorized Change Date (DE3184)	Edits: Messages:	N/A
17	COMMENTS Enrollee Comment Field (DE3463)	Edits: Text display/update for comments about the enrollee. Messages:	N/A

NAVIGATION	**Member Comments (RS-S-023)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Command to edit data entered.	N/A
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	N/A
RETURN	Returns to the correponding source screen depending on the where the call was originally invoked from.	N/A
UPDT	Not applicable during an inquiry transaction. Command to save information entered when in update mode. Prepare communication area with all demographic details to be used by RST999. During add mode, defer update until RST011. During Update/ID/CID, call RST999 to update changes and	N/A

	display appropriate message after returning from RST999.	

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
3056	DATA DISPLAYED	Information message. No action needed.
3314	DATA IS VALID	Information message.
2	DATA NOT CHANGED	Information message. No action needed.
27	DATA UPDATED	Information message. No action needed.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3101	INVALID ADDRESS LINE1	Check field for valid data and re-enter.
3100	INVALID ADDRESS LINE2	Check field for valid data and re-enter.
3099	INVALID CITY	Check field for valid data and re-enter.
3035	INVALID PHONE NUMBER	Check field for valid data and re-enter.
3098	INVALID STATE CODE	Check field for valid data and re-enter.
3097	INVALID ZIP CODE	Check field for valid data and re-enter.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

N/A

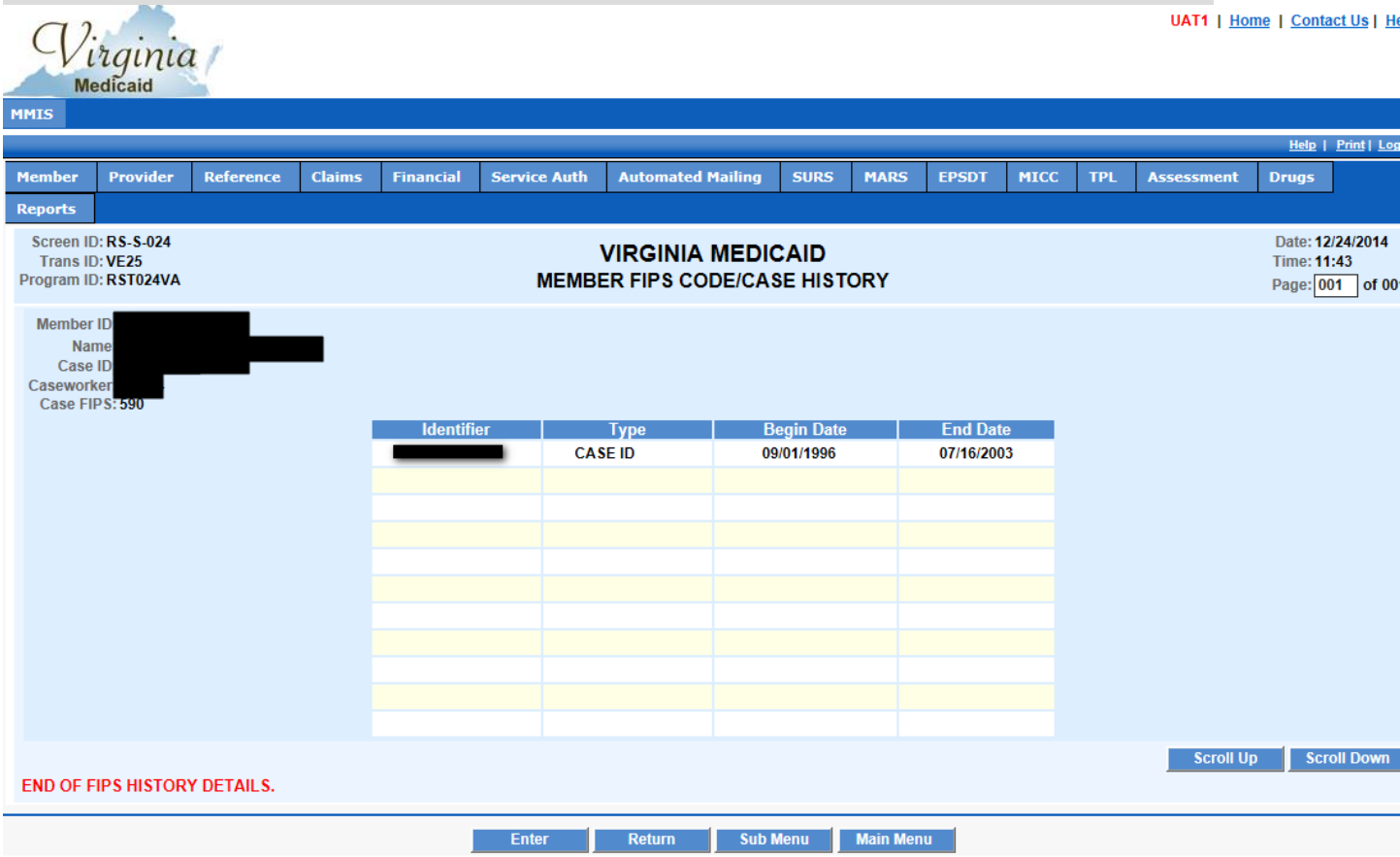
Screens RS-S-024 Member FIPS code case history

General Information

This screen gives a summary of the member's FIPS code case history. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST024
MAPSET	RS024VA
TRAN ID	VE25

SAMPLE	**Member FIPS code case history (RS-S-024)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enrollee ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area Messages:	N/A
1a	PERMANENT/ASSOCIATE LINK INDICATOR	Edits: This field is shown on the screen for display purposes only. It cannot be changed on this screen (it is protected). Data element DE3702.	When an AERL Enrollee ID value that has an I_PERSON with an I_DUP_PERSON_ID > 0 on the RS_PERSON table, the Permanent/Associate Link Indicator will display an 'A'. When a PERL Enrollee ID value that does not have an I_DUP_PERSON_ID > 0, but has a C_ID_TYPE_CVAL = 'AERL' (associated ID) and C_DATA_SRCE_CVAL = 'D' and D_ID_END is NULL on the RS_PRSN_IDENTIFIER table, the Permanent/Associate Link Indicator will display a 'P'. N/A
2	Name Enrollee Full Name (DE3003)	Edits: Displays enrollee's name. Messages:	N/A
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number. Passed from calling program through communications area Messages:	N/A
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number. Passed from calling	N/A

		program through communications area Messages:	
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code. Messages:	N/A
6	Identifier Enrollee FIPS Code (DE3008)	Edits: Display's Enrolle FIPS or Case ID history. Messages:	N/A
7	Type Locality Name (DE5255)	Edits: Displays Identifier type (FIPS or Case id) Messages:	N/A
8	From Date Enrollee FIPS History Begin Date (DE3157)	Edits: Messages: If the enrollee has no prior history, then the History begin date and end date will be the same.	If the enrollee has no prior history, then the History begin date and end date will be the same. N/A
9	To Date Enrollee FIPS History End Date (DE3158)	Edits: Display's FIPS history To Date Messages:	N/A

NAVIGATION	**Member FIPS code case history (RS-S-024)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of an Member's FIPS or CASE History. If this button is pressed, and there are no more FIPS or CASE History records on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
MEMBER	Return to the Member Demographics screen.	RS-S-018 (B)

ENTER	Processes page number request, if changed.	N/A
SUB MENU	Returns to the Enrollment Menu or Search Screen depending on the where the call was originally invoked from.	N/A
SCROLL DOWN	Command button to view the next page of an Member's FIPS or CASE History. If this button is pressed, and there are no more FIPS or CASE History records on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
RETURN	Return to the Member Demographics screen.	RS-S-018 (R)

Error Messages

Error	Description	Resolution
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Informational message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Informational message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3056	DATA DISPLAYED	Information message. No action needed.
5643	END OF FIPS HISTORY DETAILS.	N/A
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
5648	FIPS HISTORY DETAILS NOT AVAILABLE FOR THIS ENROLLEE.	N/A
15	FUNCTION CHOSEN IS INVALID	Choose another function.
64	NO DATA TO SCROLL	Information message. No action needed.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Information message.
3142	PAGE NUMBER MUST BE NUMERIC	Information message.

Screen Access

This screen is only accessible from the Demographics screen.
From the Main System Menu, select the Recipient icon.

1. On the Recipient Main Menu, choose the Enrollment option in the selection field. Choose Enter.
2. You see the Enrollment Menu (RS-S-001).
3. On the Enrollment Menu, select the 'Enrollee' Enrollment Type, select Inquiry Function, enter the Enrollee ID and choose either the Enter button or the Demographics button.
4. You see the Enrollee Demographics screen (RS-S-018).
5. On the Enrollee Demographics Screen, choose the box beside 'View Enrollee FIPS" in the bottom left corner of the screen. Choose Enter.
6. You see the Enrollee FIPS Code Case History screen (RS-S-024).
Screen Use:
Use the Page Up and Page Down arrow buttons to the right of the data box to page through additional records.

Screens RS-S-029 Benefit Definition Eligibility Cancel/Reinstate Rules

General Information

This screen enables the user to create, update, and inquire the cancel/reinstate aid category eligibility rules.

SOURCE/ORIGINATOR	DMAS
USAGE	Inquiry, Update, Add
PROGRAM	RST029
MAPSET	RS029VA
TRAN ID	VE26=Inquiry VE27=Add/Update

SAMPLE	**Benefit Definition Eligibility Cancel/Reinstate Rules (RS-S-029)**

Virginia Medicaid

Test Environment | Home | Contact Us | Help | Search |

MMIS

Help | Print | Logoff

Screen ID: RS-S-029
Trans ID: VE27
Program ID: RST029

VIRGINIA MEDICAID
CANCEL/REINSTATE RULES CHANGE SCREEN

Date: 02/10/2010
Time: 20:55
Page: 001 of 063

Cancel Reason: 024
Description: CANCELLATION OF LIMITED COVERAGE TO ENROLL IN GREATER BENEFIT COVERAGE

Sel	Aid Category From	Aid Category To	Begin Date	End Date	Status
○	001	005	07/21/2008	12/31/9999	A
○	001	006	07/21/2008	12/31/9999	A
○	001	007	07/21/2008	12/31/9999	A
○	001	008	07/21/2008	12/31/9999	A
○	001	009	07/21/2008	12/31/9999	A
○	001	011	07/21/2008	12/31/9999	A
○	001	012	07/21/2008	12/31/9999	A
○	001	018	07/21/2008	12/31/9999	A
○	001	020	07/21/2008	12/31/9999	A
○	001	021	07/21/2008	12/31/9999	A

Scroll Up | Scroll Down

ENTER SELECTION CRITERIA AND CHOOSE ENTER.

Enter | Update | Clear Form | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
10	Cancel Reason Eligibility Cancel Reason (DE3451)	Edits: Must be a valid Aid Category cancel reason code that resides in the GL_ CODE_VALUE DB2 table. Messages: Field Required. Field not numeric. Record does not exist.	N/A
20	From Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: This field is required in ADD mode and is unprotected. It is not required in CHANGE or INQUIRY mode and is protected. Messages: Field not numeric. Field Required. Record not found.	N/A
30	To Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: This field is required in ADD mode and is unprotected. It is not required in CHANGE or INQUIRY mode and is protected. Messages: Field not numeric. Field Required. Record not found.	N/A
40	Begin Date Code Value Begin Date (DE0019)	Edits: When in ADD mode, this field will default to	N/A

		the current date when left empty. It will not accept any date prior the current date, but it can be a future date. Messages: Field not numeric. Invalid Date.	
50	End Date Code Value End Date (DE0020)	Edits: When in ADD mode or Change mode , this field will default to 12/31/9999 when left empty. Messages: Field not numeric. Invalid Date.	N/A
60	Status Enrollee Eligibility Status Code (DE3499)	Edits: This field must contain "A" or "V" or space. When equal to a space, it will default to an "A". When in ADD mode, this field will default to "A" and is protected. When in CHANGE mode, valid values are "A" and "V" and is unprotected. Messages: Field invalid.	N/A

NAVIGATION	**Benefit Definition Eligibility Cancel/Reinstate Rules (RS-S-029)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR FORM	Transfers control to the DMAS main menu.	RF-S-010 (B)
ENTER	Validates the data entered and displays an error message if errors are encountered. If the data is valid and in Inquiry Mode, the program will issue a "Data	N/A

	Displayed" message. If in Update/Add mode, the program will ask the user to use UPDATE to make the changes permanent.	
PF12	Transfers control to the Member Subsystem Menu.	RS-S-000 (B)
PF2	Updates the corresponding Cancel/Reinstate Rules DB2 table with the contents on the screen. Changes will be made permanent when this function is used.	N/A
PF6	Returns control to the Benefits Definition Menu.	RS-S-102 (R)
PF7	Scrolls the rules displayed on the screen to the prior screen of rules. If the user is already on the first screen of rules, a message is returned.	N/A
PF8	Scrolls the rules displayed on the screen to the next screen of rules. If the user is already on the last screen of rules, a message is returned.	N/A
PF9	Clears the screen of all data and issues a message requesting a Cancel Reason Code be entered.	N/A

Error Messages

Error	Description	Resolution
2128	ADD SUCCESSFUL	Information message.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
3155	BEGIN DATE MUST BE GREATER THAN, OR EQUAL TO, THE CURRENT DATE	Enter a valid Begin Date.
2129	CHANGE SUCCESSFUL	Information message. No action needed.
62	DATE OVERLAP DETECTED; UPDATE NOT APPLIED	Check the date entered.
2190	EDITS MUST BE VALIDATED BEFORE THIS FUNCTION CAN BE USED CHOOSE ENTER.	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
7012	ENTER KEY AND CHOOSE ENTER	Entry in this field is required. Enter valid data

		and choose Enter to continue.
5233	ENTER SELECTION CRITERIA AND CHOOSE ENTER	Enter valid values according to error message specifications.
3227	ENTER 'X' TO MAKE A SELECTION	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3458	INVALID AID CATEGORY	Check field for valid data and re-enter.
9692	INVALID CANCEL REASON ENTER A VALID REASON.	Enter a valid Cancel Reason Code. See the field definitions for data requirements of this field.
2456	INVALID PAGE NUMBER	Check field for valid data and re-enter.
3392	KEY DATA AND CHOOSE ENTER	Information message.
3700	NO DATA FOUND FOR THE REQUEST	Information message.
64	NO DATA TO SCROLL	Information message. No action needed.
7065	NOTHING TO VALIDATE; DATA HAS NOT CHANGED	Information message. No action needed.
2454	PAGE NUMBER GREATER THAN TOTAL PAGES	Information message.
4966	PRESS UPDATE TO ADD/UPDATE	Informational message.
5384	REQUESTED PAGE IS DISPLAYED	Information message.
3282	SELECT ONLY ONE DETAIL	Information message.
3239	STATUS CODE IS INVALID	Enter a valid status code. See the field definitions for explanation and valid codes.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.
2035	UPDATE KEY NOT VALID FOR INQUIRY FUNCTION	Information message.

Screen Access

1. From the VaMMIS Main System Menu, choose the Recipient Subsystem.
2. From the Recipient Subsystem Menu, choose the Enrollment Radio Button, then ENTER.
3. From the Benefits Definition Menu, choose the Add or Change Function, the Selection Box for Cancel/Reinstate Rules
and key a valid Cancel Reason Code, then ENTER.

Screens RS-S-035 Spend Down Search

General Information

This screen is used to search for individuals in the Spend Down ledger.

SOURCE/ORIGINATOR	DSS Case workers
USAGE	Inquiry
PROGRAM	RST035
MAPSET	RS035VA
TRAN ID	VE13

SAMPLE	**Spend Down Search (RS-S-035)**

There is no Sample

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(SELECTION) (DE0000)	Edits: If entered, pass the chosen ID when transfering to the Spend Down Maintenance screen.	Not a field, but a selection function. To select one of the displayed records, click on a record to position the highlight bar on the record and then click either Enter or Spend Down Maintenance. The system will display the Spend Down Maintenance screen populated with data for the selected record. N/A
2	L-NAME Enrollee Last Name (DE3110)	Edits: Display's individuals last name.	Displays the individual's last name. N/A
3	F-NAME Enrollee First Name (DE3111)	Edits: Display's individuals first name.	Displays the individual's first name. N/A
4	MI Enrollee Middle Initial (DE3112)	Edits: Display's individuals middle initial.	Displays the individual's middle initial. N/A

5	SUF Enrollee Name Suffix (DE3113)	Edits: Display's individuals suffix.	Displays the individual's name suffix. N/A
6	SPEND DOWN ID Enrollee Spend Down ID (DE3541)	Edits: Display's individuals spend down ID.	Displays the individual's spend down ID. N/A
7	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Display's individuals social security number.	Displays the individual's social security number. N/A
8	DOB Enrollee Birth Date (DE3005)	Edits: Display's individuals birth date.	Displays the individual's birth date. N/A
9	L-NAME (SEARCH KEY) Enrollee Last Name (DE3110)	Edits: If entered, operator may not enter SSN. Messages: Missing/Invalid data, please correct highlighted fields.	The last name of the individual eligible. If entered, operator may not enter SSN. To view all spend down records for individuals with the same last name, enter the last name in this field and click Enter. N/A
10	F-NAME (SEARCH KEY) Enrollee First Name (DE3111)	Edits: If entered, operator must also enter the selection L-NAME. Messages: Missing/Invalid data, please correct highlighted fields.	The first name of the individual. If entered, operator must also enter the selection Last Name. To view all records for individuals with the same last and first name, enter the last name and first name and click Enter. N/A
11	MI (SEARCH KEY) Enrollee Middle Initial (DE3112)	Edits: If entered, operator must also enter the selections L-NAME and F-NAME. Messages: Missing/Invalid data, please correct highlighted fields.	The middle initial of the individual. If entered, operator must also enter the selections Last Name and First Name. N/A
12	SUF (SEARCH KEY) Enrollee Name Suffix (DE3113)	Edits: If entered, operator must also enter the selections L-NAME	The name suffix (such as Jr. or IV) of the individual. If entered, operator must also enter the selections Last Name and First Name. N/A

		and F-NAME. Messages: Missing/Invalid data, please correct highlighted fields.	
13	DOB (SEARCH KEY) Enrollee Birth Date (DE3005)	Edits: If entered, must be a valid date and operator must also enter the selections L-NAME and F-NAME. Messages: Missing/Invalid data, please correct highlighted fields.	The individual's date of birth. If entered, must be a valid date and operator must also enter the selections Last Name and First Name. Entering the date of birth will narrow the search. N/A
14	SSN (SEARCH KEY) Enrollee Social Security Number (SSN) (DE3034)	Edits: If entered, operator may not select any other criteria. Messages: Missing/Invalid data, please correct highlighted fields.	The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. If entered, operator may not select any other criteria. To search for an individual by SSN, enter the SSN and click Enter. N/A
15	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A

NAVIGATION	**Spend Down Search (RS-S-035)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of Spend Down individuals. If this button is pressed, and there are no more segments on the Spend Down Data Store for the search criteria entered on the screen, a message will appear.	N/A
ENTER	Processes either of the following: a) New Search for Spend Down b). Page number request, if changed.	N/A

SUB MENU	Return to the Member Data Main Menu	N/A
SCROLL DOWN	Command button to view the next page of Spend Down individuals. If this button is pressed, and there are no more segments on the Spend Down Data Store for the search criteria entered on the screen, a message will appear.	N/A
SD MAINT	Branch to the Spend Down Maintenance screen. A Spend Down ID must be selected.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
3168	AT LEAST 3 CHARACTERS OF NAME REQUIRED	Enter 3 characters of name.
3057	CHOOSE RETURN TO GO BACK TO ENROLLEE DEMOGRAPHICS SCREEN	Information message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assist-ance.
3056	DATA DISPLAYED	Information message. No action needed.
3046	DO NOT ENTER ANY OTHER SEARCH CRITERIA WITH SSN	Information message.
3053	DO NOT SELECT ENROLLEE OR ENTER SEARCH CRITERIA WHEN SCROLLING	Information message.
3045	END OF ENROLLEE DETAILS	Information message.
3050	ENTER CRITERIA FOR NEW SEARCH	Enter valid values according to error message specifications.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
3044	FIRST NAME REQUIRED	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3037	INVALID DATE OF BIRTH	Check field for valid data and re-enter.
3041	INVALID SSN	Check field for valid data and re-enter.
3039	LAST NAME AND FIRST NAME REQUIRED	Information message.

3038	LAST NAME REQUIRED	Information message.
64	NO DATA TO SCROLL	Information message. No action needed.
3034	NO RECORDS MEETING SEARCH CRITERIA	Information message.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Information message.
3142	PAGE NUMBER MUST BE NUMERIC	Information message.
3283	SELECT A DETAIL	Information message.
3284	SELECT A DETAIL DO NOT ENTER ANY OTHER CRITERIA.	Information message.
3286	SELECT A DETAIL OR ENTER CRITERIA FOR NEW SEARCH	Information message.
3282	SELECT ONLY ONE DETAIL	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

This screen is only accessible from the Spend Down Maintenance screen (RS-S-008)
From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Spend Down option in the selection field. Choose Enter.
2. You see the Spend Down Maintenance screen (RS-S-008).
3. Choose the Search button at the bottom of the screen.
4. You see the Spend Down Search screen (RS-S-035).
Screen Use:
1. Once you are on the Spend Down Search screen, you may initiate a search by entering data in the Search Criteria fields. Choose Enter to search.
2. Use the Page Up and Page Down arrow buttons to the right of the search results to scroll through additional records that met the search criteria.

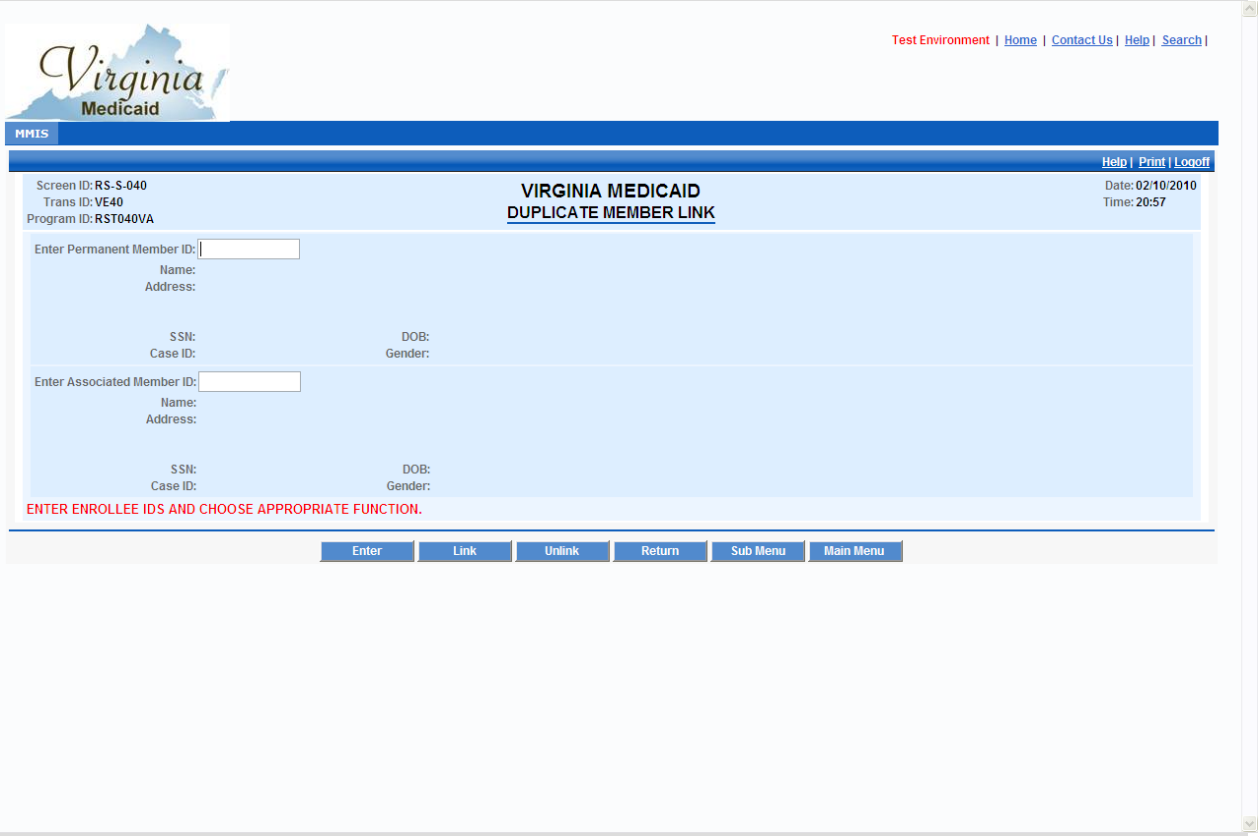
Screens RS-S-040 Duplicate Member Link

General Information

This screen is used to link or unlink member numbers.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Update, Add
PROGRAM	RST040
MAPSET	RS040VA
TRAN ID	VE4L (Link), VE4U (Unlink)

SAMPLE	**Duplicate Member Link (RS-S-040)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PERMANENT ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Must be numeric. Represents the active (primary) enrollee. Must be entered for a link action. Not allowed for an unlink action.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Must be numeric. Represents the active (primary) enrollee. Must be entered for a link action. Not allowed for an unlink action. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Must be numeric. Represents the active (primary) enrollee. Must be entered for a link action. Not allowed for an unlink action.
2	NAME Enrollee Full Name (DE3003)	Edits: Displays the enrollee name related to the permanent ID.	The name of the individual eligible for DMAS-administered programs. The name of the individual eligible for DMAS-administered programs. System displayed (P).
3	ADDRESS (line1) Enrollee Additional Address Name (DE3114)	Edits: Displays the enrollee additional address related to the permanent ID.	Additional name information for the enrollee address information such as 'care of' or 'attention' information. Additional name information for the enrollee address information such as 'care of' or 'attention' information. System displayed (P).
4	(Address line 2) Enrollee Street Address (DE3115)	Edits: Displays the enrollee street address related to the permanent ID.	Displays the enrollee street address related to the permanent ID. Displays the enrollee street address related to the permanent ID. System displayed (P).
5	(City) Enrollee City Name (DE3116)	Edits: Displays the enrollee city related to the permanent ID.	Displays the enrollee city related to the permanent ID. Displays the enrollee city related to the permanent ID. System displayed (P).
6	(State) Enrollee State Code (DE3117)	Edits: Displays the enrollee state related to the permanent ID.	Displays the enrollee state related to the permanent ID. Displays the enrollee state related to the permanent ID. System displayed (P).

7	(Zip Code) Enrollee ZIP Code (DE3118)	Edits: Displays the enrollee zip code related to the permanent ID.	Displays the enrollee zip code related to the permanent ID. Displays the enrollee zip code related to the permanent ID. System displayed (P).
8	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Displays the enrollee social security number related to the permanent ID.	Displays the enrollee social security number related to the permanent ID. Displays the enrollee social security number related to the permanent ID. System displayed (P).
9	DOB Enrollee Birth Date (DE3005)	Edits: Displays the enrollee birth date related to the permanent ID.	Displays the enrollee birth date related to the permanent ID. Displays the enrollee birth date related to the permanent ID. System displayed (P).
10	CASE ID Case Identification Number (DE3043)	Edits: Displays the case ID related to the permanent ID.	A number that uniquely identifies the family or group of individuals in the same Case entity. Displays the case ID related to the permanent ID. A number that uniquely identifies the family or group of individuals in the same Case entity. Displays the case ID related to the permanent ID. System displayed (P).
11	SEX Enrollee Sex Code (DE3007)	Edits: Displays the enrollee sex code related to the permanent ID.	Displays the enrollee sex code related to the permanent ID. 'M' = Male, 'F' = Female, 'U' = Unknown. Displays the enrollee sex code related to the permanent ID. 'M' = Male, 'F' = Female, 'U' = Unknown. System displayed (P).
12	ASSOCIATED ENROLLEE ID Enrollee Identification Number (DE3001)	Edits: Must be numeric. Represents the cancelled (secondary) enrollee. Messages: Missing/Invalid data, please correct highlighted fields. Enrollee not on file. Enrollee not cancelled. (if entered during a link action)	A number used to uniquely identify an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Must be numeric. Represents the cancelled (secondary) enrollee. A number used to uniquely identify an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID which is DE 3093. Must be numeric. Represents the cancelled (secondary) enrollee. .

		Unmatched enrollee data. (if entered during a link action) Enrollee already linked. (if entered during a link action) Enrollee not linked. (if entered during an unlink action)	Enter the Enrollee ID of the cancelled enrollee for a link transaction to link this enrollee to the permanent (active) enrollee. Enter the Enrollee ID of the associated enrollee for an unlink transaction to unlink this enrollee from the permanent enrollee
13	NAME Enrollee Full Name (DE3003)	Edits: Displays the enrollee name related to the associated ID.	Displays the enrollee name related to the associated ID. Displays the enrollee name related to the associated ID. System displayed (P).
14	ADDRESS (line 1) Enrollee Additional Address Name (DE3114)	Edits: Displays the enrollee additional address related to the associated ID.	Displays the enrollee additional address related to the associated ID. Displays the enrollee additional address related to the associated ID. System displayed (P).
15	(Address line 2) Enrollee Street Address (DE3115)	Edits: Displays the enrollee street address related to the associated ID.	Displays the enrollee street address related to the associated ID. Displays the enrollee street address related to the associated ID. System displayed (P).
16	(City) Enrollee City Name (DE3116)	Edits: Displays the enrollee city related to the associated ID.	Displays the enrollee city related to the associated ID. Displays the enrollee city related to the associated ID. System displayed (P).
17	(State) Enrollee State Code (DE3117)	Edits: Displays the enrollee state related to the associated ID.	Displays the enrollee state related to the associated ID. Displays the enrollee state related to the associated ID. System displayed (P).
18	(Zip Code) Enrollee ZIP Code (DE3118)	Edits: Displays the enrollee zip code related to the associated ID.	Displays the enrollee zip code related to the associated ID. Displays the enrollee zip code related to the associated ID. System displayed (P).
19	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Displays the enrollee social security number related to the associated ID.	Displays the enrollee social security number related to the associated ID. Displays the enrollee social security number related to the associated ID. System displayed (P).

20	DOB Enrollee Birth Date (DE3005)	Edits: Displays the enrollee birth date related to the associated ID.	Displays the enrollee birth date related to the associated ID. Displays the enrollee birth date related to the associated ID. System displayed (P).
21	CASE ID Case Identification Number (DE3043)	Edits: Displays the case ID related to the associated ID.	A number that uniquely identifies the family or group of individuals in the same Case entity. Displays the case ID related to the associated ID. A number that uniquely identifies the family or group of individuals in the same Case entity. Displays the case ID related to the associated ID. System displayed (P).
22	SEX Enrollee Sex Code (DE3007)	Edits: Displays the enrollee sex code related to the associated ID.	Displays the enrollee sex code related to the associated ID. 'M' = Male, 'F' = Female, 'U' = Unknown. Displays the enrollee sex code related to the associated ID. 'M' = Male, 'F' = Female, 'U' = Unknown. System displayed (P).
23	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. Displays error/informational messages to the operator. (P)

NAVIGATION	**Duplicate Member Link (RS-S-040)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SUB MENU	Return to the Member Subsystem Menu.	N/A
LINK	Command to edit member IDs for link criteria and return appropriate demographic information to the screen.	N/A
UNLINK	Command to edit member IDs for unlink criteria and return appropriate demographic information to the screen.	N/A
UPDATE	Command to save link or unlink information specified. Not applicable until a link or unlink command has been executed.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3138	CHOOSE LINK OR UNLINK	Information message.
3133	CHOOSE LINK OR UNLINK BEFORE UPDATE	Information message.
3137	CHOOSE UPDATE	Information message.
3127	CHOOSE UPDATE TO LINK ENROLLEES	Information message.
3128	CHOOSE UPDATE TO UNLINK ENROLLEES	Information message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
3130	DO NOT ENTER PERMANENT ENROLLEE ID FOR UNLINK	Information message.
3132	ENROLLEE ALREADY LINKED	Information message.
3131	ENROLLEE ID NOT ON FILE	Check the Enrollee ID for valid formatting and try the task again. See the field definitions for valid Enrollee ID specifications.
3134	ENROLLEE IS NOT LINKED TO ANY OTHER ENROLLEE	Information message.
3124	ENROLLEE NOT CANCELLED	Information message.
3135	ENROLLEES LINKED	Information message.
3136	ENROLLEES UNLINKED	Information message.
3123	ENTER A VALID ASSOCIATED ENROLLEE ID	Enter valid values according to error message specifications.
3122	ENTER A VALID PERMANENT ENROLLEE ID	Enter valid values according to error message specifications.
3120	ENTER ENROLLEE IDS AND CHOOSE APPROPRIATE FUNCTION	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3791	MEDICARE/SSA CLAIM NUMBER CORRELATES TO MORE THAN ONE ENROLLEE ID.	Ensure that the HIC number relates to one enrollee.
3139	OTHER ENROLLEES LINKED TO ENROLLEE LINK NOT POSSIBLE.	Information message.

3129	PERMANENT AND ASSOCIATED ENROLLEE IDs MUST BE DIFFERENT	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the radio button beside Duplicate Enrollee Link the Enrollment option in the selection field. Choose Enter.
2. You see the Duplicate Enrollee Link screen (RS-S-040).
Screen Use:
1. To link two enrollee records, enter the Enrollee ID for the permanent enrollee and the Enrollee ID for the associated enrollee. The associated enrollee must already be cancelled before performing the link. Choose the Link button at the bottom of the screen. The system will display information for both records. If you wish to link the two records, choose Update.
2. To unlink records that were previously linked, enter the Enrollee ID of the Associated enrollee only. Choose the Unlink button. After reviewing the record, choose Update to unlink the enrollee from it previous association.

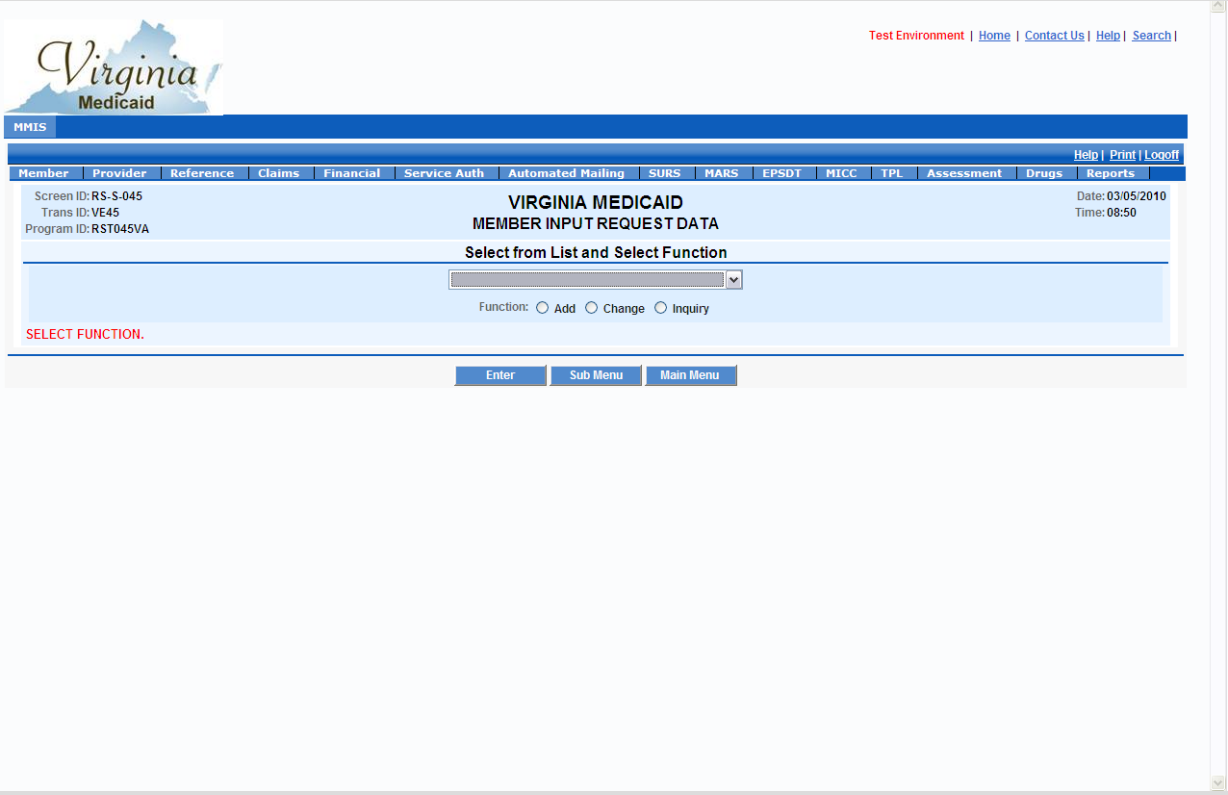
Screens RS-S-045 Member Input Request Data

General Information

Selection screen that allows the operator to select type of process desired to maintain the request data needed.

SOURCE/ORIGINATOR	DMAS-Authorized DSS Users
USAGE	Inquiry, Update, Add
PROGRAM	RST045 RST047
MAPSET	RS045VA
TRAN ID	VE45

SAMPLE	**Member Input Request Data (RS-S-045)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECT Terminal/PC Operator List or Option Select (DE9999)	Edits: Must be 01 - 15. Messages: Missing/Invalid data, please correct highlighted fields	Selection field used to select the desired screen. Click on the radio button beside the screen you wish to access. Selection field used to select the desired screen. Click on the radio button beside the screen you wish to access.
2	ENTER FUNCTION Terminal/PC Operator List or Option Select (DE9999)	Edits: Must be A, C, or I	Select the radio button next to Inquiry to select Inquiry mode. Select the radio button next to Add or Change to be in Add mode or Change mode.
3	MSG Screen Informational, Warning or Error Message (DE99999)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. Displays error/informational messages to the operator.

NAVIGATION	Member Input Request Data (RS-S-045)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	For all selections except Uncompensated Property Maintenance, branch to the Member Request Data Maintenance Screen. When Uncompensated Property Maintenance is selected, the RS-S-046-11 screen is displayed.	N/A
SUB MENU	Return to the Member Subsystem Menu.	N/A
MAIN MENU	Returns to main system menu.	RF-S-001-06 (R)

Error Messages

Error	Description	Resolution
4000	MUST BE A, C, OR I	Enter A, C or I.
4954	NOT AUTHORIZED TO UPDATE	Informational message.
3024	SELECT FUNCTION	Choose one of the functions on the screen. Then, choose Enter.

4969	TCACF2ID IS CLOSED	Informational message.
4967	USER NOT AUTHORIZED TO ACCESS	Informational message.
4970	USER NOT FOUND IN TCACF2ID	User is not found.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Input Request option in the selection field.
2. Choose Enter.
3. You see the Enrollee Input Request Data menu (RS-S-045).
Screen Use:
1. On the Input Request Menu, choose the radio button beside the screen you wish to access. Choose the radio button beside the function you which to do (Add or Change)
2. Choose Enter to access the selected screen.

Screens RS-S-046-11 Uncompensated Property Maintenance

General Information

This Uncompensated Property Screen is used to Add, Change and Inquire property transfer records. The screen allows the user to Inquire by Member ID, SSN or full name. The screen also allows to search and Inquire by partial names (with first 3 characters of first name and first 3 characters of last name). The screen allows to Add and Change by valid Member ID. In change mode, the screen allows to update End Reason and FIPS fields.

SOURCE/ORIGINATOR	DMAS, DSS
USAGE	Inquiry, Update, Add
PROGRAM	RST047
MAPSET	RS047VA
TRAN ID	VE47, VE48

SAMPLE	**Uncompensated Property Maintenance (RS-S-046-11)**

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Virginia Medicaid

MMIS

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Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs | Reports

Screen ID: RS-S-046-11
Trans ID: VE47
Program ID: RST047VA

VIRGINIA MEDICAID
UNCOMPENSATED PROPERTY INQUIRY

Date: 03/05/2010
Time: 08:57

Transaction Type: INQ Member ID:

Name Last: First: MI: Suffix:

SSN: DOB:

FIPS: Source Code:

Transfer Date	Penalty Period		End Reason	Transfer Amount	FIPS
	Begin Date	End Date			

Scroll Down Scroll Down

Enter | Update | Clear Form | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Transaction Type Input Request Data (DE3101)	Edits: Passed from RS-S-045. Values are ADD, CHG, INQ.	Shows the transaction type: 'ADD' = Add, 'CHG' = Change and 'INQ' = Inquire. Shows the transaction type: 'ADD' = Add, 'CHG' = Change and 'INQ' = Inquire. ADD/UPDATE (P)
2	Enrollee ID Enrollee Permanent Identification Number (DE3093)	Edits: Valid Enrollee ID	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims His-

			tory File. ADD/UPDATE (R/U) Enter an Enrollee ID and choose Enter.
3	Last Name Eligibility Uncompensated Property Transfer Last Name (DE3211)	Edits: Valid Last Name	Enrollee's last name, based on the Enrollee ID chosen. Enrollee's last name, based on the Enrollee ID chosen. ADD/UPDATE (P)
4	First Name Eligibility Uncompensated Property Transfer First Name (DE3212)	Edits: Valid First Name	Enrollee's first name, based on the Enrollee ID chosen. Enrollee's first name, based on the Enrollee ID chosen. ADD/UPDATE (P)
5	Middle Initial Eligibility Uncompensated Property Transfer Middle Initial (DE3213)	Edits: Valid Middle Initial	Enrollee's middle initial. Enrollee's middle initial. ADD/UPDATE (P)
6	Suffix Eligibility Uncompensated Property Transfer Suffix (DE3214)	Edits: Valid Suffix	The suffix of the name (when present) of the Enrollee. The suffix of the name (when present) of the Enrollee. ADD/UPDATE (P)
7	SSN Enrollee Social Security Number (SSN) (DE3034)		The number used by the SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. SSN can be used to inquire uncompensated property transfers. The number used by the SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. ADD/UPDATE (P)
8	DOB Enrollee Birth Date (DE3005)		The Enrollee's date of birth. The Enrollee's date of birth. ADD/UPDATE (P)
9	City/County Enrollee FIPS Code (DE3008)		Identifies the provider or enrollee city/county locality. Identifies the provider or enrollee city/county locality.

			ADD/UPDATE (P)
10	Source Code Security Group (DE10022)	Edits: Values are DMAS, DSS or M. Messages: This field is entered automatically by the program.	The Source Code displays who previously Added/Updated a property transfer for an enrollee. Valid values are 'D'(DMAS), 'S' (DSS), 'M' (END DATED) and 'O' (OTHER). The Source Code displays who previously Added/Updated a property transfer for an enrollee. Valid values are 'D'(DMAS), 'S' (DSS), 'M' (END DATED) and 'O' (OTHER). ADD/UPDATE (P)
11	Transfer Date Eligibility Uncompensated Property Transfer Date (DE3216)		The date the individual transferred property to another person without compensation. Will have the label TRANSFER DATE. The date the individual transferred property to another person without compensation. Will have the label TRANSFER DATE. Transfer date must not be in the future. ADD (R/U) UPDATE (P)
12	Penalty Begin Date Eligibility Uncompensated Property Transfer Decision Date (DE3217)		Penalty Begin Date is the start date of the penalty due to an uncompensated property transfer. Penalty Begin Date is the start date of the penalty due to an uncompensated property transfer. Enter a Begin Date equal to or greater than (Penalty Period) Transfer Date and less than (Penalty Period) End Date. ADD (R/U) UPDATE (P)
13	Penalty End Date Eligibility Uncompensated Property Transfer End Date (DE3218)		Penalty End Date is the end date the penalty ends due to an uncompensated property transfer. Penalty End Date is the end date the penalty ends due to an uncompensated property transfer. (Penalty Period) End Date should be equal to or greater than (Penalty Period) Begin Date. ADD (R/U) UPDATE (P)
14	End Reason Status Reason Code (DE10021)	Edits: Valid values are 000-006.	Valid values are 000-006. Valid values are 000-006. ADD/UPDATE (R/U)
15	Transfer Amount		The value of property transferred by an individual to another entity.

	Eligibility Uncompensated Property Transfer Amount (DE3219)		The value of property transferred by an individual to another entity. Transfer Amount should be greater than zero. ADD (R/U) UPDATE (P)
16	Locality Code Eligibility Uncompensated Property Transfer Locality Code (DE3220)		Eligibility Uncompensated Property Transfer Locality Code. Eligibility Uncompensated Property Transfer Locality Code. ADD/UPDATE (R/U)

NAVIGATION	**Uncompensated Property Maintenance (RS-S-046-11)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR FORM	Command to clear the screen.	N/A
ENTER	Command to edit data entered.	N/A
SUB MENU	Returns to the Member Subsystem Menu	N/A
RETURN	Return to the Member Input Request Data Screen.	N/A
SCROLL DOWN	Command to display the next screen of Property Transfer records.	N/A
SCROLL UP	Command to display the previous screen of Property Transfer records.	RF-S-001-01 ()
MAIN MENU	Returns to the Main System Menu	N/A
UPDATE	Command to save information entered.	N/A

Error Messages

Error	Description	Resolution
3168	AT LEAST 3 CHARACTERS OF NAME REQUIRED	Enter 3 characters of name.
4950	BEGIN DATE SHOULD BE GREATER THAN OR EQUAL TO THE TRANSFER DATE	Enter a Begin Date greater than or equal to the Transfer Date.
4963	BOTTOM OF PAGE	Informational Message.
4951	DATE SHOULD BE GREATER THAN CURRENT DATE	Enter a date greater than the current date.
3303	ENROLLEE ID ENTERED IS INVALID	Information message.
4971	ENROLLEE NOT FOUND	User is not found.
3289	ENTER A VALID DATE	Enter a Valid Date format: Enter a two digit month, two digit day and a four digit year.

4973	ENTER A VALID LOC	Informational message.
4955	ENTER ENROLLEE ID	Informational Message.
1341	IN A PROPERTY TRANSFER PENALTY PERIOD: INELIGIBLE FOR LTC	Informational message.
4956	INVALID ENROLLEE ID ENTERED	Enter a valid Enrollee ID.
4957	INVALID SSN ENTERED	Enter a valid SSN.
4958	NAME NOT FOUND	Informational Message.
4965	NO PROPERTY TRANSFER RECORDS CHANGED	Informational Message.
4964	NO PROPERTY TRANSFER RECORDS ENTERED	Informational Message.
4953	NO PROPERTY TRANSFER RECORDS FOUND	Informational Message.
4954	NOT AUTHORIZED TO UPDATE	Informational message.
4961	PENALTY BEGIN DATE SHOULD NOT BE GREATER THAN PENALTY END DATE	Penalty Begin Date should not be greater than Penalty End Date.
4966	PRESS UPDATE TO ADD/UPDATE	Informational message.
4952	REASON SHOULD BE 000 THRU 006	Enter a valid Reason Code.
4960	RECORD(S) ADDED SUCCESSFULLY	Informational Message.
4959	RECORD(S) UPDATED SUCCESSFULLY	Informational Message.
3306	SSN ENTERED IS INVALID	Check the SSN and enter a valid SSN.
4972	SSN NOT FOUND	SSN number is not found.
4949	THE ENROLLEE IS CURRENTLY ENROLLED IN LTC	Informational message.
4962	TOP OF PAGE	Informational message.
4974	TRANSFER AMOUNT MUST BE >0	Enter a transfer amount greater than 0.
4968	TRANSFER DATE MUST BE GREATER THAN OR EQUAL TO CURRENT DATE	Transfer date must be greater than or equal to current date
4967	USER NOT AUTHORIZED TO ACCESS	Informational message.

Screen Access

Access Property Transfer Add Screen:
1. Select Recipient on Main System Menu (RF-S-010)
2. Select Input Request Data on Recipient Subsystem Menu (RS-S-000)
3. Select Uncompensated Property Maintenance and Add on Enrollee Input Request Data (RS-S-045).
Access Property Transfer Change Screen:

1. Select Recipient on Main System Menu (RF-S-010)
2. Select Input Request Data on Recipient Subsystem Menu (RS-S-000)
3. Select Uncompensated Property Maintenance and Change on Enrollee Input Request Data (RS-S-045).

Screens RS-S-046 Member Request Data Maintenance

General Information

This screen allows entry of input data required for the following processes: Withdrawn Provider, Re-create HMO Enrollment File, Managed Care Eligibile Member Extract, Service authorizations for Preassigned Members, Members in Benefit Plan to be Closed, Create Member or Case Labels, Member File Extract by City/County, Member Report Extract by Aid Category, Bypass Member Duplicate Checking, Fraud Conviction Maintenance, Member/Case Print Facsimile, Print Eligibility/Enrollment Rules and Certificate of Former Coverage.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Add
PROGRAM	RST045
MAPSET	RS046VA
TRAN ID	VE45

SAMPLE	**Member Request Data Maintenance (RS-S-046)**

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Screen ID: RS-S-046-01
Trans ID: VE45
Program ID: RST045VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
WITHDRAWN PROVIDER PROCESSING

Date: 02/10/2010
Time: 20:59

Withdrawn Provider:
Withdrawal Date: 11 30 2009
New Providers:

Enter | Update | Delete | Prov Loc | Sub Menu | Main Menu

SAMPLE	Member Request Data Maintenance (RS-S-046)

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Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: RS-S-046-02
Trans ID: VE45
Program ID: RST045VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
RE-CREATE MCO ENROLLMENT FILE

Date: 02/10/2010
Time: 21:02

MCO Provider:
Roster Month/Year:

Enter | Update | Delete | Prov Loc | Sub Menu | Main Menu

SAMPLE	Member Request Data Maintenance (RS-S-046)

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Virginia Medicaid

MMIS

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Screen ID: RS-S-046-03
Trans ID: VE45
Program ID: RST045VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
MEDALLION II ELIGIBLE MEMBER EXTRACT

Date: 02/10/2010
Time: 21:03

FIPS

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Enter | Update | Delete | Sub Menu | Main Menu

SAMPLE	Member Request Data Maintenance (RS-S-046)

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Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: RS-S-046-04
Trans ID: VE45
Program ID: RST045VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
SERVICE AUTHORIZATION FOR PREASSIGNED MEMBERS

Date: 02/10/2010
Time: 21:04

Cut-Off Date:

FIPS

Enter | Update | Delete | Sub Menu | Main Menu

SAMPLE	Member Request Data Maintenance (RS-S-046)

Virginia Fiscal Agent Services

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Print

Screen ID: RS-S-046-05
Tran ID: VE45
Program ID: RST045VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
MEMBERS IN BENEFIT PLAN TO BE CLOSED

Date: 11/25/2009
Time: 12:07

Benifit Package

Program:
Subprogram:
Plan:
Exception Indicator:

Enter | Update | Delete | Sub Menu | Main Menu

SAMPLE	Member Request Data Maintenance (RS-S-046)

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Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: RS-S-046-06
Trans ID: VE45
Program ID: RST045VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
CREATE MEMBER OR CASE LABELS

Date: 02/10/2010
Time: 21:05

Label Type: (•) Case ( ) Member

FIPS

121																			

Enter | Update | Delete | Sub Menu | Main Menu

SAMPLE	**Member Request Data Maintenance (RS-S-046)**

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MMIS

Help | Print | Logoff

Screen ID: RS-S-046-07
Trans ID: VE45
Program ID: RST045VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
DSS MEMBER FILE EXTRACT BY FIPS

Date: 02/10/2010
Time: 21:06

Member Status: ◯ All ◯ Only

FIPS:

Enter | Update | Delete | Sub Menu | Main Menu

SAMPLE	Member Request Data Maintenance (RS-S-046)

Test Environment | Home | Contact Us | Help | Search |

Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: RS-S-046-08
Trans ID: VE45
Program ID: RST045VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
MEMBER REPORT EXTRACT BY AID CATEGORY

Date: 02/10/2010
Time: 21:08

Report Option: 1
Option Date: 12092000

FIPS

111	101																		

Aid Category

Enter | Update | Delete | Sub Menu | Main Menu

SAMPLE	**Member Request Data Maintenance (RS-S-046)**

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Virginia Medicaid

MMIS

Help | Print | Logoff

Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs | Reports

Screen ID: RS-S-046-10
Trans ID: VE45
Program ID: RST045VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
FRAUD CONVICTION MAINTENANCE

Date: 03/05/2010
Time: 16:34

Transaction Type:
SSN:
DOB:
FIPS:
Conviction Date: End Date:
Name Last: First: Middle Initial: Suffix:

Enter | Update | Sub Menu | Main Menu

SAMPLE	Member Request Data Maintenance (RS-S-046)

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Virginia Medicaid

MMIS

Help | Print | Logoff

Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs | Reports

Screen ID: RS-S-046-11
Trans ID: VE47
Program ID: RST047VA

VIRGINIA MEDICAID
UNCOMPENSATED PROPERTY INQUIRY

Date: 03/05/2010
Time: 08:57

Transaction Type: INQ Member ID:

Name Last: First: MI: Suffix:

SSN: DOB:

FIPS: Source Code:

Transfer Date	Penalty Period		End Reason	Transfer Amount	FIPS
	Begin Date	End Date			

Scroll Down Scroll Down

Enter | Update | Clear Form | Return | Sub Menu | Main Menu

SAMPLE	Member Request Data Maintenance (RS-S-046)

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MMIS

Help | Print | Logoff

Screen ID: RS-S-046-12
Trans ID: VE45
Program ID: RST045VA

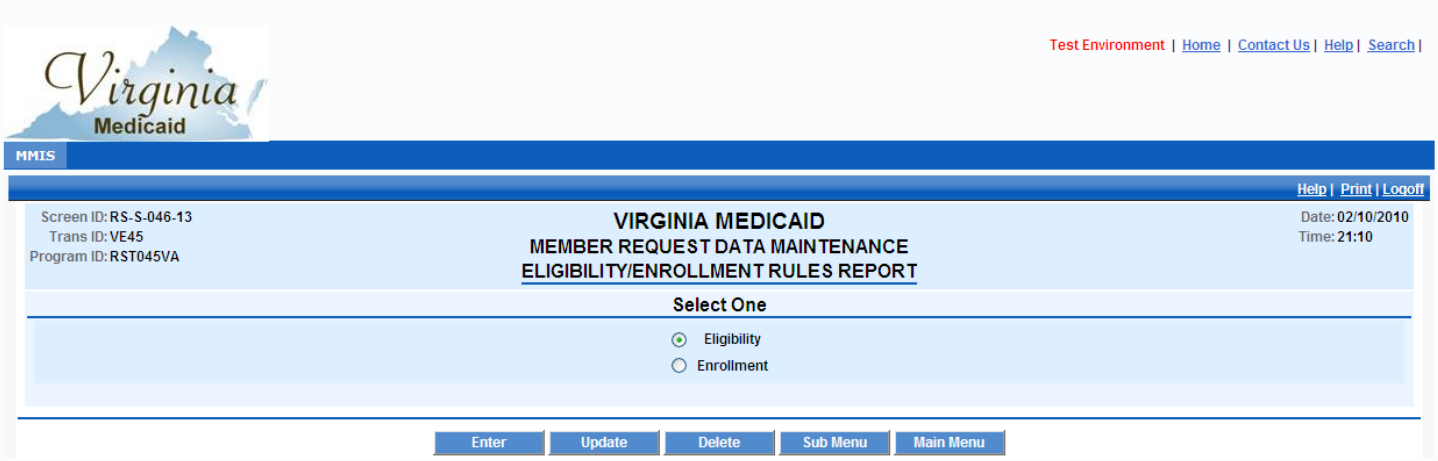
VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
MEMBER/CASE PRINT FACSIMILE

Date: 02/10/2010
Time: 21:09

Print ID Type: ◯ Case ◯ Member
Begining Number:
Print Count:

Enter | Update | Sub Menu | Main Menu

SAMPLE	**Member Request Data Maintenance (RS-S-046)**



SAMPLE	Member Request Data Maintenance (RS-S-046)

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Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: RS-S-046-14
Trans ID: VE45
Program ID: RST045VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
CERTIFICATE OF FORMER COVERAGE

Date: 02/10/2010
Time: 21:12

Member ID:

Enter | Update | Delete | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(screen title) (DE0000)	Edits: The following screen title will appear based on the selection made on screen RS-S-045: 01 - WITHDRAWN PROVIDER PROCESSING 02 - RE-CREATE HMO ENROLLMENT FILE 03 - MEDALLION II ELIGIBLE ENROLLEE	Screen Title for the screen selected on the RS-S-045 Input Request Data selection screen. (P) Screen Title for the screen selected on the RS-S-045 Input Request Data selection screen. (P)

		EXTRACT 04 - PRIOR AUTHORIZATIONS FOR PREASSIGNED ENROLLEES 05 - ENROLLEES IN BENEFIT PLAN TO BE CLOSED 06 - CREATE ENROLLEE OR CASE LABELS 07 - DSS ENROLLEE FILE EXTRACT BY CITY/COUNTY 08 - ENROLLEE REPORT EXTRACT BY AID CATEGORY 09 - BYPASS ENROLLEE DUPLICATE CHECKING 10 - FRAUD CONVICTION MAINTENANCE 11 - UNCOMPENSATED PROPERTY MAINTENANCE 12 - ENROLLEE/CASE PRINT FACSIMILE 13 - ELIGIBILITY/ENROLLMENT RULES REPORT 14 - CERTIFICATE OF FORMER COVERAGE	
2	WITHDRAWN PROVIDER -or- HMO PROVIDER National Provider Identifier (DE4700)	Edits: Will have the label WITHDRAWN PROVIDER when selection 01 is chosen and the label HMO PROVIDER when selection 02 is chosen. For selection 01 must be a valid PCP or HMO provider. For selection 02 must be a valid HMO provider. For all other selections, field and label will not be visible and entry will not be allowed. During dual processing time Legacy provider number will be allowed, after that, only NPI provider num-	A unique identification number assigned to a provider. If the provider number entered was a Legacy Provider number (which will be allowed only during dual processing time) then it will be displayed as a Legacy number, else the NPI number will be displayed. A unique identification number assigned to a provider. Will have the label WITHDRAWN PROVIDER when selection 01 is chosen and the label HMO PROVIDER when selection 02 is chosen. For selection 01 must be a valid PCP or HMO provider. For selection 02 must be a valid HMO provider. For all other selections, field and label will not

		bers will be allowed. Messages:	be visible and entry will not be allowed. During dual processing time (before NPI numbers are required) both Legacy and NPI numbers will be accepted. If the provider number is saved as a legacy number then it will be dispflayed as a Legacy number, otherwise it will be displayed as an NPI. If the provider number entered is an NPI then a site will need to be selected. However if the NPI only has one site associated to it then it will default to that site and no selection is necessary.
3	WITHDRAWAL DATE -or- ROSTER M/Y Input Request Data (DE3101)	Edits: Will have the label WITHDRAWAL DATE when selection 01 is chosen and the label ROSTER M/Y when selection 02 is chosen. For selection 01 must be a valid date. For selection 02 must be a valid month and year less than or equal the current date and not more than 1 year in the past. For all other selections, field and label will not be visible and entry will not be allowed.	This data element represents assorted option information entered into the enrollee input request screen needed for various processes. Will have the label WITHDRAWAL DATE when selection 01 is chosen and the label ROSTER M/Y when selection 02 is chosen. For all other selections, field and label will not be visible. This data element represents assorted option information entered into the enrollee input request screen needed for various processes. Will have the label WITHDRAWAL DATE when selection 01 is chosen and the label ROSTER M/Y when selection 02 is chosen. For selection 01 must be a valid date. For selection 02 must be a valid month and year less than the current date and not more than 1 year in the past. For all other selections, field and label will not be visible and entry will not be allowed.
4	NEW PROVIDERS National Provider Identifier (DE4700)	Edits: For selection 01 must be one to three valid PCP or HMO providers. For all other selections, field and label will not be visible and entry will not be allowed. Messages:	This field is only visible for selection 01. A unique identification number assigned to a provider. A unique identification number assigned to a provider. For selection 01 must be one to three valid PCP or HMO providers. For all other selections, field and label will not be visible and entry will not be allowed.

5	LABELS TYPE: -or- ENROLLEE STATUS -or- REPORT OPTION: -or- FUNCTION (A/D) -or- PRINT ID TYPE -or- ELIGIBILITY Input Request Data (DE3101)	Edits: Will have the label LABELS TYPE: when selection 06 is chosen, the label ENROLLEE STATUS when selection 07 is chosen, the label REPORT OPTION: when selection 08 is chosen, the label FUNCTION (A/D) when selection 09 is chosen, the label PRINT ID TYPE when selection 12 is chosen, and the label ELIGIBILITY when selection 13 is chosen. For selection 06 must be equal to C (case) or E (enrollee). For selection 07 must be equal to A (all) or O (only active). For selection 08 must be equal to 1 (enrollee must be active and the first eligibility begin date must be prior to the option date) or 2 (the enrollee must be active and the first eligibility begin date must be equal or no more than 3 months prior to the option date) or 3 (the first eligibility begin date must be prior to the option date). For selection 09 must be equal to A (add enrollee to duplicate bypass list) or D (delete enrollee from duplicate bypass list). For selection 12 must be equal E (enrollee) or C (case). For selection 13, if entered must be equal X. For all other selections, field and label will not be visible and entry will not be allowed.	This data element represents assorted option information entered into the enrollee input request screen needed for various processes. Will have the label LABELS TYPE: when selection 06 is chosen, the label ENROLLEE STATUS when selection 07 is chosen, the label REPORT OPTION: when selection 08 is chosen, the label FUNCTION (A/D) when selection 09 is chosen, and the label PRINT ID TYPE when selection 12 is chosen. For all other selections, field and label will not be visible. This data element represents assorted option information entered into the enrollee input request screen needed for various processes. Will have the label LABELS TYPE: when selection 06 is chosen, the label ENROLLEE STATUS when selection 07 is chosen, the label REPORT OPTION: when selection 08 is chosen, the label FUNCTION (A/D) when selection 09 is chosen, and the label PRINT ID TYPE when selection 12 is chosen. For selection 06 must be equal to C (case) or E (enrollee). For selection 07 must be equal to A (all) or O (only active). For selection 08 must be equal to 1 (enrollee must be active and the first eligibility begin date must be prior to the option date) or 2 (the enrollee must be active and the first eligibility begin date must be equal or no more than 3 months prior to the option date) or 3 (the first eligibility begin date must be prior to the option date). For selection 09 must be equal to A (add enrollee to duplicate bypass list) or D (delete enrollee from duplicate bypass list). For selection 12 must be equal E (enrollee) or C (case). For all other selections, field and label will not be visible and entry will not be allowed.

6	CITY/COUNTY -or- ENROLLEE ID -or- BEGINNING # Enrollee Permanent Identification Number (DE3093)	Edits: Will have the label CITY/COUNTY when selection 07 is chosen, the label ENROLLEE ID when selection 09 or 14 is chosen, and the label BEGINNING # when selection 12 is chosen. For selection 07 must be a valid city/county. For selection 09 or 14 must be a valid enrollee ID. For selection 12 must be a valid enrollee ID when print type E was entered or a valid case ID when print type C was entered. For all other selections, field and label will not be visible and entry will not be allowed.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. Will have the label CITY/COUNTY when selection 07 is chosen, the label ENROLLEE ID when selection 09 is chosen, and the label BEGINNING # when selection 12 is chosen. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. Will have the label CITY/COUNTY when selection 07 is chosen, the label ENROLLEE ID when selection 09 is chosen, and the label BEGINNING # when selection 12 is chosen. For selection 07 must be a valid city/county. For selection 09 must be a valid enrollee ID. For selection 12 must be a valid enrollee ID when print type E was entered or a valid case ID when print type C was entered.
7	BENEFIT PACKAGE: PROGRAM Benefit Definition Plan Program Code (DE3551)	Edits: For selection 05 the combination of DE3551, DE3552, DE3553, and DE3072 must be a valid benefit package. For all other selections, field and label will not be visible and entry will not be allowed.	This field will only be visible for selection 5. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. For selection 05 the combination of DE3551, DE3552, DE3553, and DE3072 must be a valid benefit package. For all other selections, field and label will not be visible and entry will not be allowed.
8	SUBPROGRAM -or- PRINT COUNT	Edits:	The second level of the coding structure

	Benefit Definition Plan Subprogram Code (DE3552)	For selection 05 the label will be SUBPROGRAM and the combination of DE3551, DE3552, DE3553, and DE3072 must be a valid benefit package. For selection 12 the label will be PRINT COUNT and a numeric value greater than zero must be entered. For all other selections, field and label will not be visible and entry will not be allowed.	of the Benefit Plan which defines the methodology for providing benefits under the Program. For selection 05 the label will be SUBPROGRAM. For selection 12 the label will be PRINT COUNT. For all other selections, field and label will not be visible. The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. For selection 05 the label will be SUBPROGRAM and the combination of DE3551, DE3552, DE3553, and DE3072 must be a valid benefit package. For selection 12 the label will be PRINT COUNT and a numeric value greater than zero must be entered. For all other selections, field and label will not be visible and entry will not be allowed.
9	PLAN Benefit Definition Plan Benefit Code (DE3553)	Edits: For selection 05 the combination of DE3551, DE3552, DE3553, and DE3072 must be a valid benefit package. For all other selections, field and label will not be visible and entry will not be allowed.	This field is only visible for selection 05. The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. For selection 05 the combination of DE3551, DE3552, DE3553, and DE3072 must be a valid benefit package. For all other selections, field and label will not be visible and entry will not be allowed.
10	EXC IND -or- ENROLLMENT Benefit Plan Exception Indicator (DE3072)	Edits: For selection 05 the combination of DE3551, DE3552, DE3553, and DE3072 must be a valid benefit package. For selection 13 will have the label ENROLLMENT, and if entered must be X. For all other selections, field and label will not be visible and entry will not be allowed.	The termination date of the period during which an individual may not be covered by Medicaid for long term care due to the uncompensated transfer of property to another individual. Will have the label END DATE when selection 10 or 11 is chosen. For all other selections, field and label will not be visible. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service.

			For selection 05 the combination of DE3551, DE3552, DE3553, and DE3072 must be a valid benefit package. For all other selections, field and label will not be visible and entry will not be allowed.
11	TRAN TYPE Input Request Data (DE3101)	Edits: For selections 10 and 11 must equal ADD, CHG, DEL, or PRT. For all other selections, field and label will not be visible and entry will not be allowed. When equal to PRT, remaining fields on screen are not required.	This field is only visible for selections 10 and 11. This data element represents assorted option information entered into the enrollee input request screen needed for various processes. This data element represents assorted option information entered into the enrollee input request screen needed for various processes. For selections 10 and 11 must equal ADD, CHG, DEL, or PRT. For all other selections, field and label will not be visible and entry will not be allowed.
12	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: For selections 10 and 11 must be numeric. For all other selections, field and label will not be visible and entry will not be allowed.	This field is only visible for selections 10 and 11. The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. For selections 10 and 11 must be numeric. For all other selections, field and label will not be visible and entry will not be allowed.
13	DOB Enrollee Birth Date (DE3005)	Edits: For selections 10 and 11 must be a valid date prior to the current date. For all other selections, field and label will not be visible and entry will not be allowed.	The enrollee's date of birth. For selections 10 and 11 only, field and label will be visible. The enrollee's date of birth. For selections 10 and 11 must be a valid date prior to the current date. For all other selections, field and label will not be visible and entry will not be allowed.
14	C/C MMIS Locality Code based on Postal Code (DE5254)	Edits: For selections 10 and 11 must be a valid city/county. For all other selections, field and label will not be visible and entry will not be allowed.	This field will only be visible for selections 10 and 11. Identifies the provider or enrollee city/county locality. Identifies the provider or enrollee city/county locality. For selections 10 and 11 must be a valid city/county. For all other selections, field and label will not be vis-

			ible and entry will not be allowed.
15	AMT Eligibility Uncompensated Property Transfer Amount (DE3219)	Edits: For selection 11 must be numeric. For all other selections, field and label will not be visible and entry will not be allowed.	The value of property transferred by an individual to another person without compensation. Field will only be visible for selection 11. The value of property transferred by an individual to another person without compensation. For selection 11 must be numeric. For all other selections, field and label will not be visible and entry will not be allowed.
16	CUT-OFF DATE: -or- OPTION DATE: -or- CONVICTION DATE -or- DECISION DATE Eligibility Uncompensated Property Transfer Decision Date (DE3217)	Edits: Will have the label CUT-OFF DATE: when selection 04 is chosen, the label OPTION DATE: when selection 08 is chosen, the label CONVICTION DATE when selection 10 is chosen, and the label DECISION DATE when selection 11 is chosen. For each selection above must be a valid date less than the current date. For all other selections, field and label will not be visible and entry will not be allowed.	Decision date of uncompensated transfer of property from one individual to another. Will have the label CUT-OFF DATE: when selection 04 is chosen, the label OPTION DATE: when selection 08 is chosen, the label CONVICTION DATE when selection 10 is chosen, and the label DECISION DATE when selection 11 is chosen. For all other selections, field and label will not be visible. Decision date of uncompensated transfer of property from one individual to another. Will have the label CUT-OFF DATE: when selection 04 is chosen, the label OPTION DATE: when selection 08 is chosen, the label CONVICTION DATE when selection 10 is chosen, and the label DECISION DATE when selection 11 is chosen. For each selection above must be a valid date less than the current date. For all other selections, field and label will not be visible and entry will not be allowed.
17	END DATE Eligibility Uncompensated Property Transfer End Date (DE3218)	Edits: Will have the label END DATE when selection 10 or 11 is chosen. For selection 10 must be a valid date greater than the conviction date. For selection 11 must be a valid date greater than the decision date. For all other selections, field and label will not be visible and entry will not be allowed.	The termination date of the period during which an individual may not be covered by Medicaid for long term care due to the uncompensated transfer of property to another individual. Will have the label END DATE when selection 10 or 11 is chosen. For all other selections, field and label will not be visible. The termination date of the period during which an individual may not be covered by Medicaid for long term care due to the uncompensated transfer of

			property to another individual. Will have the label END DATE when selection 10 or 11 is chosen. For selection 10 must be a valid date greater than the conviction date. For selection 11 must be a valid date greater than the decision date. For all other selections, field and label will not be visible and entry will not be allowed.
18	TRANSFER DATE Eligibility Uncompensated Property Transfer Date (DE3216)	Edits: Will have the label TRANSFER DATE when selection 11 is chosen. Must be a valid date less than the end date. For all other selections, field and label will not be visible and entry will not be allowed.	The date an individual transferred property to another person without compensation. Will have the label TRANSFER DATE when selection 11 is chosen. For all other selections, field and label will not be visible. The date an individual transferred property to another person without compensation. Will have the label TRANSFER DATE when selection 11 is chosen. Must be a valid date less than the end date. For all other selections, field and label will not be visible and entry will not be allowed.
19	CITY/CTYS: -or-NAME: LAST Eligibility Uncompensated Property Transfer Last Name (DE3211)	Edits: Will have the label CITY/CTYS: when selections 03, 04, or 06 are chosen and the label NAME: LAST when selections 10 or 11 are chosen. For selections 03, 04, and 06 entry is not allowed in the corresonding field, only the label is displayed. For selections 10 and 11 entry is required and first character must be alphabetic and not equal a space. For all other selections, field and label will not be visible and entry will not be allowed.	The last name of the individual who has transferred property to another person without compensation. Will have the label CITY/CTYS: when selections 03, 04, or 06 are chosen and the label NAME: LAST when selections 10 or 11 are chosen. For all other selections, field and label will not be visible. The last name of the individual who has transferred property to another person without compensation. Will have the label CITY/CTYS: when selections 03, 04, or 06 are chosen and the label NAME: LAST when selections 10 or 11 are chosen. For selections 03, 04, and 06 entry is not allowed in the corresponding field, only the label is displayed. For selections 10 and 11 entry is required and first character must be alphabetic and not equal a space. For all other selections, field and label will not be visible and entry will not be allowed.

20	FIRST Eligibility Uncompensated Property Transfer First Name (DE3212)	Edits: Will have the label FIRSTwhen selections 10 or 11 are chosen. For selections 10 and 11 entry is required and first character must be alphabetic and not equal a space. For all other selections, field and label will not be visible and entry will not be allowed.	The termination date of the period during which an individual may not be covered by Medicaid for long term care due to the uncompensated transfer of property to another individual. Will have the label END DATE when selection 10 or 11 is chosen. For all other selections, field and label will not be visible. The termination date of the period during which an individual may not be covered by Medicaid for long term care due to the uncompensated transfer of property to another individual. Will have the label END DATE when selection 10 or 11 is chosen. For selection 10 must be a valid date greater than the conviction date. For selection 11 must be a valid date greater than the decision date. For all other selections, field and label will not be visible and entry will not be allowed.
21	MI Eligibility Uncompensated Property Transfer Middle Initial (DE3213)	Edits: Will have the label MI when selections 10 or 11 are chosen. For selections 10 and 11 entry is optional. For all other selections, field and label will not be visible and entry will not be allowed.	The middle initial of the person who has transferred property to another individual without compensation. Will have the label MI when selections 10 or 11 are chosen. For all other selections, field and label will not be visible. The middle initial of the person who has transferred property to another individual without compensation. Will have the label MI when selections 10 or 11 are chosen. For selections 10 and 11 entry is optional. For all other selections, field and label will not be visible and entry will not be allowed.
22	SUFFIX Eligibility Uncompensated Property Transfer Suffix (DE3214)	Edits: Will have the label SUFFIX when selections 10 or 11 are chosen. For selections 10 and 11 entry is optional. When entered, must be a valid suffix. For all other selections, field and label will not be visible and entry will not be allowed.	The suffix of the name (when present) of the person who has transferred property to another individual without compensation. Will have the label SUFFIX when selections 10 or 11 are chosen. For all other selections, field and label will not be visible. The suffix of the name (when present) of the person who has transferred property to another individual without compensation. Will have the label SUFFIX

			when selections 10 or 11 are chosen. For selections 10 and 11 entry is optional. When entered, must be a valid suffix. For all other selections, field and label will not be visible and entry will not be allowed.
23	C/C - or AID CAT - or blank MMIS Locality Code based on Postal Code (DE5254)	Edits: This field occurs 100 times. When selections 03 or 04 are chosen, no label is present and entry is allowed in the first 60 occurrences. At least one occurrence is required and any entered must be a valid city/county. When selection 06 is chosen, no label is present and entry is allowed in all occurrences. At least one occurrence is required and any entered must be a valid city/county. When selection 08 is chosen, the first 20 occurrences are protected and the first two will contain the label C/C -. Entry is allowed in the 21st through 40th occurrences. Any entered must be a valid city/county OR only the 21st is entered and is equal to ALL. Occurrences 41 through 60 are protected and 41 through 43 will contain the label AID CAT -. Entry is allowed in the 61st through 100th occurrences. Any entered must be a valid aid category OR only the 61st is entered and is equal to ALL. At least one city/county or aid category field must be entered. For all other selections, fields and labels will not be visible and entry will not be allowed.	This field will only be visible for selections 03, 04, 06, and 08. Identifies the provider or enrollee city/county locality. Identifies the provider or enrollee city/county locality. This field occurs 100 times. When selections 03 or 04 are chosen, no label is present and entry is allowed in the first 60 occurrences. At least one occurrence is required and any entered must be a valid city/county. When selection 06 is chosen, no label is present and entry is allowed in all occurrences. At least one occurrence is required and any entered must be a valid city/county. When selection 08 is chosen, the first 20 occurrences are protected and the first two will contain the label C/C -. Entry is allowed in the 21st through 40th occurrences. Any entered must be a valid city/county OR only the 21st is entered and is equal to ALL. Occurrences 41 through 60 are protected and 41 through 43 will contain the label AID CAT -. Entry is allowed in the 61st through 100th occurrences. Any entered must be a valid aid category OR only the 61st is entered and is equal to ALL. At least one city/county or aid category field must be entered. For all other selections, fields and labels will not be visible and entry will not be allowed.

NAVIGATION	Member Request Data Maintenance (RS-S-046)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR FORM	Returns to the Main System Menu	RF-S-010 (R)
DELETE	Command to delete information previously entered for the associated record type on that day.	N/A
ENTER	Command to edit data entered.	N/A
SUB MENU	Return to the Member Input Request Data Screen.	N/A
PROV LOC	Branches to the PST018VA screen for site selection or inquiry	PS-S-018 (B)
UPDATE	Command to save information entered.	N/A

Error Messages

Error	Description	Resolution
3300	AID CATEGORY ENTERED IS INVALID	Enter a valid Aid Category code. See the field definitions for valid data and formatting for this field.
3296	BENEFIT PACKAGE IS INVALID	Information message.
3349	CASE ID ALREADY ON FILE	Information message.
3350	CASE ID NOT ALLOWED	Information message.
3293	CITY/COUNTY ENTERED IS INVALID	Information message.
3800	COV CERT. CAN'T BE ISSUED. ELIGIB. ENDED MORE THAN 2 YRS AGO.	Information message
3310	DATA ENTERED IS INVALID	Information message.
3314	DATA IS VALID	Information message.
3322	DATA REQUEST FILE CLOSED	Information message.
3315	DATA UPDATED	Information message. No action needed.
3030	DATE ENTERED IS INVALID	Information message.
3295	DATE MUST BE LESS THAN THE CURRENT DATE	Information message.
3450	DUPLICATE BENEFIT PACKAGE	Cannot define the same benefit package more than once for the same stratum. Re-enter a valid benefit package code. See

		the field definitions for explanation and categories.
3325	DUPLICATES NOT ALLOWED	Information message.
3308	END DATE MUST BE GREATER THAN CONVICTION DATE	Information message.
3311	END DATE MUST BE GREATER THAN DECISION DATE	Information message.
3303	ENROLLEE ID ENTERED IS INVALID	Information message.
3352	ENROLLEE ID NOT ON FILE	Check the Enrollee ID for valid formatting and try the task again. See the field definitions for valid Enrollee ID specifications.
3799	ENROLLEE IS CURRENTLY ACTIVE ENTER A CANCELED ENROLLEE ID.	Enter a canceled Enrollee ID.
3801	ENROLLEE NOT ELIGIBLE TO RECEIVE CERTIFICATE OF COVERAGE	Information message
3290	ENTER A NEW PROVIDER	Enter valid values according to error message specifications.
3294	ENTER A VALID CITY/COUNTY OR AID CATEGORY	Enter valid values according to error message specifications.
3333	ENTER A VALID CITY/COUNTY/LOCALITY CODE	Enter valid values according to error message specifications.
3289	ENTER A VALID DATE	Enter a Valid Date format: Enter a two digit month, two digit day and a four digit year.
3304	ENTER ENROLLEE ID	Enter valid values according to error message specifications.
3292	ENTER MONTH/YEAR	Enter valid values according to error message specifications.
3307	ENTER SSN	Enter valid values according to error message specifications.
3309	ENTER THE REQUIRED FIELD	Enter valid values according to error message specifications.
3227	ENTER 'X' TO MAKE A SELECTION	Enter valid values according to error message specifications.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
3318	ERROR INSERTING RECORD IN REQUEST	Information message.

	FILE	
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3316	ERROR READING DATA REQUEST FILE	Information message.
3320	ERROR READING REQUEST FILE FOR UPDATE	Information message.
3319	ERROR UPDATING RECORD IN REQUEST FILE	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3331	INVALID CASE ID	Check field for valid data and re-enter.
3291	MONTH/YEAR ENTERED IS INVALID	Information message.
3299	MUST BE '1', '2', OR '3'	Enter valid data and begin process again.
3302	MUST BE 'A' FOR ADD OR 'D' FOR DELETE	Enter valid data and begin process again.
3298	MUST BE 'A' FOR ALL OR 'O' FOR ONLY ACTIVE	Enter valid data and begin process again.
3305	MUST BE ADD, DELETE, CHANGE, OR PRINT	Enter valid data and begin process again.
3297	MUST BE 'C' FOR CASE OR 'E' FOR ENROLLEE	Enter valid data and begin process again.
5659	NEED TO SELECT A SITE FOR PROVIDER	Please select a site for this provider.
3700	NO DATA FOUND FOR THE REQUEST	Information message.
3681	NO ENTRY ALLOWED WITH A PRINT REQUEST	Information message.
3288	PROVIDER ENTERED IS INVALID	Information message.
3317	RECORD ALREADY EXISTS NO UPDATE ALLOWED.	Information message. No action needed.

48	RECORD DELETED	Information message. No action needed.
3313	RECORD TYPE SELECTED IS INVALID	Information message.
3287	SELECT '01' THRU '12'	Information message.
3024	SELECT FUNCTION	Choose one of the functions on the screen. Then, choose Enter.
5660	SITE SELECTED, PRESS ENTER TO CONTINUE	Informational Message
3306	SSN ENTERED IS INVALID	Check the SSN and enter a valid SSN.
3312	TRANSFER DATE MUST BE LESS THAN END DATE	Enter a transfer date that falls before the end date.
3330	VALID CASE ID REQUIRED	Enter a valid code. See the on-line HELP facility for valid codes.
3301	WITHDRAWN PROVIDER CANNOT BE THE NEW PROVIDER	Check and change Provider information.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Input Request option in the selection field. Choose Enter.
2. You see the Enrollee Input Request Data menu (RS-S-045).
3. On the Enrollee Input Request Data menu, choose the radio button beside the screen selection you wish to access and chose the radio button beside the function you which to perform. Choose Enter.
4. You see the selected screen.
Screen Use:
After entering data on the selected screen, choose the Update button to post the data.
Note: Refer to RS-S-46-11 on another page

Screens RS-S-048 Bypass Member Duplicate Checking

General Information

This screen has the following functions -

a) Enable DMAS users with appropriate ACF2 access level to add/change groups of Members, exempt from duplicate checking,

b) Enable DMAS and DSS users to inquire on Members exempt from duplicate checking from the file RS-F-165,

c) Enable DMAS users with appropriate ACF2 access level to request a report on the RS-F-165 file using the RS-F-045-09 record update.

SOURCE/ORIGINATOR	DMAS-Authorized DSS Users
USAGE	Inquiry, Update, Add
PROGRAM	RST048
MAPSET	RS048VA
TRAN ID	VE41 (Update), VE42 (Inquiry)

SAMPLE	**Bypass Member Duplicate Checking (RS-S-048)**

Virginia Fiscal Agent Services

Prototype Environment | Home | Contact Us | Help | Search | Logout

MMIS

Print

Screen ID: RS-S-048
Trans ID: VE41
Program ID: RST048VA

VIRGINIA MEDICAID
MEMBER REQUEST DATA MAINTENANCE
BYPASS MEMBER DUPLICATE CHECKING UPDATE

Date: 12/08/2009
Time: 11:01
Page: 001 of 001

Search Member ID:

Request Report:

Member ID:

Scroll Up | Scroll Down

ENTER ENROLLEE ID.

Enter | Update | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Search Enrollee ID Enrollee Permanent Identification Number (DE3093)	Edits: Must be numeric and the first 3 positions should be greater than zero. Messages: This Enrollee ID is used as a search key to determine if it exists on the Enrollee Exempt from Duplicate Check file.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. .
2	Request Report Calculated (DE0002)	Edits: Enter 'Y' to select option. Messages: To request report RS-O-609C (Enrollee Duplicate Exempt File Data) report, check this box. Press Enter to validate and then choose Update to complete the request. This option is available in the Update mode only.	N/A To request report RS-O-609C (Enrollee Duplicate Exempt File Data) report, check this box. Press Enter to validate and then choose Update to complete the request. This option is available in the Update mode only.
3	Enrollee ID Enrollee Permanent Identification Number (DE3093)	Edits: Invalid Enrollee ID entered Messages: In Inquiry mode, these fields are protected and will display the list of Enrollee Ids linked to the Enrollee Id that was entered in the	In Inquiry mode, these fields are protected mode and will display the list of Enrollee IDs linked to the Enrollee ID that was entered in the Search field. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. In Update mode, these fields are unprotected and will display the list of Enrollee IDs linked to the Enrollee ID that was entered in the search field. The user can then add/change/delete Enrollee IDs within

		Search field. In Update mode, these fields are unprotected and will display the list of Enrollee Ids linked to the Enrollee Id that was entered in the search field. The user can then add/change/delete Enrollee Ids within this group.	this group.
4	(MSG) Screen Informational, Warning or Error Message (DE99999)	Edits: Messages: Displays error/informational messages to the user.	Generated and transmitted to the screen by the underlying CICS/COBOL program in response to a Terminal/PC operator input. Generated and transmitted to the screen by the underlying CICS/COBOL program in response to a Terminal/PC operator input.

NAVIGATION	**Bypass Member Duplicate Checking (RS-S-048)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR FORM	This returns the user to the VA DMAS Main System Menu.	N/A
ENTER	Validates all the fields that are entered on the screen.	N/A
SUB MENU	This function exits the current screen and navigates to the VA DMAS Member Input Request Data (RS-S-045) screen.	N/A
SCROLL DOWN	This function allows the scrolling of data to the next page depending upon the number of Members present in that group.	N/A
SCROLL UP	This function allows the scrolling of data to the previous page depending upon the number of Members present in that group.	N/A
UPDATE	Saves the data that was added/updated. This update function can be the addition of new groups of Members who are exempt from Duplicate Checking, updates to existing groups or to request a report on the Member exempt from Duplicate Checking (RS-F-165) file.	N/A

Error Messages

Error	Description	Resolution
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Informational message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Informational message.
3818	BYPASS FILE IS CLOSED.	System error. Contact ACS Operations for assistance.
3820	BYPASS FILE REPORT REQUESTED.	Informational message. The request for the generation of the Enrollee Exempt From Duplicate Check Report was successful.
3821	BYPASS INDEX FILE IS CLOSED.	System error. Contact ACS Operations for assistance.
3837	CHOOSE UPDATE TO GENERATE BYPASS FILE REPORT.	Informational message. Validation is successful, use the Update function to complete the transaction.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
3835	CURRENT SCREEN CHANGES EXCEED ENROLLEES PER PAGE.	Error message. The limit of 20 entries on the screen has been exceeded.
3322	DATA REQUEST FILE CLOSED	System error. Contact ACS Operations for assistance.
5611	DUPLICATE RECORD FILE(VARSF021) ERROR OCCURED.	System error. Contact ACS Operations for assistance.
3813	ENROLLEE GROUP DISPLAYED.	Informational message. All the enrollee ids within the Group of the Selected Enrollee are displayed on the screen
3814	ENROLLEE ID DOES NOT EXIST ON BYPASS FILE.	Error message. The Enrollee Id that they has been entered does not exists on the RSF165 Bypass file.
3304	ENTER ENROLLEE ID	Enter valid values according to error message specifications.
3120	ENTER ENROLLEE IDS AND CHOOSE APPROPRIATE FUNCTION	Enter valid values according to error message specifications.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
3318	ERROR INSERTING RECORD IN REQUEST FILE	System error. Contact ACS Operations for assistance.

3824	ERROR INSERTING RECORD INTO BYPASS FILE.	System error. Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3825	ERROR READING BYPASS FILE FOR UPDATE.	System error. Contact ACS Operations for assistance.
3819	ERROR READING BYPASS FILE.	System error. Contact ACS Operations for assistance.
3316	ERROR READING DATA REQUEST FILE	System error. Contact ACS Operations for assistance.
3320	ERROR READING REQUEST FILE FOR UPDATE	System error. Contact ACS Operations for assistance.
3826	ERROR UPDATING BYPASS FILE.	System error. Contact ACS Operations for assistance.
3319	ERROR UPDATING RECORD IN REQUEST FILE	System error. Contact ACS Operations for assistance.
3846	ERROR UPDATING REVIEW REQUEST FILE.	System error. Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
4956	INVALID ENROLLEE ID ENTERED	Error message. The Enrollee ID hat was entered is invalid. Enter a valid Enrollee ID.
3815	MUST ENTER AT LEAST 2 ENROLLEES TO FORM A GROUP.	Error message. When adding a new Group, at least 2 enrollee ids are required to be entered.
3840	NO GROUP NUMBERS AVAILABLE, MAX LIMIT REACHED.	System error. Contact ACS Operations for assistance.
3843	NO RECORDS UPDATED, REPORT INITIATED, MAX GROUP NUMBER LIMIT BEING REACHED.	Warning message. The request for the Enrollees Exempt from Duplicates report is successful. However it also warns that the maximum group limit is being reached. Report to FHSC operations staff.

3844	NO RECORDS UPDATED, REPORT ONLY INITIATED.	Informational message. The request for the Enrollees Exempt from Duplicates report is successful.
41	NO UPDATES WERE MADE TO THE DATA	Information message. No action needed.
3823	READ ERROR ON BYPASS INDEX FILE.	System error. Contact ACS Operations for assistance.
3317	RECORD ALREADY EXISTS NO UPDATE ALLOWED.	Informational message. No action needed.
3817	RECORD(S) UPDATED TO BYPASS FILE AND REPORT REQUESTED.	Informational message. The modifications / new additions and the request for the generation of the Enrollees Exempt from Duplicate Check Report was successful.
3842	RECORD(S) UPDATED TO BYPASS FILE, MAX GROUP NUMBER LIMIT BEING REACHED.	Warning message. The modifications/new adds are successful. However it also warns that the maximum group limit is being reached. Report to FHSC operations staff.
3816	RECORD(S) UPDATED TO BYPASS FILE.	Informational message. The modifications / new additions were successful.
3841	RECORD(S) UPDATED, REPORT INITIATED, MAX GROUP NUMBER LIMIT BEING REACHED.	Warning message. The modifications/new adds and the request for the Enrollees Exempt from Duplicate Check Report are successful. However it also warns that the maximum group limit is being reached. Report to FHSC operations staff.
3845	SCROLLING WILL LOSE THE CHANGES MADE. CHOOSE UPDATE TO SAVE CHANGES.	Warning message. Changes have been made to the data on the screen and the use of the scrolling functions before completing the update, will cause changes to be lost.
3822	STARTBR ERROR ON BYPASS INDEX FILE.	System error. Contact ACS Operations for assistance.
5615	THE DUPLICATE RECORD FILE (VARSF021) IS DISABLED ERROR.	System error. Contact ACS Operations for assistance.
5616	THE DUPLICATE RECORD FILE (VARSF021) IS NOT OPEN.	System error. Contact ACS Operations for assistance.
3836	VALID VALUES ARE Y AND SPACE.	Error Message. Only the values Y and Space are allowed.

Screen Access

From the Main System Menu, select the Recipient icon.

1. On the Recipient Main Menu, choose the Input Request option in the selection field and press the Enter key.
2. You see the Enrollee Input Request Data menu (RS-S-045).
3. On the Input Request Menu, choose the option 09 for Bypass Enrollee Duplicate Checking and 'A' or 'C' for Add/Update function.
4. Choose Enter to access the Bypass Enrollee Duplicate Checking screen (RS-S-048) in Add/Update mode.
How to use this screen in Maintenance (Add/Update) Mode
To add a new group of associated Enrollee IDs.
1) Tab to the Enrollee data area and key in the Enrollee IDs that are to be linked.
2) Press enter to invoke the validation process
3) If validation is successful, you will be prompted to Press the Update function.
4) Press the Update function
To modify (Add/Delete/Change) Enrollee IDs that are already linked in a group
1) Key in the Enrollee ID in the Search Enrollee ID field.
2) Press the Enter function
- The screen displays all the Enrollee IDs that are associated / linked with the Enrollee ID that was entered.
- If more than 20 Enrollee IDs are linked, the scrolling up and down functions enable the user to browse up and down through all the data.
3a) To Add a new Enrollee to the group - Key the Enrollee ID in any blank Enrollee ID field on the screen
3b) To Delete an Enrollee from the group - tab to the Enrollee ID and space over the ID on the screen
3c) To Change an Enrollee in the group - tab to the Enrollee ID and overtype with the new ID
3d) To Delete an entire group - space over all the Enrollee IDs shown on the screen (Note: do not space over the Search Enrollee ID)
4) Press enter to invoke the validation process
5) If validation is successful, you will be prompted to Press the Update function.
6) Press the Update function
To request report RS-O-609C (Enrollee Duplicate Exempt File data). Note: This report can be requested in combination with adding a new group or updating an existing group.
1) Check the Request Report box.
2) Press enter to invoke the validation process
3) If validation is successful, you will be prompted to Press the Update function.
4) Press the Update function.

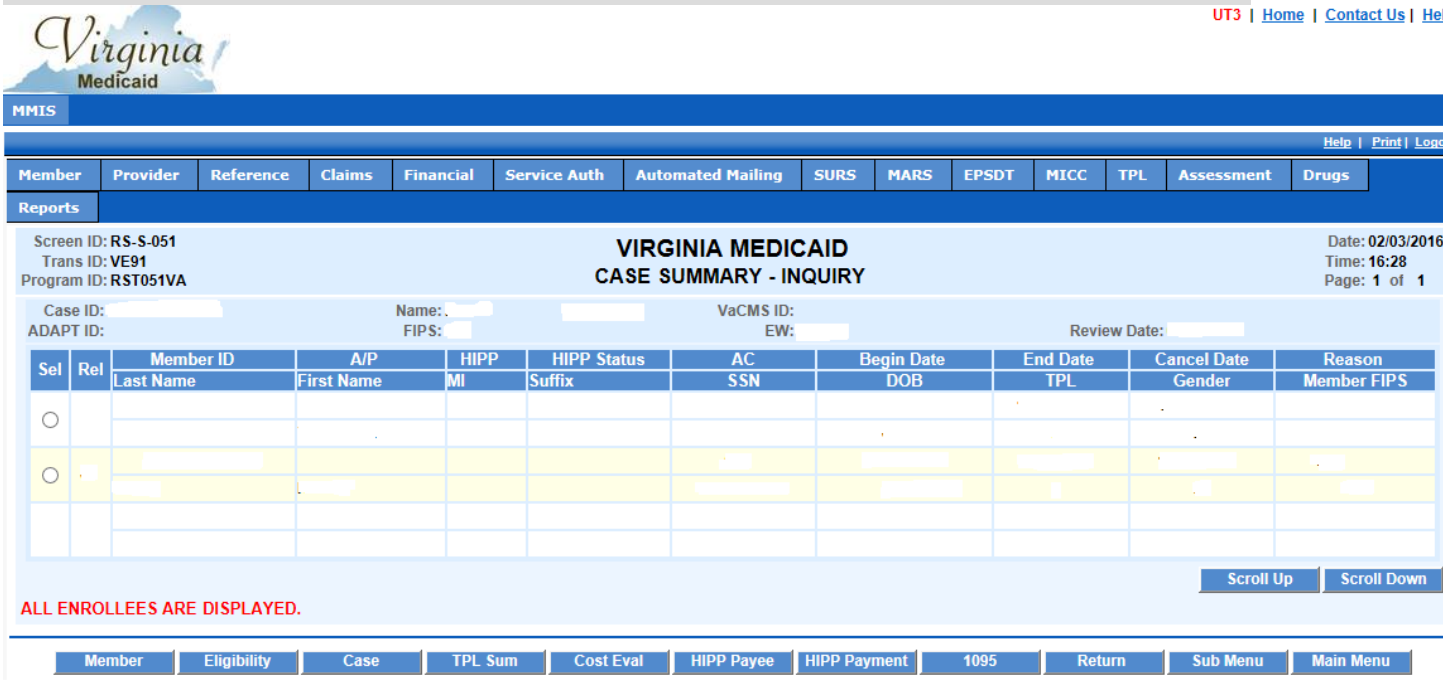
Screens RS-S-051 Case Summary - Inquiry

General Information

This screen displays summarized information pertaining to a Case and the Members assigned to that Case.

SOURCE/ORIGINATOR	DMAS Authorized Staff
USAGE	Inquiry
PROGRAM	RST051
MAPSET	RST051VA
TRAN ID	Inquiry - VE91

SAMPLE	Case Summary - Inquiry (RS-S-051)



Field Definitions

#	GSD Field Name Data Element	Edit Criteria Message	Field Instructions

	Name (ID)		
3	Case ID Case Identification Number (DE3043)	Edits: Messages:	A number that uniquely identifies the family or group of individuals in the same Case entity. N/A
4	Name (LAST) Case Last Name (DE3487)	Edits: Messages:	The last name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. N/A
5	(FIRST NAME) Case First Name (DE3488)	Edits: Messages:	The first name of the individual who is considered head of the household, family, or group of individuals in the same Case entity. N/A
6	(MIDDLE INITIAL) Case Middle Initial (DE3489)	Edits: Messages:	The middle initial of the individual who is considered head of the household, family, or group of individuals in the same Case entity. N/A
7	(SUFFIX) Case Name Suffix (DE3490)	Edits: Messages:	The suffix of the name (if present) of the individual who is considered head of the household, family, or group of individuals in the same Case entity. N/A
8	Adapt ID Case ADAPT Number (DE3469)	Edits: Messages:	DSS assigned Case ID in the ADAPT system. N/A
9	VACMS ID Case VaCMS number (DE3258)	Edits: Messages:	A code indicating the Case's VaCMS number.
10	FIPS Case Administrative FIPS Code (DE3039)	Edits: Messages:	The locality of the DSS or local welfare office that administers the Enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. N/A
11	EW Case Worker Number (DE3431)	Edits: Messages:	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. N/A
12	Review Date Case Review Date (DE3432)	Edits: Messages:	Date selected for review of eligibility. Used in monthly processing for Welfare Utilization reports. N/A
13	(More)	Edits:	Is set to

	Calculated (DE0002)	Messages:	blank - when no scrolling is possible (three or less Enrollees for this case) + MORE - when only forward scrolling (page down) is possible - MORE - when only backward scrolling (page up) is possible +/- MORE - when scrolling in both directions is possible N/A
14	(check box) (DE0000)	Edits: Messages:	One checkbox must be selected when navigating to any of the Demographics, Eligibility or TPL Summary screens as these screens require an Enrollee ID. N/A
15	REL Enrollee Relationship to Case Head Code (DE3480)	Edits: Messages:	A code reflecting the Enrollee's relationship to the head-of-household or Case Head. DSS ADAPT relationship values are suggested. N/A
16	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Messages:	The DMAS-administered identification number that is used to tie all claims for a single Enrollee together. This is the ID number that is used as the key to access the Claims History File. N/A
17	A/P Calculated (DE0002)	Edits: Messages:	This indicator is set to A when the Enrollee ID is identified as an Associated ID, P when it is identified as a Permanent ID and Space when neither of the above are true. N/A
18	ENROLLEE NAME (LAST) Enrollee Last Name (DE3110)	Edits: Messages:	The last name of the individual eligible for a DMAS-administered medical care program. N/A
19	(ENROLLEE NAME FIRST) Enrollee First Name (DE3111)	Edits: Messages:	The first name of the individual eligible for a DMAS-administered medical care program. N/A
20	(ENROLLEE NAME MI) Enrollee Middle Initial (DE3112)	Edits: Messages:	The middle initial of the individual eligible for a DMAS-administered medical care program. N/A
21	(ENROLLEE NAME	Edits: Messages:	The name suffix of the individual eligible for a DMAS-administered medical care program.

	SUFFIX) Enrollee Name Suffix (DE3113)		N/A
22	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Messages:	The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. N/A
23	DOB Enrollee Birth Date (DE3005)	Edits: Messages:	The Enrollee's date of birth. N/A
24	TPL Calculated (DE0002)	Edits: Messages:	This indicator is set to 'Y' if an entry exists on the TP_POLICY table for this Enrollee and to 'N' if it does not. N/A
25	SEX Enrollee Sex Code (DE3007)	Edits: Messages:	A code indicating the sex of the Enrollee. N/A
26	AC Enrollee Eligibility AID Category (DE3009)	Edits: Messages:	Also known as Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. N/A
27	BEGIN DATE Enrollee Eligibility Begin Date (DE3010)	Edits: Messages:	The date from which an Enrollee may begin to receive DMAS-administered program benefits for a particular continuous period. N/A
28	END DATE Enrollee Eligibility End Date (DE3011)	Edits: Messages:	The date through which an Enrollee is approved to receive DMAS-administered program benefits for a particular continuous period. N/A
29	CANCEL DATE Eligibility Cancel Date (DE3452)	Edits: Messages:	The date of termination of an Enrollee's eligibility under an Aid category N/A
30	REASON Eligibility Cancel	Edits: Messages:	The reason code associated with the termination of an Enrollee's eligibility under an Aid category. N/A

	Reason (DE3451)		
31	HIPP (Case Number) HIPP File Number (DE9522)	Edits: Messages: HIPP Case Number is displayed, if exists for an Enrollee ID.	HIPP Case Number is displayed, if exists for an Enrollee ID. HIPP Case Number is displayed, if exists for an Enrollee ID.
32	HIPP STATUS HIPP Enrollee Status Code (DE9544)	Edits: Messages: HIPP Case Status is displayed, if exists for an Enrollee ID.	HIPP Case status is displayed, if exists for an Enrollee ID. HIPP Case status is displayed, if exists for an Enrollee ID.
33	ENRL FIPS Enrollee FIPS Code (DE3008)	Edits: Messages: Enrollee FIPS Code is displayed, if exists for an Enrollee ID.	Enrollee FIPS code is displayed, if exists for an Enrollee ID. Enrollee FIPS code is displayed, if exists for an Enrollee ID.

NAVIGATION	**Case Summary - Inquiry (RS-S-051)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CASE	Branch to the Case Data screen	RS-S-010 (B)
CLEAR FORM	Returns to the Main System Menu	RF-S-010 (R)
Cost Eval	Branch to the Cost Evaluation screen	FN-S-011 (B)
MEMBER	Branch to the Demographic Screen	RS-S-018 (B)
ELIGIBILITY	Branch to the Eligibility screen	RS-S-015 (B)
SUB MENU	Returns the user to the VA DMAS ENROLLMENT menu	RS-S-001 (R)
SCROLL DOWN	Displays the next three Members that belong to this Case.	RS-S-051 ()
SCROLL UP	Shows the previous three members assigned to this Case	RS-S-051 ()
Payee	Branch to the Payee Data screen	FN-S-012 (B)
Payment Req	Branch to the Payment Request screen	FN-S-013 (B)
RETURN	Returns the user to the previous screen	RS-S-010

		RS-S-015 RS-S-018 RS-S-020 (B)
TPL SUM	Branch to the TPL Summary Screen	RS-S-020 (B)
1095	For a selected Enrollee on screen, control is transferred to 1095 Menu screen by populating Enrollee ID in Member ID field on 1095 Menu.	RS-S-301(B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3863	ALL ENROLLEES ARE DISPLAYED.	Indicates that there are three or less enrollees assigned to this Case.
3871	AN ENROLLEE MUST BE SELECTED BEFORE THIS NAVIGATION FUNCTION CAN BE USED.	The user has invoked one of the navigation keys that requires that an Enrollee Selection check box is selected, but the user has not made the necessary selection.
3864	ENROLLEE DETAILS ARE DISPLAYED. PAGE DOWN FUNCTION IS ACTIVE.	Indicates that there are more than three enrollees assigned to this Case and this display is showing the first three enrollees. Therefore, only the PAGE DOWN (Next) set of enrollees is available for display.
3866	ENROLLEE DETAILS ARE DISPLAYED. PAGE UP AND DOWN FUNCTIONS ARE ACTIVE.	Indicates that there are more than six enrollees assigned to this Case and that this display is showing one of the middle three sets of enrollees. Therefore, both the PAGE UP (Previous) and the PAGE DOWN (Next) scrolling functions are available.
3865	ENROLLEE DETAILS ARE DISPLAYED. PAGE UP FUNCTION IS ACTIVE.	Indicates that there are more than three enrollees assigned to this Case and this display is showing the last of these enrollees. Therefore, only the PAGE UP (Previous) set of enrollees is available for display.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3867	MORE THAN 99 ENROLLEES ARE ASSIGNED TO THIS CASE.	This message will only ever be generated in the highly unlikely event that more that 99 Enrollees are assigned to this Case. If this situation ever occurs, only the details of the first 99 Enrollees will be available for display.
3870	MORE THAN ONE ENROLLEE HAS BEEN SELECTED.	Informs the user that more that one Enrollee Check Box has been selected. Only one can be selected.
9717	NO HIPP DETAILS	Information message. No action needed.

	FOUND	
3868	PAGE DOWN IS NOT A VALID FUNCTION. ALREADY AT THE LAST PAGE.	The user has attempted to perform a PAGE DOWN operation and, as the last page of data has been displayed, there are no additional records to display.
3869	PAGE UP IS NOT A VALID FUNCTION. ALREADY AT THE FIRST PAGE.	The user has attempted to perform a PAGE UP operation and, as the first page of data was already displayed, there are no previous records to display.
3872	SELECTION CODE IS INVALID. VALID VALUE IS 'X'.	The user has entered a character other than 'X' in the select box. Note: This message should only ever be generated from the CICS screens as the GUI front end converts a checked box to an X.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

This screen can be accessed from any of the following screens by selecting the Case Summary Option.
1. Case Data screen (RS-S-010)
2. Eligibility Data screen (RS-S-015)
3. Enrollee Demographics screen (RS-S-018).
4. TPL Summary screen (RS-S-020).
5. Cost Evaluation Screen(FN-S-011)
6. HIPP Payee Data (FN-S-012)
7. HIPP Payment Request (FN-S-13)

Screens RS-S-060-01 Patient Pay Screen 1

General Information

This screen captures Member income details and calculates Patient Pay amount.

SOURCE/ORIGINATOR	DMAS/DSS Authorized staff
USAGE	Inquiry, Update
PROGRAM	RST060
MAPSET	RS060VA
TRAN ID	VEV6(Inquiry) , VEV7(Update)

SAMPLE	**Patient Pay Screen 1 (RS-S-060-01)**

Virginia Medicaid

Test Environment | Home | Contact Us | Help | Search |

MMIS

Help | Print | Logoff

Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs | Reports

Screen ID: RS-S-060-01
Trans ID: VEV7
Program ID: RST060VA

VIRGINIA MEDICAID
PATIENT PAY SCREEN 1 - UPDATE

Date: 03/05/2010
Time: 17:18

Member ID: [redacted]
Name: [redacted]
Case Worker: [redacted]
FIPS: 059
Mail To(A/C/E): A
Mail Name: [redacted]
Provider ID: [redacted]
Provider Name: [redacted]

Reason Code:	IA		
Begin Date:	09/01/2009		
End Date:	12319999		
Income Calculation			
Unearned Income			
SSA:	1,711.00		
SSI:	0.00		
Other Unearned:	0.00		
Total Unearned:	1,711.00		
Earned Income			
EMPL1:	0.00		
EMPL2:	0.00		
Total Earned:	0.00		
Gross Income:	1,711.00		
Special Earnings Ind:			

SCREEN IS CLEARED FOR MODIFICATIONS.

Enter | Clear Form | Refresh | Member | Eligibility | Financial | Override | PP Hist | Comments | Next | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area. Messages: Displays enrollee's permanent identification number. Passed from calling program through communications area.	Displays enrollee's permanent identification number. Passed from calling program through communications area. Displays enrollee's permanent identification number. Passed from calling program through communications area.
2	CASE WORKER Case Worker Number (DE3431)	Edits: Displays case worker number. Passed from calling program through communications area. Messages: Displays case worker number. Passed from calling program through communications area.	Displays case worker number. Passed from calling program through communications area. Displays case worker number. Passed from calling program through communications area.
3	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code. Passed from calling program through communications area. Messages: Displays case FIPS code. Passed from calling program through communications area.	Displays case FIPS code. Passed from calling program through communications area. Displays case FIPS code. Passed from calling program through communications area.
4	ENR NAME(L,F,I,S) Enrollee Full Name (DE3003)	Edits: Displays enrollee's full name. Messages: Displays enrollee's full name.	Displays enrollee's full name. Displays enrollee's full name.

5	MAIL TO (A/C/E) Enrollee Address Type (DE3107)	Edits: Indicates who will receive the notice of obligation. (''A' =Authoorized Representative, 'C'= Case , 'E'=E-Enrollee). Messages: Indicates who will receive the notice of Obligation. (''A' =Authoorized Representative, 'C'= Case , 'E'=E-Enrollee).	Indicates who will receive the notice of obligation. If A is selected there must be an authorized representative on file. Indicates who will receive the notice of obligation. If A is selected there must be an authorized representative on file.
6	MAIL NAME(L,F,I,S) Enrollee Additional Address Name (DE3114)	Edits: Display-only field containing the name of the person to receive the Notice of Obligation letter based on what the user entered in the mail to field. Messages: Display-only field containing the name of the person to receive the Notice of Obligation letter based on what the user entered in the mail to field.	Display-only field containing the name of the person to receive the notice of obligation based on what the user entered in the mail to field. Display-only field containing the name of the person to receive the notice of obligation based on what the user entered in the mail to field.
7	PROV ID NPI-API Label (DE4701)	Edits: The ID of the provider who will receive notification of the patient pay amount. If there is a LOC with an exception indicator of (1,2,L,D,9,A,E,R,S,T,Y) on file. Messages: The ID of the provider who will receive notification of the patient pay amount. If there is a	The ID of the provider who will receive notification of the patient pay amount. If there is a LOC with an exception indicator of (1,2,L,D,9,A,E,R,S,T,Y) on file. The ID of the provider who will receive notification of the patient pay amount. If there is a LOC with an exception indicator of (1,2,L,D,9,A,E,R,S,T,Y) on file.

		LOC with an exception indicator of (1,2,L,D,9,A,E,R,S,T,Y) on file.	
8	PROV NAME Provider Name (DE4085)	Edits: Display-only field containing the name of the provider who's ID appears in the Provider ID field. Messages: Display-only field containing the name of the provider who's ID appears in the Provider ID field.	Display-only field containing the name of the provider who's ID appears in the Provider ID field. Display-only field containing the name of the provider who's ID appears in the Provider ID field.
9	REASON CODE Patient Pay Reason Code (DE4800)	Edits: Reason for the change in patient pay. Each column will have to have a value entered in this field if dates values or values in any other fields are entered. Messages: Reason for the change in patient pay. Each column will have to have a value entered in this field if dates values or values in any other fields are entered.	Reason for the change in patient pay. Each column will have to have a value entered in this field. Reason for the change in patient pay. Each column will have to have a value entered in this field.
10	BEG DATE Patient Pay Begin Date (DE4801)	Edits: Displays Enrollee's Patient Pay begin date. Messages: Displays Enrollee's Patient Pay begin date.	Displays enrollee's patient pay begin date. Enter the effective date for PP. It may be any date in a month. This date data field will populate all other date data fields in the other screen sections below within the same column. When no date is entered into a column with other data in it, an error message should display when the worker hits "Enter.'
11	END DATE Patient Pay End Date (DE4802)	Edits: Displays Enrollee's Patient Pay end date.	Displays enrollee's patient pay end date. Displays enrollee's patient pay end date.

		Messages: Displays Enrollee's Patient Pay end date.	
12	SSA SSA (DE4803)	Edits: Enrollee SSA value. Messages: Enrollee SSA value.	Enrollee SSA value. Enrollee SSA value.
13	SSI SSI (DE4804)	Edits: Enrollee SSI value. Messages: Enrollee SSI value.	Enrollee SSI value. Enrollee SSI value.
14	OTHER UNEARNED Other Unearned Income (DE4805)	Edits: Enrollee other unearned income value. Messages: Enrollee Other Unearned Income value.	Enrollee other unearned income value. Enrollee other unearned income value.
15	TOTAL UNEARNED Calculated (DE0002)	Edits: This is calculated by the system and is the total of Unearned Income except SSI. Messages: This is calculated by the system and is the total of Unearned Income except SSI.	This is calculated by the system and is the total of Unearned Income except SSI. This is calculated by the system and is the total of Unearned Income except SSI.
16	EMPL1 Employer Name (DE4807)	Edits: Employer name. Messages: Employer name.	Employer name. Employer name.
17	EMPL2 Employer Name (DE4807)	Edits: Employer name. Messages: Employer name.	Employer name. Employer name.
18	(EMPLOYER 1 INCOME) Employee Income (DE4808)	Edits: Income from employer 1. Messages:	Income from employer 1. Income from employer 1.

		Income from employer 1.	
19	(EMPLOYER 2 INCOME) Employee Income (DE4808)	Edits: Income from employer 2. Messages: Income from employer 2.	Income from employer 2. Income from employer 2.
20	TOTAL EARNED Calculated (DE0002)	Edits: This is the total of Earned Income. Messages: This is the total of Earned Income.	This is the total of earned Income. This is the total of earned Income.
21	GROSS INCOME Gross Income (DE4844)	Edits: The system will calculate Gross Income by adding the totals in the Total unearned and total earned data fields. Messages: The system will calculate Gross Income by adding the totals in the Total unearned and total earned data fields.	The system will calculate Total Gross Income by adding the totals in the Total unearned and total earned data fields. The system will calculate Total Gross Income by adding the totals in the Total unearned and total earned data fields.
22	SPECIAL EARNINGS IND Special Earnings Indicator (DE4811)	Edits: Special earning indicator. Valid values are 'NF', 'CBC' or spaces. This indicator will be used for triggering one of two different calculations, one for Nursing Facilities (NF) or one for CBC Waivers (CBC), under the Special Earnings Allowance section of Patient Pay screen. Messages: Special earning indic-	Special earning indicator. Valid Value are 'NF', 'CBC' or spaces. Needed when there is either earned income. This indicator will be used for triggering one of two different calculations, one for Nursing Facilities (NF) or one for CBC Waivers (CBC), under the Special Earnings Allowance section of Patient Pay screen 2. Special earning indicator. Valid Value are 'NF', 'CBC' or spaces. Needed when there is either earned income. This indicator will be used for triggering one of two different calculations, one for Nursing Facilities (NF) or one for CBC Waivers (CBC), under the Special Earnings Allowance section of Patient Pay screen 2.

		ator. Valid values are 'NF', 'CBC' or spaces. This indicator will be used for triggering one of two different calculations, one for Nursing Facilities (NF) or one for CBC Waivers (CBC), under the Special Earnings Allowance section of Patient Pay screen.	
23	MSG Error Message Text (DE0026)	Edits: Displays error/informational messages to the operator. Messages: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. Displays error/informational messages to the operator.

NAVIGATION	**Patient Pay Screen 1 (RS-S-060-01)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR FORM	When selected, all the unprotected fields are initialized.	N/A
Comments	Displays the member Comments screen.	RS-S-023 (B)
MEMBER	Displays the Demographics screen.	RS-S-018 (B)
Eligibility	Displays the Eligibility Data screen.	RS-S-015 (B)
ENTER	Command to edit data entered for add or update transaction.	N/A
SUB MENU	Returns to Enrollment Menu.	RS-S-001 (B)
Financial	Returns to Member Finacial screen.	RS-S-006 (B)
NEXT	Displays the Patient Pay screen 2.	RS-S-060-02 (B)
Override	Displays Patient Pay screen 3.	RS-S-060-03 (B)
PP Hist	Displays the Patient Pay History screen.	RS-S-004 (B)
Refresh	Redisplays the screen with recent data.	N/A
MAIN MENU	Returns to main menu	RF-S-010 (B)

Error Messages

Error	Description	Resolution
10080	AUTHORIZED REPRESENTATIVE DETAILS ARE NOT PRESENT FOR THE ENROLLEE.	Informational Message.
10082	COMMENTS ARE NOT PRESENT FOR THE ENROLLEE.	Informational Message. Add comments on Comments screen.
10085	CORRECT THE SCREEN ERRORS BEFORE NAVIGATING TO NEXT SCREEN.	Informational Message. Correct all the screen error before navigating to next screen.
10136	DATA CHANGED; UNABLE TO GO TO OTHER SCREENS.	Informational Message.
10141	DETAILS ARE IN CALCULATE MODE. MODIFY OR PRESS NEXT NEXT SCREEN BUTTON.	Informational Message.
10142	DETAILS ARE IN OVERRIDE MODE. MODIFY OR PRESS NEXT NEXT SCREEN BUTTON.	Informational Message.
10122	END DATE IS BLANK. PRESS ENTER TO DEFAULT 12/31/9999 AS END DATE.	Informational Message.
10087	ENTER THE REQUIRED REASON AND THE PERIOD TO SWITCH TO OVERRIDE MODE.	Informational Message.
10089	ERROR! NO NEGATIVE AMOUNTS ARE ALLOWED.	Informational Message. Enter a numeric value.
10118	ERROR! THE CALCULATED AMOUNT IS A NEGATIVE VALUE.	Informational Message.
10108	ERROR! THE TOTAL EARNED INCOME VALUE IS ZERO FOR THE SP EARNINGS IND.	Informational Message.
10120	ERROR!. EFFECTIVE BEGIN DATE IS GREATER THE EFFECTIVE END DATE.	Informational Message.
10117	ERROR!. THE ENTERED AMOUNT VALUE IS GREATER THAN 99,999.99.	Informational Message.
10130	ERROR!. THE USER IS NOT AUTHORIZED FOR THIS REASON CODE.	Informational Message.
10131	ERROR!. THIS REASON CODE CAN NOT BE USED FOR CREATING NEW SEGMENT.	Informational Message.
10132	ERROR!. THIS REASON CODE CAN ONLY BE USED FOR INITIAL CREATION.	Informational Message.
10107	FOR THE TOTAL EARNED AMOUNT THE SP EARNINGS IND IS INVALID.	Informational Message.
10105	INCOME VALUE IS ZERO FOR THE EMPLOYER.	Informational Message.

10076	INVALID AMOUNT. PLEASE ENTER VALID AMOUNT VALUE.	Informational Message. Enter numeric amount value.
10116	INVALID MAIL TO INDICATOR. VALID VALUES ARE A , C OR E.	Informational Message.
10073	INVALID REASON CODE.	Enter the valid Reason code.
10111	INVALID SPECIAL EARNINGS IND. VALID VALUE ARE 'NF', 'CBC' OR BLANK.	Informational Message.
10078	MODIFY DATA OR PRESS NEXT SCREEN BUTTON.	Informational Message.
10083	NO ACTIVE PATIENT PAY SEGMENT FOUND FOR THE ENROLLEE.	Informational Message.
10072	NO PATIENT PAY INFORMATION FOUND.	Informational Message.
10071	NO PATIENT PAY INFORMATION FOUND. ADD NEW PATIENT PAY DETAILS.	Informational Message.
10084	OVERLAPPING ERROR!. CHECK THE DATES ON SCREEN AND IN THE DATABASE.	Informational Message. Correct the Dates.
10070	PATIENT PAY DETAILS ARE DISPLAYED. MODIFY OR PRESS NEXT SCREEN BUTTON.	Informational Message.
10121	PATIENT PAY DETAILS ARE DISPLAYED. PRESS NEXT SCREEN BUTTON.	Informational Message.
10102	PATIENT PAY DETAILS ARE DISPLAYED. SEGMENT IS IN VOIDED STATUS.	Informational Message.
10075	PLEASE ENTER THE CORRESPONDING EMPLOYER NAME FOR THE INCOME.	Informational Message.
10086	PLEASE ENTER THE EMPLOYER NAME FOR THE INCOME VALUE.	Informational Message. Enter the Employer name.
10074	PLEASE ENTER THE REASON CODE BEFORE ENTERING THE OTHER DETAILS.	Informational Message.
10143	PP SEGMENT IS A MN OVERRIDE. PRESS NEXT SCREEN BUTTON.	Informational Message.
10092	PROVIDER NOT ELIGIBLE FOR EFFECTIVE DATES.	Informational Message.
10124	REASON CODE SHOULD BE OT OR RV FOR NAVIGATING TO COMMENTS SCREEN.	Informational Message.
10110	SCREEN DATA REFRESHED.	Informational Message.
10097	SCREEN IS DISPLAYED IN CALCULATE MODE. MODIFY DETAILS AND PRESS ENTER.	Informational Message.
10098	SCREEN IS DISPLAYED IN OVERRIDE MODE. MODIFY DETAILS AND PRESS	Informational Message.

	ENTER.	
10101	THE CALCULATED GROSS INCOME IS A NEGATIVE VALUE.	Informational Message.
10100	THE CALCULATED TOTAL EARNED INCOME IS A NEGATIVE VALUE.	Informational Message.
10099	THE CALCULATED TOTAL UNEARNED INCOME IS A NEGATIVE VALUE.	Informational Message.
10123	THE GROSS INCOME VALUE IS ZERO. CAN NOT NAVIGATE TO SCREEN2.	Informational Message.
10125	THE MAIL TO NAME NOT FOUND ON THE FILE.	Informational Message.
10106	THE NEW BEGIN DATE IS GREATER THAN THE NOTICE CUT OFF DATE.	Informational Message.
10093	THIS AND ALL THE FUTURE PP SEGMENTS WILL BE VOIDED. PRESS NEXT SCREEN.	Informational Message.
10094	THIS PATIENT PAY SEGMENT WILL BE VOIDED. PRESS NEXT SCREEN BUTTON.	Informational Message.
10119	USER NOT AUTHORIZED FOR THIS TRANSACTION. SEGMENT IS A MN OVERRIDE.	Informational Message.

Screen Access

This screen is only accessible from the Enrollee Financials screen and Patient Pay History screen.
From the Main System Menu, select the Recipient icon.
1. On the Enrollee Financials screen, choose the 'Patient Pay' button.
2. You will see Patient Pay Screen 1 (RS-S-060-01).
From the Main System Menu, select the Recipient icon.
1. On the Enrollee Financials screen, choose the box beside 'View Previous Patient Pay'. Choose Enter.
2. You will see the Patient Pay History screen (RS-S-004).
3. Choose a box beside one of the Enrollee Patient Pay details and choose 'Patient Pay' button.

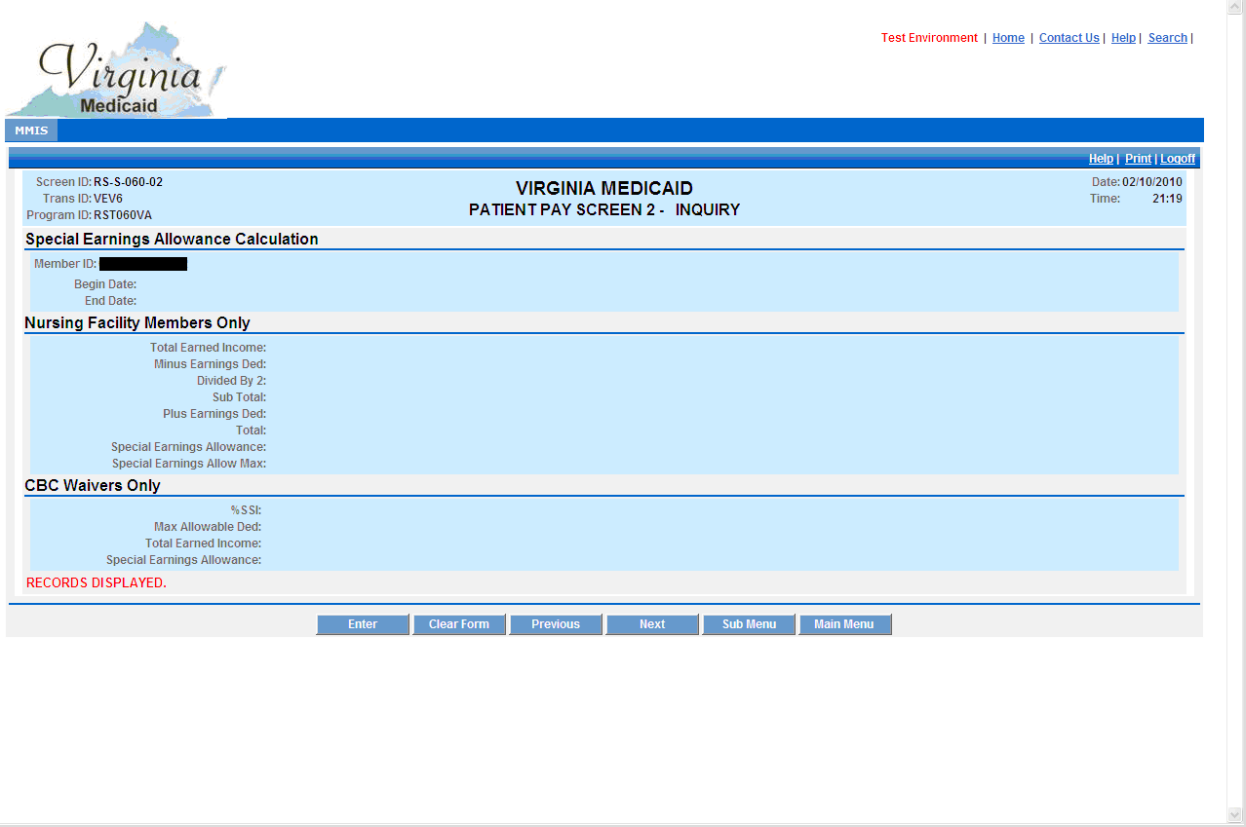
Screens RS-S-060-02 Patient Pay Screen 2

General Information

This screen (RS-S-060-02) calculates the special earnings allowance depending upon the special earnings allowance entered on Patient Pay Screen 1 (RS-S-060-01).

SOURCE/ORIGINATOR	DMAS/DSS Authorized users
USAGE	Inquiry, Update
PROGRAM	RST060
MAPSET	RS-S-060-02
TRAN ID	VEV6(Inquiry), VEV7(Update)

SAMPLE	**Patient Pay Screen 2 (RS-S-060-02)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area. Messages:	Displays enrollee's permanent identification number. Passed from calling program through communications area. Displays enrollee's permanent identification number. Passed from calling program through communications area.
2	BEG DATE Patient Pay Begin Date (DE4801)	Edits: Begin date from Patient Pay Screen 1. Messages:	Begin date from Patient Pay Screen 1. Begin date from Patient Pay Screen 1.
3	END DATE Patient Pay End Date (DE4802)	Edits: End date from Patient Pay Screen 1. Messages:	End date from Patient Pay Screen 1. End date from Patient Pay Screen 1.
4	TOTAL EARNED INCOME Calculated (DE0002)	Edits: Total Earned Income value from Patient Pay Screen 1. Messages:	Total Earned Income value from Patient Pay Screen 1. Total Earned Income value from Patient Pay Screen 1.
5	MINUS EARNINGS DED Calculated (DE0002)	Edits: This is a default which will be stored in the Parameter table. Messages:	This is a default which will be stored in the Parameter table. This is a default which will be stored in the Parameter table.
6	DIVIDED BY 2 Calculated (DE0002)	Edits: Calculated as Total Earned Income minus Earnings Deduction. Messages:	Calculated as Total Earned Income minus Earnings Deduction. Calculated as Total Earned Income minus Earnings Deduction.
7	SUB TOTAL Calculated (DE0002)	Edits: Subtotal - Calculated as (Total Earned Income - Minus Earning Ded) / 2.	Subtotal - Calculated as (Total Earned Income - Minus Earning Ded) / 2. Subtotal - Calculated as (Total Earned Income - Minus Earning Ded) / 2.

		Messages:	
8	PLUS EARNINGS DED Calculated (DE0002)	Edits: Plus Earnings Deduction is a default which will be stored in the Parameter table. Messages: Plus Earnings Deduction is a default which will be stored in the Parameter table.	Plus Earnings Deduction is a default which will be stored in the Parameter table. Plus Earnings Deduction is a default which will be stored in the Parameter table.
9	TOTAL Calculated (DE0002)	Edits: Calculated as ((Total Earned Income - Minus Earnings Ded) / 2) + Plus Earnings Ded. Messages:	Calculated as ((Total Earned Income - Minus Earnings Ded) / 2) + Plus Earnings Ded. Calculated as ((Total Earned Income - Minus Earnings Ded) / 2) + Plus Earnings Ded.
10	SPECIAL EARNINGS ALLOWANCE (NF) NF Special Earnings Allowance (DE4817)	Edits: System will compare the 'Total' data field to the Special Earnings Allowance Max Standard. The Special Earnings Allowance Deduction is the lesser of the two amounts. The system will insert the lesser of the two figures in the Special Earnings Allowance data field in this section and then populate the Special Earnings Allowance data field on page one of the Patient Pay calculation screen with this same amount. Messages:	System should compare the 'Total' data field to the Special Earnings Allowance Max Standard. The Special Earnings Allowance Deduction is the lesser of the two amounts. The system will insert the lesser of the two figures in the Special Earnings Allowance data field in this section and then populate the Special Earnings Allowance data field on page one of the Patient Pay calculation screen with this same amount. System should compare the 'Total' data field to the Special Earnings Allowance Max Standard. The Special Earnings Allowance Deduction is the lesser of the two amounts. The system will insert the lesser of the two figures in the Special Earnings Allowance data field in this section and then populate the Special Earnings Allowance data field on page one of the Patient Pay calculation screen with this same amount.
11	SPECIAL EARNINGS ALLOW MAX Special Earnings	Edits: This is a default which will be stored in the Parameter table.	This is a default which will be stored in the Parameter table. This is a default which will be stored in the Parameter table.

	Allowance (DE4824)	Messages:	
12	%SSI CBC SSI Percent (DE4819)	Edits: The worker will enter a value of either '200' or '300'; this will cause the Max Allowable Deduction field below to be populated with a dollar value from the top of the column. A value must be entered for any column for which data is entered or an error message will be displayed when the worker hits 'ENTER.' Messages:	Displays %SSI. The worker will enter a value of either '200' or '300'; this will cause the Max Allowable Deduction field below to populate with a dollar value from the top of the column. A value must be entered for any column for which data is entered or an error message should display when the worker hits 'Enter.'
13	MAX ALLOWABLE DED (CBC) Calculated (DE0002)	Edits: Default based on the value entered in %SSI and THE Effective dates. Messages:	Default based on the value entered in %SSI and date. Default based on the value entered in %SSI and date.
14	TOTAL EARNED INCOME (CBC) Calculated (DE0002)	Edits: This is the Total Earned income when 'CBC' is entered in the Special Indicator Field in the Income Section. Messages:	From the Income Calculation Section of this screen using the 'Total Earned' data field when 'CBC' is the Special Indicator in the Income Section. From the Income Calculation Section of this screen using the 'Total Earned' data field when 'CBC' is the Special Indicator in the Income Section.
15	SPECIAL EARNINGS ALLOWANCE (CBC) CBC Special Earnings Allowance (DE4821)	Edits: The Total Earned Income data field will be compared to the data field containing the Max Allowable Deduction. The system will choose the lesser of the two amounts and display the result in the Special Earning Allowance Deduction data	The Total Earned Income data field will be compared to the data field containing the Max Allowable Deduction. The system will choose the lesser of the two amounts and display the result in the Special Earnings Allowance deduction data field which will then populate the Special Earnings Allowance data field in the Patient Pay Calculation Summary section of the screen. The Total Earned Income data field will be compared to the data field containing the Max Allowable Deduction. The system will choose the lesser of the two amounts and display the

		field which will then populate the Special Earnings Allowance data field in the Patient Pay Calculation Summary section of the screen. Messages:	result in the Special Earnings Allowance deduction data field which will then populate the Special Earnings Allowance data field in the Patient Pay Calculation Summary section of the screen.

NAVIGATION	**Patient Pay Screen 2 (RS-S-060-02)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR FORM	Initializes all the unprotected fields and redisplays the screen.	RS-S-060-02 (R)
Enter	Command to edit data entered for add or update transaction.	N/A
SUB MENU	Displays the Enrollment Main Menu.	RS-S-001 (B)
NEXT	Displays the Patient Pay Screen 3.	RS-S-060-03 (B)
PREVIOUS	Displays the Patient Pay Screen 1.	RS-S-060-01 (B)
MAIN MENU	Displays the System Main Menu	RF-S-010 (B)

Error Messages

Error	Description	Resolution
10085	CORRECT THE SCREEN ERRORS BEFORE NAVIGATING TO NEXT SCREEN.	Informational Message. Correct all the screen error before navigating to next screen.
10136	DATA CHANGED; UNABLE TO GO TO OTHER SCREENS.	Informational Message.
10118	ERROR! THE CALCULATED AMOUNT IS A NEGATIVE VALUE.	InformationalMessage.
10115	INVALID PERCENT SSI VALUE. VALID VALUES ARE 200 OR 300.	Informational Message.
10078	MODIFY DATA OR PRESS NEXT SCREEN BUTTON.	Informational Message.
10109	SCREEN IS CLEARED FOR MODIFICATIONS.	Informational Message.
10113	SCREEN2 DETAILS ARE DISPLAYED. MODIFY OR PRESS NEXT SCREEN BUTTON.	Informational Message.

10137	SCREEN2 DETAILS ARE DISPLAYED. PRESS NEXT SCREEN BUTTON.	Informational Message.

Screen Access

This screen is only accessible from the Enrollee Patient Pay Screen 1 or Screen 3.
From the Main System Menu, select the Recipient icon.
1. On the Enrollee Financials screen, choose the 'Patient Pay' button.
2. You will see the Patient Pay Screen 1 (RS-S-060-01).
3. On Patient Pay Screen 1 choose 'Next Screen' to access this Patient Pay screen2.
4. On Patient Pay Screen 3 choose 'Prev Screen' to access this Patient Pay screen2.
From the Main System Menu, select the Recipient icon.
1. On the Enrollee Financials Screen, choose the box beside 'View Previous Patient Pay'. Choose Enter.
2. You will see the Patient Pay History screen (RS-S-004).
3. Choose a box beside one of the Enrollee Patient pay details and 'Patient Pay' button.
4. You see Patient Pay Screen 1 (RS-S-060-01).
5. On Patient Pay Screen 1 choose 'Next Screen' to access this Patient Pay screen2.
6. On Patient Pay Screen 3 choose 'Prev Screen' to access this Patient Pay screen2.

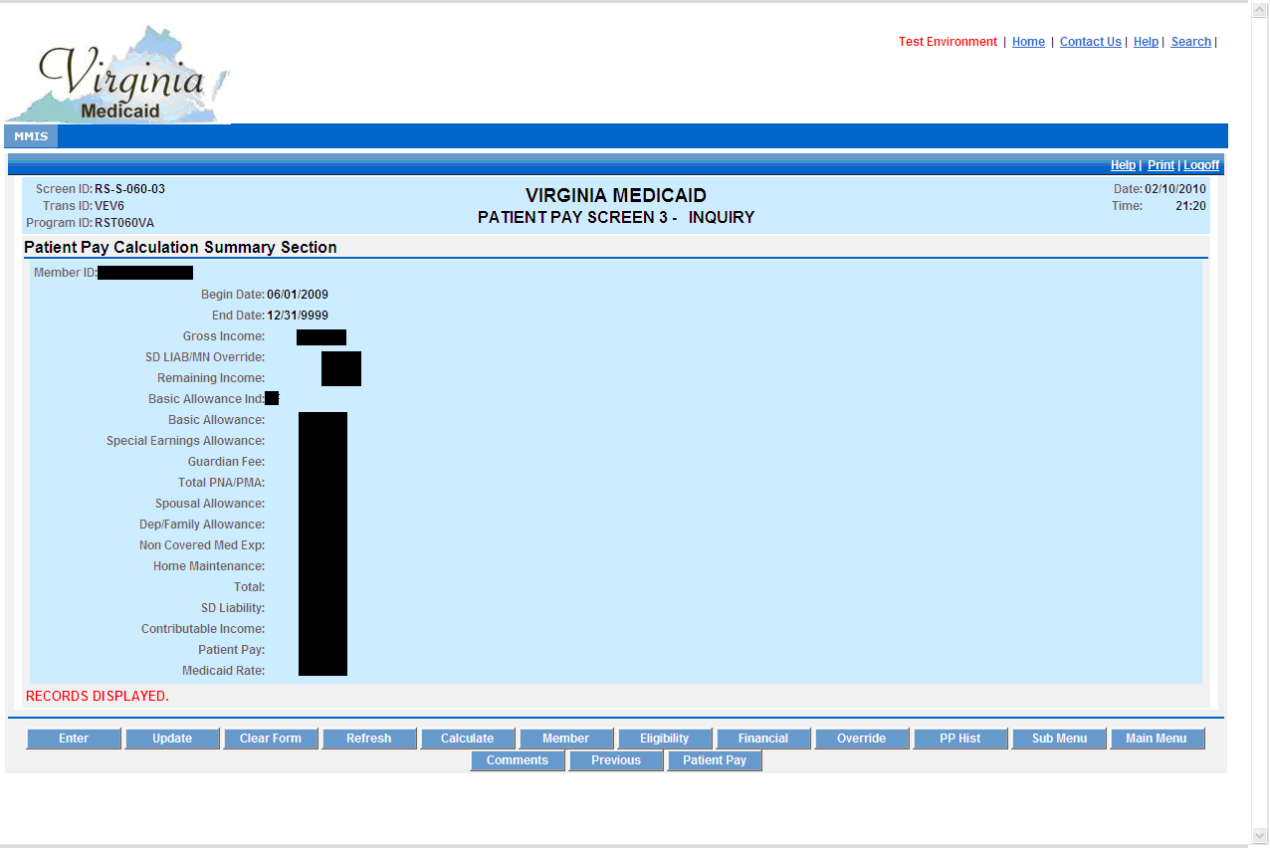
Screens RS-S-060-03 Patient Pay Screen 3

General Information

This screen (RS-S-060-03) performs the necessary calculation to determine the Patient Pay amount.

SOURCE/ORIGINATOR	DMAS/DSS Authorized users
USAGE	Inquiry, Update
PROGRAM	RST060
MAPSET	RS-S-060-03
TRAN ID	VEV6(Inquiry), VEV7(Update)

SAMPLE	**Patient Pay Screen 3 (RS-S-060-03)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area Messages:	Displays enrollee's permanent identification number. Displays enrollee's permanent identification number.
2	BEG DATE Patient Pay Begin Date (DE4801)	Edits: Displays enrollee's patient pay begin date. Messages:	Displays enrollee's patient pay begin date. Displays enrollee's patient pay begin date.
3	END DATE Patient Pay End Date (DE4802)	Edits: Displays enrollee's patient pay end date. Messages:	Displays enrollee's patient pay end date. Displays enrollee's patient pay end date.
4	GROSS INCOME Gross Income (DE4844)	Edits: Gross income that can be counted in the patient pay determination. In Calculate mode, field will be populated from the Gross Income field in the income calculation section of the screen. In Override Mode, the user can enter this amount. Messages:	Gross income that can be counted in the patient pay determination. In Calculate mode, field will be populated from the Total Gross Income field in the income calculation section of the screen. In Overide Mode, the user can enter this amount. Is all gross income that can be counted in the patient pay determination. In Calculate mode, field will be populated from the Total Gross Income field in the income calculation section of the screen. In Overide Mode, the user can enter this amount.
5	SD LIAB/MN OVERRIDE SD Liability (DE4831)	Edits: This amount will be calculated outside the system and will be entered by the	Displays the SD LIAB/MN Override amount. This amount will be calculated outside the system and will be entered by the worker, when the MN Override function is used. This data field will populate the other SD Liability date

		worker, when the MN Override function is used. This data field will populate the other SD Liability data field below. The Override function key is pressed to prevent the system from completing the final calculation in the Summary Section. Messages:	field below. The Override function key pressed to prevent the system from completing the final calculation in the Summary Section.
6	REMAINING INCOME Remaining Income (DE4832)	Edits: Remaining income. Messages:	Displays Remaining income. Remaining income.
7	BASIC ALLOW IND Basic Allowance Indicator (DE4822)	Edits: The worker will enter one of the following valid values: “NF” for Nursing Facility, “CBC” for all Waivers except the AIDS Waiver, and “AIDS” for the AIDS Waiver and “PACE” for the Program for All Inclusive Services for the Elderly. Messages:	Displays the Basic Allowance Indicator. The worker will enter one of the following valid values: “NF” for nursing facility, “CBC” for all waivers except the AIDS Waiver, and “AIDS” for the AIDS Waiver and “PACE” for the Program for All Inclusive Services for the Elderly.
8	BASIC ALLOWANCE Basic Allowance (DE4823)	Edits: This is a defaulted dollar amount stored on a table based on the BA Ind entered above and the time period for which patient pay is being calculated. Amounts will be stored in the Parameter table. Messages:	Displays the Basic Allowance. This will be defaulted dollar amount from a table based on the BA Ind entered above and the time period for which patient pay is being calculated. Amounts will be stored in the Parameter table.
9	SPECIAL EARNINGS	Edits:	Displays the Special Earnings Allowance. This amount will be calculated in the Special

	ALLOWANCE Special Earnings Allowance (DE4824)	This amount will be calculated in the Special Earnings Allowance section. Messages:	Earnings Allowance section.
10	GUARDIAN FEE Guardian Fee (DE4825)	Edits: This amount will be calculated outside the system and will be entered by the worker, when appropriate. Messages:	Displays the Guardian Fee amount. This amount will be calculated outside the system and will be entered by the worker, when appropriate.
11	TOTAL PNA/PMA Total PNA PMA (DE4826)	Edits: This is a system calculated data field. This is the sum of the Basic Allowance, Special Earnings Allowance and Guardian Fee amounts. This is the first amount deducted from the amount in the Gross Income data field. Messages:	Displays the Total PNA/PMA amount. This is a system calculated data field. This is the sum of the basic allowance, special earnings allowance and guardian fee amounts. This is the first amount deducted from the amount in the Gross Income data field.
12	SPOUSAL ALLOWANCE Spousal Allowance (DE4827)	Edits: This amount will be calculated outside the system and will be entered by the worker, when appropriate. This is the second deduction from the Gross Income data field. Messages:	Displays the Spousal allowance. This amount will be calculated outside the system and will be entered by the worker, when appropriate. This is the second deduction from the Gross Income data field.
13	DEP/FAMILY ALLOWANCE Dependent Family Allowance (DE4828)	Edits: This amount will be calculated outside the system and will be entered by the worker, when appropriate. This is the third	Displays the Dep/Family Allowance. This amount will be calculated outside the system and will be entered by the worker, when appropriate. This is the third deduction from the Gross Income data field.

		deduction from the Gross Income data field. Messages:	
14	NON COVERED MED EXP Non Covered Medical Expenses (DE4829)	Edits: This amount will be calculated outside the system and will be entered by the worker, when appropriate. This is the fourth deduction from the Gross Income data field. Messages:	Displays the Non covered medical expenses amount. This amount will be calculated outside the system and will be entered by the worker, when appropriate. This is the fourth deduction from the Gross Income data field.
15	HOME MAINTENANCE Home Maintenance (DE4830)	Edits: This amount will be determined by the worker. Messages:	Displays the Home maintenance amount value. This amount will be determined by the worker.
16	TOTAL Override Total (DE4845)	Edits: This will be entered by the worker only when the MN Override is initiated, otherwise it will be blank and not part of the Patient Pay calculation Messages:	Displays the Total amount in MN override mode. This will be entered by the worker only when the MN override is initiated, otherwise it will be blank and not part of the PP calculation
17	SD LIABILITY SD Liability (DE4831)	Edits: This amount will be calculated outside the system and will be entered by the worker, when the MN Override function is used. This is a mandatory data field when Override is initiated and locked when Override is not initiated. Messages:	Displays the SD Liability amount. This amount will be calculated outside the system and will be entered by the worker, when the MN Override function is used. This is a mandatory data field when Override initiated and locked when Override not initiated.

18	CONTRIBUTABLE INCOME Contributable Income (DE4833)	Edits: This amount will be calculated outside the system and will be entered by the worker, when the MN Override function is used. This is a mandatory data field when Override is initiated and locked when Override is not initiated. Messages:	Displays the Contibutable income amount. This amount will be calculated outside the system and will be entered by the worker, when the MN Override function is used. This is a mandatory data field when Override initiated and locked when Override not initiated.
19	PATIENT PAY Patient Pay Amount (DE4835)	Edits: This is the Patient Pay calculation that the system will perform when the MN Override is not in effect. This is the last calculation that will be made unless there is an Override. If there is an override the Patient Pay Summary Calculation will be suppressed to allow access to other fields in this section and manual data entry of the Patient Pay amount. In Calculate mode, if the calculated Patient Pay value is a negative value then the Patient Pay amount will be set equal to zero. Messages:	Displays the Patient Pay amount. This is the PP calculation that the system will perform when the MN override is not in effect. This is the last calculation that will be made, the calculation of income and any of the allowances comes first, any information that needs to populate from the income and allowances section(s) will to the PP Summary Section unless there is an override. If there is an override the income and allowances calculations can take place, but the PP Summary Calculation will be suppressed to allow access to other fields in this section and manual data entry of the Patient Pay amount. If calculated value is less than 0 the patient pay = 0.
20	MEDICAID RATE Medicaid Rate (DE4834)	Edits: This field will be protected in calculated mode.	Displays the Medicaid Rate amount. This field will be protected in calculated mode. In override mode this field can be updated and/or added.

		In override mode this field can be updated and/or added. Messages:	

NAVIGATION	Patient Pay Screen 3 (RS-S-060-03)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Calculate	Performs the Patient Pay calculations.	N/A
CLEAR FORM	When selected, all the unprotected fields are initialized.	N/A
Comments	Displays the member Comments screen.	RS-S-023 (B)
MEMBER	Displays the Member Demographics screen.	RS-S-018 (B)
Eligibility	Displays the Member Eligibility Data screen.	RS-S-015 (B)
ENTER	Validates the screen details and redisplays the screen.	N/A
SUB MENU	Returns to Enrollment Menu.	RS-S-001 (B)
Financial	Returns to Member Finacial screen.	RS-S-006 (B)
Override	Switches the screens data from Calculate mode to Override mode.	N/A
Patient Pay	Displays Patient Pay Screen 1.	RS-S-060-01 (B)
PP Hist	Displays the Patient Pay History screen.	RS-S-004 (B)
PREVIOUS	Returns to Patient Pay Screen 2.	RS-S-060-01 (B)
MAIN MENU	Returns to main system menu.	RF-S-010 (B)
Update	Command to save information entered when in update mode.	N/A

Error Messages

Error	Description	Resolution
10082	COMMENTS ARE NOT PRESENT FOR THE ENROLLEE.	Informational Message. Add comments on Comments screen.
10147	COMMENTS MUST BE ENTERED FOR REASON OT, RV OR VOID ACTION. CHOOSE COMMENTS KEY.	Informational Message.
10089	ERROR! NO NEGATIVE AMOUNTS ARE ALLOWED.	Informational Message. Enter a numeric value.
10118	ERROR! THE CALCULATED AMOUNT IS A NEGATIVE VALUE.	InformationalMessage.

10139	ERROR!. THE BASIC ALLOWANCE IND AND SP EARNINGS IND ARE NOT SAME.	Informational Message.
10117	ERROR!. THE ENTERED AMOUNT VALUE IS GREATER THAN 99,999.99.	Informational Message.
10149	HOME MAINTENANCE IS ALLOWED ONLY FOR NF BASIC ALLOWANCE INDICATOR.	Informational Message.
10076	INVALID AMOUNT. PLEASE ENTER VALID AMOUNT VALUE.	Informational Message. Enter numeric amount value.
10077	INVALID BASIC ALLOWANCE INDICATOR.	Informational Message. Enter valid Basic Allowance Indicator.
10079	MODIFY DATA OR PRESS UPDATE BUTTON.	Informational Message.
10148	NEW PATIENT PAY AMT < EXISTING PATIENT PAY AMT. PRESS UPDATE AGAIN.	Informational Message.
10140	PATIENT PAY CALCULATION PERFORMED. MODIFY DETAILS OR PRESS UPDATE BUTTON.	Informational Message.
10134	RECORD/S UPDATED SUCCESSFULLY. SCREEN REFRESHED WITH LATEST DATA.	Informational Message.
10109	SCREEN IS CLEARED FOR MODIFICATIONS.	Informational Message.
10138	SCREEN IS SWITCHED TO OVERRIDE MODE. MODIFY DETAILS AND PRESS ENTER.	Informational Message.
10114	SCREEN3 DETAILS ARE DISPLAYED. MODIFY OR PRESS ENTER BUTTON.	Informational Message.
10090	THE CALCULATED PATIENT PAY AMOUNT IS A NEGATIVE VALUE.	Informational Message.
10126	THE GROSS INCOME CAN NOT BE ZERO IN MN OVERRIDE MODE.	Informational Message.
10129	THE MEDICAID RATE AMOUNT CAN NOT BE ZEROS IN OVERRODE MODE.	Informational Message.
10112	THE NEW PATIENT PAY AMOUNT IS GREATER THAN THE ALREADY EXISTING AMT.	Informational Message.
10128	THE PATIENT PAY AMOUNT CAN NOT BE ZEROS IN MN OVERRIDE MODE.	Informational Message.
10127	THE TOTAL CAN NOT BE ZERO IN MN OVERRIDE MODE.	Informational Message.
10103	THERE ARE NO CHANGES FOUND TO INSERT/UPDATE THE DATA BASE.	Informational Message.

Screen Access

This screen is only accessible from the Enrollee Patient Pay Screen 1 and Screen 3.

From the Main System Menu, select the Recipient icon.
1. On the Enrollee Financials screen, choose the 'Patient Pay' button.
2. You will see the Patient Pay Screen 1 (RS-S-060-01).
3. On Patient Pay Screen 1 choose 'Next Screen' to access Screen 2 (RS-S-060-02).
4. On Patient Pay Screen 2 choose 'Next Screen' to access this screen (RS-S-060-03).
5. On Patient Pay Screen 1 choose 'Override' button to access Screen 3 (RS-S-060-03).
From the Main System Menu, select the Recipient icon.
1. On the Enrollee Financials screen, choose the box beside 'View Previous Patient Pay'. Choose Enter.
2. You will see the Patient Pay History screen (RS-S-004).
3. Choose a box beside one of the Enrollee Patient Pay details and choose the 'Patient Pay' button.
4. You will see Patient Pay Screen 1 (RS-S-060-01).
5. On Patient Pay Screen 1 choose 'Next Screen' to access Screen 2 (RS-S-060-02).
6. On Patient Pay Screen 2 choose 'Next Screen' to access this screen (RS-S-060-03).
7. On Patient Pay Screen 1 choose 'Override' button to access Screen 3 (RS-S-060-03).

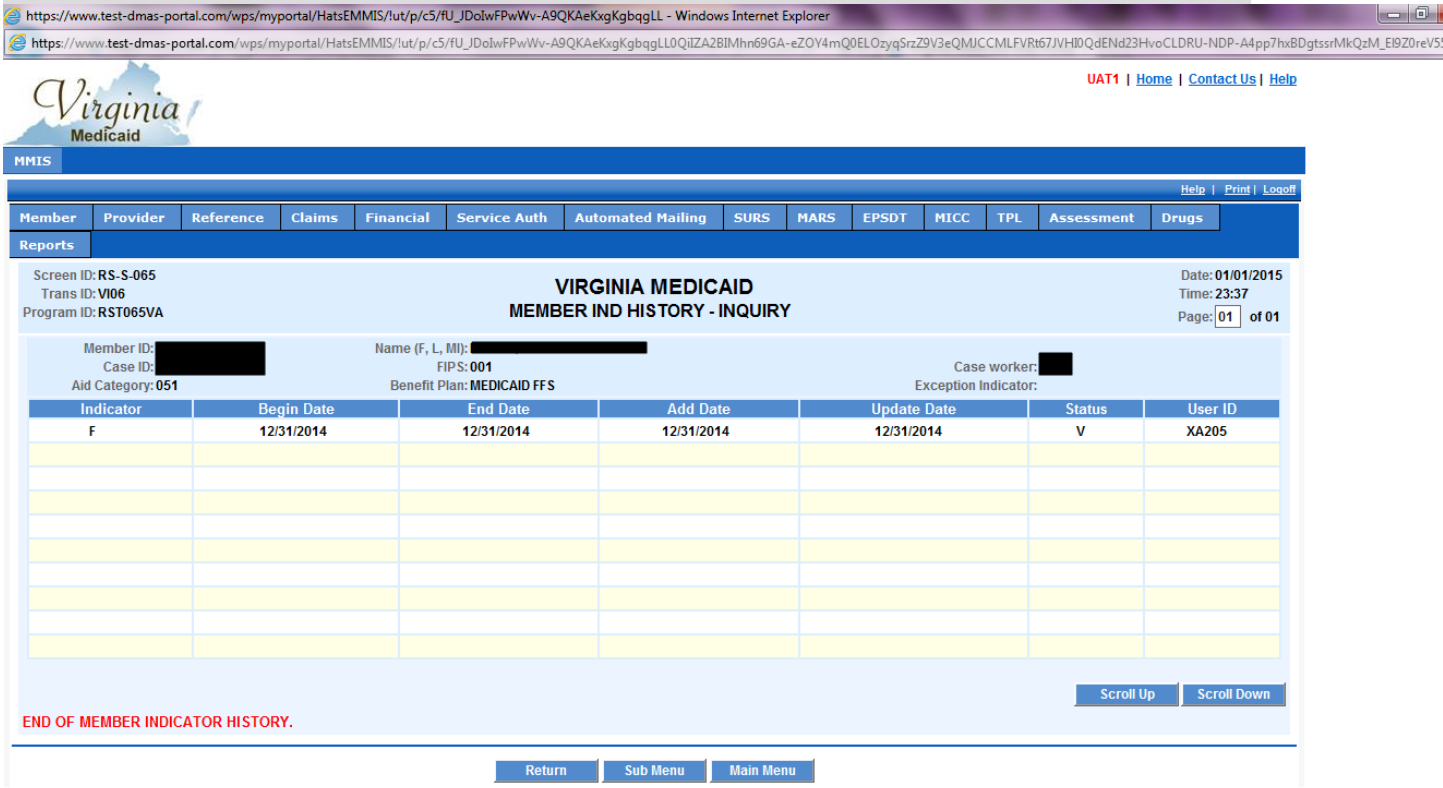
Screens RS-S-065 Member Indicator History

General Information

This screen lists all previous names associated with the member.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry
PROGRAM	RST065
MAPSET	RS065VA
TRAN ID	VI06

SAMPLE	Member Names History (RS-S-065)



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: Displays enrollee's permanent identification number. Passed from calling program through communications area	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. N/A
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name. Passed from calling program through communications area	The name of the individual eligible for DMAS-administered programs. N/A
3	CASE ID Case Identification Number (DE3043)	Edits: Displays case identification number. Passed from calling program through communications area	A number that uniquely identifies the family or group of individuals in the same Case entity. N/A
4	CASEWORKER Case Worker Number (DE3431)	Edits: Displays case worker number. Passed from calling program through communications area	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. N/A
5	FIPS Case Administrative FIPS Code (DE3039)	Edits: Displays case FIPS code. Passed from calling program through communications area	The locality of the DSS or local welfare office that administers the enrollee's case. For TDO Benefit Plan Program Code = 02, this is the locality where the TDO warrant was issued. N/A
6	AC Enrollee Eligibility Aid Category (DE3009)	Edits: Displays enrollee's aid category. Passed from calling program through communications area	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS-administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field.

			N/A
7	BENEFIT PLAN Benefit Definition Plan Short Name (DE3555)	Edits: Displays enrollee's most defining benefit plan description. Passed from calling program through communications area	A short, concise description of a Benefit Plan used primarily in reporting. Displays enrollee's most defining benefit plan description. N/A
8	EXCEPTION IND Benefit Plan Exception Indicator (DE3072)	Edits: Displays enrollee's benefit plan exception indicator. Passed from calling program through communications area	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. N/A
9	INDICATOR MEMBER INDICATOR (DE3656)	Edits: Displays enrollee's member indicator value.	Member Indicator value for that history segment. N/A
10	BEGIN DATE Enrollee Member Indicator Start Date(DE3807)	Edits: Displays enrollee's member indicator value begin date.	For a member indicator value, begin date signifies the start date when the indicator value is in effect. N/A
11	END DATE Enrollee Member Indicator End Date(DE3802)	Edits: Displays enrollee's member indicator value end date.	For a member indicator value, end date signifies the end date when the indicator value ends. N/A
12	ADD DATE Enrollee Member Indicator Date Added (DE3804)	Edits: Displays enrollee's member indicator added date.	The date when the member indicator value was added initially. N/A
13	UPDATE DATE (DE0011)	Edits: Displays enrollee's member indicator updated date.	The updated date of the enrollee's member indicator data. N/A
14	STATUS(DE3803)	Edits: Displays status of the member indicator value.	This field indicates whether member indicator value is Active or Void. N/A
15	USER ID(DE3805)	Edits:	Displays user id which has either

		Displays User Id which is associated with data update.	Updated the member indicator data last.
16	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A
17	Page XXX of YYY (DE0000)	Edits: Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages).	Displays the current page (XXX) and total number of pages (YYY). If page request XXX is changed, must be a numeric value less than or equal to YYY (Total number of pages). Enter a number and click Enter to access a specific page of the record. N/A

NAVIGATION	Member Names History (RS-S-065)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of Member's Indicator History. If this button is pressed, and there are no more MBR IND History records on the Indicator Table for the Member ID on the screen, a message will appear.	RS-S-065 ()
ENTER	Processes page number request, if changed.	N/A
SUB MENU	Returns to the Managed Care Menu.	N/A
SCROLL DOWN	Command button to view the next page of Member's Indicator History. If this button is pressed, and there are no more MBR IND History records on the Indicator Table for the Member ID on the screen, a message will appear.	N/A
RETURN	Return to the Managed Care Assignment Screen.	MC-S-010 (R)

Error Messages

Error	Description	Resolution
4885	MEMBER INDICATOR HISTORY DOES NOT EXIST FOR THE ENROLLEE	Information message.
3055	ALREADY AT THE BOTTOM SCROLLING NOT	Information message.

	POSSIBLE.	
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3056	DATA DISPLAYED	Information message. No action needed.
4886	END OF MEMBER INDICATOR HISTORY	Information message.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
64	NO DATA TO SCROLL	Information message. No action needed.
3140	PAGE NUMBER CANNOT BE GREATER THAN THE TOTAL PAGE NUMBER	Information message.
3142	PAGE NUMBER MUST BE NUMERIC	Information message.

Screen Access

This screen is only accessible from the Managed Care Assignment screen.
From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Managed Care option in the selection field. Choose Enter.
2. You see the Managed Menu (MC-S-005).
3. On the Managed Care Menu, select the Managed Care Assignment option, select Inquiry Function, enter the Enrollee ID and choose the Enter button.
4. You see the Member Managed Care Assignment screen (MC-S-010).
5. On the Managed Care Assignment Screen, click on MBR Indicator History button.
6. You see the Member Indicator History screen (RS-S-065).
Screen Use:
Use the Page Up and Page Down arrow buttons to the right of the data box to page through additional records.

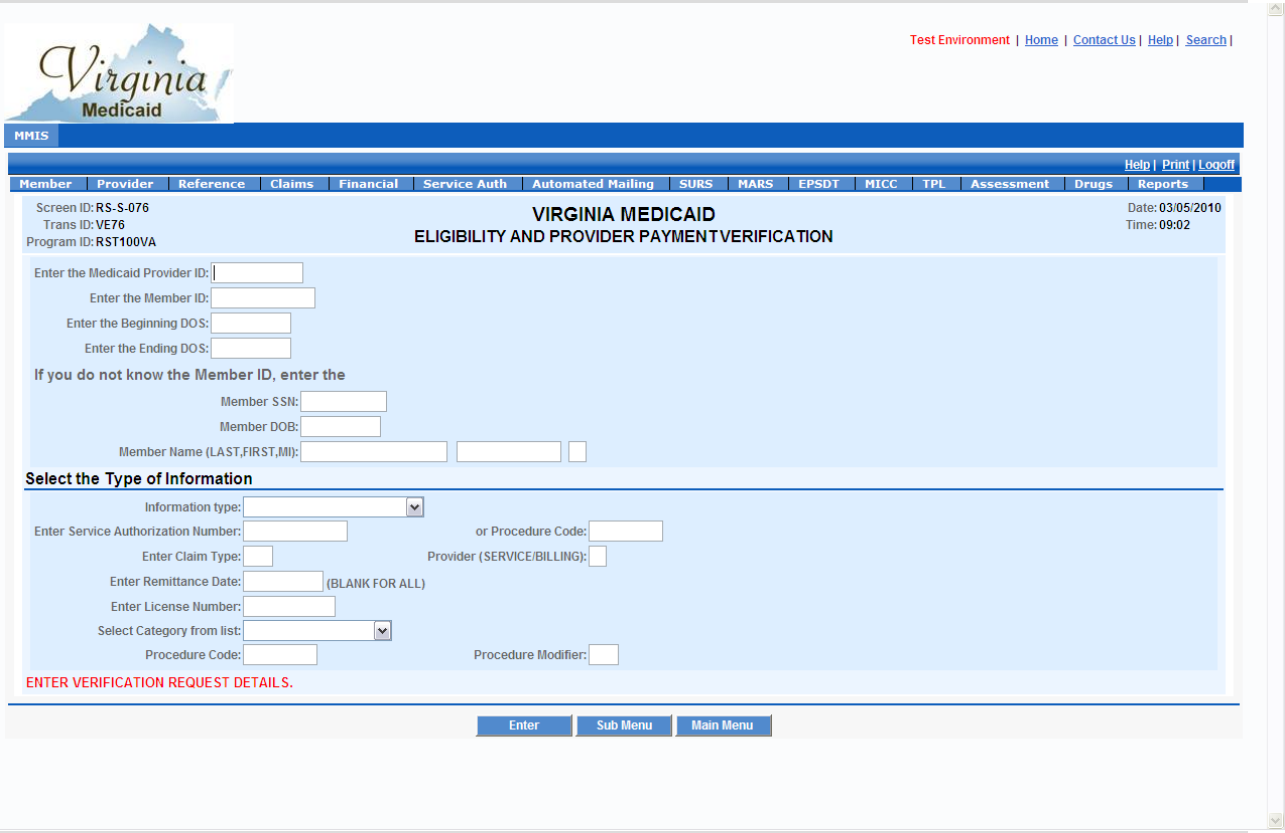
Screens RS-S-076 Eligibility and Provider Payment Verification

General Information

This is the menu screen for the Eligibility and Provider Payment Automated Verification system. It is used to identify the requesting provider, member for whom verification is requested, and the dates of service relevant to the request.

SOURCE/ORIGINATOR	AEVS Help Desk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	N/A
MAPSET	RS076VA
TRAN ID	VE76

SAMPLE	**Eligibility and Provider Payment Verification (RS-S-076)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENTER YOUR MEDICAID PROVIDER NUMBER National Provider Identifier (DE4700)	Edits: Must be an active Medicaid Provider or API or NPI. If type of information is 6, provider class type must be 060. Messages: Missing/Invalid data, please correct highlighted fields	The unique identification number which identifies a provider who is enrolled in the new MMIS. This number is submitted with each request for eligibility verification, and is validated by the system to be an active Medicaid Provider or API or NPI (see information below for more detail). If type of information is Prescribing Provider ID, provider class type must be 060 (Required field). Enter the requesting provider's identifier based on the following guidelines: 1) Before NPI implementation and including the Dual Use period, any one of the Legacy Provider ID (9 digits); or the API (10 digits); or the NPI (10 digits) identifiers can be used. 2) After NPI implementation date: 2.a) If this screen is invoked in either Terminal or Medicall mode, then any of the Legacy, API or NPI can be used (same as 1 above) 2.b) If invoked by any other mode, only an API or a NPI can be entered. N/A
2	ENTER THE ENROLLEE NUMBER Eligibility Verification Enrollee ID Queried (DE3264)	Edits: Required when the TYPE OF INFORMATION field is 1, 2, 3, or 6 and Enrollee Name, SSN, and DOB were not entered. If entered, it must be numeric. Messages: Missing/Invalid data, please correct highlighted fields	The enrollee ID requested by a provider submitting an eligibility verification request. Required when the Type of Information field is for Enrollee Verification, PA Status, Claims Status or Service Limits and Enrollee Name, SSN, and DOB were not entered. If entered, it must be numeric. Enter the enrollee's ID.
3	ENTER THE BEGINNING DATE	Edits:	The beginning date of service requested by the provider when submitting an eligibility veri-

	OF SERVICE Eligibility Verification From Date (DE3266)	Required when the TYPE OF INFORMATION field is 1, 2, 3, or 5. If entered, must be a valid date less than or equal to the Last Date of Service. May not be greater than 30 days prior to the Last Date of Service and may not be greater than 1 year in the past. May not be in the future for requests other than 1 or 2. For Request Type 1, it can be a date up to end of the Next month when the date of inquiry is on or after 20th and it can be up to end of current month when the date of inquiry is before 20th. For request type 2, the date may be in the future. Messages: Missing/Invalid data, please correct highlighted fields	fication request. Required when the Type of Information field is for Enrollee Verification, PA Status, Claims Status or Service Limits. If entered, it must be a valid date less than or equal to the Last Date of Service. May not be greater than 30 days prior to the Last Date of Service and may not be greater than 1 year in the past. May not be in the future. Enter the beginning date of service in MMDDCCYY format. For request type 1, begin date can be up to the end of the next month if the date of inquiry is on or after the 20th and it can be up to the end of the current month if the date of inquiry is before 20th N/A
4	ENTER THE LAST DATE OF SERVICE Eligibility Verification To Date (DE3267)	Edits: Required when the TYPE OF INFORMATION field is 1, 2, 3, or 5. If entered, must be a valid date greater than or equal to the Beginning Date of Service. May not be greater than 30 days after the Beginning Date of Service and	The ending date of service requested by the provider when submitting an eligibility verification request. Required when the Type of Information field is Enrollee Verification, PA Status, Claims Status or Service Limits, must be a valid date greater than or equal to the Beginning Date of Service. May not be greater than 30 days after the Beginning Date of Service and may not be greater than 1 year in the past, except for type 01 claims status inquiries, which can span 120 days. Enter the ending date of service in MMDDCCYY format. . For request type 1, end date can be up to the end of next month if

		may not be greater than 1 year in the past. May not be in the future for requests other than 1 or 2. For Request Type 1, it can be a date up to end of the Next month when the current date is on or after 20th and it can be up to end of current month when the date of inquiry is before 20th. For Request Type 2, the date can be in the future and can span up to 365 days. For Request Type 3, when claim type is 01, it may span 120 days. Messages: Missing/Invalid data, please correct highlighted fields	the date of inquiry is on or after the 20th and it can be up to the end of current month if the date of inquiry is before 20th. N/A
5	ENROLLEE SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Required when the TYPE OF INFORMATION field is 1, 2, 3, or 6 and Enrollee Number was not entered; or when Enrollee Name and DOB were entered. If entered, it must be numeric. Messages: Missing/Invalid data, please correct highlighted fields	The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. Required when the Type of Information field is Enrollee Verification, PA Status, Claims Status or Service Limits, and Enrollee Number was not entered; or when Enrollee Name or DOB were entered. If entered, it must be numeric. N/A
6	ENROLLEE DATE OF BIRTH Enrollee Birth Date (DE3005)	Edits: Required when the TYPE OF INFORMATION field is 1, 2, 3, or 6 and	The enrollee's date of birth. Required when the Type of Information field is for Enrollee Verification, PA Status, Claims Status or Service Limits and Enrollee Number was not entered; or when Enrollee Name or SSN

		Enrollee Number was not entered; or when Enrollee Name and SSN were entered. If entered, it must be numeric. Messages: Missing/Invalid data, please correct high-lighted fields	were entered. If entered, it must be numeric. N/A
7	ENROLLEE NAME (LAST) Enrollee Last Name (DE3110)	Edits: Required when the TYPE OF INFORMATION field is 1, 2, 3, or 6 and Enrollee Number was not entered; or when Enrollee SSN and DOB were entered. Messages: Missing/Invalid data, please correct high-lighted fields	The last name of the individual eligible for a DMAS-administered medical care program. Required when the Type of Information field is Enrollee Verification, PA Status, Claims Status or Service Limits and the Enrollee Number was not entered; or when Enrollee SSN or DOB were entered. Enter the enrollee's last name to do a name search. N/A
8	ENROLLEE NAME (FIRST) Enrollee First Name (DE3111)	Edits: Required when the TYPE OF INFORMATION field is 1, 2, 3, or 6 and Enrollee Number was not entered; or when Enrollee SSN and DOB were entered. Messages: Missing/Invalid data, please correct high-lighted fields	The first name of the individual eligible for a DMAS-administered medical care program. Required when the Type of Information field is for Enrollee Verification, PA Status, Claims Status or Service Limits, and Enrollee Num-ber was not entered; or when Enrollee SSN or DOB were entered. Enter the first name with the last name to narrow a name search. N/A
9	ENROLLEE NAME (MI) Enrollee Middle Initial (DE3112)	Edits: May only be entered when enrollee's Last Name and First Name are entered. Messages: Missing/Invalid data,	The middle initial of the individual eligible for a DMAS-administered medical care program. May only be entered when enrollee's Last Name and First Name are entered. Enter to narrow a name search. N/A

		please correct highlighted fields	
10	TYPE OF INFORMATION Eligibility Verification Request Type (DE3271)	Edits: Must be 1 - 6. Messages: Missing/Invalid data, please correct highlighted fields	The type of information requested through the AEVS application. Click on the radio button beside one of the information types to select. Selections are: Enrollee Verification, PA Status, Claims Status, Check Status, Prescribing Provider ID and Service Limits. N/A
11	ENTER PRIOR AUTHORIZATION NUMBER PA Reference Number (Mailroom Control Number) (DE2605)	Edits: Allowed when the TYPE OF INFORMATION field is 2 and PROC CODE is not entered. Messages: Missing/Invalid data, please correct highlighted fields	This is the internal control number stamped upon the PA in the mailroom screening process. If PA Status is selected and a number is entered in this field, the system will return the PA record for the number entered. If this field and the Procedure Code field are left blank, the system will return all PA records for the dates requested. N/A
12	PROCEDURE CODE Procedure Code (DE5002)	Edits: Messages:	The procedure or revenue or NDC code request in the line item of PA. If PA Status is selected and a procedure code is entered in this field, the system will return all PA records found for this procedure and the dates of service requested. If this field and the PA number field are left blank, the system will return all PA records for the dates requested. N/A
13	ENTER CLAIM TYPE Claim Type (DE2002)	Edits: Required when the TYPE OF INFORMATION field is 3. If entered, it must be a valid invoice type. Messages: Missing/Invalid data, please correct highlighted fields	A two position code indicating the type of invoice billed. Required when the Claim Status Type of Information is selected. If entered, it must be a valid invoice type. Use the on-line HELP system to find valid codes for this field. N/A
14	ENTER REMITTANCE DATE Remittance Payment Date (DE9578)	Edits: Required when the TYPE OF INFORMATION field is 4. If entered, must	Date of the remittance cycle. When the Check Status Type of Information is selected, enter the Remittance Date to retrieve the record for the date entered. If this field is left blank, the most recent remittance data will be

		be a valid date. Messages: Missing/Invalid data, please correct highlighted fields	retrieved. If entered, it must be a valid date. N/A
15	ENTER LICENSE NUMBER Provider License Number (DE4064)	Edits: Required when the TYPE OF INFORMATION field is 5. If entered, it must be a valid DHP provider license number. Messages: Missing/Invalid data, please correct highlighted fields	The number assigned by the Virginia licensing agency authorizing a provider to practice within Virginia. Required when the Type of Information selected is Prescribing Provider ID. If entered, it must be a valid DHP provider license number. N/A
16	SELECT CATEGORY FROM LIST Enrollee Service Limits Category Code (DE3950)	Edits: Required when the TYPE OF INFORMATION field is 6. If entered, must be a valid service limits category code. Messages: Missing/Invalid data, please correct highlighted fields	A grouping of like procedures defined by DMAS used for eligibility verification reporting. Required when the Service Limits Type of Information is selected. Click on the drop down box and then click on the desired category. N/A
19	PROCEDURE CODE Procedure Code (DE5002)	Edits: Messages: Enter Procedure Code for inquiring service limit through Procedure Code.	When Service Limit option is selected and procedure code is entered, Service Limit inquiry will be performed for that procedure code. Optionally, Modifier can be included with procedure code. N/A
19	PROVIDER (SERVICE/BILLING) (DE0000)	Edits: "S" for Service provider; "B" for Billing provider Messages: "S" for Service provider; "B" for Billing provider	"S" for Service provider; "B" for Billing provider "S" for Service provider; "B" for Billing provider

20	PROCEDURE MODIFIER Claims Procedure Code Modifier (DE2171)	Edits: Messages: Enter Modifier along with procedure code.	Enter Modifier along with Procedure Code to inquire Service Limit. Procedure code is required when entering modifier. N/A

NAVIGATION	**Eligibility and Provider Payment Verification (RS-S-076)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Command to edit data entered. If Member SSN, DOB, and Name have been entered from a help desk inquiry, branch to the Select Member Screen (RS-S-77). When TYPE OF INFORMATION is equal to 1, branch to the Eligibility Verification Screen. When TYPE OF INFORMATION is equal to 2, branch to the Service authorization Status Screen. When TYPE OF INFORMATION is equal to 3, branch to the Claims Status Verification Screen. When TYPE OF INFORMATION is equal to 4, branch to the Check Payment Status Screen. When TYPE OF INFORMATION is equal to 5, branch to the Prescribing Provider ID Screen. When TYPE OF INFORMATION is equal to 6, branch to the Service Limits Screen	RS-S-077 RS-S-078 RS-S-079 RS-S-080 RS-S-081 RS-S-082 RS-S-083 (B)
SUB MENU	Return to the Member Subsystem Menu.	RS-S-000 (R)
MAIN MENU	Returns to the Main Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3684	ACTIVE PROVIDER FOUND	Informational message.
3191	DATA STREAM LENGTH MISMATCH; SHOULD BE 100	Informational message.
3196	DATE ENTERED IS INVALID	Informational message.
3198	DATE MUST BE WITHIN THE PAST 1-YEAR PERIOD	Informational message.
3199	DATES MUST BE WITHIN 1-MONTH	Informational message.

	RANGE	
3689	EDIFY/SWIPE CARD - LENGTH MISMATCH	Informational message.
3200	END DATE MUST BE GREATER THAN THE BEGIN DATE	Informational message.
5661	ENTER S -SERVICE PROVIDER ID, B-BILLING PROVIDER ID.	Informational message.
3197	ENTER THE REQUIRED FIELD FOR THIS FUNCTION	Enter valid values according to error message specifications.
3193	ENTER VERIFICATION REQUEST DETAILS	Enter valid values according to error message specifications.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3192	ERROR WRITING LOG RECORD	Informational message.
3203	FIELD NOT ALLOWED	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3686	INVALID BEGIN/END DATES OF SERVICE COMBINATION	Check field for valid data and re-enter.
9988	INVALID PROCEDURE MODIFIER.	Informational message.
3688	INVALID PROVIDER SPECIALTY FOR THIS INQUIRY	Check field for valid data and re-enter.
3687	INVALID PROVIDER TYPE FOR THIS INQUIRY	Check field for valid data and re-enter.
3205	MUST BE A PHARMACY FOR THIS INQUIRY	Enter valid data and begin process again.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3202	NOT ALLOWED IF ENROLLEE ID ENTERED	Informational message.
5700	PROCEDURE CODE SUPPLIED IS NOT VALID.	Informational message.
3685	PROVIDER DATA IN ERROR	Informational message.
3683	PROVIDER INACTIVE	Informational message.
3682	PROVIDER NOT FOUND	Informational message.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
6	PROVIDER NUMBER NOT FOUND	Informational message. No action needed.

4140	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type.
3195	SELECT A VALID FUNCTION FROM THE DROP-DOWN BOX	Informational message.
3194	SELECT FUNCTION	Choose one of the functions on the screen. Then, choose Enter.
9986	SERVICE CATEGORY AND PROCEDURE CODE COMBINATION IS INVALID.	Informational message.
9990	SERVICE CATEGORY AND PROCEDURE MODIFIER COMBINATION IS INVALID.	Informational message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. From the Main System Menu, select the Recipient icon.
2. On the Recipient Main Menu, choose the Verification option in the selection field.
3. Click the Enter button. The Eligibility and Provider Payment Verification menu screen appears.

Screens RS-S-077-01 Patient Pay information

General Information

Patient pay information is displayed when inquired

SOURCE/ORIGINATOR	AEVS Help Desk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	RST105
MAPSET	RSS077
TRAN ID	VE77

SAMPLE	Patient Pay information (RS-S-077-01)

Virginia Fiscal Agent Services

Prototype Environment | Home | Contact Us | Help | Search | Logout

MMIS

Print

Screen ID: RS-S-077-01
Tran ID: VE77
Program ID: RST105VA

VIRGINIA MEDICAID
ELIGIBILITY VERIFICATION

Date: 12/04/2009
Time: 10:25

Asset Transfer Penalty Period

Penaty Begin Date: Penaty End Date:

Patient Pay Information

Begin Date	End date	Patient Pay	Action Date	Status
09/01/2009	09/01/2009	2,132.36	08/21/2009	A

DATA DISPLAYED

Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Penalty Begin (date) Eligibility Uncom-pensated Property Transfer Decision Date (DE3217)	Edits: Penalty begin date is displayed. Messages: Penalty Begin date is displayed.	Penalty Begin date is displayed. N/A
2	Penalty End (date) Eligibility Uncom-pensated Property Transfer End Date (DE3218)	Edits: Penalty end date is displayed. Messages: Penalty end date is displayed.	Penalty end date is displayed. N/A
3	(Patient Pay) Begin Date Patient Pay Begin Date (DE4801)	Edits: Patient Pay begin date is displayed. Messages:	Patient Pay begin date is displayed. N/A
4	(Patient Pay) End Date Patient Pay End Date (DE4802)	Edits: Patient Pay end date is displayed. Messages:	Patient Pay end date is displayed. N/A
5	Patient Pay (Amount) Patient Pay Amount (DE4835)	Edits: Patient Pay amount is displayed. Messages:	Patient Pay amount is displayed. N/A
6	Action Date Action Date (DE4839)	Edits: Patient Pay added date is displayed. Messages:	Patient Pay added date is displayed. N/A
7	Status Patient Pay Status (DE4838)	Edits: 'A' is active and 'V' is void. Messages: Patient Pay Status	Patient Pay Status. 'A' is active and 'V' is void. N/A

NAVIGATION	Patient Pay information (RS-S-077-01)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exit the Screen and return to the Main System Menu.	RF-S-010 (R)
PF12	Return to the Eligibility and Provider Payment Verification Main Menu	RS-S-000 (R)
PF6	Control goes to RST105VA	RS-S-077 (R)

Error Messages

Error	Description	Resolution
3056	DATA DISPLAYED	Informational message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.

Screen Access

1. From the Main System Menu, select the Recipient icon.
2. On the Recipient Main Menu, choose the Verification option in the selection field.
3. Click the Enter key. The Eligibility and Provider Payment Verification menu screen appears.
4. On the eligibility and provider payment verification menu, enter the provider number, enrollee identification information and the service dates.
5. On enrollee eligibility screen if patient pay indicator is set to 'Y', then control goes to the screen.

Screens RS-S-077 Eligibility Verification

General Information

This screen is used in response to provider inquiry regarding the eligibility status of a specified member for a specified date or dates of service.

SOURCE/ORIGINATOR	AEVS Help Desk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	RST105
MAPSET	RS077VA
TRAN ID	VE77

SAMPLE	**Eligibility Verification (RS-S-077)**

Virginia Medicaid

Test Environment | Home | Contact Us | Help | Search |

MMIS

Help | Print | Logoff

Screen ID: RS-S-077
Trans ID: VE77
Program ID: RST105VA

VIRGINIA MEDICAID
ELIGIBILITY VERIFICATION

Date: 03/07/2010
Time: 13:43

Verification Number: [redacted]

Requested Provider ID: [redacted] Service From: 09/01/2009 Service Thru: 09/01/2009
Member ID: [redacted] SSN: [redacted] DOB: [redacted]
Last Name: [redacted] First Name: [redacted] MI: Suffix:

Eligibility Information

Aid Category: 018 09/01/2009 - 09/01/2009 Aid Category: -

Assistance Required ?

Benefit Plan	Except Ind	Begin Date	End Date	Provider ID	Provider Phone
XIX SNF	2	09/01/2009	09/01/2009	[redacted]	[redacted]
MED CO & DED		09/01/2009	09/01/2009	000000000	000-000-0000
MEDICAID FFS		09/01/2009	09/01/2009	000000000	000-000-0000

Current MCO Effective Dates:
Previous MCO Effective Dates:
Patient Pay Ind: Y

Scroll Up Scroll Down

TPL Policy Information

Medicare
Part A: 05/01/1987 - 12/31/9999
Part B: 05/01/1987 - 12/31/9999
Part D Elgibility: 01/01/2006 - 12/31/9999

Type	Number	Carrier	Begin Date	End Date	Copay	Deductible
M	[redacted]	[redacted]	12/11/1993	12/31/9999	0.00	0.00

Scroll Up Scroll Down

DATA DISPLAYED.

Enter Patient Pay Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	VERIFICATION NUMBER Eligibility Verification Number (DE3098)	Edits: Displays the number assigned to this eligibility verification request. Only assigned when the enrollee is determined to be eligible for the dates requested.	Displays the number assigned to this eligibility verification request. Only assigned when the enrollee is determined to be eligible for the dates requested. N/A
2	REQUESTED PROVIDER National Provider Identifier (DE4700)	Edits: Displays the number for the Provider ID or API or NPI initiating this eligibility verification request. Messages:	Displays the number of the provider initiating this eligibility verification request as below: 1) Before NPI implementation and including the Dual Use period, any of the Legacy Provider ID (9 digits) or the API (10 digits) or the NPI (10 digits) identifiers could be displayed. 2) After NPI implementation date: 2.a) If this screen is invoked in either Terminal or Medicall mode, then any of the Legacy, API or NPI could be displayed (same as 1 above) 2.b) If invoked by any other mode, either the API or the NPI will be displayed. N/A
3	SERVICE FROM Eligibility Verification From Date (DE3266)	Edits: Displays the begin date for the eligibility verification request.	Displays the begin date for the eligibility verification request. N/A
4	SERVICE THRU Eligibility Verification To Date (DE3267)	Edits: Displays the end date for the eligibility verification request.	Displays the end date for the eligibility verification request. N/A
5	ENROLLEE ID Eligibility Verification Enrollee ID Queried (DE3264)	Edits: Displays the verification request enrollee identification number.	Displays the verification request enrollee identification number. N/A
6	SSN	Edits:	Displays the social security number of the

	Enrollee Social Security Number (SSN) (DE3034)	Displays the social security number of the enrollee.	enrollee. N/A
7	BIRTHDATE Enrollee Birth Date (DE3005)	Edits: Displays the birth date of the enrollee.	Displays the birthdate of the enrollee. N/A
8	LAST NAME Enrollee Last Name (DE3110)	Edits: Displays the last name of the enrollee. Messages:	Displays the last name of the enrollee. N/A
9	FIRST NAME Enrollee First Name (DE3111)	Edits: Displays the first name of the enrollee. Messages:	Displays the first name of the enrollee. N/A
10	MI Enrollee Middle Initial (DE3112)	Edits: Displays the middle initial of the enrollee.	Displays the middle initial of the enrollee. N/A
11	SUFFIX Enrollee Name Suffix (DE3113)	Edits: Displays the suffix of the enrollee. Messages:	The name suffix of the individual eligible for a DMAS-administered medical care program. N/A
12	AID CATEGORY Enrollee Eligibility Aid Category (DE3009)	Edits: Displays the aid category of the enrollee for the time period requested.	Displays the aid category of the enrollee for the time period requested. Use the on-line HELP system to find valid codes for this field. N/A
14	BENEFIT PLAN Benefit Definition Plan Short Name (DE3555)	Edits: Displays the benefit plans in effect for the enrollee during the requested time period.	Displays the benefit plans in effect for the enrollee during the requested time period. N/A
15	EXC Benefit Plan Exception Indicator (DE3072)	Edits: Displays the exception indicator associated with the enrollee's benefit plans.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Displays the exception indicator associated with the enrollee's benefit plans. N/A
16	BEGIN (BENEFIT BEGIN DATE)	Edits: Displays the begin	Displays the begin date associated with the enrollee's benefit plans.

	Enrollee Benefit Enrollment Begin Date (DE3064)	date associated with the enrollee's benefit plans.	N/A
17	END (BENEFIT END DATE) Enrollee Benefit Enrollment End Date (DE3065)	Edits: Displays the end date associated with the enrollee's benefit plans.	Displays the end date associated with the enrollee's benefit plans. N/A
18	PATIENT PAY IND Calculated (DE0002)	Edits: Messages: 'Y' - If Patient Pay information is available for the inquired period. 'N' - If Patient Pay information is not available for the inquired period.	'Y' - If Patient Pay information is available for the inquired period. 'N' - If Patient Pay information is not available for the inquired period. 'Y' - If Patient Pay information is available for the inquired period. 'N' - If Patient Pay information is not available for the inquired period.
19	PROVIDER National Provider Identifier (DE4700)	Edits: Displays the provider number or API or NPI associated with the enrollee's benefit plans. Messages:	Displays the provider number associated with the enrollee's benefit plans based on the following. A lookup is made into the NPI Cross reference table and, based on the returned data, applies logic as below: 1) If the benefit added date and benefit begin date is less than NPI added date then Legacy ID is displayed. 2) If benefit begin date is greater than or equal to NPI added date and benefit added date is less than NPI added date then API or NPI is displayed. 3) If the benefit begin date and benefit added date is greater than or equal to NPI added date then NPI or API is displayed. 4) If the benefit begin date is less than NPI added date and benefit added date is greater than or equal to NPI added date, then if the benefit end date is greater than NPI added date NPI or API is displayed else Legacy ID is displayed. N/A
20	PROVIDER PHONE Provider Phone Number (DE4090)	Edits: Displays the provider's phone number associated with the enrollee's benefit	Displays the provider's phone number associated with the enrollee's benefit plans. N/A

		plans.	
21	CURRENT MCO EFF DATES (BEGIN - END DATES) Provider Name (DE4085)	Edits: Displays the most recent HMO/PCP organization's name for a Medallion, Medallion II, Options or Client Medical Management benefit plan. Also, displays Begin and End dates within parantheses. Messages:	Displays the most recent HMO/PCP organization's name for a Medallion, Medallion II, Options or Client Medical Management benefit plan. Also, displays Begin and End dates within parantheses. N/A
22	PREVIOUS MCO EFF DATES (BEGIN - END DATES) Provider Name (DE4085)	Edits: Displays the previous HMO/PCP organization's name for a Medallion, Medallion II, Options or Client Medical Management benefit plan. Also, displays Begin and End dates within parantheses. Messages:	Displays the previous HMO/PCP organization's name for a Medallion, Medallion II, Options or Client Medical Management benefit plan. Also, displays Begin and End dates within parantheses. N/A
23	TYPE TPL Coverage Code (DE3013)	Edits: Displays the third party insurance policy type in effect for the enrollee in the time period requested.	Displays the third party insurance coverage type in effect for the enrollee in the time period requested. Use the on-line HELP system to find valid codes for this field. N/A
24	NUMBER TPL Policy Number (DE3658)	Edits: Displays the policy number associated with the enrollee's third party insurance policy.	Displays the policy number associated with the enrollee's third party insurance coverage. N/A
24.1	CARRIER TPL Carrier Code (DE3657)	Edits: Displays the carrier code associated with the enrollee's third party insurance policy. Messages:	Displays the carrier code associated with the enrollee's third party insurance coverage. N/A

25	BEGIN (TPL POLICY BEGIN DATE) TPL Coverage Effective (Begin) Date (DE3667)	Edits: Displays the begin date associated with the enrollee's third party insurance policy.	Displays the begin date associated with the enrollee's third party insurance coverage. N/A
26	END (TPL POLICY END DATE) TPL Coverage End Date (DE3668)	Edits: Displays the end date associated with the enrollee's third party insurance policy.	Displays the end date associated with the enrollee's third party insurance coverage. N/A
27	COPAY TPL Coverage Copay Amount (DE3672)	Edits: Displays the coinsurance amount associated with the enrollee's third party insurance policy.	Displays the coinsurance amount associated with the enrollee's third party insurance coverage. N/A
28	DEDUCTIBLE TPL Coverage Deductible Amount (DE3696)	Edits: Displays the deductible amount associated with the enrollee's third party insurance policy.	Displays the deductible amount associated with the enrollee's third party insurance coverage. N/A
29	PART A (BEGIN DATE) TPL Coverage Effective (Begin) Date (DE3667)	Edits: Displays the begin date associated with the enrollee's Medicare Part A coverage.	Displays the begin date associated with the enrollee's Medicare Part A coverage. N/A
30	(PART A END DATE) TPL Coverage End Date (DE3668)	Edits: Displays the end date associated with the enrollee's Medicare Part A coverage.	Displays the end date associated with the enrollee's Medicare Part A coverage. N/A
31	PART B (BEGIN DATE) TPL Coverage Effective (Begin) Date (DE3667)	Edits: Displays the begin date associated with the enrollee's Medicare Part B coverage.	Displays the begin date associated with the enrollee's Medicare Part B coverage. N/A
32	(PART B END DATE) TPL Coverage End Date (DE3668)	Edits: Displays the end date associated with the enrollee's Medicare Part B coverage.	Displays the end date associated with the enrollee's Medicare Part B coverage. N/A

33	ASSISTANCE REQUIRED? Eligibility Verification Assistance Required Flag (DE3268)	Edits: May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. Messages: Missing/Invalid data, please correct highlighted fields	An indicator on the log record of the eligibility verification request showing that supervisory staff assistance was required. May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. N/A
35	PART D ELIGIBILITY (BEGIN DATE) TPL Coverage Effective (Begin) Date (DE3667)	Edits: Displays enrollee's Medicare Part D eligibility begin date. Messages: Displays enrollee's Medicare Part D eligibility begin dateate.	Displays enrollee's Medicare Part D eligibility begin date. N/A
36	PART D ELIGIBILITY (END DATE) TPL Coverage End Date (DE3668)	Edits: Displays enrollee's Medicare Part D eligibility end date. Messages:	Displays enrollee's Medicare Part D eligibility end date. N/A

NAVIGATION	**Eligibility Verification (RS-S-077)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exit the Screen and return to the Main System Menu.	RF-S-010 (R)
ENTER	Command to edit data entered.	RS-S-077 ()
SUB MENU	Return to the Eligibility and Provider Payment Verification Main Menu.	RS-S-076 (R)
SCROLL DOWN	Scroll Forward through the Benefit Coverages.	RS-S-077 ()
SCROLL UP	Scroll backward through the Benefit Coverages.	RS-S-077 ()
PF4	Patient Pay indicator is 'Y' then Patient pay information is displayed	RS-S-077-01 (B)
SCROLL DOWN (TPL)	Scroll Forward through the TPL Coverages.	RS-S-077 ()
SCROLL UP (TPL)	Scroll Backward through the TPL Coverages.	RS-S-077 ()

Error Messages

Error	Description	Resolution
3690	ALREADY AT THE FIRST BENEFIT; CANNOT SCROLL FURTHER	Informational message.
3692	ALREADY AT THE FIRST TPL COVERAGE; CANNOT SCROLL FURTHER	Informational message.
3691	ALREADY AT THE LAST BENEFIT; CANNOT SCROLL FURTHER	Informational message.
3693	ALREADY AT THE LAST TPL COVERAGE; CANNOT SCROLL FURTHER	Informational message.
3056	DATA DISPLAYED	Informational message. No action needed.
3694	ENROLLEE ELIGIBLE	Informational message.
3233	ENROLLEE IS NOT ELIGIBLE WITHIN THE DATES ENTERED	Informational message.
3252	ENTER 'Y' OR 'N'	Enter valid values according to error message specifications.
110	ERROR IN RSX100; DATABASE ERROR	Contact ACS Operations for assist-ance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3192	ERROR WRITING LOG RECORD	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3209	INVALID ENROLLEE ID	Check field for valid data and re-enter.
3706	MULTIPLE ELIGIBLE ENROLLEES	Informational message.

Screen Access

1. From the Main System Menu, select the Recipient icon.
2. On the Recipient Main Menu, choose the Verification option in the selection field.
3. Click the Enter key. The Eligibility and Provider Payment Verification menu screen appears.
4. On the eligibility and provider payment verification menu, enter the provider number, enrollee identification information and the service dates.
4. Choose the radio button beside the type of information selection enrollee verification.
5. Choose Enter to access eligibility records for the enrollee for the dates of service entered.
6. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through pages of data.

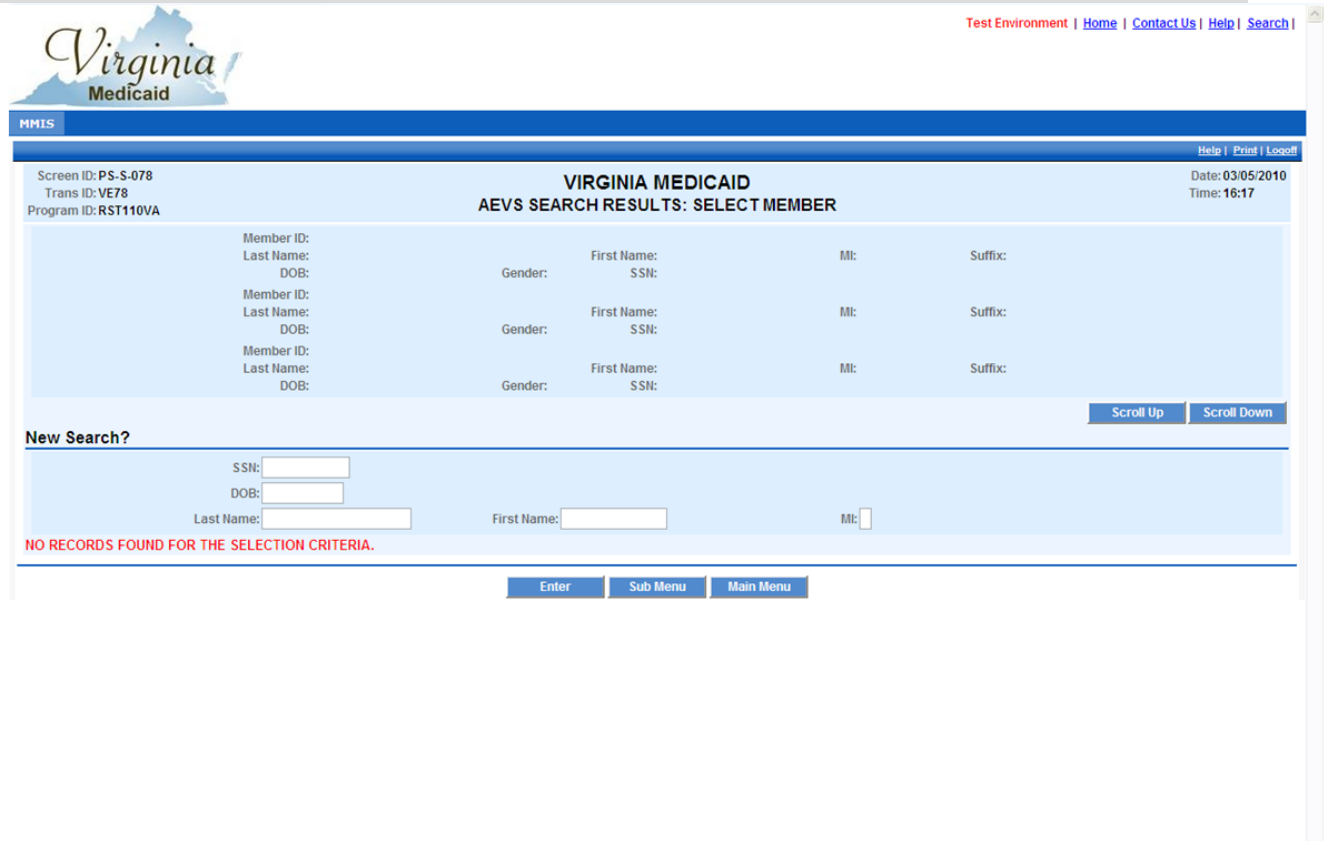
Screens RS-S-078 AEVS Search Results: Select Member

General Information

This screen is displayed when an inquiry by a provider regarding an member's eligibility is submitted via the AEVS help desk using the name and birth date/social security number of the individual. The screen allows the user to select the correct individual in order to continue with the inquiry.

SOURCE/ORIGINATOR	AEVS Help Desk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	RST110
MAPSET	RS078VA
TRAN ID	VE78

SAMPLE	**AEVS Search Results: Select Member (RS-S-078)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(ENROLLEE SELECTION) (DE0000)	Edits: If entered, pass the chosen ID when transfering to desired screen.	Selection button used to select a record to view. Click on the radio button beside the record you wish to access and press or click Enter. N/A
2	ENROLLEE ID Eligibility Verification Enrollee ID Queried (DE3264)	Edits: Displays the enrollee's identification number.	Displays the enrollee's identification number. N/A
3	L-NAME Enrollee Last Name (DE3110)	Edits: Displays enrollee's last name.	Displays enrollee's last name. N/A
4	F-NAME Enrollee First Name (DE3111)	Edits: Displays enrollee's first name.	Displays enrollee's first name. N/A
5	MI Enrollee Middle Initial (DE3112)	Edits: Displays enrollee's middle initial.	Displays enrollee's middle initial. N/A
6	SUF Enrollee Name Suffix (DE3113)	Edits: Displays enrollee's suffix.	Displays enrollee's suffix. N/A
7	BIRTHDATE Enrollee Birth Date (DE3005)	Edits: Displays the enrollee's birth date.	Displays the enrollee's birth date. N/A
8	SEX Enrollee Sex Code (DE3007)	Edits: Displays the enrollee's sex code.	Displays the enrollee's sex code. 'M' = Male, 'F' = Female, 'U' = Unknown. N/A
9	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Displays the enrollee's social security number.	Displays the enrollee's social security number. N/A
10	SSN (NEW SEARCH) Enrollee Social Secur-	Edits: If entered, operator must also enter the	To initiate a new search, enter the enrollee's SSN in this field. If entered, operator must also enter the selection Birthdate, Last Name, First Name, and MI.

	ity Number (SSN) (DE3034)	selection DOB, L-NAME, F-NAME, MI, and SUF. Messages: Missing/Invalid data, please correct high-lighted fields	N/A
11	DOB (NEW SEARCH) Enrollee Birth Date (DE3005)	Edits: If entered, operator must also enter the selection SSN, L-NAME, F-NAME, MI, and SUF. Messages: Missing/Invalid data, please correct high-lighted fields	To initiate a new search, enter the enrollee's birthdate in this field. If entered, operator must also enter the selection SSN, Last Name, First Name, and MI. N/A
12	L-NAME (NEW SEARCH) Enrollee Last Name (DE3110)	Edits: If entered, operator must also enter the selection SSN, DOB, F-NAME, MI, and SUF. Messages: Missing/Invalid data, please correct high-lighted fields	To initiate a new search, enter the enrollee's last name in this field. If entered, operator must also enter the selection SSN, Birthdate, First Name, and MI. N/A
13	F-NAME (NEW SEARCH) Enrollee First Name (DE3111)	Edits: If entered, operator must also enter the selection SSN, DOB, L-NAME, MI, and SUF. Messages: Missing/Invalid data, please correct high-lighted fields	To initiate a new search, enter the enrollee's first name in this field. If entered, must also enter the selection SSN, Birthdate, Last Name, and MI. N/A
14	MI (NEW SEARCH) Enrollee Middle Initial (DE3112)	Edits: If entered, operator must also enter the selection SSN, DOB, F-NAME, L-NAME, and SUF.	To initiate a new search, enter the enrollee's middle initial in this field. If entered, operator must also enter the selection SSN, Birthdate, Last Name and First Name. N/A

		Messages: Missing/Invalid data, please correct highlighted fields	
15	SUF (NEW SEARCH) Enrollee Name Suffix (DE3113)	Edits: If entered, operator must also enter the selection SSN, DOB, F-NAME, L-NAME, and MI. Messages: Missing/Invalid data, please correct highlighted fields	Exclude N/A
16	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A

NAVIGATION	**AEVS Search Results: Select Member (RS-S-078)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of Members. If this button is pressed, and there are no more segments on the Member Data Store for the search criteria entered on the screen, a message will appear.	N/A
MAIN MENU	Return control to Main System Menu	RF-S-010 (R)
ENTER	Command to edit data entered. If an member was selected, branch to the screen selection made on the menu screen with the member ID. No action, if no selection is made on the screen.	N/A
SUB MENU	Returns to the Eligibility and Provider Payment Verification Main Menu	RS-S-076 (R)
SCROLL DOWN	Command button to view the next page of Members. If this button is pressed, and there are no more segments on the Member Data Store for the search criteria entered on the screen, a message will appear.	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
3196	DATE ENTERED IS INVALID	Information message.
3197	ENTER THE REQUIRED FIELD FOR THIS FUNCTION	Enter valid values according to error message specifications.
3227	ENTER 'X' TO MAKE A SELECTION	Enter valid values according to error message specifications.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3192	ERROR WRITING LOG RECORD	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3226	MAKE ONE SELECTION ONLY	Information message.
3228	MATCHING ENROLLEES FOUND FOR THE KEYS	Information message.
3242	MORE THAN 10 MATCHES FOUND FOR THE KEYS	Information message.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3224	NO RECORDS FOUND FOR THE SELECTION CRITERIA	Information message.
3223	SELECT AN ENROLLEE FROM THE LIST	Information message.
3230	SSN MATCHED; OTHER KEY MISMATCH	Information message.
94	TSQ ERROR	Information message.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Verification option in the selection field.
2. Choose Enter. You see the Eligibility and Provider Payment Verification menu screen.

Screens RS-S-079 Service Authorization Status

General Information

This screen is used to respond to provider inquiry regarding the status of a requested service authorization number. The data displayed includes the action status, the number of units authorized, and the time periods associated with the authorization.

SOURCE/ORIGINATOR	AEVS Help Desk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	RST115
MAPSET	RS079VA
TRAN ID	VE79

SAMPLE	**Service Authorization Status (RS-S-079)**

Virginia Fiscal Agent Services

Prototype Environment | Home | Contact Us | Help | Search | Logout

MMIS

Print

Screen ID: RS-S-079
Trans ID: VE79
Program ID: RST115VA

VIRGINIA MEDICAID
SERVICE AUTHORIZATION STATUS

Date: 01/04/2010
Time: 17:34
Page 001 of 001

Requested Provider: [redacted] Member ID: [redacted] Srv Auth Number/Procedure: [redacted]

Srv Auth Number or Procedure Code	Procedure Modifier	Action Status	Action Date	Begin Date	End Date	Units Auth	Units Remain	Per Freq	Dollars Auth	Dollars Remain
T1019		A	05/07/2009	04/29/2009	04/29/2015	92	8	MO	0.00	1,056.23

Assistance Required?

Scroll Up | Scroll Down

DATA DISPLAYED.

Enter | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	REQ PROV National Provider Identifier (DE4700)	Edits: Displays Medicaid provider or API or NPI initiating this eligibility verification request. Messages:	Displays the number for the provider initiating this eligibility verification request based on the criteria below. 1) Before NPI implementation and including the Dual Use period, any one of the Legacy Provider Id (9 digits) or the API (10 digits) or the NPI (10 digits) identifiers could be displayed. 2) After NPI implementation date then only an API or a NPI will be displayed N/A
2	ENROLLEE Eligibility Verification Enrollee ID Queried (DE3264)	Edits: Displays the verification request enrollee identification number.	Displays the verification request enrollee identification number. N/A
3	PA NUMBER OR PROC CODE PA Reference Number (Mailroom Control Number) (DE2605)	Edits: Displays the verification request prior authorization number.	Displays the verification request prior authorization number. N/A
4	PA NUMBER OR PROC CODE Procedure Code (DE5002)	Edits: Displays a procedure code associated with the prior authorization.	Displays a procedure code associated with the prior authorization. N/A
5.1	PROC MOD Claims Procedure Code Modifier (DE2171)	Edits: Displays the first of the possible four procedure code modifiers related to a procedure code.	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. N/A
5.2	PROC MOD Claims Procedure Code Modifier (DE2171)	Edits: Displays the second of the possible four procedure code modifiers related to a pro-	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z.

		cedure code.	N/A
5.3	PROC MOD Claims Procedure Code Modifier (DE2171)	Edits: Displays the third of the possible four procedure code modifiers related to a procedure code.	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. N/A
5.4	PROC MOD Claims Procedure Code Modifier (DE2171)	Edits: Displays the fourth of the possible four procedure code modifiers related to a procedure code.	The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. N/A
6	ACTION STATUS PA Detail Action Status Code (DE2641)	Edits: Displays the status of the associated prior authorization procedure.	The code indicating the status of a PA at any given point in its history. Displays the status of the associated prior authorization procedure. Use the on-line HELP system to find valid codes for this field. N/A
7	ACTION DATE PA Detail Action Status Date (DE2624)	Edits: Displays the status date of the associated prior authorization procedure.	Displays the status date of the associated prior authorization procedure. N/A
8	FROM DATE PA Authorized From Date (DE2610)	Edits: Displays the authorized from date of the associated prior authorization procedure.	The from (begin) date of service that DMAS has actually approved for a specific procedure that required prior authorization. N/A
9	THROUGH DATE PA Authorized Through Date (DE2611)	Edits: Displays the authorized through date of the associated prior authorization procedure.	The through (end) date of service that DMAS has actually approved for a specific procedure that required prior authorization. N/A
10	UNITS AUTH PA Authorized Units (DE2613)	Edits: Displays the authorized units of the associated prior authorization procedure.	Number of units that DMAS has actually approved for a prior authorization procedure. N/A

11	PER PA Per Frequency Code (DE2634)	Edits: Displays the unit time frame of the associated prior authorization procedure.	Description that corresponds to a PA Per Frequency Code; used to indicate time frames, such as month or year, that would apply to a PA. Use the on-line HELP system to find valid codes for this field. N/A
12	DOLLARS AUTH PA Authorized Amount (DE2616)	Edits: Displays the authorized dollar amount of the associated prior authorization procedure.	Dollar amount that DMAS has authorized to pay to a provider who has requested prior authorization for a specific procedure. N/A
13	UNITS REMAIN Calculated (DE0002)	Edits: Displays the remaining number of authorized units for the associated prior authorization procedure.	Displays the remaining number of authorized units for the associated prior authorization procedure. N/A
14	DOLLARS REMAIN Calculated (DE0002)	Edits: Displays the remaining authorized dollar amount of the associated prior authorization procedure.	Displays the remaining authorized dollar amount of the associated prior authorization procedure. N/A
15	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A
16	ASSISTANCE REQUIRED Eligibility Verification Assistance Required Flag (DE3268)	Edits: May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. Messages: Missing/Invalid data, please correct highlighted fields	An indicator on the log record of the eligibility verification request showing that supervisory staff assistance was required. May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. N/A

NAVIGATION	Service authorization Status (RS-S-079)	
		Branch To (B)

Function (B) or (M)	Action	or Return To (R)
SCROLL UP	Command button to view the previous page of Service authorization procedures. If this button is pressed, and there are no more segments on the Service authorization Data Store for the search criteria entered on the screen, a message will appear. Only applicable during an operator initiated transaction.	N/A
MAIN MENU	Return to the Main System Menu.	RF-S-010 (R)
ENTER	Command to edit data entered.	N/A
SUB MENU	Returns to the Eligibility and Provider Payment Verification Main Menu	RS-S-076 (R)
SCROLL DOWN	Command button to view the next page of Service authorization procedures. If this button is pressed, and there are no more segments on the Service authorization Data Store for the search criteria entered on the screen, a message will appear.	N/A

Error Messages

Error	Description	Resolution
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
3056	DATA DISPLAYED	Information message. No action needed.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
3252	ENTER 'Y' OR 'N'	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3192	ERROR WRITING LOG RECORD	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3034	NO RECORDS MEETING SEARCH CRITERIA	Information message.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Verification option in the selection field.

2. Choose Enter. You see the Eligibility and Provider Payment Verification menu screen.
3. On the Eligibility and Provider Payment Verification menu, enter the Provider Number, Enrollee identification information and the service dates.
4. Choose the radio button beside the Type of Information selection PA Status.
- Choose Enter to access all PA records for the enrollee for the dates of service entered. OR
- Enter a Prior Authorization number and choose Enter to access a specific PA record. OR
- Enter a Procedure code and choose Enter to access all PA records for the procedure entered and the dates of service entered.
5. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through pages of data.

Screens RS-S-080 Claim Status Verification

General Information

This screen is used in response to provider inquiry regarding a claim for a specified member for a specified date of service. The Medicaid provider or API or NPI must also specify the invoice type. Information is displayed for up to five (5) claims matching the specific criteria.

SOURCE/ORIGINATOR	AEVS Help Desk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	RST120
MAPSET	RS080VA
TRAN ID	VE80

SAMPLE	**Claim Status Verification (RS-S-080)**

Test Environment | Home | Contact Us | Help | Search |

Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: RS-S-080
Trans ID: VE80
Program ID: RST120VA

VIRGINIA MEDICAID
CLAIM STATUS VERIFICATION

Date: 02/10/2010
Time: 21:24
Page 001 of 001

Member Id: [redacted]
DOS From: 07/30/2009

Requested Provider: [redacted]
DOS Thru: 07/30/2009

Invoice Type: 05

Search Results

ICN	Error Code	Description	Status	Amount	Remit Act Date	Proc/RX/ADA Code
[redacted]			1	62.64	08/21/2009	99214
[redacted]			1	3.00-	08/21/2009	36415
[redacted]			1	3.27	08/21/2009	85013
[redacted]			1	8.74	08/21/2009	81025
[redacted]	1401	INCIDENTAL - CLAIMCHECK	3	0.00	08/21/2009	81002

Assistance Required?

Scroll Up | Scroll Down

DATA DISPLAYED.

Enter | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Eligibility Verification Enrollee ID Queried (DE3264)	Edits: Displays the verification request enrollee identification number.	Displays the verification request enrollee identification number. N/A
2	REQ PROVIDER National Provider Identifier (DE4700)	Edits: Displays the NPI, API, or Legacy provider number for the provider initiating this eligibility verification request. Messages:	Displays the NPI, API, or Legacy provider number for the provider initiating this eligibility verification request. N/A
3	INVOICE TYPE Claim Type (DE2002)	Edits: Displays the invoice type requested.	Displays the invoice type requested. Use the on-line HELP system to find valid codes for this field. N/A
4	SERVICE FROM DATE Claim Service From Date (DE2010)	Edits: Displays the begin date for the claim status request.	Date on which the service was first rendered; for a claim covering only one service (e.g., a prescription), this is the only service date. Displays the begin date for the claim status request. N/A
5	SERVICE THROUGH DATE Claim Service Thru Date (DE2011)	Edits: Displays the end date for the claim status request.	Date on which the service was last rendered. Displays the end date for the claim status request. N/A
6	ICN Claim Request ICN (DE2001)	Edits: Displays the claim status request claim reference number.	A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first 14 bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). Displays the claim status request claim reference number.

			N/A
7	STATUS Claim Status (DE2039)	Edits: Displays the status of the associated claim.	Code indicating the status of a claim after adjudication. Use the on-line HELP system to find valid codes for this field. N/A
8	AMOUNT Claim Payment Amount (DE2023)	Edits: Displays the amount of the associated claim.	Displays the amount of the associated claim. N/A
9	REMIT OR ACT DATE Remittance Payment Date (DE9578)	Edits: Displays the remittance or activity date of the associated claim. (DE2383 if activity date)	Displays the remittance or activity date of the associated claim. N/A
10	PROC/RX/ADA CODE Procedure Code (DE5002)	Edits: Displays the procedure, RX, or ADA code on the associated claim. (DE2211 if pharmacy claim)	Displays the procedure, RX, or ADA code on the associated claim. N/A
11	ERROR CODE Error Text Error Code (DE5501)	Edits: If present, displays the first error on the associated claim.	Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. If present, displays the first error on the associated claim. N/A
12	DESC Error Text Long Description (DE5514)	Edits: Displays the text for the associated error code.	Error description that appears on the Remittance Advices (EOBs) and Provider Reject Notices. Displays the text for the associated error code. N/A
13	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A
14	ASSISTANCE REQUIRED Eligibility Verification Assistance Required Flag (DE3268)	Edits: May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. Messages:	An indicator on the log record of the eligibility verification request showing that supervisory staff assistance was required. May be entered only during queries by the AEVS help desk. If entered, must be 'Y'.

		Missing/Invalid data, please correct highlighted fields	N/A

NAVIGATION	Claim Status Verification (RS-S-080)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of claims. If this button is pressed, and there are no more segments on the Claims Data Store for the search criteria entered on the screen, a message will appear. Only applicable during an operator initiated transaction.	N/A
MAIN MENU	Returns user to the VaMMIS Main System Menu.	RF-S-010 (R)
ENTER	Command to edit data entered.	N/A
SUB MENU	Return to the Eligibility and Provider Payment Verification Main Menu	RS-S-076 (R)
SCROLL DOWN	Command button to view the next page of claims. If this button is pressed, and there are no more segments on the Claims Data Store for the search criteria entered on the screen, a message will appear.	N/A

Error Messages

Error	Description	Resolution
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
3056	DATA DISPLAYED	Information message. No action needed.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
3252	ENTER 'Y' OR 'N'	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3224	NO RECORDS FOUND FOR THE SELECTION	Information message.

	CRITERIA	

Screen Access

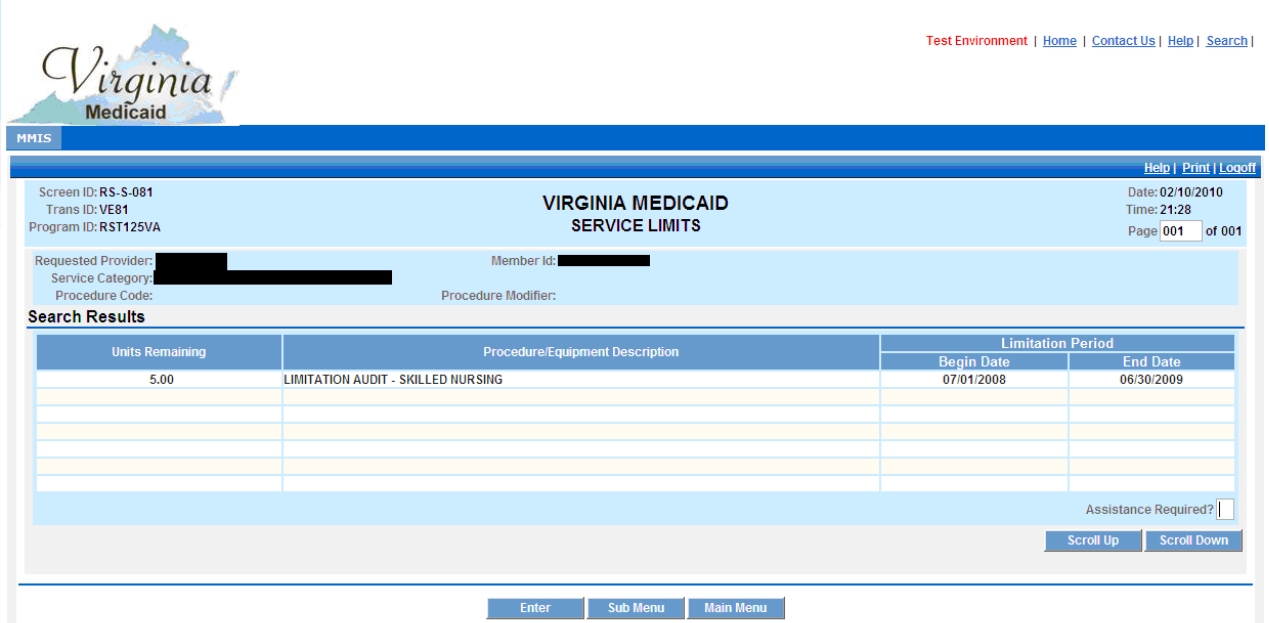
From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Verification option in the selection field.
2. Choose Enter. You see the Eligibility and Provider Payment Verification menu screen.
3. On the Eligibility and Provider Payment Verification menu, enter the NPI, API or Legacy provider Number, Enrollee identification information and the service dates.
4. Choose the radio button beside the Type of Information selection Claims Status.
5. Enter a claim type and choose Enter to access specific claim type records.
6. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through pages of data.

Screens RS-S-081 Service Limits Verification

General Information

This screen is displayed in response to a provider inquiry regarding the service limits associated with a specified member. The data displayed is relevant to the service category requested and includes remaining unused units for that category.

SOURCE/ORIGINATOR	AEVS Help Desk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	RST125
MAPSET	RS081VA
TRAN ID	VE81



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	REQUESTED PROVIDER National Provider Identifier (DE4700)	Edits: Displays the NPI, API, or Legacy provider number for the provider initiating this eligibility verification request. Messages:	Displays the NPI, API, or Legacy provider number for the provider initiating this eligibility verification request. N/A
2	ENROLLEE ID Eligibility Verification Enrollee ID Queried (DE3264)	Edits: Displays the verification request enrollee identification number.	Displays the verification request enrollee identification number. N/A
3	SERVICE CATEGORY Enrollee Service Limits Category Code (DE3950)	Edits: Displays the verification request service limits category.	Displays the verification request service limits category. Use the on-line HELP system to find valid codes for this field. N/A
3.1	PROCEDURE CODE Procedure Code (DE5002)	Edits: Messages: Displays the Procedure Code entered.	Displays Procedure Code entered on the Eligibility and Provider Payment Verification screen (RS-S-076). N/A
3.2	PROCEDURE MODIFIER Claims Procedure Code Modifier (DE2171)	Edits: Messages: Displays the Procedure Modifier entered.	Displays Procedure Mode entered on the Eligibility and Provider Payment Automated Verification (RS-S-076) screen. N/A
4	UNITS REMAINING Enrollee Service Limits Units Remaining (DE3952)	Edits: Displays the units not yet used in the verification request category for the enrollee.	Displays the units not yet used in the verification request category for the enrollee. N/A
5	(SERVICE LIMIT CATEGORY DESCRIPTION) (DE0000)	Edits: Displays the specific service limit category desciption. Messages:	Displays the specific service limit category description. N/A

6	LIMITATION PERIOD - BEGIN DATE Enrollee Service Limits Period Begin Date (DE3953)	Edits: Displays the service limit begin date for the procedure.	Displays the service limit begin date for the procedure. N/A
7	LIMITATION PERIOD - END DATE Enrollee Service Limits Period End Date (DE3954)	Edits: Displays the service limit end date for the procedure. Messages:	Displays the service limit end date for the procedure. N/A
9	ASSISTANCE REQUIRED? Eligibility Verification Assistance Required Flag (DE3268)	Edits: May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. Messages: Missing/Invalid data, please correct highlighted fields	An indicator on the log record of the eligibility verification request showing that supervisory staff assistance was required. May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. N/A

NAVIGATION	**Service Limits Verification (RS-S-081)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of claims. If this button is pressed, and there are no more segments on the Claims Data Store for the search criteria entered on the screen, a message will appear. Only applicable during an operator initiated transaction.	N/A
MAIN MENU	Returns user to the VaMMIS Main System Menu.	RF-S-010 (R)
ENTER	Command to edit data entered.	N/A
SUB MENU	Return to Eligibility and Provider Payment Verification Main Menu	RS-S-076 (R)
SCROLL DOWN	Command button to view the next page of claims. If this button is pressed, and there are no more segments on the Claims Data Store for the search criteria entered on the screen, a message will appear.	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Informational message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Informational message.
3056	DATA DISPLAYED	Informational message. No action needed.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
3252	ENTER 'Y' OR 'N'	Enter valid values according to error message specifications.
3701	ERROR CALLING SERVICE LIMIT SUBROUTINE	Informational message.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3192	ERROR WRITING LOG RECORD	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3700	NO DATA FOUND FOR THE REQUEST	Informational message.
5700	PROCEDURE CODE SUPPLIED IS NOT VALID.	Informational message.
3699	SERVICE LIMIT REQUEST NOT SUPPORTED	Informational message.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Verification option in the selection field.
2. Choose Enter. You see the Eligibility and Provider Payment Verification menu screen.
3. On the Eligibility and Provider Payment Verification menu, enter the NPI, API, or Legacy Provider Number, Enrollee identification information and the service dates.
4. Choose the radio button beside the Type of Information selection Service Limits.
5. Select a service limits category from the drop down menu in the "Select Category from List" box.
6. Choose Enter to access the Service Limits screen.
7. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through pages of data.

Screens RS-S-082 Check Status Verification

General Information

This screen is used to respond to provider inquiries for information regarding checks issued in payment of claims.

SOURCE/ORIGINATOR	AEVS Help Desk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	RST130
MAPSET	RS082VA
TRAN ID	VE82

SAMPLE	**Check Status Verification (RS-S-082)**

Virginia Medicaid

Test Environment | Home | Contact Us | Help | Search |

MMIS

Help | Print | Logoff

Screen ID: RS-S-082
Trans ID: VE82
Program ID: RST130VA

VIRGINIA MEDICAID
CHECK PAYMENT STATUS

Date: 02/10/2010
Time: 21:29
Page 001 of 009

Requested Provider: [redacted]

Check Type	Check Number	Payment Amount	Remittance Date
I	[redacted]	626.94	12/25/2009
I		294.51	12/18/2009
I		198.31	12/11/2009
I		124.66	12/04/2009
I		1,099.34	11/27/2009
I		740.64	11/20/2009
I		98.17	11/13/2009
I		1,695.11	11/06/2009
I		278.11	10/30/2009
I		656.68	10/23/2009
I		562.64	10/16/2009
I		196.34	10/09/2009
I		1,363.48	10/02/2009
I		373.46	09/25/2009

Assistance Required?

Scroll Up | Scroll Down

DATA DISPLAYED.

Enter | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	REQ PROVIDER National Provider Identifier (DE4700)	Edits: Displays the NPI, API, or Legacy provider number for the provider initiating this eligibility verification request. Messages:	Displays the NPI, API, or Legacy provider number for the provider initiating this eligibility verification request. N/A
2	CHECK TYPE BARS Check Type Code (DE9652)	Edits: Displays the type of check issued.	Displays the type of check issued. Use the on-line HELP system to find valid codes for this field. N/A
3	CHECK NUMBER Remittance Check Number (DE9576)	Edits: Displays the number of the associated check.	Displays the number of the associated check. N/A
4	PAYMENT AMOUNT Remittance Check Amount (DE9577)	Edits: Displays the payment of the associated check.	Displays the payment of the associated check. N/A
5	REMITTANCE DATE Remittance Payment Date (DE9578)	Edits: Displays the date of the associated check.	Displays the date of the associated check. N/A
6	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A
7	ASSISTANCE REQUIRED Eligibility Verification Assistance Required Flag (DE3268)	Edits: May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. Messages: Missing/Invalid data, please correct high-lighted fields	An indicator on the log record of the eligibility verification request showing that supervisory staff assistance was required. May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. N/A

NAVIGATION	Check Status Verification (RS-S-082)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of checks issued to the provider. If this button is pressed, and there are no more segments on the Check Payment Data Store for the search criteria entered on the screen, a message will appear. Only applicable during an operator initiated transaction.	N/A
ENTER	Command to process the entered option	N/A
SUB MENU	Return to Eligibility and Provider Payment Verification Main Menu	RS-S-076 (R)
SCROLL DOWN	Command button to view the next page of checks issued to the provider. If this button is pressed, and there are no more segments on the Check Payment Data Store for the search criteria entered on the screen, a message will appear.	N/A
MAIN MENU	Returns to the VaMMIS Main Menu	RF-S-010 (R)

Error Messages

Error	Description	Resolution
3055	ALREADY AT THE BOTTOM SCROLLING NOT POSSIBLE.	Information message.
3054	ALREADY AT THE TOP SCROLLING NOT POSSIBLE.	Information message.
3056	DATA DISPLAYED	Information message. No action needed.
3141	ENTER VALID PAGE NUMBER	Enter valid values according to error message specifications.
3252	ENTER 'Y' OR 'N'	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3192	ERROR WRITING LOG RECORD	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3224	NO RECORDS FOUND FOR THE SELECTION CRITERIA	Information message.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Verification option in the selection field.
2. Choose Enter. You see the Eligibility and Provider Payment Verification menu screen.
3. On the Eligibility and Provider Payment Verification menu, enter the NPI, API, or Legacy Provider Number.
4. Choose the radio button beside the Type of Information selection Check Status.
5. If you want to access the most recent Remittance data, Choose Enter. OR
6. Enter the Remittance date and choose Enter to access a specific Remittance.
7. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through pages of data.

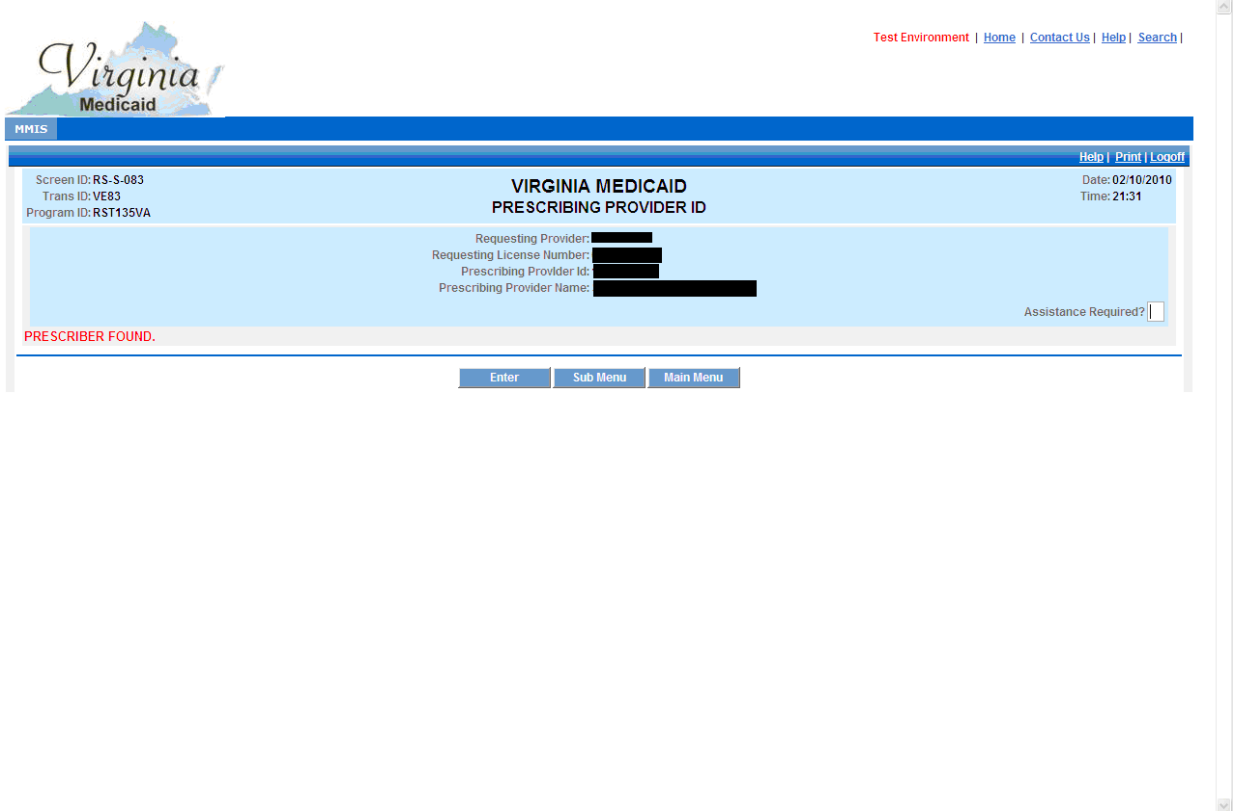
Screens RS-S-083 Prescribing Provider Verification

General Information

This screen is used to respond to provider inquiries for information regarding prescribing provider information.

SOURCE/ORIGINATOR	AEVS Help Desk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	RST135
MAPSET	RS083VA
TRAN ID	VE83

SAMPLE	**Prescribing Provider Verification (RS-S-083)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	REQUESTING PROVIDER National Provider Identifier (DE4700)	Edits: Displays the NPI, API, or Legacy provider number for the provider initiating this eligibility verification request. Messages:	Displays the NPI, API, or Legacy provider number for the provider initiating this eligibility verification request. N/A
2	REQ LICENSE NUMBER Provider License Number (DE4064)	Edits: Displays the requested license number.	Displays the requested license number. N/A
3	PRESCRIBING PROVIDER ID National Provider Identifier (DE4700)	Edits: Displays the NPI, API or Legacy provider identification number for the provider associated with the requested license number. Messages:	Displays the NPI, PAI, or Legacy provider identification number for the provider associated with the requested license number. N/A
4	PRESCRIBING PROVIDER NAME Provider Name (DE4085)	Edits: Displays the name for the provider associated with the requested license number.	Displays the name for the provider associated with the requested license number. N/A
5	MSG (DE0000)	Edits: Displays error/informational messages to the operator.	Displays error/informational messages to the operator. N/A
6	ASSISTANCE REQUIRED Eligibility Verification Assistance Required Flag (DE3268)	Edits: May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. Messages: Missing/Invalid data, please correct highlighted fields	An indicator on the log record of the eligibility verification request showing that supervisory staff assistance was required. May be entered only during queries by the AEVS help desk. If entered, must be 'Y'. N/A

NAVIGATION	Prescribing Provider Verification (RS-S-083)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Returns the user to the VaMMIS Main System Menu.	RF-S-010 (R)
ENTER	Command to edit data entered.	N/A
SUB MENU	Return to Eligibility and Provider Payment Verification Main Menu	RS-S-076 (R)

Error Messages

Error	Description	Resolution
3684	ACTIVE PROVIDER FOUND	Information message.
3252	ENTER 'Y' OR 'N'	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3192	ERROR WRITING LOG RECORD	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3702	PRESCRIBER FOUND	Information message.
3703	PRESCRIBER NOT FOUND	Information message.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the Verification option in the selection field.
2. Choose Enter. You see the Eligibility and Provider Payment Verification menu screen.
3. On the Eligibility and Provider Payment Verification menu, enter the requesting Provider Number.
4. Choose the radio button beside the Type of Information selection Prescribing Provider ID.
5. Enter the License number of the requesting provider and choose Enter.

Screens RS-S-084 Eligibility Verification

General Information

This screen is used in response to provider inquiry regarding the eligibility status of a specified member for a specified date or dates of service.

SOURCE/ORIGINATOR	AEVS Help Desk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	RST105
MAPSET	RS086VA
TRAN ID	VE77

Sample

SAMPLE	**Eligibility Verification using Edify-Web (RS-S-084)**

https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dY65DoJAFEU_6T12LAcwLGFR9pmGYC - Windows Internet Explorer

Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs | Reports

Screen ID: RS-S-084
Trans ID: VE77
Program ID: RST105VA

VIRGINIA MEDICAID
ENROLLEE CO-PAY DETAILS

Date: 02/28/2013
Time: 13:18

Erification Number: 211[redacted]

Requested Provider ID: [redacted]
Service From: 01/01/2013
Service Thru: 01/01/2013
Member ID: [redacted]
SSN: [redacted]
DOB: 04/12/1989
Last Name: VEAR
First Name: [redacted]
MI: R
Suffix:

Co-Pay Amounts

* The Co-Pay amounts being returned represents the maximum possible co-pay for which a member is responsible.
For certain services, the member may be responsible for a lower amount.

Service Type		Co-Pay Amt	Service Type		Co-Pay Amt
AD	OCCUPATIONAL THERAPY	3.00	UC	URGENT CARE	3.00
AE	PHYSICAL MEDICINE	3.00	XX	TEST CB	3.00
AF	SPEECH THERAPY	3.00	01	MEDICAL CARE	3.00
AG	SKILLED NURSING FACI	5.00	02	SURGICAL	5.00
AI	SUBSTANCE ABUSE	3.00	04	DIAGNOSTIC X-RAY	3.00
AL	VISION	1.00	05	DIAGNOSTIC LAB	1.00
A0	PROF (PHYSICIAN) VIS	1.00	06	RADIATION THERAPY	1.00
A3	PROF (PHYSICIAN) VIS	3.00	07	ANESTHESIA	3.00
A6	PSYCHOTHERAPY	3.00	08	SURGICAL ASSISTANCE	3.00
A7	PSYCHIATRIC - INPATI	100.00	12	DURABLE MEDICAL EQUI	100.00
A8	PSYCHIATRIC - OUTPAT	3.00	13	AMBULATORY SURGICAL	3.00
BG	CARDIAC REHABILITATI	3.00	18	DURABLE MEDICAL EQUI	3.00
BH	PEDIATRIC	5.00	20	SECOND SURGICAL OPTI	5.00
MH	MENTAL HEALTH	3.00	33	CHIROPRACTIC	3.00

Scroll Up | Scroll Down

THE AMOUNT BEING RETURNED REPRESENTS THE MAXIMUM POSSIBLE CO-PAY

Return | Sub Menu | Main Menu

Internet | 100%

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	VERIFICATION NUMBER Eligibility Verification Number (DE3098)	Edits: Displays the number assigned to this eligibility verification request. Only assigned when the enrollee is determined to be eligible for the dates requested.	Displays the number assigned to this eligibility verification request. Only assigned when the enrollee is determined to be eligible for the dates requested. N/A
2	REQUESTED PROVIDER National Provider Identifier (DE4700)	Edits: Displays the number for the Provider ID or API or NPI initiating this eligibility verification request. Messages:	Displays the number of the provider initiating this eligibility verification request as below: 1) Before NPI implementation and including the Dual Use period, any of the Legacy Provider ID (9 digits) or the API

			(10 digits) or the NPI (10 digits) identifiers could be displayed. 2) After NPI implementation date: 2.a) If this screen is invoked in either Terminal or Medicall mode, then any of the Legacy, API or NPI could be displayed (same as 1 above) 2.b) If invoked by any other mode, either the API or the NPI will be displayed. N/A
3	SERVICE FROM Eligibility Verification From Date (DE3266)	Edits: Displays the begin date for the eligibility verification request.	Displays the begin date for the eligibility verification request. N/A
4	SERVICE THRU Eligibility Verification To Date (DE3267)	Edits: Displays the end date for the eligibility verification request.	Displays the end date for the eligibility verification request. N/A
5	ENROLLEE ID Eligibility Verification Enrollee ID Queried (DE3264)	Edits: Displays the verification request enrollee identification number.	Displays the verification request enrollee identification number. N/A
6	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Displays the social security number of the enrollee.	Displays the social security number of the enrollee. N/A
7	BIRTHDATE Enrollee Birth Date (DE3005)	Edits: Displays the birth date of the enrollee.	Displays the birthdate of the enrollee. N/A
8	LAST NAME Enrollee Last Name (DE3110)	Edits: Displays the last name of the enrollee. Messages:	Displays the last name of the enrollee. N/A
9	FIRST NAME Enrollee First Name (DE3111)	Edits: Displays the first name of the enrollee. Messages:	Displays the first name of the enrollee. N/A

10	MI Enrollee Middle Initial (DE3112)	Edits: Displays the middle initial of the enrollee.	Displays the middle initial of the enrollee. N/A
11	SUFFIX Enrollee Name Suffix (DE3113)	Edits: Displays the suffix of the enrollee. Messages:	The name suffix of the individual eligible for a DMAS-administered medical care program. N/A
12	SERVICE TYPE Service Type Code (DE4907)	Edits: Displays the aid category of the enrollee for the time period requested.	Displays the aid category of the enrollee for the time period requested. Use the on-line HELP system to find valid codes for this field. N/A
14	COPAY AMT Maximum copay amount allowed for the service (DE4913)	Edits: Displays the benefit plans in effect for the enrollee during the requested time period.	Displays the benefit plans in effect for the enrollee during the requested time period. N/A

Navigation

NAVIGATION	Eligibility Verification (RS-S-086)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Exit the Screen and return to the Main System Menu.	RF-S-010 (R)
SUB MENU	Return to the Eligibility and Provider Payment Verification Main Menu.	RS-S-076 (R)
SCROLL DOWN	Scroll Forward through the Copay amounts.	RS-S-086 ()
SCROLL UP	Scroll backward through the Copay amounts.	RS-S-086 ()
Function (B) or (M)	Action	Branch To (B) or Return To (R)

Error Messages

Error	Description	Resolution
3690	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Informational message.
3692	ALREADY AT THE LAST PAGE;CAN NOT SCROLL FURTHER	Informational message.

3691	ALREADY AT THE LAST BENEFIT; CANNOT SCROLL FURTHER	Informational message.
3693	ALREADY AT THE LAST TPL COVERAGE; CANNOT SCROLL FURTHER	Informational message.
3056	THE AMOUNT BEING RETURNED REPRESENTS THE MAXIMUM POSSIBLE CO-PAY	Informational message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.

Screen Access

1. From the Main System Menu, select the Recipient icon.
2. On the Recipient Main Menu, choose the Verification option in the selection field.
3. Click the Enter key. The Eligibility and Provider Payment Verification menu screen appears.
4. On the eligibility and provider payment verification menu, enter the provider number, enrollee identification information and the service dates.
4. Choose the radio button beside the type of information selection enrollee verification.
5. Choose Enter to access eligibility records for the enrollee for the dates of service entered.
6.Choose Copay to access copay amounts for services.
7. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through pages of data.

Screens RS-S-085 Claim Status Verification using Edify-Web

General Information

This screen is used in response to provider inquiry regarding a claim for a specified member for a specified date of service. The provider must also specify the invoice type. Information is displayed for up to five (5) claims matching the specific criteria

SOURCE/ORIGINATOR	AEVS Helpdesk Operator; enrolled providers.
USAGE	Inquiry
PROGRAM	RST120
MAPSET	RS085VA
TRAN ID	VE80

SAMPLE	**Eligibility Verification using Edify-Web (RS-S-085)**

There is no Sample

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enrollee Id Eligibility Verification Enrollee ID Queried (DE3264)		The enrollee ID entered by a provider submitting an eligibility verification request. N/A
2	Service Provider National Provider Identifier (DE4700)	Edits: Displays valid medicaid number or API or NPI. Messages:	The unique identification medicaid number or API or NPI under which a provider is enrolled in the new MMIS that is submitted with each request for eligibility verification, and is validated by the system. N/A
3	Billing Provider National Provider Identifier (DE4700)	Edits: Displays Medicaid provider number or API or NPI. Messages:	The unique identification number under which a provider ID or API or NPI is enrolled in the new MMIS that is submitted with each request for eligibility verification, and is validated by the system. N/A

4	Enrollee Last Name Enrollee Last Name (DE3110)		The last name of the individual eligible for a DMAS-administered medical care program. N/A
5	Enrollee First Name Enrollee First Name (DE3111)		The first name of the individual eligible for a DMAS-administered medical care program. N/A
6	Enrollee Middle Initial Enrollee Middle Initial (DE3112)		The middle initial of the individual eligible for a DMAS-administered medical care program. N/A
7	Enrollee Name Suffix Enrollee Name Suffix (DE3113)		The name suffix of the individual eligible for a DMAS-administered medical care program. N/A
8	Enrollee Date of Birth Enrollee Birth Date (DE3005)		The enrollee's date of birth. N/A
9	Provider Last Name Provider Name (DE4085)		The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. N/A
10	Provider First Name Provider Name (DE4085)		The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. N/A
11	Provider Middle Initial Provider Name (DE4085)		The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Ini-

			tial, Suffix and Title. N/A
12	Provider Name Suffix Provider Name (DE4085)		The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. N/A
13	Provider Entity Type Provider Name Type (DE4249)		A code to indicate the type of Provider Name. N/A
14	Enrollee Gender Enrollee Sex Code (DE3007)		A code indicating the sex of the enrollee. N/A
15	Medical Record Id Claim Medical Record Number (DE2845)		The facility medical record number. N/A
16	Service From Date Eligibility Verification From Date (DE3266)		The beginning date of service as entered by the provider when submitting an eligibility verification request. N/A
17	Service Thru Date Eligibility Verification To Date (DE3267)		The ending date of service as entered by the provider when submitting an eligibility verification request. N/A
18	Medical Claim Number Claim Request ICN (DE2001)		A unique Transaction Control Number serving to identify each claim transaction record. It is the group representation of Claim Reference DMB (first fourteen bytes representing the date, media, batch number, sequence number) and Claim Reference lines (last two bytes representing line number). N/A

19	Patient Account Number Claim Patient Account Number (DE2031)		The tracking number of the recipient's claim for the providers use within the providers' billing mechanism. N/A
20	Bill Type Claim Facility Bill Type (DE2102)		A code indicating the bill type of a facility claim. This DE is composed of three values, the first position being the facility type, the second being the billing classification of the provider billing the claim, and the third being the billing frequency or type of bill. N/A
21	Payment Method Disbursement Type Code (DE9663)		1 Digit code which indicates type of disbursement N/A
22	Check Number Remittance Check Number (DE9576)		This is a sequential number assigned to the check disbursed to payees and is incremented by one for each check generated. N/A
23	Claim Charge Amount Claim Billed Charge (DE2016)		The charge submitted on a claim. N/A
24	Adjustment/Payment Date Remittance Payment Date (DE9578)		Date of the remittance cycle. N/A
25	Claim Payment Amount Claim Payment Amount (DE2023)		Claim payment amount for any claim. N/A
26	Status Information Effective Date Claim Status Begin Date (DE2383)		The date on which this status was assigned to the claim. It is essentially the claims activity date, which can be assigned by adjudication or financial cycles.

			N/A
27	Health Care Claim Status Category Code Claim Type Modifier (DE2003)		A code which indicates the type of claim transaction and the processing to be done. For paper claims, the third position of the transmission code is moved to this field. N/A
28	Health Care Claim Status Code Claim Status (DE2039)		Code indicating the status of a claim after an adjudication cycle. N/A
29	Procedure Code Procedure Code (DE5002)		Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. N/A
30	Procedure Modifier Claims Procedure Code Modifier (DE2171)		The 2-position standard HCFA modifier entered with a procedure code. The exception is that for EPSDT, the valid modifiers are only one position, H, K, T, U, W, Y, Z. N/A
31	Revenue Code Claim Revenue Code (DE2122)		A code which defines a specific accommodation and/or ancillary service or billing calculation. N/A
32	Line Item Units Claim Number of Units/Visits/Studies (DE2009)		This is the number of units of the procedure performed by the provider. N/A
33	Claim Type Claim Type (DE2002)		A code defining the type of claim. For paper claims, the first 2 positions of the transmission code are used to derive this field. N/A

NAVIGATION	Claim Status Verification using Edify-Web (RS-S-085)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR	Returns control to the Main System Menu.	RF-S-010 (R)
SUB MENU	Return to the Eligibility and Provider Payment Verification Main Menu	RS-S-076 (R)
SCROLL DOWN	Command button to view the next page of claims. If this button is pressed, and there are no more segments on the Claims Data Store for the search criteria entered on the screen, a message will appear.	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

This screen does not have a GUI interface for Terminal access. It is defined only as a CICS map to let Edify-Web interface obtain additional information on TPL.

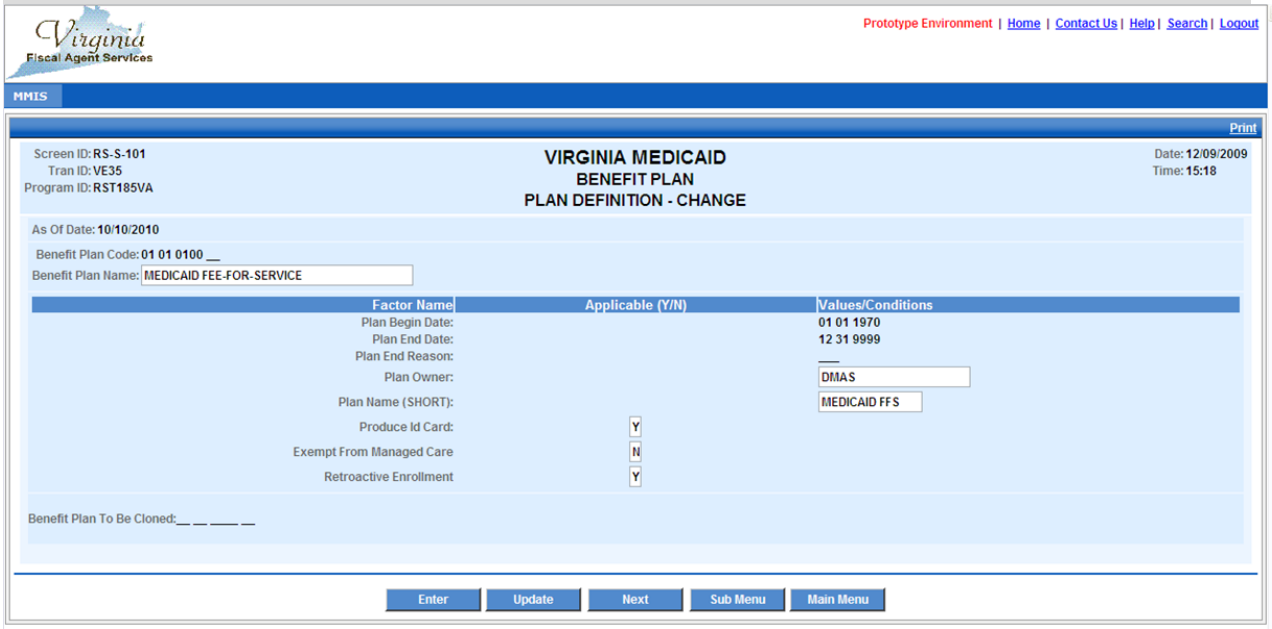
Screens RS-S-101 Benefit Plan Definition

General Information

This screen is used to create the benefit plan data, set benefit plan effective and termination dates, and provide for inclusion of benefit plan name and other characteristic information.

SOURCE/ORIGINATOR	DMAS authorized users.
USAGE	Inquiry, Update, Add
PROGRAM	RST185
MAPSET	RS101VA
TRAN ID	VE33 (Create), VE34 (Inquiry) and VE35 (Update)

SAMPLE	**Benefit Plan Definition (RS-S-101)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Benefit Plan Code (Program Code) Benefit Definition Plan Program Code (DE3551)	Edits: Displays the Benefit Definition Plan Program Code.	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Displayed from the menu selection. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. System displayed from the menu selection (P).
2	Benefit Plan Code (Subprogram Code) Benefit Definition Plan Subprogram Code (DE3552)	Edits: Displays the Benefit Definition Plan Subprogram Code.	The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. System displayed from the menu selection. The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. System displayed from the menu selection (P).
3	Benefit Plan Code (Benefit Code) Benefit Definition Plan Benefit Code (DE3553)	Edits: Displays the Benefit Definition Plan Benefit Code.	The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. System displayed from the menu selection. The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. System displayed from the menu selection (P).
4	Exception Indicator Benefit Plan Exception Indicator (DE3072)	Edits: Displays the Enrollee Benefit Exception Code.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. System displayed from the menu selection. A code used as a modifier to the Benefit Plan

			Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. System displayed from the menu selection (P).
5	Benefit Plan Name Benefit Definition Plan Name (DE3554)	Edits: Must contain a value. Messages: Missing/Invalid data, please correct highlighted fields	A description of the Benefit Plan. A description of the Benefit Plan. ADD (R/U) Enter the name of the benefit plan to be created. UPDATE (R/U) Type over the existing name to change or correct.
8	Plan Effective Date Benefit Definition Plan Begin (Effective) Date (DE3556)	Edits: Must be a valid date that is greater than the day it is being entered on the screen. Messages: Missing/Invalid data, please correct highlighted fields	The date a Benefit Plan may become effective. The date is usually contingent upon legislation for a source of funding. The date a Benefit Plan may become effective. The date is usually contingent upon legislation for a source of funding. ADD (R/U) Enter the effective begin date of the new benefit plan. Must be a valid date that is greater than the day the it is being entered on the screen. UPDATE (P) System displayed. Once the plan is created, the begin date cannot be changed.
9	Plan Termination Date Benefit Definition Plan End (Termination) Date (DE3557)	Edits: This field cannot be entered. It is for display purposes only. Messages: Missing/Invalid data, please correct highlighted fields	The date a Benefit Plan will close or terminate. The date is usually contingent upon legislation and/or loss of funding. The date a Benefit Plan will close or terminate. The date is usually contingent upon legislation and/or loss of funding. ADD (P) The system will default to 12/31/9999. UPDATE (P) System displayed. A Benefit Plan cannot be terminated on-line. An ISR must be submitted to ACS to code or terminate a plan.
10	Plan Termination Reason Benefit Definition Plan Termination Reason (DE3559)	Edits: If entered, must be a valid reason code (based on values in the global code table).	The reason a Benefit Plan was closed or terminated. Use the on-line HELP system to find valid codes for this field. The reason a Benefit Plan was closed or ter-

		Messages: Missing/Invalid data, please correct highlighted fields	minated. Use the on-line HELP system to find valid codes for this field. ADD (P) This field is not applicable for the create function. UPDATE (P) No entry is allowed in this field. If the Benefit Plan is to be terminated, an ISR must be submitted indicating the date and the reason for termination. The reason will be entered by ACS when the ISR is processed.
11	Plan Owner Benefit Definition Plan Owner (DE3649)	Edits: Cannot be blank Messages: Missing/Invalid data, please correct highlighted fields	DMAS Business Unit responsible for initiating maintenance to the characteristics of the Benefit Plan. DMAS Business Unit responsible for initiating maintenance to the characteristics of the Benefit Plan. ADD (R/U) Enter the DMAS Business Unit name. Up to 20 characters are allowed. Cannot be blank UPDATE (R/U) Type over the existing name to change. Cannot be blank
12	Plan Name (Short) Benefit Definition Plan Short Name (DE3555)	Edits: Cannot be blank Messages: Missing/Invalid data, please correct highlighted fields	A short, concise description of a Benefit Plan used primarily in reporting. A short, concise description of a Benefit Plan used primarily in reporting. ADD (R/U) Enter a short plan name. Up to 12 characters are allowed. Cannot be blank UPDATE (R/U) Type over the existing name to change. Cannot be blank
13	PRODUCE ID CARD Enrollment Edit Rule Conditions (DE3048)	Edits: Must be a Y or N Messages: Missing/Invalid data, please correct highlighted fields	Indicates whether an ID card is to be produced for enrollees assigned to this Benefit Plan. 'Y' = Yes, 'N' = No. Indicates whether an ID card is to be produced for enrollees assigned to this Benefit Plan. 'Y' = Yes, 'N' = No. ADD (R/U) Enter a 'Y' if an ID card is to be produced for this plan. Enter a 'N' if an ID card is not produced for this plan. Must be 'Y' or 'N'.

			UPDATE (R/U) Type over the existing entry to change. Must be 'Y' or 'N'.
14	EXEMPT FROM MANAGED CARE Exempt Managed Care Flag (DE3916)	Edits: Must be a Y or N Messages: Missing/Invalid data, please correct high-lighted fields	Flag indicates whether the Benefit Package is exempt from Managed Care. ' Y' = is exempt, 'N' = is not exempt. Flag indicates whether the Benefit Package is exempt from Managed Care. ' Y' = is exempt, 'N' = is not exempt. ADD (R/U) Enter 'Y' if plan is exempt from Managed Care, 'N' is plan is not exempt. Must be 'Y' or 'N'. UPDATE (R/U) Type over existing entry to change. Must be 'Y' or 'N'.
15	RETROACTIVE ENROLLMENT Retro Enrollment Flag (DE3917)	Edits: Must be a Y or N Messages: Missing/Invalid data, please correct high-lighted fields	Flag that indicates if the Benefit Package allows retro enrollment. 'Y' = Yes, allows ret-roactive enrollment, 'N' = No, does not allow retroactive enrollment. Flag that indicates if the Benefit Package allows retro enrollment. 'Y' = Yes, allows ret-roactive enrollment, 'N' = No, does not allow retroactive enrollment. ADD (R/U) Enter a 'Y' if the Benefit Package allows ret-roactive enrollment, 'N' if it does not. Must be a 'Y' or 'N'. UPDATE (R/U) Type over the existing entry to change. Must be a 'Y' or 'N'.
16	Benefit Plan To Be Cloned (Program Code) Benefit Definition Plan Program Code (DE3551)	Edits: If this field is entered along with the sub-pro-gram, plan code and/or exception indic-ator, Rules will be set up based on the com-bined values of these fields (DE3551, DE3552, DE3555, DE3072). If this field is entered, then the sub-program and plan	This field is not used for Inquiry. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. ADD (O/U) If this field is entered along with the sub-pro-gram, plan code and/or exception indicator, Rules will be set up based on the combined values of these fields (DE3551, DE3552, DE3555, DE3072). If this field is entered,

		code must also be entered. Messages: Missing/Invalid data, please correct highlighted fields	then the sub-program and plan code must also be entered. UPDATE (P) This field is not used for Update.
16	Exception Indicator to be Cloned (Exception Indicator) Benefit Plan Exception Indicator (DE3072)	Edits: If this field is entered along with the program, sub-program, and plan code, Rules will be set up based on the combined values of these fields (DE3551, DE3552, DE3555, DE3072). If this field is entered, then the program, sub-program and plan code must also be entered. Messages: Missing/Invalid data, please correct highlighted fields	This field is not used for Inquiry. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. ADD (O/U) If this field is entered along with the program, sub-program, and plan code, Rules will be set up based on the combined values of these fields (DE3551, DE3552, DE3555, DE3072). If this field is entered, then the program, sub-program and plan code must also be entered. UPDATE (P) This field is not used for Update.
17	Benefit Plan To Be Cloned (Subprogram Code) Benefit Definition Plan Subprogram Code (DE3552)	Edits: If this field is entered along with the program, plan code and/or exception indicator, Rules will be set up based on the combined values of these fields (DE3551, DE3552, DE3555, DE3072). If this field is entered, then the program and plan code must also be entered. Messages: Missing/Invalid data, please correct highlighted fields	This field is not used for Inquiry. The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. ADD (O/U) If this field is entered along with the program, plan code and/or exception indicator, Rules will be set up based on the combined values of these fields (DE3551, DE3552, DE3555, DE3072). If this field is entered, then the program and plan code must also be entered. UPDATE (P) This field is not used for Update.

18	As Of Date Calculated (DE0002)	Edits: Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default.	Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default. Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default. System displayed (P).
18	Benefit Plan To Be Cloned (Benefit Code) Benefit Definition Plan Benefit Code (DE3553)	Edits: If this field is entered along with the program, sub-program, and/or exception indicator, Rules will be set up based on the combined values of these fields (DE3551, DE3552, DE3555, DE3072). If this field is entered, then the program and sub-program must also be entered. Messages: Missing/Invalid data, please correct highlighted fields	This field is not used for Inquiry. The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. ADD (O/U) If this field is entered along with the program, sub-program, and/or exception indicator, Rules will be set up based on the combined values of these fields (DE3551, DE3552, DE3555, DE3072). If this field is entered, then the program and sub-program must also be entered. UPDATE (P) This field is not used for Update.

NAVIGATION	**Benefit Plan Definition (RS-S-101)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Return to the calling program	N/A
ENTER	Validates the data entered and displays an error message if errors are encountered. The enter key (and ENTER button) does not update the data tables.	N/A
SUB MENU	Return to the Benefits Definition Menu.	N/A
NEXT	Displays the next screen with Enrollment rule data.	N/A
UPDATE	Update the Benefit Package Table (RS_Benefit Package) and Benefit Package Rules Table (RS_BNFT_PKG_RULE) with the data entered on the screen. Data is re-edited on an update.	N/A

Error Messages

Error	Description	Resolution
3670	ALL SCREENS CLONED WITH DATA FROM CLONE-PLAN	Information message.
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3651	REQUIRED FOR THE AID CATEGORY	Information message.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Subsystem Menu, select the Benefit Definition Function, then choose Enter.
2. You see the Benefits Definition Menu.
3. On the Benefits Definition Menu, select a function (Add, Change, Inquire) from the Select Function field.
4. Enter the As Of date in MMDDCCYY format, or leave blank to access rules as of the current date.
5. Choose the Enrollment Rules radio button.
6. Enter the Program code, Subprogram code and Plan code of the benefit plan you wish to access.

7. Enter an Exception Indicator if the rules apply to long term care or waiver program, or CMM benefit.
8. Choose Enter. You see the Benefit Plan Definition screen.
Scrren Use
1. Advance to the next screen in the series by choosing the Next Screen button at the bottom of the screen.
2. Return to this screen from the next screen by choosing the Previous Screen button at the bottom of the screen.

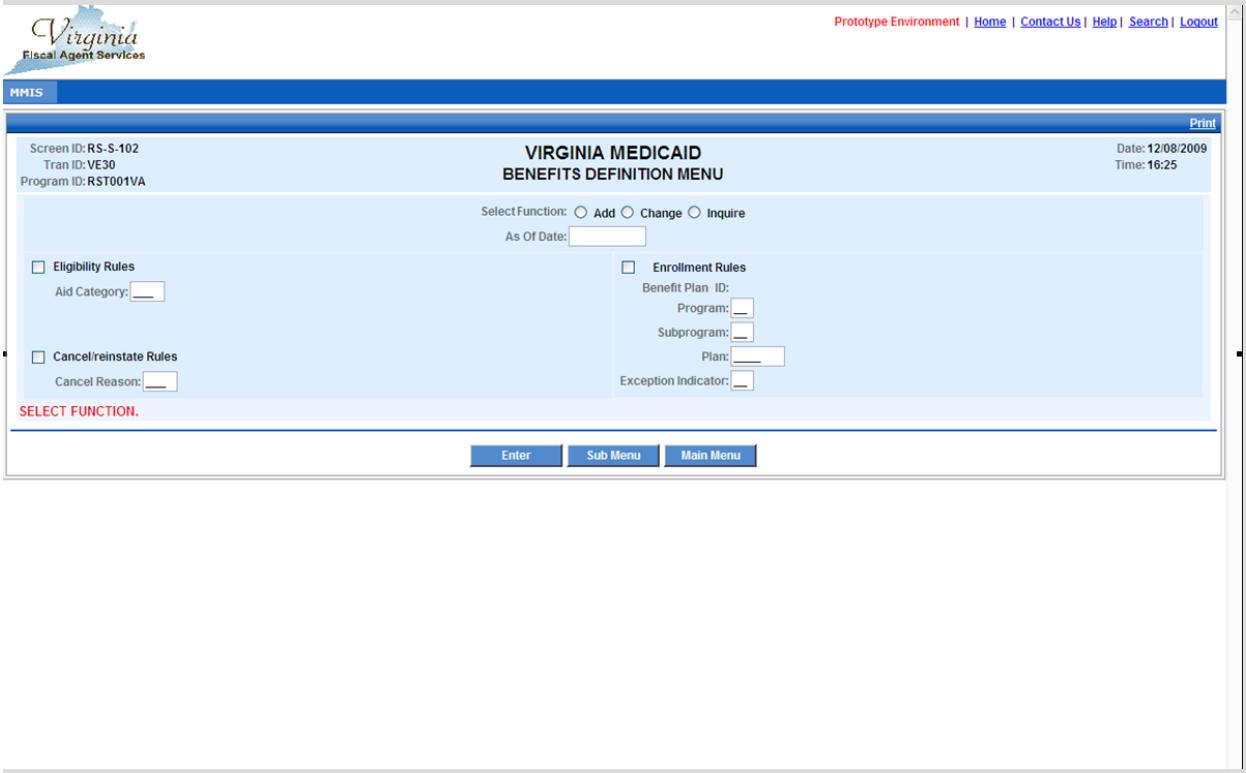
Screens RS-S-102 Benefits Definition Menu

General Information

This is the menu screen used to access eligibility and enrollment rules in the Benefits Defintion Database.

SOURCE/ORIGINATOR	DMAS authorized users.
USAGE	Inquiry, Update
PROGRAM	RST001
MAPSET	RS001VA
TRAN ID	VE30

SAMPLE	**Benefits Definition Menu (RS-S-102)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Function Calculated (DE0002)	Edits: Must be an 'A', 'C', or 'I'. Messages: Missing/Invalid date, please correct highlighted fields Select Function Function Chosen is invalid.	Allows selection of the function. Click on the 'Inquire' function button. Allows selection of the function. ADD (R/U) Click on the 'ADD' button. UPDATE (R/U) Click on the 'Change' button.
2	As Of Date Calculated (DE0002)	Edits: If entered, must be a valid date (mm/dd/ccyy format) Messages: Missing/invalid data, please correct highlighted fields	The system will return rules that were in effect as of the date entered in this optional field. If entered, must be a valid date (MM/DD/CCYY format) If not entered, the system will default to the current date. The system will return rules that were in effect as of the date entered in this optional field. If entered, must be a valid date (MM/DD/CCYY format). If not entered, the system will default to the current date. ADD (R/U) To add a new benefit plan, you must enter an As Of date equal to the begin date of the new plan. UPDATE (R/U) To change an existing plan, you must enter an As Of date equal to the begin date of the change.
3	Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: If entered, must be a valid aid category. Messages: Missing/Invalid data, please correct highlighted fields. Aid Category Already on file. Aid Category information not found.	Also known as Money payment code, Recipient program designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS administered programs. The code is used to indicate whether the Enrollee must make a co-payment. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. If you wish to inquire into Eligibility Rules, enter the three-character Aid Category code that you wish to access. If

		Record does not exist.	entered, must be a valid aid category. Also known as Money payment code, Recipient program designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS administered programs. The code is used to indicate whether the Enrollee must make a co-payment. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. If you wish to add or update Eligibility Rules, enter the three-character Aid Category code that you wish to access. If entered, must be a valid aid category.
4	Program Benefit Definition Plan Program Code (DE3551)	Edits: If entered, must be a valid program code Messages: Missing/Invalid data, please correct highlighted fields	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. If you wish to inquire into Enrollment Rules, enter the two-character program code. Use the on-line HELP system to find valid codes or this field. If entered, must be a valid program code The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. If you wish to add or update Enrollment Rules, enter the two-character program code. Use the on-line HELP system to find valid codes or this field. If entered, must be a valid program code
5	Subprogram Benefit Definition Plan Subprogram Code (DE3552)	Edits: If entered, must be a valid sub-program code. Messages: Missing/Invalid data, please correct highlighted fields	The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. If you wish to inquire into Enrollment Rules, enter the two-character sub-program code. Use the on-line HELP system to find valid codes or this field If entered, must be a valid sub-program code. The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. If you wish to add or update Enrollment Rules, enter the two-character sub-program

			code. Use the on-line HELP system to find valid codes or this field If entered, must be a valid sub-program code.
6	Benefit Plan Benefit Definition Plan Benefit Code (DE3553)	Edits: If entered, must be a valid benefit code. Messages: Missing/Invalid data, please correct highlighted fields	The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. If you wish to inquire into Enrollment Rules, enter the four-character benefit code. Use the on-line HELP system to find valid codes or this field If entered, must be a valid benefit code. The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. If you wish to add or update Enrollment Rules, enter the four-character benefit code. Use the on-line HELP system to find valid codes or this field If entered, must be a valid benefit code.
7	Exception Indicator Benefit Plan Exception Indicator (DE3072)	Edits: If entered, must be a valid exception indicator Messages: Missing/Invalid data, please correct highlighted fields	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. If you wish to inquire into Enrollment Rules for nursing home or wavered benefits, enter a valid three-character Exception Indicator code. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid exception indicator A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. If you wish to add or update Enrollment Rules for nursing home or wavered benefits, enter a valid three-character Exception Indicator code. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid exception indicator
8	Eligibility Rules (option) Calculated (DE0002)	Edits: To view/create/update eligibility rules, this field must contain an 'X'.	Click on this option box to view Eligibility Rules. Click on this option box to view/add/update Eligibility Rules.

		Messages: Missing/Invalid data, please correct highlighted fields. Select eligibility, cancel/reinstate or enrollment rules. Select function.	
9	Enrollment Rules (option) Calculated (DE0002)	Edits: To view/create/update enrollment rules, this field must contain an 'X'. Messages: Missing/Invalid data, please correct highlighted fields. Select eligibility, cancel/reinstate or enrollment rules. Select function.	Click on this option box to view Enrollment Rules Click on this option box to view/add/update Enrollment Rules
10	Cancel/Reinstate Rules (option) Calculated (DE0002)	Edits: To view/create/update cancel/reinstate rules, this field must contain an 'X'. Messages: Missing/Invalid data, please correct highlighted fields. Select eligibility, cancel/reinstate or enrollment rules. Select function.	Click on this option box to view Cancel/Reinstate Rules. Click on this option box to add/update the Cancel/Reinstate Rules.
11	Cancel Reason Code Eligibility Cancel Reason (DE3451)	Edits: Must be a valid Aid Category cancel reason code that resides in the GL_CODE_VALUE DB2 table. Messages: Missing/Invalid data,	N/A

		please correct highlighted fields. Cancel Reason does not exist. Field must be numeric. Field required.	

NAVIGATION	Benefits Definition Menu (RS-S-102)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Return to the Main System Menu.	N/A
ENTER	Validates the data entered and displays an error message if errors are encountered. If the data is valid, the program will transfer control to either RST175 for Eligibility Rules, RST029 for Cancel/Reinstate Rules or RST185 for Enrollment Rules.	N/A
SUB MENU	Return to the Member Subsystem Menu.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3285	AS OF DATE MUST BE A FUTURE DATE FOR ADD OR CHANGE	Information message.
3029	CANNOT ENTER FOR THE SELECTED RULES	Information message.
3030	DATE ENTERED IS INVALID	Information message.
3027	ENTER 'X' FOR SELECTION	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
77	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3032	RECORD ALREADY EXISTS	Information message. No action needed.
3033	RECORD DOES NOT EXIST	Information message.
3026	SELECT ELIGIBILITY OR ENROLLMENT RULES	Information message.

3024	SELECT FUNCTION	Choose one of the functions on the screen. Then, choose Enter.
3028	SELECT ONE; CANNOT SELECT BOTH	Information message.
3025	SELECT VALID FUNCTION; MUST BE ADD, CHANGE, OR INQUIRY	Switch the screen mode.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Subsystem Menu, select the Benefit Definition Function, then choose Enter.
2. You see the Benefits Definition Menu.
3. Choose the radio button beside the function (Add or Change) you wish to select.
4. Enter a date in the As Of field, if desired, using MM DD CCYY format. If no date is entered, the system defaults to the current
date. If you are entering a new record or an update, the As Of date must be in the future. This date is not required when the
Cancel/Reinstate Rules option is selected.
5. Choose either the Eligibility Rules button, Cancel/Reinstate Rules button or the Enrollment Rules button to select an option.
6. After selecting the option, enter a value in data fields that follow the rules selection button to select a specific rule set.
7. Choose Enter.
8. You see the selected screen.

Screens RS-S-105 Eligibility Rules Valid Values

General Information

This screen describes the attributes of the selected Aid Category, and displays the associated rules with their valid values.

SOURCE/ORIGINATOR	DMAS Authorized Users.
USAGE	Inquiry, Update, Add
PROGRAM	RST175
MAPSET	RS105VA
TRAN ID	VE31 (Create), VE32 (Inquiry) and VE36 (Update)

SAMPLE	**Eligibility Rules Valid Values (RS-S-105)**

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Screen ID: RS-S-105
Trans ID: VE32
Program ID: RST175VA

VIRGINIA MEDICAID
BENEFIT PLAN
ELIGIBILITY VALID VALUES - INQUIRY

Date: 09/23/2
Time: 09:46

As of Date: 09/24/2014

Aid Category: 066
Aid Category Name: BCCPTA INDIVIDUAL

Begin Date: 07 01 2001

End Date: 12 31 9999
End Reason:

Copay Indicator: C
Adult/Child Indicator: A
HIPAA Certification: N
PD Code:

Age Break:

PD Mod:

Money Payment Status Code: 3 Poverty Related
Adult Category Eligible Code: A Breast And Cervical Cancer Pr
Child Category Eligible Code: NA
Bendex COA: N

Default Benefit Plans

Benefit Plan	Begin Date	End Date
01 01 0100	07 01 2001	12 31 9999

ERROR ACCESSING DB2 TABLE.

Enter | Update | Next | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: Displays the Aid Category Code.	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Also known as Money payment code, Recipient program designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS administered programs. The code is used to indicate whether the Enrollee must make a co-payment. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. System displayed (P). The code is defined in the Aid Category Name field.
2	Aid Category Name Aid Category Code Description (DE3301)	Edits: Depends on aid category entered. Messages: Missing/Invalid data, please correct highlighted fields	Description of the Aid Category. Description of the Aid Category. ADD (C/U) If you are creating a new Aid Category, enter the description in text format. Up to 40 characters may be entered. UPDATE (C/U) Type over the existing description if you wish to change or correct. Up to 40 characters may be entered.
3	Aid Cat Begin Aid Category Begin Date (DE3024)	Edits: Must be a valid date format (mmddccyy); must not overlap with begin/end date of previous aid category. Messages: Missing/invalid data, please correct highlighted fields	The beginning date of an Aid Category; the date from which it is effective. The beginning date of an Aid Category; the date from which it is effective. Must be a valid date format (MMDDCCYY); must not overlap with begin/end date of previous aid category. Must equal As Of date. ADD (R/U) Enter the begin date for the Aid Category in MMDDCCYY format. UPDATE (P)

			System displayed
4	Aid Cat End Aid Category End Date (DE3027)	Edits: Must be a valid date format (mmddccyy) if entered; must not overlap with begin/end date of previous aid category. Messages: Missing/Invalid data, please correct highlighted fields	The date an Aid Category was closed. Default is 12319999 indicating open-ended. The date an Aid Category was closed. The system default is 12319999 indicating open-ended. System displayed (P). An ISR must be submitted to close an Aid Category.
5	RSN Aid Category End Reason (DE3180)	Edits: Required if end date is entered. Messages: Missing/Invalid data, please correct highlighted fields	The reason an Aid Category was closed or ended. Use the on-line HELP system to find valid codes for this field. The reason an Aid Category was closed or ended. Use the on-line HELP system to find valid codes for this field. System displayed (P).
6	Default Benefit Plans (Program) Benefit Definition Plan Program Code (DE3551)	Edits: Must be a valid benefit definition plan program code; must be at least one benefit definition plan program code entered. Messages: Missing/Invalid data, please correct highlighted fields. Invalid Benefit Plan. Duplicate Benefit Plan.	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Use the on-line HELP system to find valid codes for this field. This grouping of fields displays all Default Benefit Plans assigned to the Category of Eligibility. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Use the on-line HELP system to find valid codes for this field. This grouping of fields displays all Default Benefit Plans assigned to the Category of Eligibility. Must be a valid benefit definition plan program code; must be at least one benefit definition plan program code entered. ADD (C/U) For create, add as many Default Benefit Plans as appropriate for the Aid Category. Enter the 2 character program code in the first tier of the field grouping.

			UPDATE (C/U) Enter additional Default Benefit Plans as appropriate for the Aid Category. Enter the 2 character program code in the first tier of the field grouping.
7	Default Benefit Plan (subprogram) Benefit Definition Plan Subprogram Code (DE3552)	Edits: Must be a valid benefit definition plan sub-program code; must be at least one benefit definition plan sub-program code entered. Messages: Missing/Invalid data, please correct high-lighted fields. Invalid Benefit Plan. Duplicate Benefit Plan.	The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. Use the on-line HELP system to find valid codes for this field. This grouping of fields displays all Default Benefit Plans assigned to the Cat-egory of Eligibility. The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. Use the on-line HELP system to find valid codes for this field. This grouping of fields displays all Default Benefit Plans assigned to the Cat-egory of Eligibility. Must be a valid benefit definition plan subprogram code; must be at least one benefit definition plan subprogram code entered. ADD (C/U) For create, add as many Default Benefit Plans as appropriate for the Aid Category. Enter the 2 character subprogram code in the second tier of the field grouping. UPDATE (C/U) Enter additional Default Benefit Plans as appropriate for the Aid Category. Enter the 2 character subprogram code in the second tier of the field grouping.
8	Default Benefit Plan (Plan code) Benefit Definition Plan Benefit Code (DE3553)	Edits: Must be a valid benefit definition plan benefit code; must be at least one benefit definition plan benefit code entered. Messages: Missing/Invalid data, please correct high-lighted fields. Invalid Benefit Plan.	The third tier of a Benefit Plan Code that iden-tifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. Use the on-line HELP system to find valid codes for this field. This grouping of fields displays all Default Benefit Plans assigned to the Cat-egory of Eligibility. The third tier of a Benefit Plan Code that iden-tifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. Use the on-line HELP system to find valid codes for

		Duplicate Benefit Plan.	this field. This grouping of fields displays all Default Benefit Plans assigned to the Category of Eligibility. Must be a valid benefit definition plan benefit code; must be at least one benefit definition plan benefit code entered. ADD (C/U) For create, add as many Default Benefit Plans as appropriate for the Aid Category. Enter the 4 character plan code in the third tier of the field grouping. UPDATE (C/U) Enter additional Default Benefit Plans as appropriate for the Aid Category. Enter the 4 character plan code in the third tier of the field grouping.
9	Copay Ind Aid Category Co-pay Indicator (DE3304)	Edits: Valid values are 'C' (Categorically Needy), 'M' (Medically Needy) or Space (Not applicable). Messages: Missing/Invalid data, please correct highlighted fields	Valid values are 'C' = Categorically Needy, 'M' = Medically Needy, or Space = Not Applicable . Valid values are 'C' = Categorically Needy, 'M' = Medically Needy, or Space = Not Applicable . . ADD (O/U) Enter appropriate code or leave blank if not applicable. UPDATE (O/U) Enter appropriate code or leave blank if not applicable.
10	MPS Aid Category Money Payment Status Code (DE3306)	Edits: Must be valid MPS. Only allowed for Medicaid or CMSIP Aid Categories. Messages: Missing/Invalid data, please correct highlighted fields	Aid Category Money Payment Status code. The code is defined in the description field beside the code. Aid Category Money Payment Status (MPS) code. Must be valid MPS. Only allowed for Medicaid Aid Categories. Use the on-line HELP system to find valid codes for this field. ADD (R/U) Enter the 1 position MPS code for the Aid Category. UPDATE (R/U) Enter the 1 position MPS code for the Aid Category.
11	MPS Descr Aid Category Money Payment Status	Edits: The MPS Description is shown on the	Description of the Money Payment Status Code.

	Description (DE3307)	screen for display purposes only.	Description of the Money Payment Status Code. System displayed after the Enter function is invoked. (P).
12	Adult/Child Ind Aid Category Adult/Child Indicator (DE3305)	Edits: Must be valid value. ('A','B' or 'C'). Only allowed for Medicaid or CMSIP Aid Categories. Messages: Missing/Invalid data, please correct highlighted fields	Field is used to designate whether an aid category is applicable to an adult, child, or both. Use the on-line HELP system to find valid codes for this field. Field is used to designate whether an aid category is applicable to an adult, child, or both. Must be valid code A, B or C. Use the on-line HELP system to find valid codes for this field. ADD (R/U) Enter a valid 1 position indicator, A, B or C, for the Aid Category. UPDATE (R/U) Enter a valid 1 position indicator for the Aid Category.
13	Adult Cat of Elig Aid Category Basis of Eligibility (Adult) (DE3308)	Edits: Must be entered if Adult/Child Indicator (DE #3305) = Adult ('A') or Both ('B'). Only allowed for Medicaid or CMSIP Aid Categories. Based on the value of MPS code: must be 1-6 when the MPS code = 1 or 5; 1-4,6 when MPS code = 2; 1-4 when MPS code = 3 or 4. Messages: Missing/Invalid data, please correct highlighted fields	Category of eligibility code for adults within the Aid Category. Use the on-line HELP system to find valid codes for this field. Category of eligibility code for adults within the Aid Category. Use the on-line HELP system to find valid codes for this field. Must be entered if Adult/Child Indicator (DE #3305) = Adult ('A') or Both ('B'). Only allowed for Medicaid Aid Categories. Based on the value of MPS code: must be 1-6 when the MPS code = 1 or 5; 1-4 when MPS code = 2 or 3 or 4. ADD (C/U) Enter the appropriate code if the Adult/Child Indicator was set to Adult 'A' or Both 'B'. UPDATE (C/U) Enter the appropriate code if the Adult/Child Indicator was set to Adult 'A' or Both 'B'.
14	Adult COE Descrp Aid Category Basis of Eligibility Description (Adult) (DE3309)	Edits: Is calculated when Adult/Child Ind (DE3305) equals 'A' or 'B'. Messages: Missing/Invalid data, please correct high-	Description of the Adult Category Eligible Code. Description of the Adult Category Eligible Code. System displayed after the Enter function is invoked. (P)

		lighted fields	
15	Child Cat of Elig Aid Category Basis of Eligibility (Child) (DE3310)	Edits: Must be entered if Adult/Child Indicator (DE #3305) = Child ('C') or Both ('B'). Only allowed for Medicaid or CMSIP Aid Categories. Based on the value of MPS code: must be 1-6 when the MPS code = 1; 1-4,6 when MPS code = 2; 1-4 when MPS code = 3; 1-4,7 when MPS code = 4; 1-7 when MPS code=5. Messages: Missing/Invalid data, please correct highlighted fields	Category of eligibility code for children within the Aid Category. Use the on-line HELP system to find valid codes for this field. Category of eligibility code for children within the Aid Category. Use the on-line HELP system to find valid codes for this field. Must be entered if Adult/Child Indicator (DE #3305) = Child ('C') or Both ('B'). Only allowed for Medicaid Aid Categories. Based on the value of MPS code: must be 1-6 when the MPS code = 1; 1-4 when MPS code = 2 or 3; 1-4,7 when MPS code = 4; 1-7 when MPS code=5. ADD (C/U) Enter the appropriate code if the Adult/Child Indicator was set to Child 'C' or Both 'B'. UPDATE (C/U) Enter the appropriate code if the Adult/Child Indicator was set to Child 'C' or Both 'B'.
16	Child COE Descrp Aid Category Basis of Eligibility Description (Child) (DE3311)	Edits: Is calculated when Adult/Child Ind (DE3305) = 'C' or 'B'. Messages: Missing/Invalid data, please correct highlighted fields	Description of the Child Category Eligible Code. Description of the Child Category Eligible Code. System displayed after the Enter function is invoked (P).
17	Age Break Category of Eligibility Age Break (DE3969)	Edits: Only allowed for Medicaid Aid Categories when the Adult Child indicator is a 'B'. Messages: Missing/Invalid data, please correct highlighted fields	This field identifies the age to be used in determining whether the Adult COE is used for the enrollee or the Child COE. If the age of the enrollee is >= the age break field, the Adult COE is used, otherwise the Child COE is used. This field identifies the age to be used in determining whether the Adult COE is used for the enrollee or the Child COE. If the age of the enrollee is >= the age break field, the Adult COE is used, otherwise the Child COE is used. Must be entered if Adult Child Indicator is set to Both 'B'. ADD (C/U)

			Enter the age to be used as the age break if the Adult Child Indicator is set to Both 'B'. UPDATE (C/U) Enter the age to be used as the age break if the Adult Child Indicator is set to Both 'B'.
18	HIPPA Certificate HIPPA Certification Required (DE3313)	Edits: Y or N Messages: Missing/Invalid data, please correct highlighted fields	An Indicator that states (Y/N) whether or not an aid category requires HIPPA Certification. An Indicator that states (Y/N) whether or not an aid category requires HIPPA Certification. ADD (R/U) Enter 'Y' if HIPPA certification is required for the Aid Category or 'N' if HIPPA certification is not required. UPDATE (R/U) Enter 'Y' if HIPPA certification is required for the Aid Category or 'N' if HIPPA certification is not required.
19	Default Benefit Plan Begin Date Benefit Aid Category Begin Date (DE3918)	Edits: If a Benefit Plan is entered. It must be a valid Date. Messages: Missing/Invalid data, please correct highlighted fields	Begin date for the Benefit Plan entry. Begin date for the Benefit Plan entry. If a Benefit Plan is entered. It must be a valid Date. ADD (C/U) Enter the Benefit Plan begin date in MMDDCCYY if entering a new Benefit Plan. UPDATE (C/U) Enter the Benefit Plan begin date in MMDDCCYY if entering a new Benefit Plan.
20	Default Benefit Plan End Date Benefit Aid Category End Date (DE3919)	Edits: If a Benefit Plan is entered, a valid date may be entered for this field. Messages: Missing/Invalid data, please correct highlighted fields	End date for the Benefit Plan entry. End date for the Benefit Plan entry. If a Benefit Plan end date is entered. It must be a valid Date. ADD (C/U) Enter the Benefit Plan end date in MMDDCCYY if plan is ending. Otherwise, leave blank UPDATE (C/U) Enter the Benefit Plan end date in MMDDCCYY if plan is ending. Otherwise, leave blank
21	Default Benefit Plan (Exception Indicator) Benefit Plan Exception Indicator	Edits: If entered, it must be a valid Exception Indicator on the Benefit	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home

	(DE3072)	LOC Exception Table. Messages: Missing/Invalid data, please correct highlighted fields. Invalid Benefit Plan. Duplicate Benefit Plan.	facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. If entered, it must be a valid Exception Indicator on the Benefit LOC Exception Table. ADD (O/U) Enter the 1 character Exception Indicator in the fourth tier of the Benefit Plan field, if applicable. Do not zero fill. UPDATE (O/U) Enter the 1 character Exception Indicator in the fourth tier of the Benefit Plan field, if applicable. Do not zero fill.
22	As Of Date Calculated (DE0002)	Edits: Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default.	Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default. Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default. System displayed (P).
23	PD CODE PD Code (DE3199)	Edits: Edited against GL_CODE_VALUE set 365 Messages:	N/A
24	PD MOD PD Code Modifier (DE3314)	Edits: Valid values stored in GL_CODE_VALUE set 366 Messages:	N/A
25	BENDEX COA COA (DE3511)	Edits: Valid values stored in GL_CODE_VALUE set 022	N/A

NAVIGATION	**Eligibility Rules Valid Values (RS-S-105)**

Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Returns to the Main System Menu.	N/A
ENTER	Validates the data entered and displays an error message if errors are encountered. The enter key (and ENTER button) does not update the data tables.	N/A
SUB MENU	Returns to the Benefits Definition Menu.	RF-S-004 (R)
NEXT	Displays the next Screen.	N/A
UPDATE	Update appropriate rows in the Aid Category Table (RS_AID_CATEGORY_R), Member Aid Category Overlap Table (RS_AID_CTG_OVRLP_R), Member Benefit Aid Category Table (RS_BNFT_AID_CATG_R), Eligibility Rule table (RS_ELIG_RULE), Eligibility Rule Value Table (RS_ELIG_RULE_VALUE), Member Benefit Package Rule Table (RS_BNFT_PKG_RULE) and Benefit Package Rule Value (RS_BNFT_RULE_VALUE). Data is re-edited on an update. For a create function (add function), all Aid Category Rules Screens have to be browsed before an insert can take place.	N/A

Error Messages

Error	Description	Resolution
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.
3649	AT LEAST ONE PLAN SHOULD BE OPEN ENDED	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3663	BENEFIT PLAN REQUIRED	Information message.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3665	DUPLICATE BENEFIT PLAN	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
3659	END DATE REQUIRED	Information message.
3309	ENTER THE REQUIRED FIELD	Enter valid values according to error message specifications.

93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3664	INVALID BENEFIT PLAN	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3650	NOT ALLOWED FOR THE AID CATEGORY	Information message.
3651	REQUIRED FOR THE AID CATEGORY	Information message.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Subsystem Menu, select the Benefit Definition Function, then choose Enter.
2. You see the Benefits Definition Menu (RS-S-101).
3. On the Benefits Definition Menu, select a function (Add, Change, Inquire) from the Select Function field.
4. Enter the As Of date in MMDDCCYY format, or leave blank to access rules as of the current date.
5. Choose the Eligibility Rules radio button.
6. Enter the Aid Category you wish to access.
7. Choose Enter.
8. You see the Eligibility Valid Values screen (RS-S-105).
Screen Use:
1. Advance to the other screens in the series by choosing the Next Screen button at the bottom of the screen.
2 Return to this screen from the next screen by choosing the Prev Screen button at the bottom of that screen.

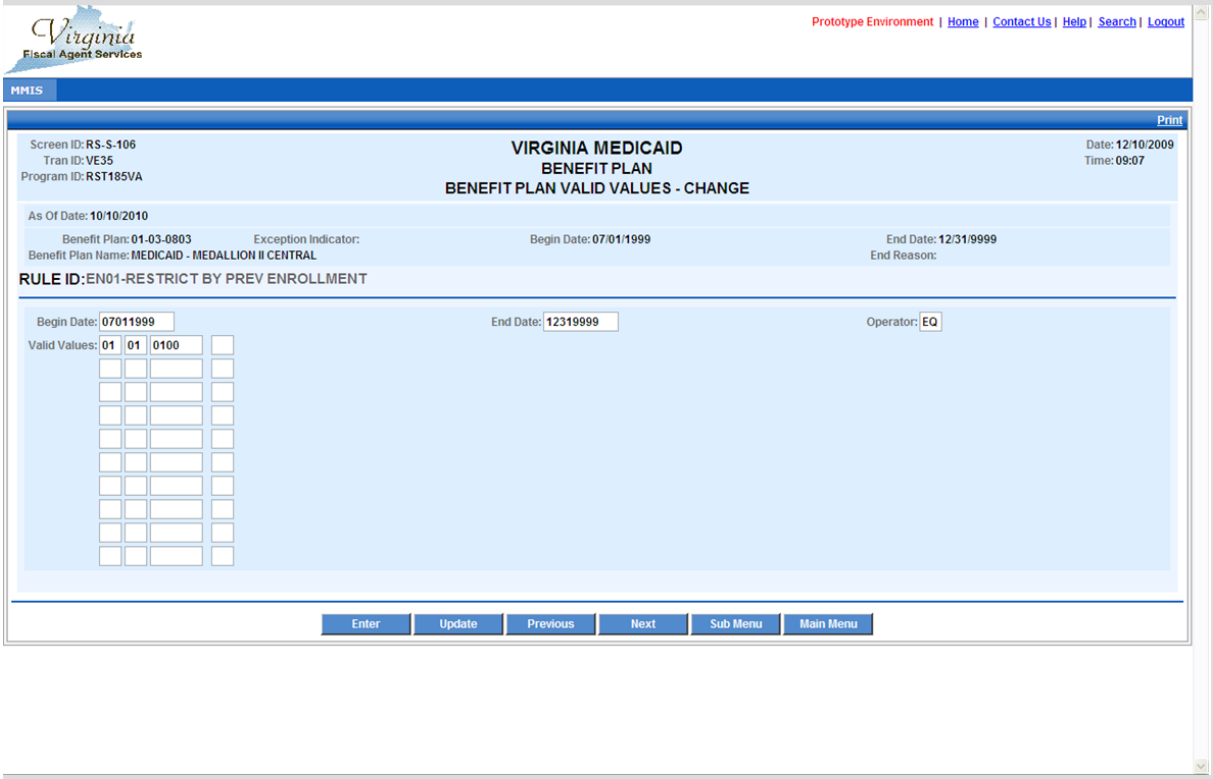
Screens RS-S-106 Benefit Plan Valid Values

General Information

This screen allows the user to update the enrollment rules or factors for a selected benefit as well as the associated valid values for the rule.

SOURCE/ORIGINATOR	DMAS Authorized Users
USAGE	Inquiry, Update, Add
PROGRAM	RST185
MAPSET	RSS106
TRAN ID	VE33 (Create), VE34 (Inquiry) and VE35 (Update)

SAMPLE	**Benefit Plan Valid Values (RS-S-106)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Benefit Plan Benefit Definition Benefit Plan Code (DE3550)	Edits: Displays the Benefit Definition Benefit Plan Code (fields 3551, 3552, and 3553 are displayed).	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. System displayed (P).
2	Excp Ind Benefit Plan Exception Indicator (DE3072)	Edits: Displays the Enrollee Benefit Exception Code.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. System Displayed (P).
3	Begin Benefit Definition Plan Begin (Effective) Date (DE3556)	Edits: Displays the begin date of the Benefit Definition Plan (effective date). Messages: Missing/Invalid data, please correct highlighted fields	Displays the begin date of the Benefit Definition Plan (effective date). Displays the begin date of the Benefit Definition Plan (effective date). System displayed (P).
4	End Benefit Definition Plan End (Termination) Date (DE3557)	Edits: Displays the benefit package end date. Messages: Missing/Invalid data, please correct highlighted fields	Displays the benefit package end date. Displays the benefit package end date. System displayed (P).
5	End Rsn	Edits:	The reason a Benefit Plan was closed or ter-

	Benefit Definition Plan Termination Reason (DE3559)	Displays the Benefit Package End Reason.	minated. Use the on-line HELP system to find valid codes for this field. The reason a Benefit Plan was closed or terminated. Use the on-line HELP system to find valid codes for this field. System displayed (P).
6	Rule-ID Enrollment Edit Rule (DE3044)	Edits: This field is set internally. It identifies the rule by a sequential number. Rule EN01 - Restrict by previous Enrollment	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. This field identifies the rule by a sequential number. Rule EN01 - Restrict by previous Enrollment A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. This field is set internally (P) It identifies the rule by a sequential number. Rule EN01 - Restrict by previous Enrollment
8	OP Enrollment Edit Rule Conditions (DE3048)	Edits: Only the following operators must be entered if valid values exist: EQ Messages: Missing/Invalid data, please correct highlighted fields	The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. Use the on-line HELP system to find valid codes for this field. The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. Use the on-line HELP system to find valid codes for this field. ADD (C/U) Enter an appropriate operator for the valid values to be entered. Must be either 'EQ (Equal) or NE (Not Equal) if values are entered. UPDATE (C/U) Enter an appropriate operator for the valid values to be entered. Must be either 'EQ (Equal) or NE (Not Equal) if values are entered.
9	Valid Values Enrollment Edit Rule Values (DE3077)	Edits: Rule 01 - Restrict By Previous Enrollment: Allows for 10 sets of fields to be entered.	The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. Rule 01 - Restrict By Previous Enrollment: Allows for 10 sets of fields to be entered. The fields are Program

		The fields are Program (DE3551), subprogram (DE3552), plan code (DE3553), and exception ind (DE3072). Just the program code can be entered (first field), or all three to four fields must be entered for a group (allows program to be all encompassing). The exception indicator is optional (DE3072). Messages: Missing/Invalid data, please correct highlighted fields	(DE3551), subprogram (DE3552), plan code (DE3553), and exception indicator (DE3072). Just the program code can be entered (first field), or all three to four fields must be entered for a group (allows program to be all encompassing). The exception indicator is optional (DE3072). The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. Rule 01 - Restrict By Previous Enrollment: Allows for 10 sets of fields to be entered. The fields are Program (DE3551), subprogram (DE3552), plan code (DE3553), and exception indicator (DE3072). Just the program code can be entered (first field), or all three to four fields must be entered for a group (allows program to be all encompassing). The exception indicator is optional (DE3072). ADD (C/U) Enter up to 10 values for Rule 01, as appropriate. UPDATE (C/U) Enter up to 10 values for Rule 01, as appropriate.
10	Benefit Plan Name Benefit Definition Plan Name (DE3554)	Edits: Displays the Benefit Definition Plan Name.	Displays the Benefit Definition Plan Name. Displays the Benefit Definition Plan Name. System displayed (P).
13	As Of Date Calculated (DE0002)	Edits: This field is passed to this program by program RST001. The default value for this field is the current date.	This field is displayed from the previous screen. The default value for this field is the current date. This field is displayed from the previous screen (P). The default value for this field is the current date.
14	BEG DT (Rule) Enrollment Rule Begin Date (DE3053)	Edits: Must be entered if valid values exist. Cannot be greater then Enrollee Rule End Date (DE3054). It must be at least one day greater than the day the rule is being	The beginning effective date of an Enrollment Rule. The beginning effective date of an Enrollment Rule. Must be entered if valid values exist. Cannot be greater then Enrollee Rule End Date (DE3054). It must be at least one day greater than the day the rule is being entered and must equal the As Of date.

		entered. Messages: Missing/Invalid data, please correct high-lighted fields	ADD (C/U) Enter the effective date of Rule 01 if values are being entered for this rule. MMDDCCYY format. UPDATE (C/U) Enter the effective date of Rule 01 if values are being entered for this rule. MMDDCCYY format.
15	END DT (Rule) Enrollment Rule End Date (DE3054)	Edits: This field can be NULL. If entered, it cannot be less than the Enrollee Rule Begin Date (DE3053). It cannot be a date in the past. Messages: Missing/Invalid data, please correct high-lighted fields	The ending effective date of an Enrollment Rule. Defaults to 12319999 indicating an open-ended enrollment. The ending effective date of an Enrollment Rule. If entered, it cannot be less than the Enrollee Rule Begin Date (DE3053). It can-not be a date in the past. If not entered, defaults to 12319999 indicating an open-ended enrollment. ADD (O/U) Enter the end date for Rule 01 or leave blank to default to open-ended date. UPDATE (O/U) Enter the end date for Rule 01 or leave blank to default to open-ended date.

NAVIGATION	**Benefit Plan Valid Values (RS-S-106)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Returns to the Main System Menu.	N/A
ENTER	Validates the data entered and displays an error mes-sage if errors are encountered. The enter key (and ENTER button) does not update the data tables.	N/A
SUB MENU	Returns to the Benefits Definition Menu.	RF-S-002-02 (R)
NEXT	Displays the next screen with enrollment rule data.	N/A
PREVIOUS	Displays the Previous screen with benefit package data.	N/A
UPDATE	Update the Benefit Package Table (RS_Benefit Package) and Benefit Package Rules Table (RS_ BNFT_PKG_RULE) with the data entered on the screen. Data is re-edited on an update. For an add function, all benefit plan Rules Screens have to be browsed before an update can take place.	N/A

Error Messages

Error	Description	Resolution
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3665	DUPLICATE BENEFIT PLAN	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
3309	ENTER THE REQUIRED FIELD	Enter valid values according to error message specifications.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3652	INVALID RULE/OPERATOR COMBINATION	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3651	REQUIRED FOR THE AID CATEGORY	Information message.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. Upon completion of viewing or updating the Benefit Plan Definition screen (RS-S-101), choose the Next Screen button at the bottom of the screen.
2. You see the Benefit Plan Valid Values screen (RS-S-106).
3. You may return to this screen from the third screen in the series by choosing the Previous Screen button at the bottom of the screen.

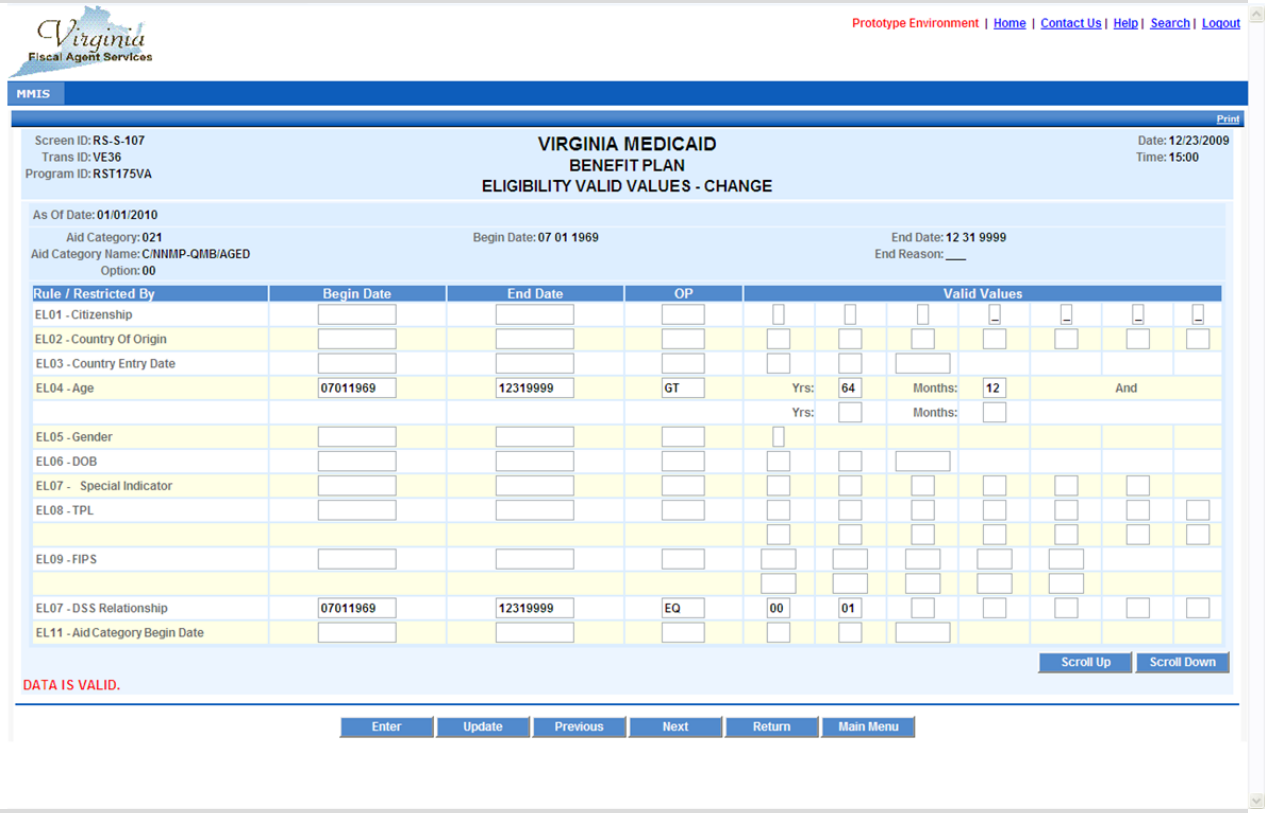
Screens RS-S-107 Eligibility Valid Values Screen 107

General Information

This screen describes the attributes of the selected Aid Category, and displays the associated rules with their valid values.

SOURCE/ORIGINATOR	DMAS Authorized Users
USAGE	Inquiry, Update, Add
PROGRAM	RST175
MAPSET	RSS107
TRAN ID	N/A

SAMPLE	**Eligibility Valid Values Screen 107 (RS-S-107)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	As Of Date Calculated (DE0002)	Edits: Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default.	Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default. Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default. System displayed (P).
2	Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: Displays the Aid Category Code	Also known as Money payment code, Recipient program designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS administered programs. The code is used to indicate whether the Enrollee must make a co-payment. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. Also known as Money payment code, Recipient program designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS administered programs. The code is used to indicate whether the Enrollee must make a co-payment. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. System displayed (P).
3	Aid Category Name Aid Category Code Description (DE3301)	Edits: Depends on aid category entered. Messages: Missing/Invalid data, please correct highlighted fields	Description of the Aid Category. Description of the Aid Category. System displayed (P).
4	Aid Cat Begin Dt Aid Category Begin Date (DE3024)	Edits: Must be a valid date format (mmddccyy); must not overlap with begin/end	The beginning date of an Aid Category; the date from which it is effective. The beginning date of an Aid Category; the

		date of previous aid category. Messages: Missing/Invalid data, please correct highlighted fields	date from which it is effective. System displayed (P).
5	End Dt Aid Category End Date (DE3027)	Edits: Must be a valid date format (mmddccyy) if entered; must not overlap with begin/end date of previous aid category. Messages: Missing/Invalid data, please correct highlighted fields	The date an Aid Category was closed. The date an Aid Category was closed. System displayed (P).
6	End Rsn Aid Category End Reason (DE3180)	Edits: Required if end date is entered. Messages: Missing/Invalid data, please correct highlighted fields	The reason an aid category was closed or ended. Use the on-line HELP system to find valid codes for this field. The reason an aid category was closed or ended. Use the on-line HELP system to find valid codes for this field. System displayed (P).
7	Option Eligibility Rule Option (DE3066)	Edits: Must be numeric. If greater than 01, an age rule is required. Messages: Missing/Invalid data, please correct highlighted fields	A code reflecting the enrollee's relationship to the head-of-household or Case Head. Use the on-line Help system to find valid codes for this field. For purposes of this screen, '00' = enrollee, '01' = spouse and any code greater than '01' = child. Use the Page Down and Page Up buttons to the right of the data box to scroll through the relationships and their associated rules. Note: Relationship between Option and Case relationship codes DE 3480 in Enrollment rules validation is explained in the DE 3480 (Enrollee relationship to Case Head code) description of RS-S-010 and RS-S-018 screens.

			A code reflecting the enrollee's relationship to the head-of-household or Case Head. Use the on-line HELP system to find valid codes for this field. For purposes of this screen, '00' = enrollee, '01' = spouse and any code greater than '01' = child. Use the Page Down and Page Up buttons to the right of the data box to scroll through the relationships and their associated rules. ADD (O/U) Enter the two character relationship code for which rules are being entered. Only one relationship can be built per transaction. When you complete the rules for the relationship, update and then return to enter the next relationship. UPDATE (O/U) You may enter changes to relationships that have already been built. Use the Page Down arrow button the find the relationship you wish to change, then enter changes as needed to the date, operator and value fields. Note: Relationship between Option and Case relationship codes DE 3480 in Enrollment rules validation is explained in the DE 3480 (Enrollee relationship to Case Head code) description of RS-S-010 and RS-S-018 screens.
8	Rule ID Eligibility Edit Rule (DE3042)	Edits: Internally generated code. EL01 - Citizenship EL02 - Country of Origin EL03 - Country Entry Date EL04 - Age EL05 - Gender EL06 - Date of Birth EL07 - Special Indicator EL08 - TPL EL09 - Locality EL10 - DSS Relationship EL11 - Aid Category Begin Date	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to enrollee eligibility. The rules covered on this screen are: EL01 - Citizenship EL02 - Country of Origin EL03 - Country Entry Date EL04 - Age EL05 - Gender EL06 - Date of Birth EL07 - Special Indicator EL08 - TPL EL09 - Locality EL10 - DSS Relationship EL11 - Aid Category Begin Date A set of attributes (both indicators and

			ranges) in logical combination that define the validity of a specified data element(s) related to enrollee eligibility. System displayed (P) The rules covered on this screen are: EL01 - Citizenship EL02 - Country of Origin EL03 - Country Entry Date EL04 - Age EL05 - Gender EL06 - Date of Birth EL07 - Special Indicator EL08 - TPL EL09 - Locality EL10 - DSS Relationship EL11 - Aid Category Begin Date
9	Eligibility Rule Begin Date Eligibility Rule Begin Date (DE3051)	Edits: Displays the eligiblity Rule begin date. Messages: Missing/Invalid data entered	The beginning effective date of an Eligibility Rule. The beginning effective date of an Eligibility Rule. ADD (C/U) If entering a value for a rule, enter the begin date for the rule in MMDDCCYY format. UPDATE (C/U) If entering a value for a rule, enter the begin date for the rule in MMDDCCYY format.
10	Eligibility Rule End Date Eligibility Rule End Date (DE3052)	Edits: Displays the Eligibility Rule End Date Messages: Missing/Invalid Data Entered	The last effective date of an Eligibility Rule. The last effective date of an Eligibility Rule. ADD (C/U) If entering a value for a rule, enter the end date for the rule in MMDDCCYY format or leave blank for open-ended date. UPDATE (C/U) If entering a value for a rule, enter the end date for the rule in MMDDCCYY format or leave blank for open-ended date.
11	OP Eligibility Edit Rule Conditions (DE3047)	Edits: If rule begin date is entered the operator must be entered. it must be one of the following: EQ,NE,GT,LT,LE,GE,NN,	The logical conditions related to a specific Eligibility Rule that used in conjunction with rule values, validate data elements related to enrollee eligibility. Use the on-line HELP system to find valid codes for this field.

		YY based on the rule keyed for. Messages: Missing/Invalid data, please correct highlighted fields. Invalid rule/operator combination.	The logical conditions related to a specific Eligibility Rule that used in conjunction with rule values, validate data elements related to enrollee eligibility. Must be entered for every rule that is being entered. Valid operators for each rule are as follows: Rule EL01, Citizenship: EQ (Equal), NE (Not Equal) Rule EL02, Country of Origin: EQ (Equal), NE (Not Equal) Rule EL03, Country Entry Date: LT (Less Than), EQ (Equal), GT (Greater Than) Rule EL04, Age: LT (Less Than), BT (Between), GT (Greater Than) Rule EL05, Gender: EQ (Equal) Rule EL06, Date of Birth: LT (Less Than), EQ (Equal), GT (Greater Than) Rule EL07, Special Indicator: EQ (Equal), NE (Not Equal) Rule EL08, TPL: EQ (Equal), NE (Not Equal), YY (Any), NN (None) Rule EL09, Locality: EQ (Equal), NE (Not Equal) Rule EL10, DSS Relationship EQ (Equal), NE (Not Equal) Rule EL11, Aid Category Begin Date LT (Less Than), EQ (Equal), GT (Greater Than) ADD (C/U) For each rule entered, enter the valid 2 character operator code. UPDATE (C/U) For each rule entered, enter the valid 2 character operator code.
12	Valid values Eligibility Edit Rule Values (DE3056)	Edits: Valid Data must be entered for the specific rule. EL01 - citizenship Allows up to 7 citizenship	The values related to a single Eligibility Edit Rule that in conjunction with Eligibility conditions, validate data elements related to enrollee eligibility. These values will vary based on the edit rule as noted below. Use the on-line HELP system to find valid codes for the data elements cited for the

		codes to be entered (DE3251) Validate against GL_ CODE_VALUE table. Code_Num = 50. EL02 - Country of Origin Allows up to 7 country of origin codes to be entered (DE3253) Validate against GL_ CODE_VALUE table. Code_num = 55. EL03 - Country Entry Date Allows 1 country entry date to be entered (DE3253) Must be a valid date. EL04 - Age Allows a separate operator to be entered for 2 ages (years and months) - calculated data used to edit against date of birth (DE3005). First set od Yr/Mnth should be <= Second Set (if keyed). EL05 - SEX Allows a gender code to be entered (DE3007) Validate against GL_ CODE_VALUE table. Code_num = 53. EL06 - Date of Birth Allows a date of birth to be entered (DE3005) Must be a valid date. EL07 - Special Indicator Allows for a special indicator to be entered	rule. EL01 - citizenship Allows up to 7 citizenship codes to be entered (DE3251) EL02 - Country of Origin Allows up to 7 country of origin codes to be entered (DE3253) EL03 - Country Entry Date Allows 1 country entry date to be entered (DE3253) EL04 - Age Allows a separate operator to be entered for 2 ages (years and months) - calculated data used to edit against date of birth (DE3005) EL05 - SEX Allows a gender code to be entered (DE3007) EL06 - Date of Birth Allows a date of birth to be entered (DE3005) EL07 - Special Indicator Allows for a special indicator to be entered (DE3340) EL08 - TPL Allows up to 14 TPL Codes to be entered (DE3013) EL09 - Locality Allows for up to 10 localities to be entered. The locality must be a valid code in the Reference Locality TABLE. EL10 - DSS Relationship Can enter up to 7 relationship codes (DE3480) EL11 - Aid Category Begin Date Can enter a begin date for which the Aid Category is valid concerning enrollee eligibility. Used to check against the Eligibility Begin Date (DE3010). The values related to a single Eligibility Edit Rule that in conjunction with Eligibility conditions, validate data elements related to enrollee eligibility. These values will vary based on the edit rule as noted below. Use the on-line HELP system to find valid codes for the data elements cited for the rule. Rules are entered for a specific relationship as noted in the Relationship field description. EL01 - citizenship Allows up to 7 citizenship codes to be entered (DE3251) EL02 - Country of Origin Allows up to 7 country of origin codes to be entered (DE3253) EL03 - Country Entry Date Allows 1 country entry date to be entered

		(DE3340), upto 6 values. Validate against GL_ CODE_VALUE table. Code_num = 47. EL08 - TPL Allows up to 7 TPL Codes to be entered (DE3013) Validate against GL_ CODE_VALUE table. Code_num = 64. EL09 - Locality Allows for up to 10 localities ot be entered. The locality must be a valid code in the Reference Locality TABLE. EL10 - DSS Relationship Can enter up to 7 relationship codes (DE3480) Validate against GL_ CODE_VALUE table. Code_num = 29. EL11 - Aid Category Begin Date Can enter a begin date for which the Aid Category is valid concerning enrollee eligibility. Used to check against the Eligibility Begin Date (DE3010). Messages: Missing/Invalid data, please correct highlighted fields	(DE3253) EL04 - Age Allows a separate operator to be entered for 2 ages (years and months) - calculated data used to edit against date of birth (DE3005). First set of Yr/Month should be <+ second set (if keyed). EL05 - SEX Allows a gender code to be entered (DE3007) EL06 - Date of Birth Allows a date of birth to be entered (DE3005) EL07 - Special Indicator Allows for a special indicator to be entered (DE3340) EL08 - TPL Allows up to 14 TPL Codes to be entered (DE3013) EL09 - Locality Allows for up to 10 localities to be entered. The locality must be a valid code in the Reference Locality TABLE. EL10 - DSS Relationship Can enter up to 7 relationship codes (DE3480) EL11 - Aid Category Begin Date Can enter a begin date for which the Aid Category is valid concerning enrollee eligibility. Used to check against the Eligibility Begin Date (DE3010). ADD (C/U) For each rule being entered, enter the appropriate value(s). UPDATE (C/U) For each rule being entered, enter the appropriate value(s).

NAVIGATION	**Eligibility Valid Values Screen 107 (RS-S-107)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Returns to the Main System Menu.	N/A

ENTER	Validates the data entered and displays an error message if errors are encountered. The enter key (and ENTER button) does not update the data tables.	N/A
SUB MENU	Returns to the Benefits Definition Menu.	N/A
NEXT	Displays the Next Screen	N/A
SCROLL DOWN	Scrolls to the set of rules for the next relationship associated with the Aid Category (Spouse, Child).	N/A
SCROLL UP	Scrolls to the set of rules for the previous relationship associated with the Aid Category (Primary, Spouse, Child).	N/A
PREVIOUS	Displays the Previous Screen	N/A
UPDATE	Update appropriate rows in the Aid Category Table (RS_AID_CATEGORY_R), Member Aid Category Overlap Table (RS_AID_CTG_OVRLP_R), Member Benefit Aid Category Table (RS_BNFT_AID_CATG_R), Eligibility Rule table (RS_ELIG_RULE), Eligibility Rule Value Table (RS_ELIG_RULE_VALUE), Member Benefit Package Rule Table (RS_BNFT_PKG_RULE) and Benefit Package Rule Value (RS_BNFT_RULE_VALUE). Data is re-edited on an update. For a create function (add function), both Aid Category Rules Screens have to be browsed before an insert can take place.	N/A

Error Messages

Error	Description	Resolution
3660	AGE OVERLAP WITH ANOTHER RELATIONSHIP	Research age data and re-enter if necessary.
3654	AGE RULE REQUIRED FOR THE RELATIONSHIP	Information message.
3646	ALREADY AT THE FIRST RELATIONSHIP; CANNOT SCROLL FURTHER	Information message.
3647	ALREADY AT THE LAST RELATIONSHIP; CANNOT SCROLL FURTHER	Information message.
3649	AT LEAST ONE PLAN SHOULD BE OPEN ENDED	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions

		for specifications on the date to be entered.
3665	DUPLICATE BENEFIT PLAN	Information message.
3653	DUPLICATE RULE VALUE	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
3659	END DATE REQUIRED	Information message.
3309	ENTER THE REQUIRED FIELD	Enter valid values according to error message specifications.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3655	GREATER AGE MUST BE LAST	Information message.
3656	INVALID RULE VALUE	Check field for valid data and re-enter.
3652	INVALID RULE/OPERATOR COMBINATION	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3661	RELATIONSHIP ALREADY PRESENT FOR AID CATEGORY	Information message.
3662	SCROLL DOWN FOR EXISTING RELATIONSHIPS	Information message.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. Upon completion of viewing or updating the Valid Benefit Plan screen (RS-S-113), click the Next Screen button at the bottom of the screen.
2. You see the Eligibility Valid Values screen (RS-S-107).
3. You may return to this screen from the last screen in the series by clicking the Previous Screen button at the bottom of the screen.

Screens RS-S-108 Benefit Plan Rules Screen 108

General Information

This screen contains rules related to Benefit Plans. It allows the user to enter, modify, or view the specific rules as they pertain to a specific Benefit Plan (DE3551, DE3552, DE3553) and Exception Indicator (DE3072).

SOURCE/ORIGINATOR	DMAS Authorized Users
USAGE	Inquiry, Update, Add
PROGRAM	RST185
MAPSET	RSS108
TRAN ID	VE33 (Create/Update) and VE34 (Inquiry)

SAMPLE	**Benefit Plan Rules Screen 108 (RS-S-108)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Benefit Plan Benefit Definition Benefit Plan Code (DE3550)	Edits: Displays the Benefit Definition Benefit Plan Code.	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Displays the Benefit Definition Benefit Plan Code. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Displays the Benefit Definition Benefit Plan Code (P).
2	Excp Ind Benefit Plan Exception Indicator (DE3072)	Edits: Displays the Enrollee Benefit Exception Code.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. System displayed (P).
3	Begin Benefit Definition Plan Begin (Effective) Date (DE3556)	Edits: Displays the Benefit Definition Plan Begin (Effective) Date.	Displays the Benefit Definition Plan Begin (Effective) Date. Displays the Benefit Definition Plan Begin (Effective) Date (P).
4	End Benefit Definition Plan End (Termination) Date (DE3557)	Edits: Displays the Benefit Definition Plan End (Termination) Date.	Displays the Benefit Definition Plan End (Termination) Date. Displays the Benefit Definition Plan End (Termination) Date (P)
5	Benefit Plan Name Benefit Definition Plan Name (DE3554)	Edits: Displays the Benefit Definition Plan Name.	Displays the Benefit Definition Plan Name. Displays the Benefit Definition Plan Name (P).
6	End Rsn Benefit Definition Plan Termination	Edits: Displays the Benefit Definition Plan Ter-	The reason a Benefit Plan was closed or terminated. Displays the Benefit Definition Plan Termination Reason. Use the on-line HELP

	Reason (DE3559)	mination Reason.	system to find valid codes for this field. The reason a Benefit Plan was closed or terminated. Displays the Benefit Definition Plan Termination Reason (P). Use the on-line HELP system to find valid codes for this field.
7	As Of Date Calculated (DE0002)	Edits: Displays the As Of Date. This field was passed to this program by RST001. The default for this field is the current date.	Displays the As Of Date. The default for this field is the current date. Displays the As Of Date. The default for this field is the current date. System displayed (P).
8	Rule-ID Enrollment Edit Rule (DE3044)	Edits: This field is set internally. It identifies the rule by a sequential number. Rule EN02 - Restrict by Region Type and Code	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. Rule EN02 - Restrict by Region Type and Code A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. Rule EN02 - Restrict by Region Type and Code. System displayed (P).
9	Beg Dt (rule) Enrollment Rule Begin Date (DE3053)	Edits: Must be entered if valid values exist. Cannot be greater than the Enrollee Rule End Date (DE3054). It must be at least one day greater than the day the rule is being entered. Messages: Missing/Invalid data, please correct highlighted fields	The beginning effective date of an Enrollment Rule. The beginning effective date of an Enrollment Rule. Must be entered if valid values exist. Cannot be greater than the Enrollee Rule End Date (DE3054). It must be at least one day greater than the day the rule is being entered and must be equal to the As Of date. ADD (C/U) Enter the begin date for the rule if values are being added. UPDATE (C/U) Enter the begin date for the rule if values are being added or changed.
10	End Dt (rule) Enrollment Rule End Date (DE3054)	Edits: This field can be NULL. If entered, it cannot be less than the Enrollee Rule	The ending effective date of an Enrollment Rule. Default is 12319999 indicating open-ended.

		Begin Date (DE3053). It cannot be a date in the past. Messages: Missing/Invalid data, please correct highlighted fields	The ending effective date of an Enrollment Rule. If entered, it cannot be less than the Enrollee Rule Begin Date (DE3053). It cannot be a date in the past. If not entered, the system defaults to 12319999 indicating open-ended. ADD (O/U) Enter an end date, if appropriate, in MMDDCCYY format. UPDATE(O/U) Enter an end date, if appropriate, in MMDDCCYY format.
11	OP Enrollment Edit Rule Conditions (DE3048)	Edits: One of the following operators must be entered if a valid value is entered for this rule: EQ, NE Messages: Missing/Invalid data, please correct highlighted fields	The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. Use the on-line HELP system to find valid codes for this field The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. Valid operators for this rule are EQ (Equal) or NE (Not Equal). ADD (C/U) Enter the appropriate operator for the rule if values are being entered in the Region Code and Region Type fields. Must be either EQ or NE if values are entered. UPDATE (C/U) Enter the appropriate operator for the rule if values are being entered in the Region Code and Region Type fields. Must be either EQ or NE if values are entered.
12	Valid Values Enrollment Edit Rule Values (DE3077)	Edits: Rule EN02 - Restrict By Region Type and Code There is one Region Type field, which must be a valid region type based on the Region Type table (RF_REGION_TYPE). There are 30 Region Code fields that can contain a valid Region	The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. For Rule EN02 - Restrict By Region Type and Code, there is one Region Type field and 30 Region Code fields that may contain data. The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. For Rule EN02 - Restrict By Region Type and Code, there is one Region Type field, which must be a valid region type based on the Region Type table

		Code for the Type specified (based on RF_ REGION Table). If a Region Type is entered, then at least one region code must be entered. EN02 is not a mandatory rule. Messages: Missing/Invalid data, please correct highlighted fields	and 30 Region Code fields that can contain a valid Region Code for the Type specified. If a Region Type is entered, then at least one region code must be entered. EN02 is not a mandatory Rule. ADD (C/U) If appropriate, enter the Region Code for up to 30 regions affected by the rule. Must enter at least one code if an entry is made in the Region Type field. UPDATE (C/U) If appropriate, enter the Region Code for up to 30 regions affected by the rule. Must enter at least one code if an entry is made in the Region Type field.

NAVIGATION	**Benefit Plan Rules Screen 108 (RS-S-108)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Returns to the Main System Menu.	N/A
ENTER	Validates the data entered and displays an error message if errors are encountered. The enter key (and ENTER button) does not update the data tables.	N/A
SUB MENU	Returns to the Benefits Definition Menu.	N/A
NEXT	Displays the next screen with enrollment rule data.	RF-S-014-01 (B)
PREVIOUS	Displays the previous screen with enrollment data.	N/A
UPDATE	Update the Benefit Package Table (RS_Benefit Package), Benefit Package Rules Table (RS_ BNFT_PKG_RULE), and Benefit Rule value table (RS_BNFT_RULE_VALUE) with the data entered on the screen. Data is re-edited on an update. For an add function, all benefit plan Rules Screens have to be browsed before an update can take place.	N/A

Error Messages

Error	Description	Resolution
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.

3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3665	DUPLICATE BENEFIT PLAN	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3652	INVALID RULE/OPERATOR COMBINATION	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. Upon completion of viewing or updating the Benefit Plan Valid Values screen (RS-S-106)., choose the Next Screen button at the bottom of the screen.
2. You see the Benefit Plan Rules screen (RS-S-108).
3. You may return to this screen from the fourth screen in the series by choosing the Previous Screen button at the bottom of the screen.

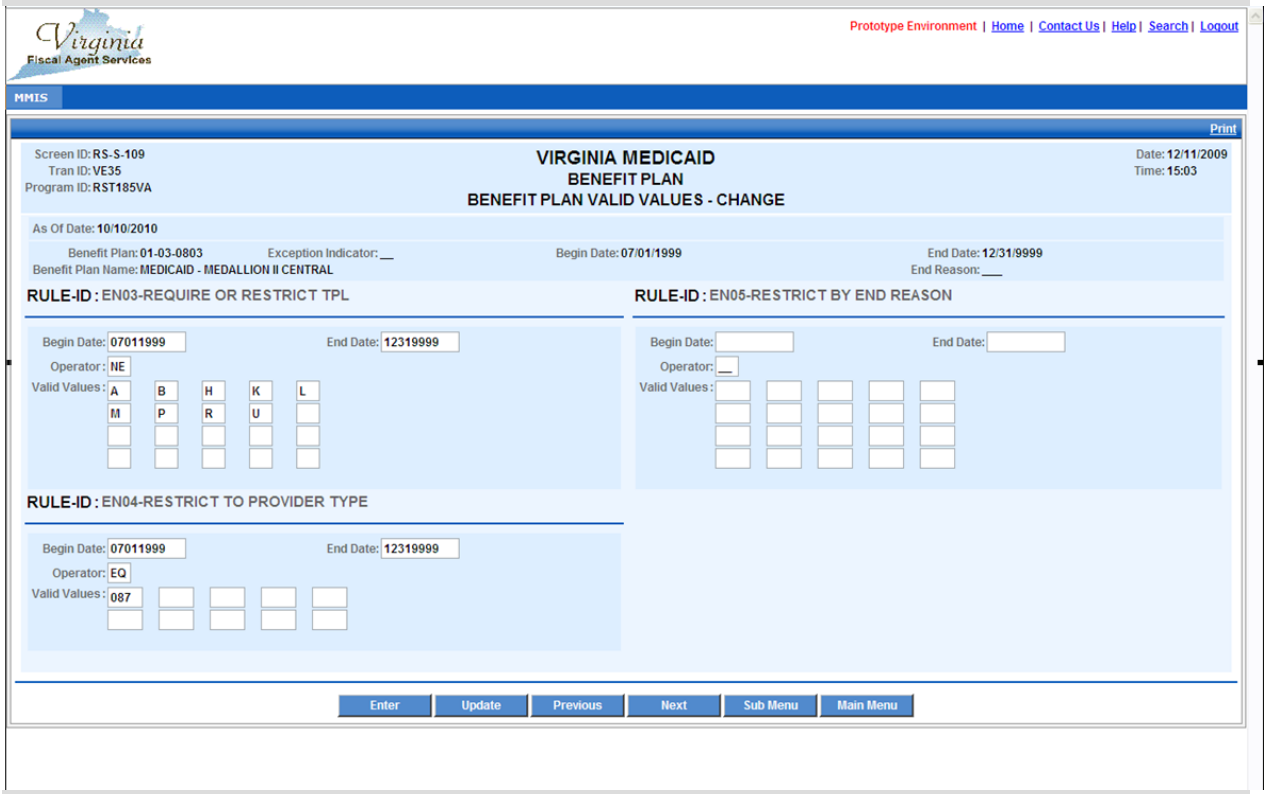
Screens RS-S-109 Benefit Plan Rules Screen 109

General Information

This screen contains rules related to Benefit Plans. It allows the user to enter, modify, or view the specific rules as they pertain to a specific Benefit Plan (DE3551, DE3552, DE3553) and Exception Indicator (DE3072).

SOURCE/ORIGINATOR	DMAS Authorized Users
USAGE	Inquiry, Update, Add
PROGRAM	RST185
MAPSET	RSS109
TRAN ID	VE33 (Create), VE34 (Inquiry), VE35 (Update)

SAMPLE	**Benefit Plan Rules Screen 109 (RS-S-109)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Benfit Plan Benefit Definition Benefit Plan Code (DE3550)	Edits: Displays the Benefit Definition Benefit Plan Code.	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Displays the Benefit Definition Benefit Plan Code. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Displays the Benefit Definition Benefit Plan Code (P)
2	Excp Ind Benefit Plan Exception Indicator (DE3072)	Edits: Displays the Enrollee Benefit Exception Code.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. System displayed (P).
3	Begin Benefit Definition Plan Begin (Effective) Date (DE3556)	Edits: Displays the Benefit Definition Plan Begin (Effective) Date.	Displays the Benefit Definition Plan Begin (Effective) Date. Displays the Benefit Definition Plan Begin (Effective) Date (P).
4	END Benefit Definition Plan End (Termination) Date (DE3557)	Edits: Displays the Benefit Definition Plan End (Termination) Date.	Displays the Benefit Definition Plan End (Termination) Date. Default is 12319999 indicating open-ended. Displays the Benefit Definition Plan End (Termination) Date (P). Default is 12319999 indicating open-ended.
5	Benefit Plan Name Benefit Definition Plan Name (DE3554)	Edits: Displays the Benefit Definition Plan Name.	Displays the Benefit Definition Plan Name. Displays the Benefit Definition Plan Name (P)
6	End Rsn Benefit Definition	Edits: Displays the Benefit	Displays the Benefit Definition Plan Termination Reason. Use the on-line HELP sys-

	Plan Termination Reason (DE3559)	Definition Plan Termination Reason.	tem to find valid codes for this field. Displays the Benefit Definition Plan Termination Reason (P). Use the on-line HELP system to find valid codes for this field.
9	As Of Date Calculated (DE0002)	Edits: Displays the As Of Date. This field was passed to this program by RST001. The default for this field is the current date.	Displays the As Of Date. The default for this field is the current date. Displays the As Of Date (P) The default for this field is the current date.
10	Rule-ID Enrollment Edit Rule (DE3044)	Edits: This field is set internally. It identifies the rule by a sequential number. Rule EN03 - Require or Restrict TPL Rule EN04 - Restrict to Provider Type Rule EN05 - Restrict by End Reason	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. This field identifies the rule by a sequential number. Rule EN03 - Require or Restrict TPL Rule EN04 - Restrict to Provider Type Rule EN05 - Restrict by Cancel Reason A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. This field is set internally (P). It identifies the rule by a sequential number. Rule EN03 - Require or Restrict TPL Rule EN04 - Restrict to Provider Type Rule EN05 - Restrict by Cancel Reason
11	Beg Dt (rule) Enrollment Rule Begin Date (DE3053)	Edits: Must be entered if valid values exist. Cannot be greater than Enrollee Rule End Date (DE3054). It must be at least one day greater than the day the rule is being entered. Messages: Missing/Invalid data, please correct high-	The beginning effective date of an Enrollment Rule. The beginning effective date of an Enrollment Rule. Must be entered if valid values exist. Cannot be greater than Enrollee Rule End Date (DE3054). It must be at least one day greater than the day the rule is being entered and must equal the As Of date. ADD (C/U) Enter the begin date for the rule (EN03, EN04 and/or EN05) if values are being entered for the rule. Enter date in MMDDCCYY format. UPDATE (C/U)

		lighted fields	Enter the begin date for the rule (EN03, EN04 and/or EN05) if values are being entered for the rule. Enter date in MMDDCCYY format.
12	End Dt (rule) Enrollment Rule End Date (DE3054)	Edits: This field can be null. If entered, it cannot be less than the Enrollee Rule Begin Date (DE5053). It cannot be a date in the past. Messages: Missing/Invalid data, please correct high-lighted fields	The ending effective date of an Enrollment Rule. Default is 12319999 indicating open-ended effective date. The ending effective date of an Enrollment Rule. If entered, it cannot be less than the Enrollee Rule Begin Date (DE5053). It can-not be a date in the past. If not entered, the system will default to 12319999 indicating open-ended effective date. ADD (C/U) Enter an end date in MMDDCCYY format if appropriate for the rule (EN03, EN04, and/or EN05) Leave blank for open-ended effective date. UPDATE (C/U) Enter an end date in MMDDCCYY format if appropriate for the rule (EN03, EN04, and/or EN05) Leave blank for open-ended effective date.
14	OP Enrollment Edit Rule Conditions (DE3048)	Edits: One of the following operators must be entered if valid values are entered for a rule. For rule EN03 - EQ, NE, YY, NN EN04 - EQ, NE EN05 - EQ Messages: Missing/Invalid data, please correct high-lighted fields	The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. Use the on-line HELP system to find valid codes for this field The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. One of the following operators must be entered if valid values are entered for a rule. For rule EN03 - EQ (Equal), NE (Not Equal), YY (Any), NN (None) EN04 - EQ (Equal), NE (Not Equal), EN05 - EQ (Equal). ADD (C/U) Enter the appropriate operator for the rule (EN03, EN04 and/or EN05) if values are entered for the rule. UPDATE (C/U) Enter the appropriate operator for the rule (EN03, EN04 and/or EN05) if values are entered for the rule.

15	Valid Values Enrollment Edit Rule Values (DE3077)	Edits: EN03 - Require or Restrict TPL The field(s) hold a TPL Coverage code (DE3013). The OP field should be either EQ or NE. This is not a mandatory field. EN04 - Restrict to Provider Type The field(s) hold a provider Type (DE4006). The OP field should be either EQ or NE. Not a mandatory field. EN05 - Restrict by End reason The field(s) hold an Enrollee Benefit End Reason (DE3073). The OP field should be EQ Not a mandatory field. Messages: Missing/Invalid data, please correct highlighted fields	The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. For Rule EN03 - Require or Restrict TPL, the field(s) hold a TPL Coverage code (DE3013). The Operator field should be either Equal or Not Equal. For Rule EN04 - Restrict to Provider Type, the field(s) hold a provider Type (DE4006). The Operator field should be either Equal or Not Equal. For Rule EN05 - Restrict by End Reason, the field(s) hold an Enrollee Benefit Closure Reason (DE3073). The Operator field should be Equal. Use the on-line HELP system to find valid codes for data elements 3012, 4006 and 3451. The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. For Rule EN03 - Require or Restrict TPL, the field(s) hold a TPL Coverage code (DE3013). The Operator field should be either EQ or NE For Rule EN04 - Restrict to Provider Type, the field(s) hold a provider Type (DE4006). The Operator field should be either EQ or NE For Rule EN05 - Restrict by End Reason, the field(s) hold an Enrollee Benefit Closure Reason (DE3073). The Operator field should be EQ. Use the on-line HELP system to find valid codes for data elements 3012, 4006 and 3451. ADD (C/U) Enter the appropriate values for the rule (EN03, EN04 and/or EN05), if applicable. UPDATE (C/U) Enter the appropriate values for the rule (EN03, EN04 and/or EN05), if applicable. The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment.

NAVIGATION	**Benefit Plan Rules Screen 109 (RS-S-109)**	
Function	Action	Branch To (B) or

(B) or (M)		Return To (R)
MAIN MENU	Returns to the Main System Menu.	N/A
ENTER	Validates the data entered and displays an error message if errors are encountered. The enter key (and ENTER button) does not update the data tables.	N/A
SUB MENU	Returns to Benefits Definition Menu.	N/A
NEXT	Displays the next screen with enrollment data	N/A
PREVIOUS	Displays the previous screen with enrollment data.	N/A
UPDATE	Update the Benefit Package Table (RS_Benefit Package), Benefit Package Rules Table (RS_ BNFT_PKG_RULE), and Benefit Rule value table (RS_BNFT_RULE_VALUE) with the data entered on the screen. Data is re-edited on an update. For an add function, all benefit plan Rules Screens have to be browsed before an update can take place.	N/A

Error Messages

Error	Description	Resolution
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3665	DUPLICATE BENEFIT PLAN	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
3309	ENTER THE REQUIRED FIELD	Enter valid values according to error message specifications.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3652	INVALID RULE/OPERATOR COMBINATION	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.

3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. Upon completion of viewing or updating the Benefit Plan Rules screen (RS-S-108)., choose the Next Screen button at the bottom of the screen.
2. You see the Benefit Plan Rules screen (RS-S-109).
3. You may return to this screen from the fifth screen in the series by choosing the Previous Screen button at the bottom of the screen.

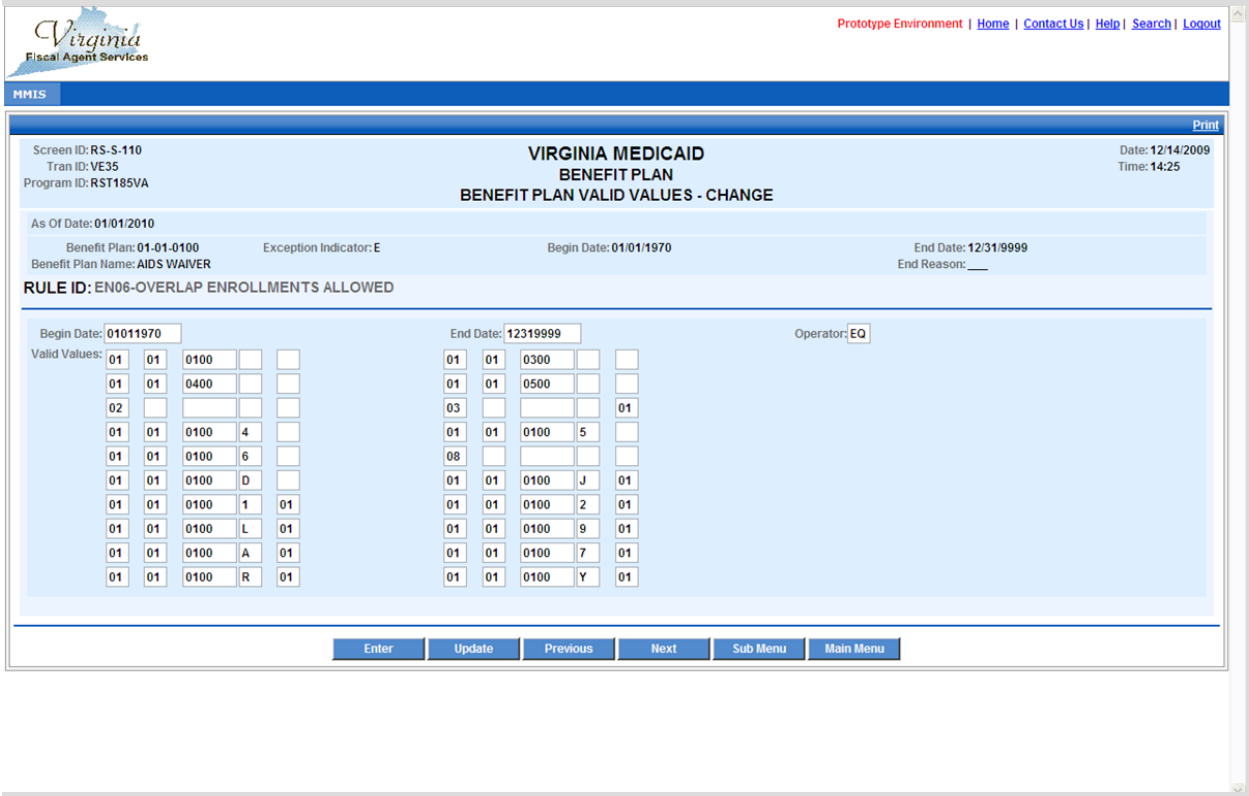
Screens RS-S-110 Benefit Plan Rules Screen 110

General Information

This screen contains rules related to Benefit Plans. It allows the user to enter, modify, or view the specific rules as they pertain to a specific Benefit Plan (DE3551, DE3552, DE3553) and Exception Indicator (DE3072).

SOURCE/ORIGINATOR	DMAS Authorized Users
USAGE	Inquiry, Update, Add
PROGRAM	RST185
MAPSET	RSS110
TRAN ID	VE33 (Create, VE34 (Inquiry) and VE35 (Update)

SAMPLE	**Benefit Plan Rules Screen 110 (RS-S-110)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Benefit Plan Benefit Definition Benefit Plan Code (DE3550)	Edits: Displays the Benefit Definition Benefit Plan Code.	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Displays the Benefit Definition Benefit Plan Code. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Displays the Benefit Definition Benefit Plan Code (P).
2	Excp Ind Benefit Plan Exception Indicator (DE3072)	Edits: Displays the Enrollee Benefit Exception Code.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. System displayed (P). Use the on-line HELP system to find valid codes for this field.
3	Begin Benefit Definition Plan Begin (Effective) Date (DE3556)	Edits: Displays the Benefit Definition Plan Begin (Effective) Date.	Displays the Benefit Definition Plan Begin (Effective) Date. Displays the Benefit Definition Plan Begin (Effective) Date (P).
4	END Benefit Definition Plan End (Termination) Date (DE3557)	Edits: Displays the Benefit Definition Plan End (Termination) Date.	Displays the Benefit Definition Plan End (Termination) Date. Default is 12319999 indicating open-ended date. Displays the Benefit Definition Plan End (Termination) Date. Default is 12319999 indicating open-ended date.(P)
5	Benefit Plan Name Benefit Definition Plan Name (DE3554)	Edits: Dsiplays the Benefit Definition Plan Name.	Displays the Benefit Definition Plan Name. Displays the Benefit Definition Plan Name (P)
6	End Rsn Benefit Definition	Edits: Displays the Benefit	Displays the Benefit Definition Plan Termination Reason. Use the on-line HELP sys-

	Plan Termination Reason (DE3559)	Definition Plan Termination Reason.	tem to find valid codes for this field. Displays the Benefit Definition Plan Termination Reason (P). Use the on-line HELP system to find valid codes for this field.
9	As Of Date Calculated (DE0002)	Edits: Displays the As Of Date. This field was passed to this program by RST001. The default for this field is the current date.	Displays the As Of Date. The default for this field is the current date. Displays the As Of Date (P). The default for this field is the current date.
10	Rule-ID Enrollment Edit Rule (DE3044)	Edits: This field is set internally. It identifies the rule by a sequential number. Rule EN06 - Overlap Enrollments Allowed	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. This field identifies the rule by a sequential number. Rule EN06 - Overlap Enrollments Allowed A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. This field identifies the rule by a sequential number. Rule EN06 - Overlap Enrollments Allowed. System displayed (P)
11	Beg Dt (rule) Enrollment Rule Begin Date (DE3053)	Edits: Must be entered if valid values exist. Cannot be greater than Enrollee Rule End Date (DE3054). It must be at least one day greater than the day the rule is being entered. Messages: Missing/Invalid data, please correct highlighted fields	The beginning effective date of an Enrollment Rule. The beginning effective date of an Enrollment Rule. Must be entered if valid values exist. Cannot be greater than Enrollee Rule End Date (DE3054). It must be at least one day greater than the day the rule is being entered and must equal the As Of date. ADD (C/U) Enter the rule effective date in MMDDCCYY format for Rule EN06 if values are entered. UPDATE (C/U) Enter the rule effective date in MMDDCCYY format for Rule EN06 if values are entered.
12	End Dt (rule) Enrollment Rule End Date (DE3054)	Edits: This field can be NULL. If entered, it cannot be less than	The ending effective date of an Enrollment Rule. Default is 12319999 indicating an open-ended rule effective date.

		the Enrollee Rule Begin Date (DE3053). It cannot be a date in the past. Messages: Missing/Invalid data, please correct highlighted fields	The ending effective date of an Enrollment Rule. . If entered, it cannot be less than the Enrollee Rule Begin Date (DE3053). It cannot be a date in the past. If not entered, the system will default to 12319999 indicating an open-ended rule. ADD (C/U) Enter an end date in MMDDCCYY format if appropriate for Rule EN06. Leave blank for open-ended rule effective date. UPDATE (C/U) Enter an end date in MMDDCCYY format if appropriate for Rule EN06. Leave blank for open-ended rule effective date.
14	OP Enrollment Edit Rule Conditions (DE3048)	Edits: One of the following operators must be entered if a valid value is entered: EQ, NN Messages: Missing/Invalid data, please correct highlighted fields	The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. Use the online HELP system to find valid values for this field. The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. If a value is entered for Rule EN06, the operator EQ (Equal) or NN (None) must be entered. ADD (C/U) Enter Operator 'EQ (Equal) or NN (None) if values are being entered for Rule EN06. UPDATE (C/U) Enter Operator EQ (Equal) or NN (None) if values are being entered for Rule EN06.
15	Valid values Enrollment Edit Rule Values (DE3077)	Edits: Rule EN06 - Overlap Enrollments Allowed: Allows for 20 sets of 5 fields to be entered. The fields are Program (DE3551), subprogram (DE3552), plan code (DE3553), exception ind (DE3072), and number of overlap days	The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. For Rule EN06 - Overlap Enrollments Allowed, allows for 20 sets of 5 fields to be entered. The fields are Program (DE3551), subprogram (DE3552), plan code (DE3553), exception Indicator (DE3072), and number of overlap days. The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. For Rule EN06 - Overlap Enrollments

		(calculated). Just the program code can be entered (first field) (with or without a days overlap field (last field)), or the Program, sub-program, and plan code and exception indicator can be entered. If the days overlap field (last field in the group) is left blank, it implies there is no limit to the number of days a program or plan code can overlap with the specified benefit plan. The exception Indicator is an optional field. This is not a mandatory field. Messages: Missing/Invalid data, please correct highlighted fields	Allowed, allows for 20 sets of 5 fields to be entered. The fields are Program (DE3551), subprogram (DE3552), plan code (DE3553), exception ind (DE3072), and number of overlap days (calculated). Just the program code can be entered (first field) (with or without a days overlap field (last field)), or the Program, sub-program, and plan code and exception indicator can be entered. If the days overlap field (last field in the group) is left blank, it implies there is no limit to the number of days a program or plan code can overlap with the specified benefit plan. The exception Indicator is an optional field. ADD (C/U) Enter up to 5 values for Rule EN06, if appropriate. UPDATE (C/U) Enter up to 5 values for Rule EN06, if appropriate.

NAVIGATION	**Benefit Plan Rules Screen 110 (RS-S-110)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Returns to the Main System Menu	N/A
ENTER	Validates the data entered and displays an error message if errors are encountered. The enter key (and ENTER button) does not update the data tables.	N/A
SUB MENU	Returns to the Benefits Definition Menu.	N/A
NEXT	Displays the next enrollment rules screen.	N/A
PREVIOUS	Displays the previous enrollment rule screen	N/A
UPDATE	Update the Benefit Package Table (RS_Benefit Package), Benefit Package Rules Table (RS_BNFT_PKG_RULE), and Benefit Rule value table (RS_BNFT_RULE_VALUE) with the data entered on the screen. Data is re-edited on an update. For	N/A

	an add function, all benefit plan Rules Screens have to be browsed before an update can take place.	

Error Messages

Error	Description	Resolution
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3665	DUPLICATE BENEFIT PLAN	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3652	INVALID RULE/OPERATOR COMBINATION	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. Upon completion of viewing or updating the Benefit Plan Rules screen (RS-S-109)., choose the Next Screen button at the bottom of the screen.
2. You see the Benefit Plan Rules screen (RS-S-110).
3. You may return to this screen from the sixth screen in the series by choosing the Previous Screen button at the bottom of the screen.

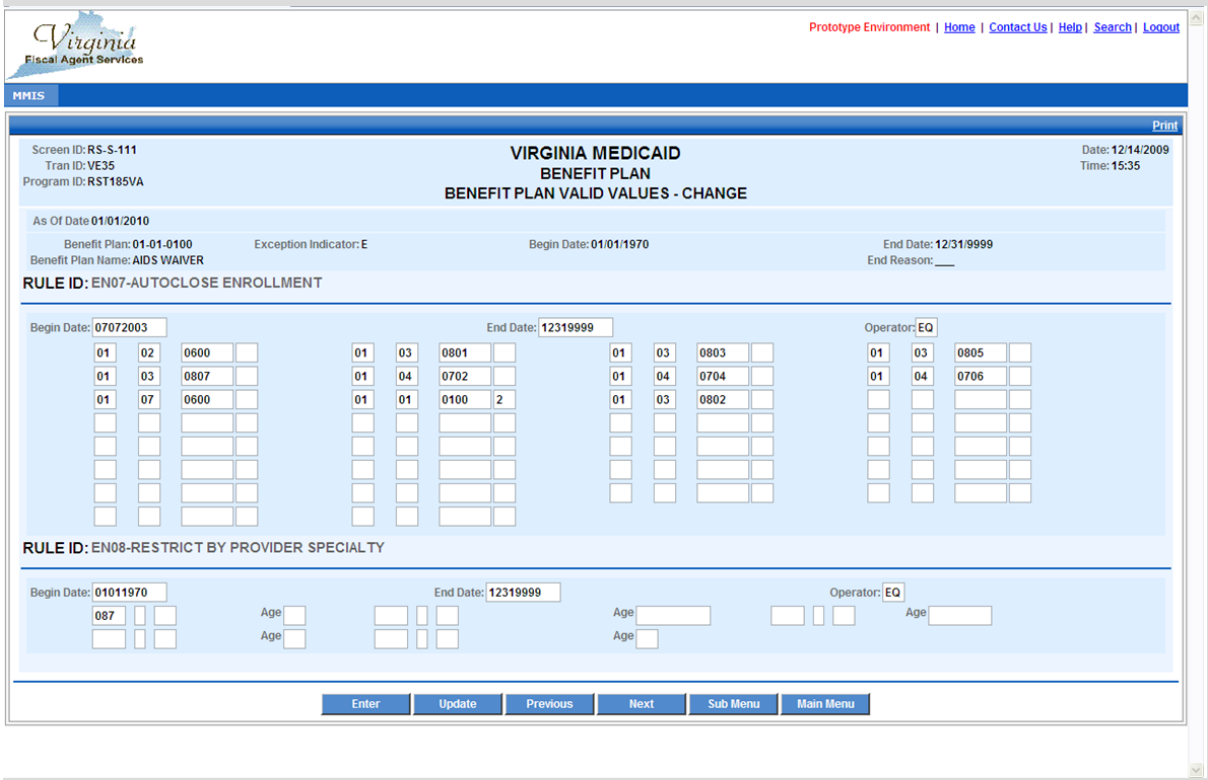
Screens RS-S-111 Benefit Plan Rules Screen 111

General Information

This screen contains rules related to Benefit Plans. It allows the user to enter, modify, or view the specific rules as they pertain to a specific Benefit Plan (DE3551, DE3552, DE3553) and Exception Indicator (DE3072).

SOURCE/ORIGINATOR	DMAS Authorized Users
USAGE	Inquiry, Update, Add
PROGRAM	RST185
MAPSET	RSS111
TRAN ID	VE33 (Create, VE34 (Inquiry) and VE35 (Update)

SAMPLE	**Benefit Plan Rules Screen 111 (RS-S-111)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Benefit Plan Benefit Definition Benefit Plan Code (DE3550)	Edits: Displays the Benefit Definition Benefit Plan Code.	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Displays the Benefit Definition Benefit Plan Code. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Displays the Benefit Definition Benefit Plan Code (P).
2	Excp Ind Benefit Plan Exception Indicator (DE3072)	Edits: Displays the Enrollee Benefit Exception Code.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. System displayed (P).
3	Begin Benefit Definition Plan Begin (Effective) Date (DE3556)	Edits: Displays the Benefit Definition Plan Begin (Effective) Date.	Displays the Benefit Definition Plan Begin (Effective) Date. Displays the Benefit Definition Plan Begin (Effective) Date (P).
4	End Benefit Definition Plan End (Termination) Date (DE3557)	Edits: Displays the Benefit Definition Plan End (Termination) Date.	Displays the Benefit Definition Plan End (Termination) Date. Displays the Benefit Definition Plan End (Termination) Date (P).
5	Benefit Plan Name Benefit Definition Plan Name (DE3554)	Edits: Displays the Benefit Definition Plan Name.	Displays the Benefit Definition Plan Name. Displays the Benefit Definition Plan Name (P).
6	End Rsn Benefit Definition Plan Termination	Edits: Displays the Benefit Definition Plan Ter-	The reason a Benefit Plan was closed or terminated. Use the on-Line HELP system to find valid codes for this field.

	Reason (DE3559)	mination Reason.	The reason a Benefit Plan was closed or terminated. System displayed (P) Use the on-Line HELP system to find valid codes for this field.
7	As Of Date Calculated (DE0002)	Edits: Displays the As Of Date. This field was passed to this program by RST001. The default for this field is the current date.	Displays the As Of Date. Displays the As Of Date (P). The default for this field is the current date.
8	Rule-ID Enrollment Edit Rule (DE3044)	Edits: This field is set internally. It identifies the rule by a sequential number. Rule EN07 - Autoclose Enrollment Rule EN08 - Restrict By Provider Specialty	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. This field identifies the rule by a sequential number. Rule EN07 - Autoclose Enrollment Rule EN08 - Restrict By Provider Specialty A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. System displayed (P) This field identifies the rule by a sequential number. Rule EN07 - Autoclose Enrollment Rule EN08 - Restrict By Provider Specialty
9	Beg Dt (rule) Enrollment Rule Begin Date (DE3053)	Edits: Cannot be greater than Enrollee Rule End Date (DE3054). Messages: Missing/Invalid data, please correct highlighted fields	The beginning effective date of an Enrollment Rule. The beginning effective date of an Enrollment Rule. Must be entered if values are entered for Rule EN07 and/or Rule EN08. Cannot be greater than Enrollee Rule End Date (DE3054). It must be at least one day greater than the day the rule is being entered and must equal the As Of date. ADD (C/U) Enter the rule effective date in MMDDCCYY format if values are entered for Rule EN07 and/or Rule EN08. UPDATE (C/U) Enter the rule effective date in MMDDCCYY format if values are entered for Rule EN07

			and/or Rule EN08.
10	End Dt (rule) Enrollment Rule End Date (DE3054)	Edits: Must be entered if the Apply Rule field is set to 'Y'. Cannot be less than Enrollee Rule Beg Date (DE3053). Messages: Missing/Invalid data, please correct high-lighted fields	The ending effective date of an Enrollment Rule. Default is 12319999 indicating open-ended rule effective date. The ending effective date of an Enrollment Rule. If entered, cannot be less than Enrollee Rule Beg Date (DE3053). If not entered, system will default to 12319999 indicating open-ended rule effective date. ADD (C/U) Enter rule end date in MMDDCCYY format if appropriate for Rule EN07 and/or Rule EN08. UPDATE (C/U) Enter rule end date in MMDDCCYY format if appropriate for Rule EN07 and/or Rule EN08.
11	OP Enrollment Edit Rule Conditions (DE3048)	Edits: One of the following operators must be entered: EN07 - EQ EN08 - EQ, NE Messages: Missing/Invalid data, please correct high-lighted fields. Invalid rule/operator combination.	The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. Use the on-line HELP system to find valid codes for this field The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. For Rule EN07 - Autoclose Enrollment, the operator must be EQ (Equal). For Rule EN08 - Restrict By Provider Specialty, the operators are EQ (Equal) or NE (Not Equal). Also, operator YY (Any) can be entered for Provider Specialty if EN08 is to be applied for all provider specialties asso-ciated with the benefit package. ADD (C/U) Enter the appropriate operator if values are entered for Rule EN07 or EN08. UPDATE (C/U) Enter the appropriate operator if values are entered for Rule EN07 or EN08.

12	Valid Values Enrollment Edit Rule Values (DE3077)	Edits: Rule EN07 - Auto-close Enrollment: Allows for 18 sets of 4 fields to be entered. The fields are Program (DE3551), sub-program (DE3552), plan code (DE3553), and exception ind (DE3072). Just the program code can be entered (first field), or the Program, sub-program, plan code and exception indicator can be entered. Enrollment should be ended for the benefit package on the same day as the new one is to begin. EN08 - Restrict By Provider Specialty Allows for five sets of fields to be entered. The first field is the Provider Specialty (DE4007). 'ANY' is also a valid value for this field. Next field: Gender should be valid on the rule begin date. It is validated against values for Code_num = +53 on the Gl_code_value table The third field is an operator (EQ,NE,GT,LT) which goes along with an age. The fourth field (calculated) is the age. Two examples follow.	The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. For Rule EN07, Auto-close Enrollment, allows for 18 sets of 5 fields to be entered. The fields are Program (DE3551), subprogram (DE3552), plan code (DE3553), and exception indicator (DE3072). For Rule EN08, Restrict By Provider Specialty, allows for five sets of fields to be entered. The first field is the Provider Specialty (DE4007). 'ANY' is also a valid value for this field. The second field is a gender (M, F, or blank). The third field is an operator (EQ,NE,GT,LT) which goes along with an age. Also, operator YY (Any) can be entered for Provider Specialty if EN08 is to be applied for all provider specialties associated with the benefit package. The fourth field is the age. Two examples follow. For the Benefit package to be associated with a provider with the specialty of 87 only, the entry would like - EQ 87 For the benefit package to be valid for all specialties except in the case of specialty 62, where the enrollee must be a female greater than 10 years old (for specialty 62 to be usable), the rule would look like - NE 62 F LT 11 NE 62 M The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. For Rule EN07, Auto-close Enrollment, allows for 18 sets of 5 fields to be entered. The fields are Program (DE3551), subprogram (DE3552), plan code (DE3553), and exception indicator (DE3072). Just the program code can be entered (first field), or the Program, sub-program, plan code and exception indicator can be entered. Enrollment should be ended for the benefit package on the same day as the new one is to begin. For Rule EN08, Restrict By Provider Specialty, allows for five sets of fields to be entered. The first field is the Provider Specialty (DE4007). 'ANY' is also a valid value for this field. The second field is a gender (M, F, or blank). The third field is an operator

		For the Benefit package to be asociated with a provider with the specialty of 87 only, the entry would like like - EQ 87 For the benefit package to be valid for all specialties except in the case of specialty 62, where the enrollee must be a female greater than 10 years old (for specialty 62 to be usable), the rule would look like - NE 62 F LT 11 NE 62 M Messages: Missing/Invalid data, please correct highlighted fields	(EQ,NE,GT,LT) which goes along with an age. The fourth field is the age. Two examples follow. For the Benefit package to be associated with a provider with the specialty of 87 only, the entry would like - EQ 87 For the benefit package to be valid for all specialties except in the case of specialty 62, where the enrollee must be a female greater than 10 years old (for specialty 62 to be usable), the rule would look like - NE 62 F LT 11 NE 62 M ADD (C/U) Enter the appropriate values for Rule EN07 and/or Rule EN08. UPDATE (C/U) Enter the appropriate values for Rule EN07 and/or Rule EN08.

NAVIGATION	**Benefit Plan Rules Screen 111 (RS-S-111)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Returns to the Main System Menu.	N/A
ENTER	Validates the data entered and displays an error message if errors are encountered. The enter key (and ENTER button) does not update the data tables.	N/A
SUB MENU	Returns to the Benefits Definition Menu	N/A
NEXT	Displays the next screen with enrollment rule data.	N/A
PREVIOUS	Displays the previous enrollment rule screen	N/A
UPDATE	Update the Benefit Package Table (RS_Benefit Package), Benefit Package Rules Table (RS_BNFT_PKG_RULE), and Benefit Rule value table (RS_BNFT_RULE_VALUE) with the data entered on the screen. Data is re-edited on an update. For an add function, all benefit plan Rules Screens have to be browsed before an update can take place.	N/A

Error Messages

Error	Description	Resolution
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3665	DUPLICATE BENEFIT PLAN	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3652	INVALID RULE/OPERATOR COMBINATION	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. Upon completion of viewing or updating the Benefit Plan Rules screen (RS-S-110)., choose the Next Screen button at the bottom of the screen.
2. You see the Benefit Plan Rules screen (RS-S-111).
3. You may return to this screen from the seventh screen in the series by choosing the Previous Screen button at the bottom of the screen.

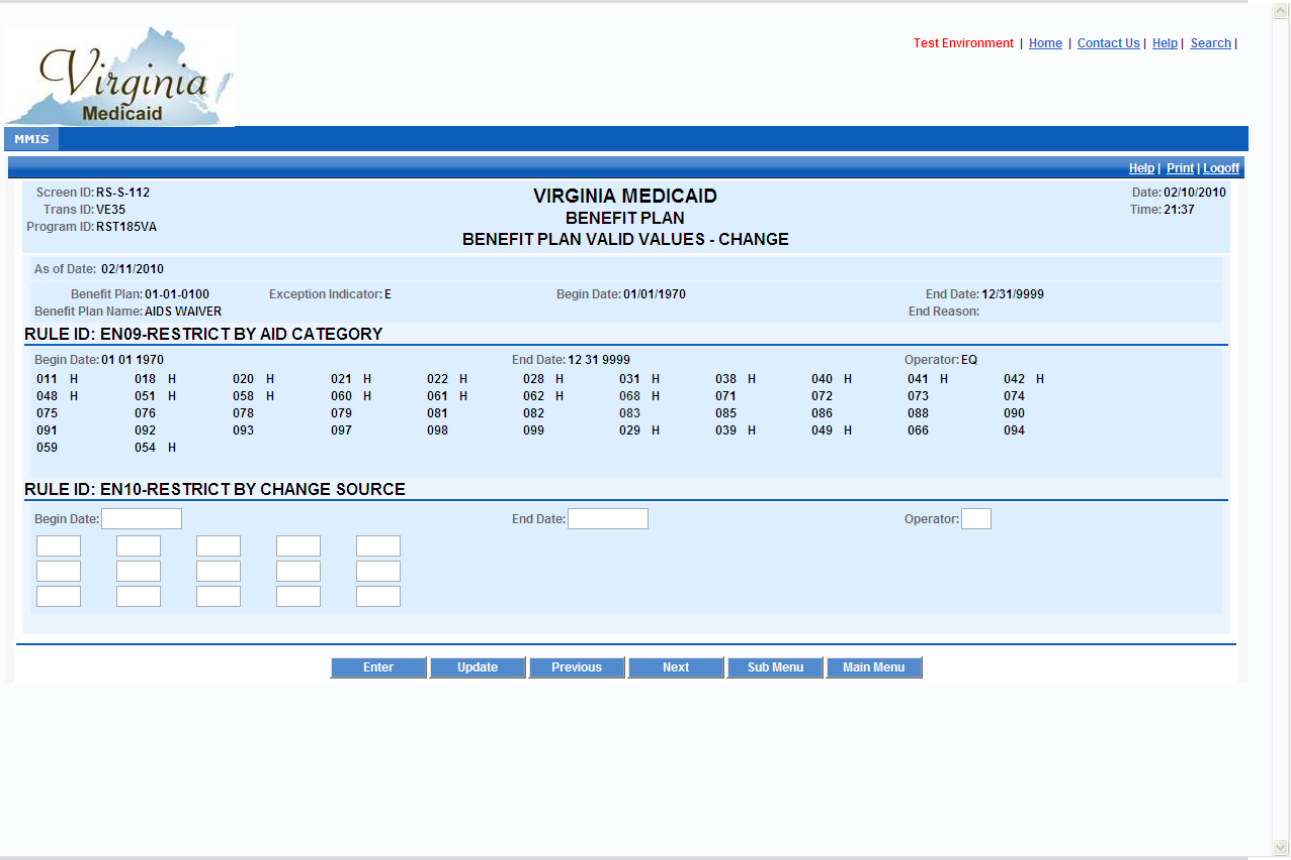
Screens RS-S-112 Benefit Plan Rules Screen 112

General Information

This screen contains rules related to Benefit Plans. It allows the user to enter, modify, or view the specific rules as they pertain to a specific Benefit Plan (DE3551, DE3552, DE3553) and Exception Indicator (DE3072).

SOURCE/ORIGINATOR	DMAS Authorized Users
USAGE	Inquiry, Add
PROGRAM	RST185
MAPSET	RSS112
TRAN ID	VE33 (Create), VE34 (Inquiry) and VE35 (Update)

SAMPLE	**Benefit Plan Rules Screen 112 (RS-S-112)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Benefit Plan Benefit Definition Benefit Plan Code (DE3550)	Edits: Displays the Benefit Definition Benefit Plan Code.	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. System displayed (P).
2	Excp Ind Benefit Plan Exception Indicator (DE3072)	Edits: Displays the Enrollee Benefit Exception Code.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. System displayed (P).
3	Begin Benefit Definition Plan Begin (Effective) Date (DE3556)	Edits: Displays the Benefit Definition Plan Begin (Effective) Date.	Displays the Benefit Definition Plan Begin (Effective) Date. Displays the Benefit Definition Plan Begin (Effective) Date (P).
4	End Benefit Definition Plan End (Termination) Date (DE3557)	Edits: Displays the Benefit Definition Plan End (Termination) Date.	Displays the Benefit Definition Plan End (Termination) Date. Displays the Benefit Definition Plan End (Termination) Date (P).
5	Benefit Plan Name Benefit Definition Plan Name (DE3554)	Edits: Displays the Benefit Definition Plan Name.	Displays the Benefit Definition Plan Name. Displays the Benefit Definition Plan Name (P).
6	End Rsn Benefit Definition Plan Termination	Edits: Displays the Benefit Definition Plan Ter-	The reason a Benefit Plan was closed or terminated. Use the on-line HELP system to find valid codes for this field.

	Reason (DE3559)	mination Reason.	The reason a Benefit Plan was closed or terminated. Use the on-line HELP system to find valid codes for this field. System displayed (P).
7	As Of Date Calculated (DE0002)	Edits: Displays the As Of Date. This field was passed to this program by RST001. The default for this field is the current date.	Displays the As Of Date. The default for this field is the current date. Displays the As Of Date. The default for this field is the current date. System displayed (P).
8	Rule-ID Enrollment Edit Rule (DE3044)	Edits: This field is set internally. It identifies the rule by a sequential number. Rule EN09 - Restrict By Aid Category Rule EN10 - Restrict By Change Source	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. This field identifies the rule by a sequential number. Rule EN09 - Restrict By Aid Category Rule EN10 - Restrict By Change Source A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. This field identifies the rule by a sequential number. System displayed (P). Rule EN09 - Restrict By Aid Category Rule EN10 - Restrict By Change Source
9	Beg Dt (rule) Enrollment Rule Begin Date (DE3053)	Edits: Cannot be greater than Enrollee Rule End Date (DE3054). Messages: Missing/Invalid data, please correct highlighted fields	The beginning effective date of an Enrollment Rule. The beginning effective date of an Enrollment Rule. Must be entered if values are entered for Rule EN09 and/or EN10. Cannot be greater than Enrollee Rule End Date (DE3054). Must be at least one day greater than the date the entry is made and must equal the As Of date. ADD (C/U) Enter the rule begin date in MMDDCCYY format if values are entered for Rule EN10. UPDATE (C/U) Enter the rule begin date in MMDDCCYY format if values are entered for Rule EN10.
10	End Dt (rule) Enrollment Rule End	Edits: Cannot be less than	The ending effective date of an Enrollment

	Date (DE3054)	Enrollee Rule Beg Date (DE3053). Messages: Missing/Invalid data, please correct high-lighted fields	Rule. Default is 12319999 indicating open-ended rule effective date. The ending effective date of an Enrollment Rule. If entered, cannot be less than Enrollee Rule Beg Date (DE3053). If not entered the system will default to 1219999 indicating open-ended rule effective date. ADD (C/U) Enter the rule end date in MMDDCCYY format, if appropriate for Rule EN10. Leave blank if rule effective date is open-ended. UPDATE (C/U) Enter the rule end date in MMDDCCYY format, if appropriate for Rule EN10. Leave blank if rule effective date is open-ended.
11	OP Enrollment Edit Rule Conditions (DE3048)	Edits: One of the following operators must be entered: EN09 - EQ (displayed only) EN10 - EQ, NE Messages: Missing/Invalid data, plese correct high-lighted fields. Invalid rule/operator combination.	The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. Use the on-line HELP system to find valid codes for this field The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. One of the following operators must be entered if values are set for the rule: Rule EN09 is protected. Rule EN10 must be EQ (Equal) or NE (Not Equal). ADD (C/U) Enter the appropriate operator if values are entered for Rule EN10. UPDATE (C/U) Enter the appropriate operator if values are entered for Rule EN10.
12	Valid Values Enrollment Edit Rule Values (DE3077)	Edits: Rule EN09 - Restrict By Aid Category: Displays up to 60 valid aid categories (DE3009) to be asso-ciated by either restric-tion or inclusion to the specific Benefit Pack-age. A Handicap Accessibility Indicator	The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. For Rule EN09, Restrict By Aid Category, allows for up to 60 valid aid categories (DE3009) to be asso-ciated by either restriction or inclusion to the specific Benefit Package. For Rule EN10, Restrict by Change Source, allows up to 15 valid Change Sources (DE3074) to be asso-ciated by either restriction or inclusion to the

		- 'H' is displayed next to the Aid Categories with Category of Eligibility (1 - Aged, 2 - Blind/Disabled). Rule EN10 - Restrict by Change Source Allows up to 15 valid Change Sources (DE3074) to be associated by either restriction or inclusion to the specific Benefit Package. Messages: Missing/Invalid data, please correct highlighted fields	specific Benefit Package. Use the on-line HELP system to find valid codes for data element 3009 and 3074. The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan Enrollment. Rule EN09, Restrict By Aid Category, allows for up to 60 valid aid categories (DE3009) to be associated by either restriction or inclusion to the specific Benefit Package. This field is display only. For Rule EN10, Restrict by Change Source, allows up to 15 valid Change Sources (DE3074) to be associated by either restriction or inclusion to the specific Benefit Package. Use the on-line HELP system to find valid codes for data element 3009 and 3074. ADD (C/U) Enter the appropriate values for Rule EN10, if applicable. UPDATE (C/U) Enter the appropriate values for Rule EN10, if applicable.

NAVIGATION	**Benefit Plan Rules Screen 112 (RS-S-112)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Return to the Main System Menu.	N/A
ENTER	Validates the data entered and displays an error message if errors are encountered. The enter key (and ENTER button) does not update the data tables.	N/A
SUB MENU	Returns to the Benefits Definition Menu.	N/A
NEXT	Displays the next screen with enrollment rule data.	N/A
PREVIOUS	Displays the previous screen with enrollment rule data.	N/A
UPDATE	Update the Benefit Package Table (RS_Benefit Package), Benefit Package Rules Table (RS_BNFT_PKG_RULE), and Benefit Rule value table (RS_BNFT_RULE_VALUE) with the data entered on the screen. Data is re-edited on an update. For an add function, all benefit plan Rules Screens have to be browsed before an update can take place.	N/A

Error Messages

Error	Description	Resolution
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3665	DUPLICATE BENEFIT PLAN	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3652	INVALID RULE/OPERATOR COMBINATION	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. Upon completion of viewing or updating the Benefit Plan Rules screen (RS-S-111)., choose the Next Screen button at the bottom of the screen.
2. You see the Benefit Plan Rules screen (RS-S-112).
3. You may return to this screen from the eighth screen in the series by choosing the Previous Screen button at the bottom of the screen.

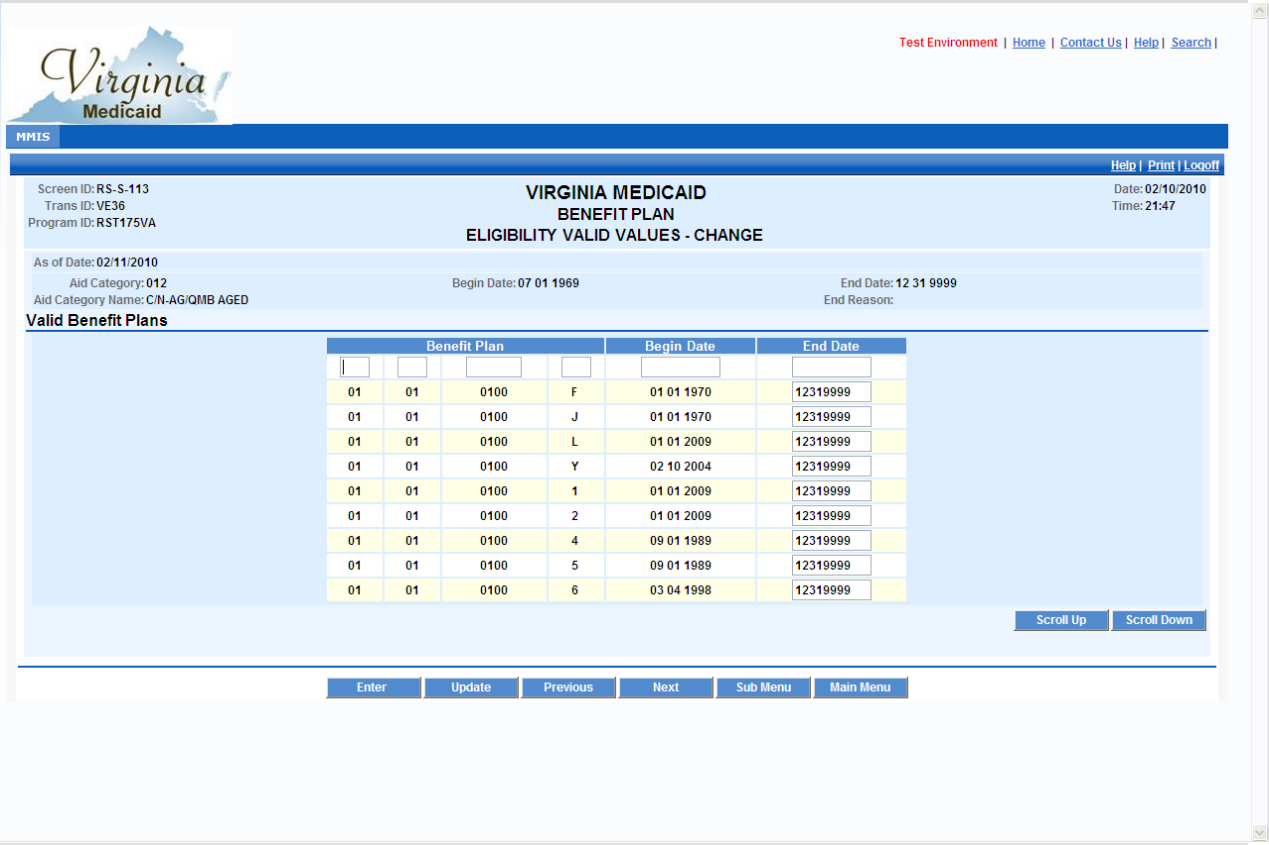
Screens RS-S-113 Valid Benefit Plans Screen 113

General Information

This screen contains the benefit plans that are valid for an aid category, and are used in conjunction with program RST175. It allows the user to enter, modify, or view the plans that are valid for the aid category.

SOURCE/ORIGINATOR	DMAS Authorized Users
USAGE	Inquiry, Update, Add
PROGRAM	RST175
MAPSET	To Be Determined
TRAN ID	VE31 (Create), VE32 (Inquiry), VE36 (Update)

SAMPLE	**Valid Benefit Plans Screen 113 (RS-S-113)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: Displays the Aid Category Code.	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Also known as Money payment code, Recipient program designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS administered programs. The code is used to indicate whether the Enrollee must make a co-payment. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. Use the on-line HELP system to find valid codes for this field. System displayed (P).
2	Aid Category Name Aid Category Code Description (DE3301)	Edits: Displays the Aid Category Description.	Description of the Aid Category. Description of the Aid Category. System displayed (P).
3	Aid Category Begin Date Aid Category Begin Date (DE3024)	Edits: Displays the Aid Category Begin Date.	The beginning date of an Aid Category; the date from which it is effective. The beginning date of an Aid Category; the date from which it is effective. System displayed (P).
4	End Date Aid Category End Date (DE3027)	Edits: Displays the Aid category End Date.	The date an Aid Category was closed. Default is 12319999 indicating open-ended. The date an Aid Category was closed. Default is 12319999 indicating open-ended. System displayed (P).
5	RSN Aid Category End Reason (DE3180)	Edits: Displays the Aid Category End Reason.	The reason an aid category was closed or ended. Use the on-line HELP system to find valid codes for this field. The reason an aid category was closed or

			ended. Use the on-line HELP system to find valid codes for this field. System displayed (P).
6	Benefit Plan (Program Code) Benefit Definition Plan Program Code (DE3551)	Edits: If entered, must be a valid Benefit Plan Program Code. Messages: Invalid Benefit Plan. Duplicate Benefit Plan.	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Displays all valid benefit plans applicable to the Aid Category. Use the on-line HELP system to find valid codes for this field. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid Benefit Plan Program Code. ADD (C/U) Enter the two position Program Code in the first tier of the Benefit Plan field for each valid benefit plan applicable to the Aid Category. UPDATE (C/U) Enter the two position Program Code in the first tier of the Benefit Plan field for each valid benefit plan applicable to the Aid Category.
7	Benefit Plan (Sub-program Code) Benefit Definition Plan Subprogram Code (DE3552)	Edits: Allows for the sub-program code to be entered, modified, and displayed. Messages: Invalid Benefit Plan. Duplicate Benefit Plan.	The second level of the coding structure of the Benefit Plan which defines the methodology for providing benefits under the Program. Displays all valid benefit plans applicable to the Aid Category. Use the on-line HELP system to find valid codes for this field. The second tier or level of the code structure defining the Benefit Plan. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid Benefit Plan Subprogram Code. ADD (C/U) Enter the two position Subprogram Code in the second tier of the Benefit Plan field for each valid benefit plan applicable to the Aid Category. UPDATE (C/U) Enter the two position Subprogram Code in the second tier of the Benefit Plan field for

			each valid benefit plan applicable to the Aid Category.
8	Benefit Plan (Plan Code) Benefit Definition Plan Benefit Code (DE3553)	Edits: If entered, must be a valid plan code. Messages: Invalid Benefit Plan. Duplicate Benefit Plan.	The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. Displays all valid benefit plans for the Aid Category. Use the on-line HELP system to find valid codes for this field. The third tier of a Benefit Plan Code that identifies the high level of service (i.e., Medicaid waiver, AIDS) provided by the Plan. Use the on-line HELP system to find valid codes for this field. If entered, must be a valid plan code. ADD (C/U) Enter the four position Plan Code in the third tier of the Benefit Plan field for each valid benefit plan applicable to the Aid Category. UPDATE (C/U) Enter the four position Plan Code in the third tier of the Benefit Plan field for each valid benefit plan applicable to the Aid Category.
9	Benefit Plan (Exception Indicator) Benefit Plan Exception Indicator (DE3072)	Edits: If entered, must be a valid exception indicator. Messages: Invalid Benefit Plan. Duplicate Benefit Plan.	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. If entered, must be a valid exception indicator. Use the on-line HELP system to find valid codes for this field. ADD (C/U) Enter the 1character Exception Indicator, if applicable) in the fourth tier of the Benefit Plan field for each valid benefit plan applicable to the Aid Category. Do not zero fill. UPDATE (C/U) Enter the 1 character Exception Indicator n the fourth tier of the Benefit Plan field for each valid benefit plan applicable to the Aid Category. Do not zero fill.
10	Plan Begin date Benefit Aid Category	Edits: Must be a valid date if	Begin date for the valid benefit plan entry.

	Begin Date (DE3918)	the benefit Plan is entered.	Begin date for the valid benefit plan entry. Must be a valid date if a Benefit package is entered. ADD (C/U) Enter the begin date in MMDDCCYY format for each valid benefit plan entered. If not entered, the system will default to the begin date entered for the Aid Category. UPDATE (C/U) Enter the begin date in MMDDCCYY format for each valid benefit plan entered. If not entered, the system will default to the begin date entered for the Aid Category.
11	Benefit End Date Benefit Aid Category End Date (DE3919)	Edits: May be keyed if a benefit package is entered. Messages: Invalid/Missing Data Entered	End date for the Valid Benefit Plan entry. End date for the Valid Benefit Plan entry. If a Benefit Plan end date is entered. It must be a valid Date. ADD (C/U) Enter the Benefit Plan end date in MMDDCCYY if plan is ending. Otherwise, leave blank UPDATE (C/U) Enter the Benefit Plan end date in MMDDCCYY if plan is ending. Otherwise, leave blank

NAVIGATION	**Valid Benefit Plans Screen 113 (RS-S-113)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Returns to the Main System Menu.	N/A
ENTER	Validates the data entered and displays an error message if errors are encountered. The enter key (and ENTER button) does not update the data tables.	N/A
SUB MENU	Return to the Benefits Definition Menu.	N/A
NEXT	Displays the Next Screen	N/A
SCROLL DOWN	Not a valid option for this screen	N/A
SCROLL UP	Scrolls backward through the Benefit Package Rules Table (RS_BNFT_PKG_RULE) and the Benefit Package Table (RS_BENEFIT_PACKAGE) displaying those rules and effective/termination data for the specified benefit package and exception indicator.	N/A

PREVIOUS	Displays the previous Screen	N/A
UPDATE	Update appropriate rows in the Aid Category Table (RS_AID_CATEGORY_R), Member Aid Category Overlap Table (RS_AID_CTG_OVRLP_R), Member Benefit Aid Category Table (RS_BNFT_AID_CATG_R), Eligibility Rule table (RS_ELIG_RULE), Eligibility Rule Value Table (RS_ELIG_RULE_VALUE), Member Benefit Package Rule Table (RS_BNFT_PKG_RULE) and Benefit Package Rule Value (RS_BNFT_RULE_VALUE). . Data is re-edited on an update. For an add function, all benefit plan Rules Screens have to be browsed before an update can take place.	N/A

Error Messages

Error	Description	Resolution
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3665	DUPLICATE BENEFIT PLAN	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
3659	END DATE REQUIRED	Information message.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. Upon completion of viewing or updating the Eligibility Rules Valid Values screen (RS-S-105), click the Next Screen button at the bottom of the screen.
2. You see the Valid Benefit Plans screen (RS-S-113).
3. While on this screen, you may use the Page Up and Page Down arrow keys to the right of the data box to view additional records.
3. When you complete viewing or updating data on this screen, click on the Next Screen button at the bottom of the screen to advance to the next screen.
4. You may return to this screen from the third screen in the series by clicking the Previous Screen button at the bottom of the screen.

Screens RS-S-114 Benefit Plan Rules Screen 114

General Information

This screen contains rules related to Benefit Plans. It allows the user to enter, modify, or view the specific rules as they pertain to a specific Benefit Plan (DE3551, DE3552, DE3553) and Exception Indicator (DE3072).

SOURCE/ORIGINATOR	DMAS Authorized Users
USAGE	Inquiry, Update, Add
PROGRAM	RST185
MAPSET	RS114VA
TRAN ID	VE33 (Create), VE34 (Inquiry) and VE35 (Update)

SAMPLE	**Benefit Plan Rules Screen 114 (RS-S-114)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Benefit Plan Benefit Definition Benefit Plan Code (DE3550)	Edits: The Benefit Plan that constitutes the Benefit Program, Sub-program and Plan code.	An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. The Benefit Plan that constitutes the Benefit Program, Sub-program and Plan code. An integer code that represents the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. The Benefit Plan that constitutes the Benefit Program, Sub-program and Plan code (P).
2	Excp Ind Benefit Plan Exception Indicator (DE3072)	Edits: Benefit Plan Exception Indicator	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the enrollee is receiving in a nursing home facility or waiver service. Use the on-line HELP system to find valid codes for this field. System displayed (P).
3	Plan Begin Date Benefit Definition Plan Begin (Effective) Date (DE3556)	Edits: Benefit Plan Begin Date	The date a Benefit Plan may become effective. The date is usually contingent upon legislation for a source of funding. The date a Benefit Plan may become effective. The date is usually contingent upon legislation for a source of funding. System displayed (P).
4	Benefit Plan End Date Benefit Definition Plan End (Termination) Date (DE3557)		The date a Benefit Plan will close or terminate. The date is usually contingent upon legislation and/or loss of funding. The date a Benefit Plan will close or terminate. The date is usually contingent upon legislation and/or loss of funding. System displayed (P).

5	Benefit Plan Name Benefit Definition Plan Name (DE3554)		A description of the Benefit Plan. A description of the Benefit Plan. System displayed (P).
6	End Rsn Benefit Definition Plan Termination Reason (DE3559)		The reason a Benefit Plan was closed or terminated. The reason a Benefit Plan was closed or terminated. System displayed (P).
7	As of Date Calculated (DE0002)	Edits: Displays the As Of Date. This field was passed to this program by RST001. The default for this field is the current date.	Displays the As Of Date from the previous screen. Displays the As Of Date from the previous screen (P).
8	Rule Id Enrollment Edit Rule (DE3044)	Edits: The value for Rule Id on this screen is EN11.	A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. The value for Rule Id on this screen is EN11. A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to benefit plan enrollment. The value for Rule Id on this screen is EN11. System displayed (P).
9	Beg Dt (Rule) Enrollment Rule Begin Date (DE3053)	Edits: The Rule Begin Date must be a valid date, if the rule is keyed in. Messages: Missing/Invalid data, plese correct highlighted fields	The Rule Begin Date. The beginning effective date of an Enrollment Rule. Must be entered if values are entered for Rule EN11. Cannot be greater than Enrollee Rule End Date (DE3054). It must be at least one day greater than the day the rule is being entered and must equal the As Of date. ADD (C/U) Enter the rule effective date in MMDDCCYY format if values are entered for Rule EN11. UPDATE (C/U) Enter the rule effective date in MMDDCCYY format if values are entered for Rule EN11.
10	End Dt (Rule)	Edits:	The ending effective date of an Enrollment

	Enrollment Rule End Date (DE3054)	Rule End Date may be a valid date or Spaces, when a Rule is entered. Messages: Missing/Invalid data, plese correct high-lighted fields	Rule. If entered, cannot be less than Enrollee Rule Beg Date (DE3053). If not entered, system will default to 12319999 indicating open-ended rule effective date. The ending effective date of an Enrollment Rule. If entered, cannot be less than Enrollee Rule Beg Date (DE3053). If not entered, system will default to 12319999 indicating open-ended rule effective date. ADD (C/U) Enter rule end date in MMDDCCYY format if appropriate for Rule EN11. UPDATE (C/U) Enter rule end date in MMDDCCYY format if appropriate for Rule EN11.
11	Op code Enrollment Edit Rule Conditions (DE3048)	Edits: A Valid Operator must be entered if the rule is keyed in. For rule EN11 the valid operator values are EQ and NE. Messages: Missing/Invalid data, plese correct high-lighted fields. Invalid rule/operator combination.	The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. Use the on-line HELP system to find valid codes for this field The logical conditions related to a specific Enrollment Rule that, used in conjunction with rule values, validate data elements related to benefit plan enrollment. For rule EN11 the valid operator values are EQ (Equal) or NE (Not Equal). ADD (C/U) Enter the appropriate operator if values are entered for Rule EN11. UPDATE (C/U) Enter the appropriate operator if values are entered for Rule EN11.
12	Valid Rule Values Enrollment Edit Rule Values (DE3077)	Edits: Atleast one valid value must be entered for the rule. The PA Overlaps should be valid on the rule begin date. It is validated against CP_PA_SVCTY_R table. Messages: Missing/Invalid data, plese correct high-	The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. At least one valid value must be entered for the rule. The values related to a single Enrollment Edit Rule that validate data elements related to benefit plan enrollment. At least one valid value must be entered for the rule. The PA Overlaps should be valid on the rule begin date. ADD (C/U) Enter the appropriate values for Rule EN11.

		lighted fields	UPDATE (C/U) Enter the appropriate values for Rule EN11.

NAVIGATION	**Benefit Plan Rules Screen 114 (RS-S-114)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Returns to the Main System Menu.	N/A
ENTER	Validate screen data.	POS-S-000 ()
SUB MENU	Returns to the Benefit Definition Menu.	N/A
PREVIOUS	Displays the previous enrollment rule screen	POS-S-000 (R)
UPDATE	Update the Benefit Package Table (RS_Benefit Package), Benefit Package Rules Table (RS_ BNFT_PKG_RULE), and Benefit Rule value table (RS_BNFT_RULE_VALUE) with the data entered on the screen. Data is re-edited on an update. For an add function, all benefit plan Rules Screens have to be browsed before an update can take place.	POS-S-000 ()

Error Messages

Error	Description	Resolution
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3665	DUPLICATE BENEFIT PLAN	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.

65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
3652	INVALID RULE/OPERATOR COMBINATION	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. Upon completion of viewing or updating the Benefit Plan Rules screen (RS-S-112)., choose the Next Screen button at the bottom of the screen.
2. You see the Benefit Plan Rules screen (RS-S-114).
3. This is the last screen of the series. You may page back through the screens by choosing the Previous Screen button at the bottom of the screen.

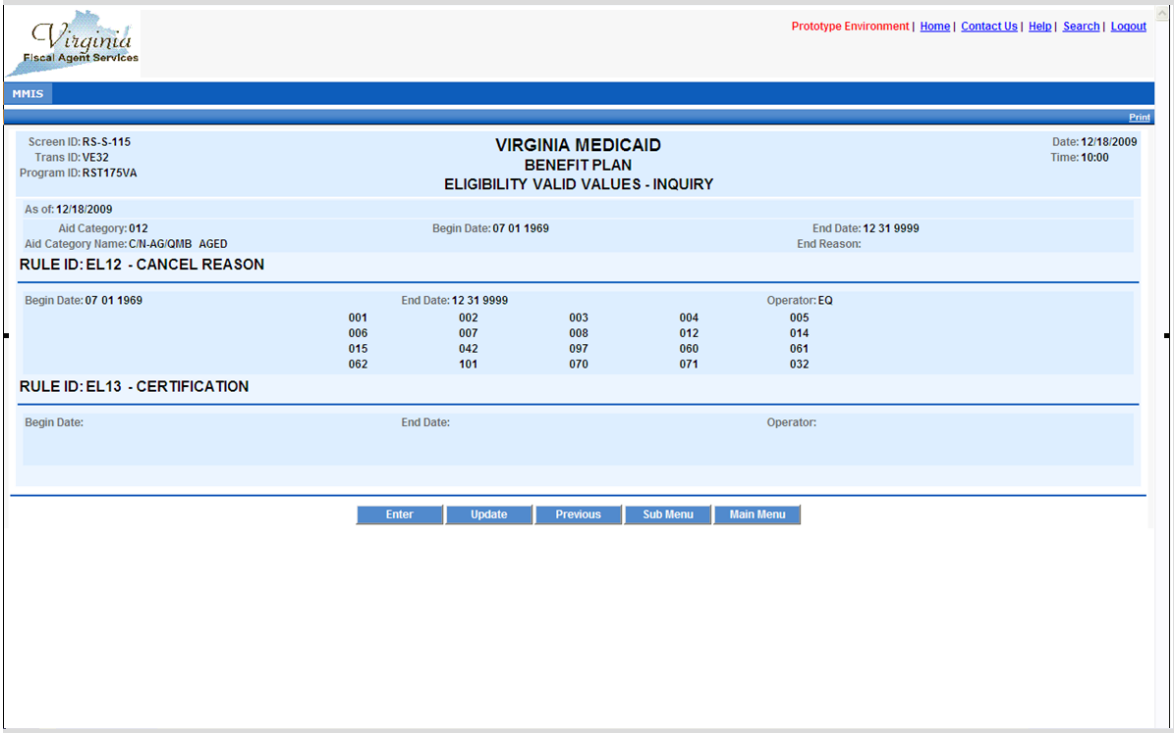
Screens RS-S-115 Eligibility Valid Values Screen 115

General Information

This screen describes the attributes of the selected Aid Category, and displays the associated rules with their valid values.

SOURCE/ORIGINATOR	DMAS Authorized Users
USAGE	Inquiry, Update, Add
PROGRAM	RST175
MAPSET	RSS115
TRAN ID	VE31 (Create) and VE32 (Inquiry), VE36 (Update)

SAMPLE	**Eligibility Valid Values Screen 115 (RS-S-115)**



Field Definitions

#	GSD Field Name	Edit Criteria	Field

	Data Element Name (ID)	Message	Instructions
1	Aid Category Enrollee Eligibility Aid Category (DE3009)	Edits: Displays the Aid Category Code	Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Also known as Money payment code, Recipient program designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS administered programs. The code is used to indicate whether the Enrollee must make a co-payment. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. System displayed (P).
2	aid Category Name Aid Category Code Description (DE3301)	Edits: Depends on aid category entered.	Description of the Aid Category. Description of the Aid Category. System displayed (P).
3	Aid Category Begin Date Aid Category Begin Date (DE3024)	Edits: Must be a valid date format (mmddccyy); must not overlap with begin/end date of previous aid category.	The beginning date of an Aid Category; the date from which it is effective. The beginning date of an Aid Category; the date from which it is effective. System displayed (P).
4	End Aid Category End Date (DE3027)	Edits: Must be a valid date format (mmddccyy) if entered; must not overlap with begin/end date of previous aid category.	The date an Aid Category was closed. The date an Aid Category was closed. System displayed (P).
5	RSN Aid Category End Reason (DE3180)	Edits: Required if end date is entered.	The reason an aid category was closed or ended. Use the on-line HELP system to find valid codes for this field. The reason an aid category was closed or ended. Use the on-line HELP system to find valid codes for this field. System displayed (P).
14	Rule ID	Edits:	A set of attributes (both indicators and

	Eligibility Edit Rule (DE3042)	Internally generated code. EL12 - Cancel Reason EL13 - Certification	ranges) in logical combination that define the validity of a specified data element(s) related to enrollee eligibility. This screen defines the following rules: EL12 - Cancel Reason EL13 - Certification A set of attributes (both indicators and ranges) in logical combination that define the validity of a specified data element(s) related to enrollee eligibility. System displayed (P) This screen defines the following rules: EL12 - Cancel Reason EL13 - Certification
16	OP Eligibility Edit Rule Conditions (DE3047)	Edits: If Rule Begin date is entered the operator must be entered, it must be EQ for rules EL12 and EL13. Messages: Missing/Invalid data, please correct highlighted fields. Invalid rule/operator combination.	The logical conditions related to a specific Eligibility Rule that used in conjunction with rule values, validate data elements related to enrollee eligibility. Use the on-line HELP system to find valid codes for this field. The logical conditions related to a specific Eligibility Rule that used in conjunction with rule values, validate data elements related to enrollee eligibility. Must be entered for every rule that is being entered. Valid operators for each rule are as follows: Rule EL12, Cancel Reason EQ (Equal) Rule EL13, Certification EQ (Equal) ADD (C/U) For each rule entered, enter the valid 2 character operator code. UPDATE (C/U) For each rule entered, enter the valid 2 character operator code.
17	Valid values Eligibility Edit Rule Values (DE3056)	Edits: If the rule begin date is keyed. EL12 - Cancel Reason - Allows upto 20 values - Validated against the GL_CODE_VALUE table. Code Num = 36 EL13 - Certification - Allow upto 6 values - Valid values are TDO	The values related to a single Eligibility Edit Rule that in conjunction with Eligibility conditions, validate data elements related to enrollee eligibility. These values will vary based on the edit rule. If the rule begin date is keyed. EL12 - Cancel Reason - Allows up to 20 values. EL13 - Certification - Allow up to 6 values - Valid values are TDO and VACIS. The values related to a single Eligibility Edit Rule that in conjunction with Eligibility conditions, validate data elements related to

		and VACIS, at present. Messages: Missing/Invalid data, please correct highlighted fields	enrollee eligibility. These values will vary based on the edit rule. If the rule begin date is keyed. EL12 - Cancel Reason - Allows up to 20 values. EL13 - Certification - Allow up to 6 values - Valid values are TDO and VACIS. ADD (C/U) For each rule being entered, enter the appropriate value(s). UPDATE (C/U) For each rule being entered, enter the appropriate value(s).
18	Eligibility Rule Begin Date Eligibility Rule Begin Date (DE3051)	Edits: Eligibility Rule Begin Date Messages: Misssing/Invalid Data entered	The beginning effective date of an Eligibility Rule. The beginning effective date of an Eligibility Rule. ADD (C/U) If entering a value for a rule, enter the begin date for the rule in MMDDCCYY format. UPDATE (C/U) If entering a value for a rule, enter the begin date for the rule in MMDDCCYY format.
19	Eligibility Rule End Date Eligibility Rule End Date (DE3052)	Edits: Displays the Eligibility Rule End Date Messages: Missing/Invalid Data Entered	The last effective date of an Eligibility Rule. The last effective date of an Eligibility Rule. ADD (C/U) If entering a value for a rule, enter the end date for the rule in MMDDCCYY format or leave blank for open-ended date. UPDATE (C/U) If entering a value for a rule, enter the end date for the rule in MMDDCCYY format or leave blank for open-ended date.
20	As of Date Calculated (DE0002)	Edits: Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default.	Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default. Displays the As Of Date entered on screen RS-S-102. If the field was not entered, the current date is used as the default. System displayed (P).

NAVIGATION	Eligibility Valid Values Screen 115 (RS-S-115)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Return to the Main System Menu	POS-S-028 (R)
ENTER	Validates the data entered and displays an error message if errors are encountered. The enter key (and ENTER button) does not update the data tables.	POS-S-024 ()
SUB MENU	Returns to the Benefits Definition Menu.	POS-S-000 (R)
PREVIOUS	Scrolls backward through the Eligibility Rule (RS_ELIG_RULE) and Eligibility Rule Value Table (RS_ELIG_RULE_VALUE) displaying those rules and begin and end date data for the specified aid category.	POS-S-000 (R)
UPDATE	Update appropriate rows in the Aid Category Table (RS_AID_CATEGORY_R), Member Aid Category Overlap Table (RS_AID_CTG_OVRLP_R), Member Benefit Aid Category Table (RS_BNFT_AID_CATG_R), Eligibility Rule table (RS_ELIG_RULE), Eligibility Rule Value Table (RS_ELIG_RULE_VALUE), Member Benefit Package Rule Table (RS_BNFT_PKG_RULE) and Benefit Package Rule Value (RS_BNFT_RULE_VALUE). Data is re-edited on an update. For a create function (add function), all Aid Category Rules Screens have to be browsed before an insert can take place.	POS-S-000 ()

Error Messages

Error	Description	Resolution
3680	ALL SCREENS MUST BE VIEWED BEFORE UPDATE	Information message.
3648	BEGIN DATE MUST BE GREATER THAN CURRENT DATE AND EQUAL AS-OF DATE	Enter a Begin date falling after or on the Equal AS OF date.
3314	DATA IS VALID	Information message.
3090	DATA UPDATED	Information message. No action needed.
3146	DATE IS INVALID	Enter a valid date. See the field definitions for specifications on the date to be entered.
3653	DUPLICATE RULE VALUE	Information message.
3695	END DATE MUST NOT BE LESS THAN BEGIN DATE OR CURRENT DATE	Information message.
3659	END DATE REQUIRED	Information message.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the

		task.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
3652	INVALID RULE/OPERATOR COMBINATION	Check field for valid data and re-enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3201	MUST BE NUMERIC	Data must be only numeric. See the field definitions for valid data/formatting this field.
3204	VALUE ENTERED IS INVALID	Enter a value within the given parameters.

Screen Access

1. Upon completion of viewing or updating the Eligibility Valid Values screen (RS-S-107), click the Next Screen button at the bottom of the screen.
2. You see the Eligibility Valid Values screen (RS-S-115).
3. You may return to the previous screen in the series by clicking the Previous Screen button at the bottom of the screen.

Screens RS-S-300 Medicare Menu

General Information

Menu to select Medicare, Medicare Premium Processing (Buy-In and Group Payer), Beneficiary and Earnings Data Exchange (BENDEX) information, or a Buy-In transaction to inquire or update. Navigation to other screens will only be allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized users.
USAGE	Inquiry, Delete
PROGRAM	RST300
MAPSET	RS300VA
TRAN ID	VE85

SAMPLE	**Medicare Menu (RS-S-300)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Row Insert Date (DE0010)	Edits: If entered, must be on the Enrollee Master Data Store. If not entered, then Field 5, Claim number or Medicare number must be entered. If both Enrollee ID and Claim number or Medicare number are entered, then validate that both data elements point to the same I_PERSON Messages: Missing/Invalid data, please correct highlighted fields.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Enter a valid Enrollee ID in this field or enter a Medicare Number or Claim Number in the MEDICARE/SSA CLAIM NUMBER field to access a record. If entered, the Enrollee ID must be on the Enrollee Master Database. If both Enrollee ID and Medicare or Claim Number are entered, the system will validate that both data elements point to the same valid person. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. Enter a valid Enrollee ID in this field or enter a Medicare Number or Claim Number in the MEDICARE/SSA CLAIM NUMBER field to access a record. If entered, the Enrollee ID must be on the Enrollee Master Database. If both Enrollee ID and Medicare or Claim Number are entered, the system will validate that both data elements point to the same valid person.
2	MEDICARE/SSA CLAIM NUMBER Medicare Number (DE3002)	Edits: If entered, it must be on the Enrollee Master Data Store (RS_PRSN_IDENTIFIER) as the current effective HIC or CLM, and the I_PERSON must be a primary ID on RS_PERSON. If not entered, then Field 1, Enrollee ID must be entered. If both Enrollee ID and Medicare/SSA Claim Number are entered, then validate that both data elements point to	If this value is entered it must be a HIC or CLM number. The number at the Social Security Administration (SSA) of individual on whose earnings benefits are paid or eligibility is established for Medicare coverage. It is composed of a nine-digit Social Security Number or a six-digit Railroad Retirement Board Number. If the entered value is HIC, then it must be on the Enrollee Master Database . If the entered value is CLM, then it must be on the Enrollee Master Database. If not entered, then the Enrollee ID must be entered. If both Enrollee ID and Medicare/SSA Claim Number are entered, the system will validate that both data elements point to the same person. If this value is entered it must be a HIC or CLM number.

		the same I_PERSON and the I_PERSON must be a primary ID. Messages: Missing/Invalid data, please correct highlighted fields. HIC Number correlates to more than one enrollee ID.	The number at the Social Security Administration (SSA) of individual on whose earnings benefits are paid or eligibility is established for Medicare coverage. It is composed of a nine-digit Social Security Number or a six-digit Railroad Retirement Board Number. If the entered value is HIC, then it must be on the Enrollee Master Database . If the entered value is CLM, then it must be on the Enrollee Master Database. If not entered, then the Enrollee ID must be entered. If both Enrollee ID and Medicare/SSA Claim Number are entered, the system will validate that both data elements point to the same person.
3	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name. Messages:	The name of the individual eligible for DMAS-administered programs. The name of the individual eligible for DMAS-administered programs. System displayed (P).
4	SELECTION (DE0000)	Edits: Must be a valid value: '1', '2', '3', or '4', defines the screen-number map: 1. MEDICARE PREMIUM / BENDEX DATA 2. MEDICARE HISTORY 3. MEDICARE PREMIUM HISTORY 4. MEDICARE BUY-IN TRANSACTIONS Messages: Missing/Invalid data, please correct highlighted fields.	This field allows selection of the desired screen. Selections choices are Medicare Premium/Bendex Data, Medicare History, Medicare Premium History and Medicare Buy-in Transactions. Click on the arrow to the right of the field to access the drop down, then click on the desired selection. This field allows selection of the desired screen. Selections choices are Medicare Premium/Bendex Data, Medicare History, Medicare Premium History and Medicare Buy-in Transactions. Click on the arrow to the right of the field to access the drop down, then click on the desired selection.
5	FUNCTION (DE0000)	Edits: Must be a valid value 'A', 'C, 'D' or 'I'. 'I' is the default and applicable for all selections.	Allows selection of a function (Add, Change, Delete, Inquiry). Inquiry is the default function and is applicable for all screen selections. Click on the radio button beside the Inquiry function.

		'D' and 'A' are only applicable with selection '4' (MEDICARE BUY-IN TRANSACTIONS). 'C' is only applicable with selections '1' (MEDICARE PREMIUM / BENDEX DATA) and '4' (MEDICARE BUY-IN TRANSACTIONS), and is not applicable with selection '2' (MEDICARE HISTORY) and '3' (MEDICARE PREMIUM HISTORY). Messages: Missing/Invalid data, please correct highlighted fields.	Allows selection of a function (Add, Change, Delete, Inquiry). Inquiry is the default function and is applicable for all screen selections. Add and Delete are applicable only for Medicare Buy-in Transactions. Change is applicable to all screens except Medicare History and Medicare Premium History. Click on the radio button beside the function you wish to select.

NAVIGATION	**Medicare Menu (RS-S-300)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
BROWSE	Branch to the Member Search Results screen.	RS-S-019 (B)
MAIN MENU	Return to Main System Menu.	RF-S-010 (B)
CLEAR FORM	Clear data from the current screen.	N/A
ENTER	Command to edit data entered. When SELECTION is equal to 1, branch to the Medicare Premium / Bendev Data Screen. When SELECTION is equal to 2, branch to the Medicare History Screen. When SELECTION is equal to 3, branch to the Medicare Premium History Screen. When SELECTION is equal to 4, branch to the Medicare Buy-in Transactions Screen.	RS-S-310 RS-S-320 RS-S-330 RS-S-340 (B)
SUB MENU	Return to the Member Subsystem Menu.	RS-S-001 (B)
RETURN	Returns to the previously reviewed screen.	N/A

TPL Resource	Branch to TPL Resource screen.	TP-S-002 (B)
TPL SUM	Branch to the Member TPL Summary screen.	TP-S-002 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
52	CHOOSE A SELECTION	Choose a selection from the drop-down menu.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3005	ENROLLEE ID AND CLAIM NUMBER ARE NOT FOR THE SAME PERSON	Informational message.
3006	ENROLLEE ID NOT FOUND, OR NOT FOR A PERMANENT PERSON ID	Informational message.
3003	ENTER EITHER ENROLLEE ID, MEDICARE NUMBER, OR SSA CLAIM NUMBER.	Enter valid values according to error message specifications.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3791	MEDICARE/SSA CLAIM NUMBER CORRELATES TO MORE THAN ONE ENROLLEE ID.	Ensure that the HIC number relates to one enrollee.
3002	MEDICARE/SSA CLAIM NUMBER NOT FOUND, OR NOT FOR A PERMANENT PERSON ID.	Informational message.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
5588	PLEASE ENTER EITHER ENROLLEE ID, MEDICARE NUMBER, OR SSA CLAIM NUMBER.	Enter an enrollee ID or HIC number or SSA Claim Number
3004	SELECTION/FUNCTION COMBINATION IS INVALID	Use another selection or function.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. You see the Recipient Subsystem Menu (RS-S-000).
2. On the Recipient Subsystem Menu, select the Medicare Function, then choose Enter.
3. You see the Medicare Menu (RS-S-300).
4. On the Medicare Menu, enter the Enrollee ID number OR the Medicare/SSA Claim Number.

5. Select a screen from the Selection field and a function (Add, Change, Delete, Inquiry). Choose Enter.
6. The selected screen is displayed.

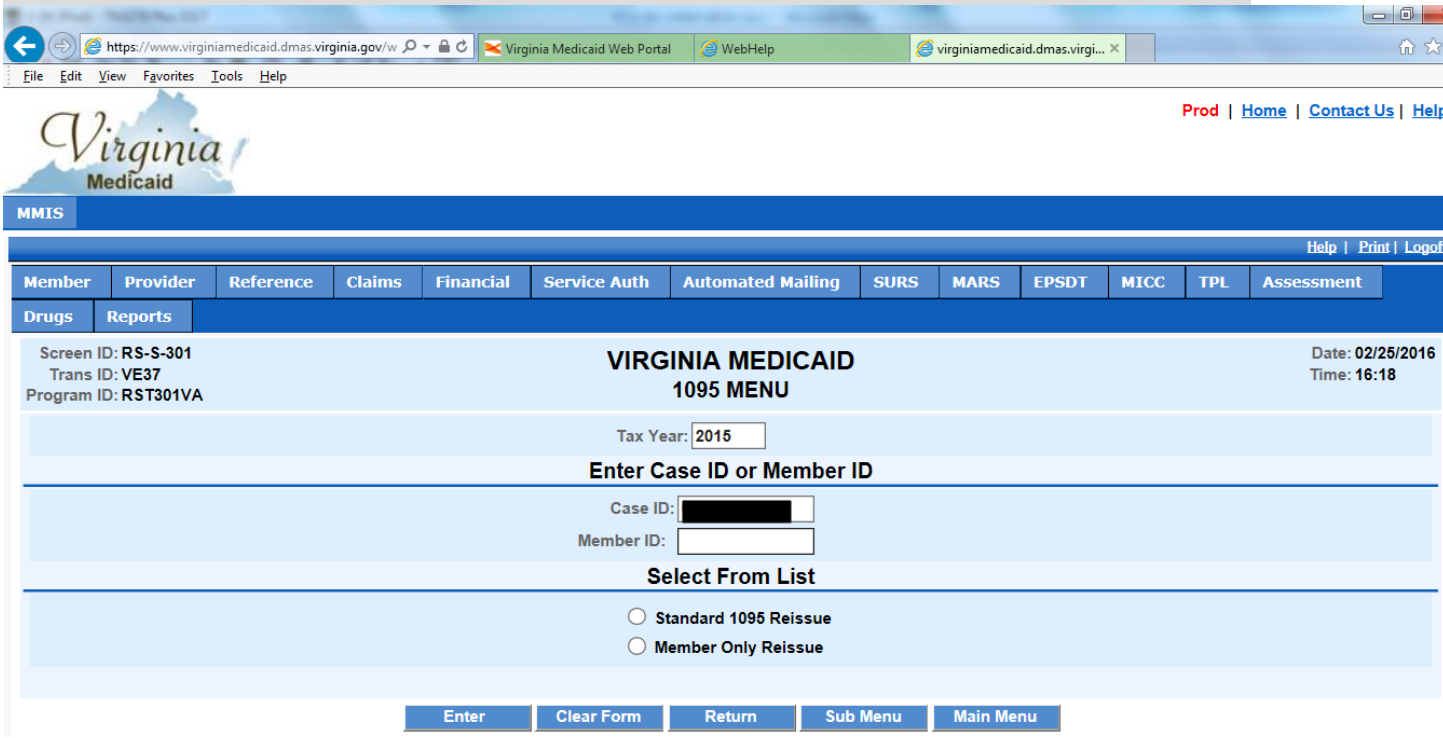
Screens RS-S-301 1095B Menu

General Information

This screen is the 1095B Menu. From this screen, users can select options that allow them to view 1095B Data in inquiry mode and allows them to request for a reissue of any existing 1095B form.

SOURCE/ORIGINATOR	DMAS authorized users.
USAGE	Inquiry, Reissue
PROGRAM	RST301VA
MAPSET	RS301VA
TRAN ID	VE37

SAMPLE	**1095B MENU (RS-S-301)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Tax Year Calculated (DE9001)	Edits: Must be entered and should have a value greater than or equal to 2015.	N/A
2	CASE ID (DE9021)	Edits: Valid Case ID should exist in 1095B Part1 table.	Case ID can be entered for Inquiry option. Reissue option can be selected by choosing Standard 1095 Reissue only.
3	ENROLLEE ID Enrollee Permanent Identification Number (DE9033)	Edits: If entered, must be a valid Enrollee ID on the 1095B Part4Table.	Enrollee ID can be entered for Inquiry option or reissue option can be selected by choosing either Standard 1095 Reissue or Member Only Reissue.
4	SELECTION Calculated	Edits: Standard Reissue option can be chosen only if valid Case ID is entered. Member Only Reissue can be chosen for a valid Enrollee or Case Id.	N/A
5	(ERROR TEXT FIELD) Calculated (DE0002)	1095 Menu (RS-S-301)	Display area for error messages. Display area for error messages. (P)

NAVIGATION	1095 Menu (RS-S-301)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Tax Year, Case ID and ENTER	Control is transferred to RST302VA (1095B data Inquiry screen).	RS-S-302 (B)
Tax Year, Enrollee ID and ENTER	Control is transferred to RST302VA (1095B data Inquiry screen).	RS-S-302 (B)
Tax Year, Case ID, Standard 1095 Reissue and ENTER	Control is transferred to RST302VA (1095B data Reissue screen).	RS-S-302 (B)
Tax Year, Case ID, Member Only Reissue and ENTER	Control is transferred to RST302VA (1095B data Reissue screen).	RS-S-302 (B)
Tax Year, Enrollee ID, Member Only Reissue and ENTER	Control is transferred to RST302VA (1095B data Reissue screen).	RS-S-302 (B)
SUB MENU	Return to the Member Subsystem Menu.	RS-S-000

		(R)
Main Menu	Returns to the Main System Menu.	RF-S-010 ()
Clear Form	Clears data entered on fields within the screen	RS-S-301
Return	Return to the Member Subsystem Menu.	RS-S-000 (R)

Error Messages

Error	Description	Resolution
5502	TAX YEAR MUST BE ENTERED	Tax year value should be entered.
5504	CASE ID DOES NOT HAVE 1095B FORMS TO DISPLAY	Chose a Case ID whose 1095B form has been submitted to IRS.
5505	ENROLLEE DOES NOT HAVE 1095B FORMS TO DISPLAY	Chose an Enrollee ID whose 1095B form has been submitted to IRS.
5506	EITHER CASE OR ENROLLEE ID SHOULD BE ENTERED	Either Case Id or Enrollee ID should be entered.
5507	FOR MEMBER ONLY REISSUE ENROLLEE ID MUST BE ENTERED	Enter a valid Enrollee ID.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE.	Key in a valid function key.
5501	TAX YEAR CANNOT BE IN FUTURE OR LESS THAN 2015	Enter a value greater than equal to 2015.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the 1095 option in the selection field. Choose Enter.
2. You see the 1095 Menu (RS-S-301).
Screen Use:
1. On the 1095 Menu, enter Tax year value
2. Enter either Case ID or Enrollee ID as appropriate.
3. If Reissue has to be requested then choose a radio button to select an option on screen.
4. If just 1095B Data has be viewed, option does not need to be selected.

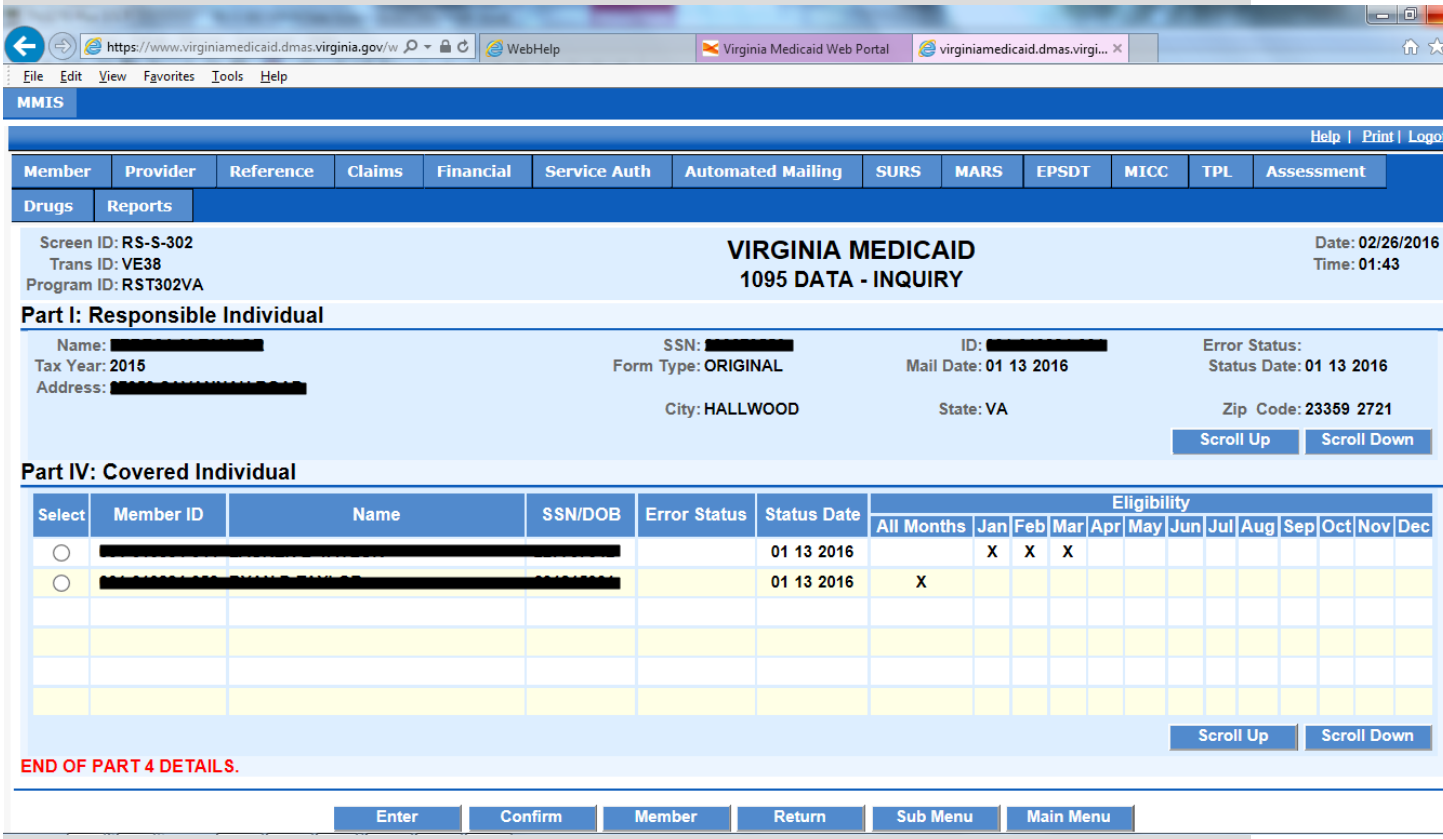
Screens RS-S-302 1095B Menu

General Information

This screen is the 1095B Data display screen. From this screen, users can view 1095B data in inquiry mode. In reissue mode users can overtype required Case Address as needed.

SOURCE/ORIGINATOR	DMAS authorized users.
USAGE	Inquiry, Reissue
PROGRAM	RST302VA
MAPSET	RS302VA
TRAN ID	VE38, VE39

SAMPLE	**1095B DATA SCREEN(RS-S-302)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Tax Year Calculated (DE9001)	Edits: Just receives the value as passed by MENU Programs	Tax Year for 1095B form.
2	CASE ID (DE9021)	Edits: Just receives the value as passed by MENU Programs	1095B Responsible Individual's case id.
3	Case Name (DE9022)	Edits: Data is populated from latest Original or Reissue form.	Case name as sent to IRS on 1095B form.
4	Case SSN (DE9023)	Edits: Data is populated from latest Original or Reissue form.	Case SSN as sent to IRS on 1095B form.
5	Error Status (DE9030)	Edits: Latest status available for Case ID or Enrollee ID from Part1 or Part 4 tables.	Displays latest error status if any of the case.
6	Form Type (DE9011)	Edits: Latest Form type of the Case ID entered in menu screen.	Indicates the type of Form that is shown on screen.
7	Mail Date (DE9012)	Edits: Populates from Part1 table.	File Creation Date
8	Status Date (DE9031)	Edits: The latest timestamp is chosen to determine the Status Date.	Latest updated date.
9	Case Address (DE9024) (DE9025) (DE9026) (DE9027) (DE9028)	Edits: Address is allowed to be overtyped in Reissue Mode. MMIS Case Address are applicable for these fields, when address is updated.	In Reissue mode, displays the latest MMIS Case Address. Allows user to overtype the address.
10	SELECTION	Edits: Users are allowed to select an Enrollee ID in Inquiry Mode.	In inquiry mode allows user to select an Enrollee and navigate to Other Member Enrollment Screens.
11	Member ID (DE9033)	Edits: Populates the value as selected from 1095B Part4 table.	1095B Enrollee ID as sent to IRS on 1095B form.
12	Enrollee Name (DE9034)	Edits: Populates the value as selected from 1095B Part4 table.	1095B Enrollee Name as sent to IRS on 1095B Form.

13	Enrollee SSN/DOB (DE9035) (DE9036)	Edits: Populates the value as selected from 1095B Part4 table.	1095B Enrollee SSN/DOB as sent to IRS on 1095B Form.
14	Error Status (DE9030)	Edits: Error Status for Case ID or Enrollee ID is populated as below: Depending on Part1 or Part4 table Error Status and 1094B Status of IRS below is the Screen Error Status assigned: When ERR_ST ='C' OR 'X' If IRS Status ='Processing' Or Spaces Then 'INPROCESS' If IRS Status='Rejected' then 'REJECTED' When ERR_ST = spaces If IRS Status = 'ACCEPTED' or 'PARTIALLY ACCEPTED' or 'ACCEPTED WITH ERRORS' Then 'NONE'.	Displays latest error status if any of the enrollee.

NAVIGATION	1095 Menu (RS-S-302)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Overtype Case Address and ENTER	Displays message to click on CONFIRM button.	RS-S-302(B)
CONFIRM	Address change is updated and a request is generated to Reissue the form with new address entered.	RS-S-302(B)
SUB MENU	Return to the Member Subsystem Menu.	RS-S-000 (R)
Main Menu	Returns to the Main System Menu.	RF-S-010 ()
Return	Return to the 1095 Menu.	RS-S-301 (R)
Member	When an Enrollee is selected and clicked on Member button, control is transferred to Member demographics screen.	RS-S-018 (R)

Error Messages

Error	Description	Resolution
5508	END OF PART 1 DETAILS.	
5509	PART 1 DETAILS NOT AVAILABLE.	

5510	END OF PART 4 DETAILS.	
5511	PART 4 DETAILS NOT AVAILABLE.	
5512	ALREADY AT THE TOP OF PART 4 DETAILS. SCROLLING UP IS NOT POSSIBLE.	
5513	ALREADY AT THE BOTTOM OF PART 4 DETAILS. SCROLLING DOWN NOT POSSIBLE.	
5514	ALREADY AT THE TOP OF PART 1 DETAILS. SCROLLING UP IS NOT POSSIBLE.	
5515	ALREADY AT THE BOTTOM OF PART 1 DETAILS. SCROLLING DOWN NOT POSSIBLE.	
5516	PART I SCROLLING NOT AVAILABLE.	
5517	1095 REISSUE REQUEST SUBMITTED.	
5519	1095 REISSUE REQUEST IS ALREADY SUBMITTED. CANNOT SUBMIT AGAIN.	
5520	ADDRESS CHANGED. CHOOSE CONFIRM TO SUBMIT REISSUE REQUEST.	
5521	PART IV SCROLLING NOT AVAILABLE.	

Screen Access

From the Main System Menu, select the Recipient icon.
1. On the Recipient Main Menu, choose the 1095B option in the selection field. Choose Enter.
2. You see the 1095 Menu (RS-S-302).
3. On 1095 Menu enter details as needed and click on ENTER key.
Screen Use:
1. Overtype new Address and click on ENTER
2. Click on CONFIRM button to reissue a form.
3. Chose an Enrollee using selection radio button and click on Member screen to transfer control to Member Demographics process.

Screens RS-S-310 Medicare Premium/BENDEX Data

General Information

Medicare Premium Processing (Buy-In and Group Payer) data and Beneficiary and Earnings Data Exchange (BENDEX) information for a specified member.

SOURCE/ORIGINATOR	DMAS authorized users.
USAGE	Inquiry, Update
PROGRAM	RST310
MAPSET	RS310VA
TRAN ID	VE86-Inquiry/VE8B-Update

SAMPLE	**Medicare Premium/BENDEX Data (RS-S-310)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: If entered, must be on the Enrollee Master Data Store. The RS_PERSON table must indicate that the Enrollee ID is a primary ID. If spaced out, then Field 3, Claim Number must be entered. If both Enrollee ID and Claim Number are entered, then validate that both data elements point to the same I_PERSON and the I_PERSON must be a primary ID. Messages: Missing/Invalid data, please correct highlighted fields.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This field is displayed from the menu. To select another record for inquiry, click on the Clear Form button at the bottom of the screen, then enter a new Enrollee ID or Claim #. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This field is displayed from the menu. To select another record, click on the Clear Form button at the bottom of the screen, then enter a new Enrollee ID or Claim #.
2	MEDICARE # Medicare Number (DE3002)	Edits: If entered, must be on the Enrollee Master Data Store (RS_PRSN_IDENTIFIER) as the current effective HIC, and the I_PERSON must be a primary ID on RS_PERSON. If cleared, then Enrollee ID must be present. If both Enrollee ID and HIC Number are entered, then validate that both data elements point to the	The number at the Social Security Administration (SSA) of individual on whose earnings benefits are paid or eligibility is established for Medicare coverage. It is composed of a nine-digit Social Security Number or a six-digit Railroad Retirement Board Number. Displayed from the menu. To select another record for inquiry, click on the Clear Form button on the bottom of the screen, then enter a new Claim # or Enrollee ID. The number at the Social Security Administration (SSA) of individual on whose earnings benefits are paid or eligibility is established for Medicare coverage. It is composed of a nine-digit Social Security Number or a six-digit Railroad Retirement Board Number. Displayed from the menu. To select another record for inquiry, click on the Clear

		same I_PERSON and the I_PERSON must be a primary ID. Messages: Missing/Invalid data, please correct highlighted fields. HIC Number correlates to more than one Enrollee ID.	Form button on the bottom of the screen, then enter a new Claim # or Enrollee ID.
2.1	Name Enrollee Full Name (DE3003)	Edits: Enrollee Full Name is displayed. Messages: Enrollee Full Name is displayed.	Enrollee Full Name is displayed. Enrollee Full Name is displayed.
2.2	SSN Enrollee Social Security Number (SSN) (DE3034)	Edits: Displays the Social Security Number. Messages:	The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program. The number used by SSA throughout a wage earner's lifetime to identify earnings under the Social Security Program.
2.3	SSN Stat Social Security Number (SSN) Status Code (DE3443)	Edits: Displays the Social Security Number Status Code. Messages:	Indicates whether or not a recipient's SSN has been verified by the Social Security Administration. SSA verifies an SSN by comparing the recipient's name, birth date and sex to the SSA Master File. Indicates whether or not a recipient's SSN has been verified by the Social Security Administration. SSA verifies an SSN by comparing the recipient's name, birth date and sex to the SSA Master File.
3	SSA CLAIM # BENDEX SSA Claim Number (DE3501)	Edits: Displays Enrollee SSA Claim (CLM) Number. Messages: Displays Enrollee SSA Claim (CLM) Number.	Displays Enrollee SSA Claim (CLM) Number. Displays Enrollee SSA Claim (CLM) Number.
3.1	SSA CIT STAT SSA Citizenship Status (DE3622)	Edits: Messages:	This field displays the Citizenship Status based on the Social Security Administration (SSA). This field displays the Citizenship Status

			based on the Social Security Administration (SSA).
3.2	SSA CIT STAT DATE SSA Citizenship Status Date (DE3623)	Edits: Messages:	This field displays the Citizenship Status Date based on the Social Security Administration (SSA). This field displays the Citizenship Status Date based on the Social Security Administration (SSA).
4	SMI: TRANSACTION CODE Enrollee Medicare Premium Payment Transaction Code (DE3015)	Edits: Displays Part B premium payment transaction code. Messages:	This field is also known as the SSA Communications Code. A code scheme containing various numerical codes used to describe Medicare Premium processing situations that can occur at SSA or the State and also used to convey information between SSA and Medicare Premium processing. The first two positions reflect the type of action taken by CMS e.g., accretion, deletion, adjustment. The third and fourth positions contain either the incoming transaction code submitted by the State or a code generated internally by CMS if the action is an adjustment. See State Buy-in Manual for explanation of transaction codes. Use the on-line HELP system to find valid codes for this field. This field is also known as the SSA Communications Code. A code scheme containing various numerical codes used to describe Medicare Premium processing situations that can occur at SSA or the State and also used to convey information between SSA and Medicare Premium processing. The first two positions reflect the type of action taken by CMS e.g., accretion, deletion, adjustment. The third and fourth positions contain either the incoming transaction code submitted by the State or a code generated internally by CMS if the action is an adjustment. See State Buy-in Manual for explanation of transaction codes. Use the on-line HELP system to find valid codes for this field. System displayed (P).
5	SMI: DATE Enrollee Medicare Premium Payment Transaction Date (DE3097)	Edits: Displays Part B premium payment transaction date. Messages:	This field reflects the effective date of the related transaction code as transmitted by SSA (on the SSA Buy-in Transaction File). This is the Bill Date and identifies the date of the CMS billing record.

			This field reflects the effective date of the related transaction code as transmitted by SSA (on the SSA Buy-in Transaction File). This is the Bill Date and identifies the date of the CMS billing record. System displayed (P).
6	SMI: START Enrollee Medicare Premium Payment Start Date (DE3029)	Edits: Displays Part B premium payment start date Messages:	The beginning date (or effective) of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. The beginning date (or effective) of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. System displayed (P).
7	SMI: STOP Enrollee Medicare Premium Payment Stop Date (DE3033)	Edits: Displays Part B premium payment end date Messages:	The effective end date of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. The effective end date of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. System displayed (P).
8	SMI: PREMIUM Enrollee Medicare Premium Payment Amount (DE3030)	Edits: Displays Part B premium payment amount. Messages:	The amount of money that DMAS pays to obtain Medicare Part A or B coverage for an enrollee; the monthly Part A or Part B Medicare premium rate. The amount of money that DMAS pays to obtain Medicare Part A or B coverage for an enrollee; the monthly Part A or Part B Medicare premium rate. System displayed (P).
9	SMI: CODE Enrollee Buy-In SMI Eligibility Code (DE3102)	Edits: Displays Part B premium payment code. Messages:	An alphabetic code which describes the reason the beneficiary is eligible for Buy-In Part B. An additional position has been allocated for expansion. Use the on-line HELP system to find valid codes for this field. An alphabetic code which describes the reason the beneficiary is eligible for Buy-In Part B. An additional position has been allocated for expansion. Use the on-line HELP system to find valid codes for this field. System displayed (P).
10	HI: TRANSACTION CODE Enrollee Medicare	Edits: Displays Part A premium payment	This field is also known as the SSA Com-

	Premium Payment Transaction Code (DE3015)	transaction code. Messages:	munications Code. A code scheme containing various numerical codes used to describe Medicare Premium processing situations that can occur at SSA or the State and also used to convey information between SSA and Medicare Premium processing. The first two positions reflect the type of action taken by CMS e.g., accretion, deletion, adjustment. The third and fourth positions contain either the incoming transaction code submitted by the State or a code generated internally by CMS if the action is an adjustment. See State Buy-in Manual for explanation of transaction codes. Or use the on-line HELP system to find valid codes for this field. This field is also known as the SSA Communications Code. A code scheme containing various numerical codes used to describe Medicare Premium processing situations that can occur at SSA or the State and also used to convey information between SSA and Medicare Premium processing. The first two positions reflect the type of action taken by CMS e.g., accretion, deletion, adjustment. The third and fourth positions contain either the incoming transaction code submitted by the State or a code generated internally by CMS if the action is an adjustment. See State Buy-in Manual for explanation of transaction codes. Or use the on-line HELP system to find valid codes for this field. System displayed (P).
11	HI: DATE Enrollee Medicare Premium Payment Transaction Date (DE3097)	Edits: Displays Part A premium payment transaction date. Messages:	This field reflects the effective date of the related transaction code as transmitted by SSA (on the SSA Buy-in Transaction File). This is the Bill Date and identifies the date of the CMS billing record. This field reflects the effective date of the related transaction code as transmitted by SSA (on the SSA Buy-in Transaction File). This is the Bill Date and identifies the date of the CMS billing record. System displayed (P).
12	HI: START Enrollee Medicare Premium Payment	Edits: Displays Part A premium payment	The beginning date (or effective) of coverage that relates to the associated Transaction Code and Medicare premium amount or

	Start Date (DE3029)	start date.	refund. The beginning date (or effective) of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. System displayed (P).
13	HI: STOP Enrollee Medicare Premium Payment Stop Date (DE3033)	Edits: Displays Part A premium payment end date.	The effective end date of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. The effective end date of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. System displayed (P).
14	HI: PREMIUM Enrollee Medicare Premium Payment Amount (DE3030)	Edits: Displays Part A premium payment amount. Messages:	The amount of money that DMAS pays to obtain Medicare Part A or B coverage for an enrollee; the monthly Part A or Part B Medicare premium rate. The amount of money that DMAS pays to obtain Medicare Part A or B coverage for an enrollee; the monthly Part A or Part B Medicare premium rate. System displayed (P).
15	BENDEX QUERY BENDEX Query Code (DE3447)	Edits: If entered, must be '0' or '1'. Messages: Missing/Invalid data, please correct highlighted fields.	A code indicating that a query should be made for this recipient to SSA through BENDEX, or the response that was received from SSA. A query is generated for new, reinstated and canceled recipients as well as when the HIC Number (SSA Claim Number) changes. Use the on-line HELP system to find valid codes for this field. A code indicating that a query should be made for this recipient to SSA thru BENDEX, or the response that was received from SSA. A query is generated for new, reinstated and canceled recipients as well as when the HIC Number (SSA Claim Number) changes. Use the on-line HELP system to find valid codes for this field. UPDATE (O/U) Enter 0 to indicate initial query or 1 to cancel query. If entered, must be '0' or '1'.
16	PREMIUM INDICATOR Medicare Premium Indicator (DE3655)	Edits: If entered, must be 0, 1, 2, 8, or 9. If '2' is entered,	Indicates whether enrollee is eligible for Medicare Part B or SSA and whether premiums are to be paid by the enrollee or the state. Use the on-line HELP system to find valid codes for this field.

		access TP_POLICY using I_PERSON, C_STATUS_CVAL = 'A', C_PLCY_TYPE_CVAL = 'M', I_CARRIER = '00001', and D_POLICY_END equal to nulls or greater than current date to ensure that current Medicare exists. Verify that I_POLICY (Pos 1-12) is equal to the screen Claim Number. If not found or unmatched, then generate the associated message. Messages: Missing/Invalid data, please correct highlighted fields.	Indicates whether enrollee is eligible for Medicare Part B or SSA and whether premiums are to be paid by the enrollee or the state. Use the on-line HELP system to find valid codes for this field. If entered, must be 0, 1, 2, 8, or 9. UPDATE (O/U) Enter the appropriate one character code or type over existing code to change.
17	COMM CODE BENDEX SSA Information Exchange Code (DE3031)	Edits: Displays the BENDEX SSA information exchange code. Messages:	A coding scheme established by BENDEX containing various alphanumeric codes used to interpret the data exchanged between BENDEX and the State agency. See BENDEX Handbook for explanation of transaction codes. The on-line HELP system can also be used to find valid codes for this field. A coding scheme established by BENDEX containing various alphanumeric codes used to interpret the data exchanged between BENDEX and the State agency. See BENDEX Handbook for explanation of transaction codes. The on-line HELP system can also be used to find valid codes for this field. System displayed (P).
18	DSS BDX BENDEX DSS Inquiry Status Flag (DE3448)	Edits: Displays the DSS inquiry status flag.	A one position field used to indicate whether the recipient is or is not active for DSS BENDEX inquiries. 'N' = Not active for inquiries, 'Y' = Is active for inquiries. A one position field used to indicate whether the recipient is or is not active for DSS BENDEX inquiries. 'N' = Not active for inquiries, 'Y' = Is active for inquiries. System displayed (P).

19	SMI: PAYER BENDEX SMI Premium Payer (DE3524)	Edits: Displays the Part B premium payment payer code. Messages:	A code assigned by CMS indicating who is paying the SMI premium. Use the on-line HELP system to find valid codes for this field. A code assigned by CMS indicating who is paying the SMI premium. Use the on-line HELP system to find valid codes for this field. System displayed (P).
20	SMI: PREMIUM BENDEX SMI Premium Amount Collectable (DE3523)	Edits: Displays the collectable premium amount for Part B. Messages:	The current SMI premium amount collectable (SPAC) which includes the regular Part B premium, the catastrophic add-on, and prescription drug add-on. Zero (00000) is displayed when the Date of Entitlement to SMI (DE 3522) is in the future. The current SMI premium amount collectable (SPAC) which includes the regular Part B premium, the catastrophic add-on, and prescription drug add-on. Zero (00000) is displayed when the Date of Entitlement to SMI (DE 3522) is in the future. System displayed (P).
21	SMI: SOC BENDEX SMI Non Covered Reason Code (DE3521)	Edits: Displays the Part B option code. Messages:	The currently recorded SMI Option Code (SOC). Use the on-line HELP system to find valid codes for this field. SOC code is no longer sent from CMS. This field will have a derived value from SMI Non Covered Reason Code. The currently recorded SMI Option Code (SOC). Use the on-line HELP system to find valid codes for this field. SOC code is no longer sent from CMS. This field will have a derived value from SMI Non Covered Reason Code.
22	HI: PAYER BENDEX HI Premium Payer (DE3539)	Edits: Displays the Part A premium payment payer code. Messages:	A code assigned by CMS indicating who is paying the HI premium. Use the on-line HELP system to find valid codes for this field. A code assigned by CMS indicating who is paying the HI premium. Use the on-line HELP system to find valid codes for this field. System displayed (P).
23	HI: PREMIUM BENDEX Hospital Insurance Premium Amount Collectable	Edits: Displays the collectable premium amount for Part A.	The current hospital insurance premium amount collectable reflected as $$$cc. The current hospital insurance premium

	(DE3528)	Messages:	amount collectable reflected as $$$cc. System displayed (P).
24	HOC BENDEX Hospital Insurance Option Code (HOC) (DE3526)	Edits: Displays the Part A option code.	The beneficiary's most recent Hospital Insurance Option Code (HOC) from BENDEX. Use the on-line HELP system to find valid codes for this field. This field is no longer sent from CMS. It will have the initialized values. The beneficiary's most recent Hospital Insurance Option Code (HOC) from BENDEX. Use the on-line HELP system to find valid codes for this field. System displayed (P). This field is no longer sent from CMS, it will have an initialized value.
25	T-II BEGIN BENDEX Initial Entitlement Date (DE3518)	Edits: Displays the initial date of entitlement to Title II insurance.	The initial date of entitlement to Title II benefits formatted as MMCCYY. The initial date of entitlement to Title II benefits formatted as MMCCYY. System displayed (P).
26	T-II AMOUNT BENDEX Monthly Benefit Payable (DE3517)	Edits: Displays the Title II monthly benefit amount. Messages:	The net amount due to the beneficiary on the third of the next month after the BENDEX record is produced. Note: Money amounts are displayed where the beneficiary was previously entitled or is in a nonpayment status. The net amount due to the beneficiary on the third of the next month after the BENDEX record is produced. Note: Money amounts are displayed where the beneficiary was previously entitled or is in a nonpayment status. System displayed (P).
27	PSC BENDEX Payment Status Code (DE3516)	Edits: Displays the status of the beneficiary’s Social Security benefits.	The status of the Beneficiary's Social Security benefits. Initialized to spaces on add. Generated by BENDEX update. Valid values are defined in the BENDEX Handbook. The on-line HELP system can also be used to find valid codes for this field. The status of the Beneficiary's Social Security benefits. Initialized to spaces on add. Generated by BENDEX update. Valid values are defined in the BENDEX Handbook. The on-line HELP system can also be used to find valid codes for this field. System displayed (P).
28	SSI ELIGIBLE BENDEX SSI Entitlement Date	Edits: Displays the date of entitlement or the	The current date of entitlement to SSI benefits formatted as MMCCYY.

	(DE3537)	date of non-eligibility. Messages:	The current date of entitlement to SSI benefits formatted as MMCCYY. System displayed (P).
30	RAILROAD BENDEX RRB Status Code (DE3531)	Edits: Displays the Railroad Retirement Board benefit status	A code indicating Railroad Retirement Board Benefit Status. A BENDEX field. See BENDEX Handbook, field 29. The on-line HELP system can also be used to find valid codes for this field. A code indicating Railroad Retirement Board Benefit Status. A BENDEX field. See BENDEX Handbook, field 29. The on-line HELP system can also be used to find valid codes for this field. (P).
31	MLTP BENDEX Dual Entitlement Indicator (DE3535)	Edits: Displays a code indicating if the enrollee has multiple social security numbers.	Indicator set by BENDEX to indicate that a beneficiary is entitled on more than one Claim Account Number. See BENDEX Handbook, field 32. 'D' = dual entitlement, 'T' = triple entitlement. Space indicates no other entitlement. Indicator set by BENDEX to indicate that a beneficiary is entitled on more than one Claim Account Number. See BENDEX Handbook, field 32. 'D' = dual entitlement, 'T' = triple entitlement. Space indicates no other entitlement. System displayed (P).
32	DISABILITY ONSET Enrollee Disability Onset Date (DE3404)	Edits: Displays the date of onset of the enrollee's disability. Messages:	The date of onset of the enrollee's disability. The date of onset of the enrollee's disability.

NAVIGATION	**Medicare Premium/BENDEX Data (RS-S-310)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Return to Main System Menu.	RF-S-010 ()
CLEAR FORM	Clear data from current screen.	N/A
ENTER	Command to edit data entered.	N/A
SUB MENU	Return to Medicare Menu screen.	RS-S-300 (R)
REFRESH	Refresh screen data.	N/A
RETURN	Return to the previous screen.	RS-S-018 RS-S-300 (R)

UPDATE	Command to save information entered in an update screen. Not applicable during an inquiry transaction.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3018	BENDEX RECORD NOT FOUND FOR ENROLLEE	Informational message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
3017	CLAIM NUMBER DOES NOT CORRELATE TO CURRENT TPL POLICY	Informational message.
3022	CURRENT TPL POLICY NOT FOUND	Informational message.
3056	DATA DISPLAYED	Informational message. No action needed.
2	DATA NOT CHANGED	Informational message. No action needed.
68	DATA REFRESHED	Informational message.
3005	ENROLLEE ID AND CLAIM NUMBER ARE NOT FOR THE SAME PERSON	Informational message.
3006	ENROLLEE ID NOT FOUND, OR NOT FOR A PERMANENT PERSON ID	Informational message.
3021	ENROLLEE ID/CLAIM NUMBER CHANGED UPDATE NOT ALLOWED.	Informational message.
3003	ENTER EITHER ENROLLEE ID, MEDICARE NUMBER, OR SSA CLAIM NUMBER.	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3019	MEDICARE PART A GROUP PAYER TRANSACTION NOT FOUND	Informational message.
3020	MEDICARE PART B BUY-IN TRANSACTION NOT FOUND	Informational message.
3791	MEDICARE/SSA CLAIM NUMBER CORRELATES TO MORE THAN ONE ENROLLEE ID.	Ensure that the HIC number relates to one enrollee.
3002	MEDICARE/SSA CLAIM NUMBER NOT FOUND, OR	Informational message.

	NOT FOR A PERMANENT PERSON ID.	
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
24	RECORD FOR UPDATE NOT FOUND	Informational message. No action needed.
25	RECORD UPDATED	Informational message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the trans-action.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

From the Main System Menu, select the Recipient icon.
1. You see the Recipient Subsystem Menu (RS-S-000).
2. On the Recipient Subsystem Menu, select the Medicare Function, then choose Enter.
3. You see the Medicare Menu (RS-S-300).
4. On the Medicare Menu, enter either the Enrollee ID or Medicare/SSA Claim Number.
5. Select Medicare Premium/BENDEX Data in the Selection field.
6. Select Change or Inquiry in the Function field. Choose Enter.
7. You see the Medicare Premium/BENDEX Data screen (RS-S-310).

Screens RS-S-320 Medicare History

General Information

Provide on-line history inquiry function for the Member Medicare data.

SOURCE/ORIGINATOR	DMAS authorized users.
USAGE	Inquiry
PROGRAM	RST320
MAPSET	RS320VA
TRAN ID	VE87-Inquiry

SAMPLE	**Medicare History (RS-S-320)**

Test Environment | Home | Contact Us | Help | Search |

Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: RS-S-320
Trans ID: VE87
Program ID: RST320VA

VIRGINIA MEDICAID
MEDICARE HISTORY - INQUIRY

Date: 02/10/2010
Time: 21:51
Page: 001 of 001

Member ID: [redacted]
Name: [redacted]

Type	Policy Number	Begin Date	End Date	Update Date	Eligibility	
					Begin Date	End Date
A	[redacted]	05/01/2003		10/01/2001		
B		05/01/2003		10/01/2001		
RD				12/31/2005	01/01/2006	

Scroll Up | Scroll Down

Enter | Clear Form | Refresh | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Enrollee ID Enrollee Permanent Identification Number (DE3093)	Edits: If entered, must be on the Enrollee Master Data Store. Messages: Missing/Invalid data, please correct highlighted fields.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This field is displayed from the menu selection. To view another record, click the Clear Form button at the bottom of the screen, then key a new Enrollee ID into this field and choose Enter. N/A
2	Name Enrollee Full Name (DE3003)		The name of the individual eligible for DMAS-administered programs. N/A
3	Type TPL Coverage Code (DE3013)		A code that identifies the type of coverage an Enrollee has with the third party. For Medicare must be 'A' (Part A), 'B' (Part B) or 'RD' (Part D). N/A
4	Policy Number Medicare Number (DE3002)		The number established for Medicare coverage. It is based upon a nine-digit Social Security Number or a six-digit number assigned by the Railroad Retirement Board. N/A
5	Begin Date TPL Coverage Effective (Begin) Date (DE3667)		The date the Medicare coverage began. N/A
6	End Date TPL Coverage End Date (DE3668)		The date the Medicare coverage ended.
7	Update Date Calculated (DE0002)		Displays the last update date of the record.
8	MSG (DE0000)		Displays error/informational messages to the operator. N/A
9	Eligibility Begin Date		The date Medicare Part D Eligibility began.

	TPL Coverage Effective (Begin) Date (DE3667)		N/A
10	Eligibility End Date TPL Coverage End Date (DE3668)		The date Medicare Part D Eligibility will end. N/A

NAVIGATION	Medicare History (RS-S-320)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of Medicare History Data. If this button is pressed, and there are no more Medicare History segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
CLEAR FORM	Clears the screen and allows user to enter new data.	N/A
ENTER	Command to edit data entered.	N/A
SUB MENU	Return to the Medicare Menu screen.	N/A
SCROLL DOWN	Command button to view the next page of Medicare History Data. If this button is pressed, and there are no more Medicare History segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
RETURN	Returns to the previously reviewed screen.	N/A
MAIN MENU	Return to Main System Menu.	N/A

Error Messages

Error	Description	Resolution
3023	CHOOSE ENTER TO PROCESS NEW ENROLLEE ID	Information message.
70	CURRENT PAGE NUMBER IS	Information message, no action needed.
68	DATA REFRESHED	Information message.
4	END OF THE PAGE	Information message, no action needed.
3006	ENROLLEE ID NOT FOUND, OR NOT FOR A PERMANENT PERSON ID	Information message.
3122	ENTER A VALID PERMANENT ENROLLEE ID	Enter valid values according to error message specifications.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.

15	FUNCTION CHOSEN IS INVALID	Choose another function.
3081	MEDICARE COVERAGE NOT FOUND	Information message.
3010	MEDICARE SOURCE NOT BUY-IN/BENDEX UPDATE NOT ALLOWED.	Information message.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
29	TOP OF THE PAGE	Information message. No action needed.

Screen Access

From the Main System Menu, select the Recipient icon.
1. You see the Recipient Subsystem Menu (RS-S-000).
2. On the Recipient Subsystem Menu, select the Medicare Function, and then choose Enter.
3. You see the Medicare Menu (RS-S-300).
4. On the Medicare Menu, enter either the Enrollee ID or Claim #.
5. Select Medicare History in the Selection field.
6. Select Inquiry in the Function field. Choose Enter.
7. You see the Medicare History screen (RS-S-320).
8. To view a new enrollee, choose the Clear Form button, enter a new enrollee ID and choose Enter.

Screens RS-S-330 Medicare Premium History

General Information

Provide on-line history for the member medicare premium processing (Buy-In and Group Payer) data.

SOURCE/ORIGINATOR	DMAS authorized users.
USAGE	Inquiry
PROGRAM	RST330
MAPSET	RS330VA
TRAN ID	VE88

SAMPLE	Medicare Premium History (RS-S-330)

Virginia Medicaid

Test Environment | Home | Contact Us | Help | Search |

MMIS

Help | Print | Logoff

Screen ID: RS-S-330
Trans ID: VE88
Program ID: RST330VA

VIRGINIA MEDICAID
MEDICARE PREMIUM HISTORY - INQUIRY

Date: 02/10/2010
Time: 21:52
Page: 001 of 002

Member ID: [redacted] Name: [redacted]

Type	Medicare Number	Agency	Begin Date	End Date	Premium Paid	Trans Code	Comments
B	[redacted]	[redacted]	01/01/2010	01/31/2010	110.50	41	
B			09/01/2009	12/31/2009	96.40	41	
B			10/01/2008	08/31/2009	96.40	41	
B			08/20/2008		0.00	99	
B			01/01/2008	09/30/2008	96.40	41	
B			01/01/2007	12/31/2007	93.50	41	
B			11/01/2006	12/31/2006	88.50	41	
B			07/01/2006	10/31/2006	354.00	1125	
B			07/01/2005		0.00	61	
B				06/30/2006	- 177.00	1751	

Comments:

Scroll Up | Scroll Down

Enter | Refresh | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: If entered, must be on the Enrollee Master Data Store. The RS_PERSON table must indicate that the Enrollee ID is a primary ID. Messages: Missing/Invalid data, please correct highlighted fields.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. This is the ID number that is used as the key to access the Claims History File. Displayed from the menu. To access a new enrollee record, type over the Enrollee ID and press or click Enter. N/A
2	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name.	The name of the individual eligible for DMAS-administered programs. N/A
3	TYPE Enrollee Medicare Premium Payment Type Codes (DE3018)	Edits: Displays type of premium payment (whether Part A or B). Messages:	Indicates the type of segment as Medicare coverage Part A or Medicare Part B. This coding scheme will be used for both Medicare history and Medicare premium payment history data. 'A' = Medicare A, 'B' = Medicare B. N/A
4	MEDICARE NUMBER Historical Medicare Number (DE3209)	Edits: Displays enrollee's health insurance Medicare claim number. Messages:	Enrollee's health insurance Medicare claim number. Enrollee's health insurance Medicare claim number.
5	AGENCY Enrollee Medicare Premium Payment Agency Code (DE3045)	Edits: Displays the code used to indicate the agency of the enrollee's Medicare premium.	The State agency code as assigned by SSA or Group Payer. This code indicates the entity which has jurisdiction over the account. For Virginia, code S49 is used for Part A and 490 is used for Part B. N/A
6	BEGIN DATE Enrollee Medicare Premium Payment Start Date (DE3029)	Edits: Displays the begin date of the enrollee's medicare premium payment.	The beginning date (or effective) of coverage that relates to the associated Transaction Code and Medicare premium amount or refund.

			N/A
7	END DATE Enrollee Medicare Premium Payment Stop Date (DE3033)	Edits: Displays the end date of the enrollee's medicare premium payment.	The effective end date of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. N/A
8	PREMIUM PAID Enrollee Medicare Premium Payment Amount (DE3030)	Edits: Displays the premium amount for Medicare Part A or B coverage.	The amount of money that DMAS pays to obtain Medicare Part A or B coverage for an enrollee; the monthly Part A or Part B Medicare premium rate. N/A
9	TRANS CODE Enrollee Medicare Premium Payment Transaction Code (DE3015)	Edits: Displays the code used to describe the premium payment transaction. Note, if DE 3015 is blank, then populate the screen field using DE 3103.	This field is also known as SSA Communications Code. A code scheme containing various numerical codes used to describe Medicare Premium processing situations that can occur at SSA or the State and also used to convey information between SSA and Medicare Premium processing. The first two positions reflect the type of action taken by HCFA e.g., accretion, deletion, adjustment. The third and fourth positions contain either the incoming transaction code submitted by the State or a code generated internally by HCFA if the action is an adjustment. See State Buy-in Manual for explanation of transaction codes. The on-line HELP system can also be used to find valid codes for this field. N/A
10	REMARKS (INDICATOR) (DE0000)	Edits: Displays only when Buy-In Remarks exist for the detail Buy-In Transaction. The unprotected indicator will allow for any alpha/numeric character (used to display associated Remarks). Messages:	An indicator flag that displays only when Buy-In Remarks exist for the detail Buy-In Transaction. The unprotected indicator will allow for any alpha/numeric character (used to display associated Remarks). N/A
11	(BUY-IN) REMARKS Enrollee Medicare Premium Payment Transaction Remarks (DE3091)	Edits: Messages:	Text field displaying Remarks associated with this enrollee. N/A

NAVIGATION	Medicare Premium History (RS-S-330)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous page of Medicare Premium Payment Data. If this button is pressed, and there are no more Medicare Premium Payment segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
MAIN MENU	Return to Main System Menu.	RF-S-010 ()
ENTER	Command to edit data entered.	N/A
SUB MENU	Return to the Medicare Menu screen.	RS-S-300 (R)
SCROLL DOWN	Command button to view the next page of Medicare Premium Payment Data. If this button is pressed, and there are no more Medicare Premium Payment segments on the Member Data Store for the Member ID on the screen, a message will appear.	N/A
REFRESH	Refresh screen data.	N/A
RETURN	Return to calling program.	RS-S-300 (R)

Error Messages

Error	Description	Resolution
3023	CHOOSE ENTER TO PROCESS NEW ENROLLEE ID	Informational message.
70	CURRENT PAGE NUMBER IS	Informational message.
3094	END OF MEDICARE PREMIUM TRANSACTIONS	Informational message.
3006	ENROLLEE ID NOT FOUND, OR NOT FOR A PERMANENT PERSON ID	Informational message.
3122	ENTER A VALID PERMANENT ENROLLEE ID	Enter valid values according to error message specifications.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
17	NEXT PAGE DATA IS DISPLAYED	Informational message.
3505	NO RECORDS FOR THIS ENROLLEE	There is no LOC information for this enrollee. Add new LOC segment.
20	PREVIOUS PAGE DATA IS DISPLAYED	Informational message.
3093	TOP OF MEDICARE PREMIUM	Informational message.

	TRANSACTIONS	

Screen Access

From the Main System Menu, select the Recipient icon.
1. You see the Recipient Subsystem Menu (RS-S-000).
2. On the Recipient Subsystem Menu, select the Medicare Function, then choose Enter.
3. You see the Medicare Menu (RS-S-300).
4. On the Medicare Menu, enter either the Enrollee ID or Claim #.
5. Select Medicare Premium History in the Selection field.
6. Select Inquiry in the Function field. Choose Enter.
7. You see the Medicare Premium History screen (RS-S-330).
8. Once on the screen, Page XXX of XXX is displayed in the upper right corner. You can browse through the pages by using the Page Up and Page Down buttons to the right of the data box.
9. To view a new enrollee, type over the existing Enrollee ID and choose Enter.

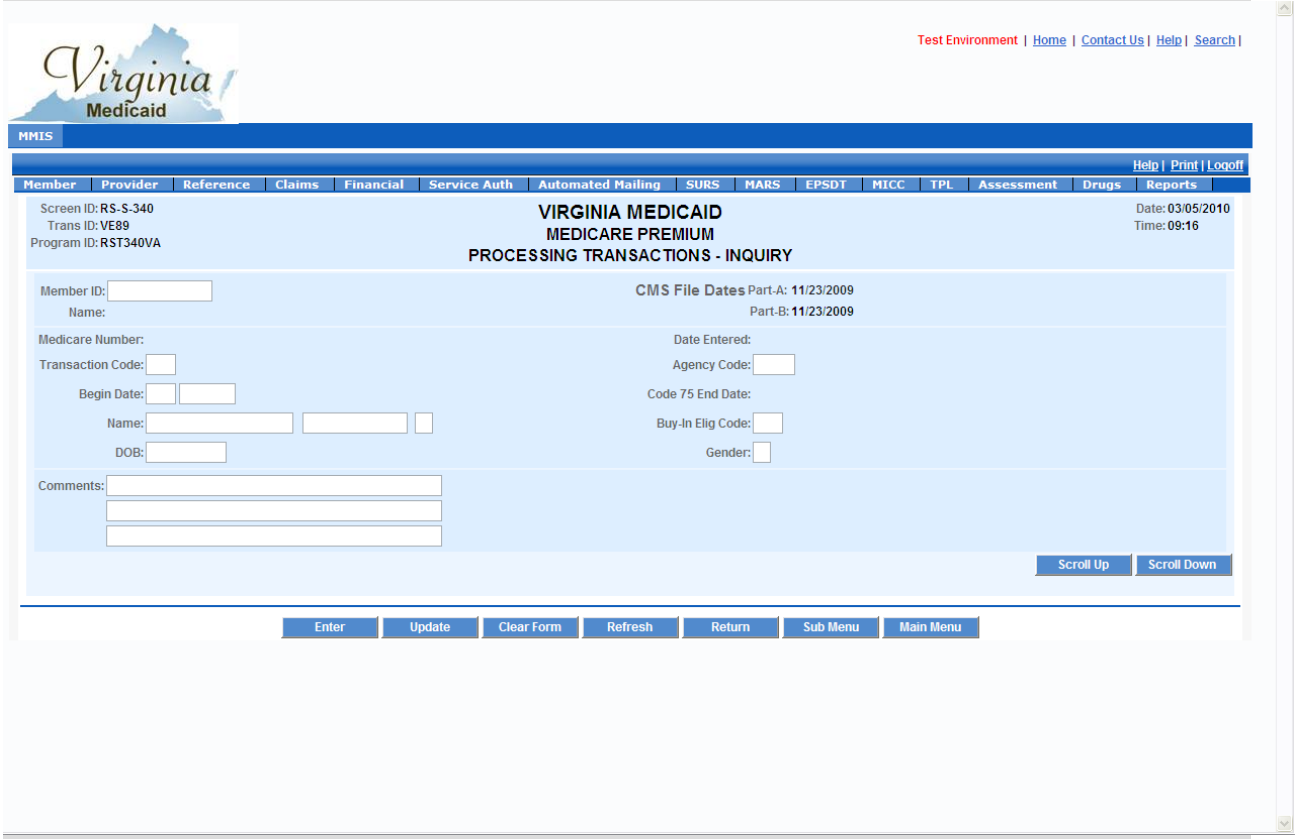
Screens RS-S-340 Medicare Premium Processing Transactions

General Information

Medicare Premium Processing transaction online add, inquire, change, and delete screen.

SOURCE/ORIGINATOR	DMAS authorized users.
USAGE	Inquiry, Update, Add, Delete
PROGRAM	RST340
MAPSET	RS340VA
TRAN ID	VE89-Inquiry/VE8A-Add/VE8C-Change/VE8D-Delete

SAMPLE	Medicare Premium Processing Transactions (RS-S-340)



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENROLLEE ID Enrollee Permanent Identification Number (DE3093)	Edits: If entered, must be on the Enrollee Master Data Store. The RS_PERSON table must indicate that the Enrollee ID is a primary ID. Messages: Missing/Invalid data, please correct highlighted fields.	The DMAS-administered identification number that is used to tie all claims for a single enrollee together. If entered, must be on the Enrollee Master Database. This field will display from the selection entered on the menu. A new enrollee may be accessed by typing over the displayed entry. The DMAS-administered identification number that is used to tie all claims for a single enrollee together. If entered, must be on the Enrollee Master Database. This field will display from the selection entered on the menu. A new enrollee may be accessed by typing over the displayed entry.
2	CMS FILE DATES PART-A System Parameter Value (DE5386)	Edits: Messages: last run date for program 'RSM350'	The date of the last run of program 'RSM350'. The date of the last run of program 'RSM350'.
3	NAME Enrollee Full Name (DE3003)	Edits: Displays enrollee's name.	The name of the individual eligible for DMAS-administered programs. The name of the individual eligible for DMAS-administered programs. System displayed (P).
4	CMS FILE DATES PART-B System Parameter Value (DE5386)	Edits: Messages: Date of the last run of program 'RSM351'	This is the date of the last run of program 'RSM351'. This is the date of the last run of program 'RSM351'.
5	MEDICARE NUMBER Historical Medicare Number (DE3209)	Edits: Displays the Medicare Number for the Enrollee ID and Effective Date. Messages: Missing/Invalid Medicare Number data, please take corrective action.	Displays the Medicare Number for the Enrollee ID and Effective Date. Displays the Medicare Number for the Enrollee ID and Effective Date.

6	DATE ENTERED Row Insert Date (DE0010)	Edits: Displays the date this transaction was entered.	Displays the date this transaction was entered. Displays the date this transaction was entered. System displayed (P).
7	TRANSACTION CODE Premium Payment Transaction Code Response (DE3103)	Edits: Must be equal to '50', '51', '53', '61', '63', '75', or '99'. Transaction '75' is restricted to Part B transactions only. Messages: Missing/Invalid data, please correct highlighted fields.	This two-position transaction code identifies what type of action will be communicated from DMAS to SSA. Each state is responsible for accreting those individuals whom the state has determined are eligible for premium payment. States also have deletion responsibility for all code 41 records which appear on the State's Part A and Part B files. A state-initiated change record allows the state to change the buy-in eligibility code and state welfare identification number. Use the on-line HELP system to find valid codes for this field. This two-position transaction code identifies what type of action will be communicated from DMAS to SSA. Each state is responsible for accreting those individuals whom the state has determined are eligible for premium payment. States also have deletion responsibility for all code 41 records which appear on the State's Part A and Part B files. A state-initiated change record allows the state to change the buy-in eligibility code and state welfare identification number. Use the on-line HELP system to find valid codes for this field. Must be equal to '50', '51', '53', '61', '63', '75', or '99'. Transaction '75' is restricted to Part B transactions only. ADD (R/U) Enter the two position transaction code applicable for the transaction you are entering. UPDATE (P) System displayed.
8	AGENCY CODE Enrollee Medicare Premium Payment Agency Code (DE3045)	Edits: Must be 'S49' for Part A transaction. Must be '490' for Part B transaction. Messages: Missing/Invalid data, please correct high-	The State agency code as assigned by SSA or Group Payer. This code indicates the entity which has jurisdiction over the account. For Virginia, code S49 is used for Part A and 490 is used for Part B. The State agency code as assigned by SSA or Group Payer. This code indicates the entity which has jurisdiction over the account. For

		lighted fields.	Virginia, code S49 is used for Part A and 490 is used for Part B. Must be 'S49' for Part A transaction. Must be '490' for Part B transaction. ADD (R/U) Enter 'S49' for Part A transaction or '490' for Part B transaction. UPDATE (P) System displayed.
9	EFFECTIVE DATE Enrollee Medicare Premium Payment Start Date (DE3029)	Edits: For transaction Code 99, if the date is entered then effective Date should be less than or equal to current Date.If date is not entered current date is moved. For other transaction codes '50' , '51' , '53' , '61' , '63' , '75' based on the transaction type following edits are applied. If Part A read RF_SYS_PARAMETER for the last run date of RSM350. Must be a valid date. If current month is greater than RS_SYS_PARAMETERT_VALUE month, effective date cannot be greater than current month + 2 months. If current month is equal to RS_SYS_PARAMETERT_VALUE month, effective date cannot be greater than current month + 3 months.	The beginning date (or effective) of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. The beginning date (or effective) of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. The following rules apply for an add transaction: If Transaction Code is 99, then Effective Date is not required. The system will override user entry with Current Date. Must be a valid date. If Current Month is equal to the CMS File Date Month then Effective Date may not be greater than Current Date + 3 months. If Current Month is greater than the CMS File Date Month than Effective Date may not be greater than Current Date + 2 months. If accretion and QMB, the date must be greater than or equal to 01/01/1989. If accretion and MAO, the date must be no earlier than the first month of eligibility plus 2 months. If accretion and SLMB, the date must be the 1st month of SLMB or 01/01/1993; whichever is later. If deletion, the date must be greater than or equal to the Eligibility Cancel Date. ADD (R/U) Enter the effective date in MMCCYY format following the rules stated above. UPDATE (P) System displayed.

		If Part B read RF_ SYS_PARAMETER for the last run date of RSM351. Must be a valid date. If current month is greater than RS_ SYS_PARAMETER T_VALUE month, effective date cannot be greater than current month + 2 months. If current month is equal to RS_ SYS_PARAMETER T_VALUE month, effective date cannot be greater than current month + 3 months. Also, If accretion and QMB, the date must be greater than or equal to 01/01/1989. If accretion and NON-QMB aid categories ('018' , '020' , '038' , '040' , '058' , '060') the date must be greater than or equal to the earliest Eligibility date. If accretion and SLMB, the date must be the 1st month of SLMB or 01/01/1993; whichever is later. If deletion, the date must be greater than or equal to the Eligibility Cancel Date. Determine using subprogram RSX100. Messages: Missing/Invalid data, please correct high-	

		lighted fields.	
10	CODE 75 END DATE Enrollee Medicare Premium Payment Stop Date (DE3033)	Edits: Must be a valid date, greater than or equal to the Effective Date. Must be less than the current Billing Period date on RF_SYS_ PARAMETER. Only allowed when the Transaction Code is 75. Enrollee must be eligible from Effective Date through Code 75 End Date. Validate using subprogram RSX100. Messages: Missing/Invalid data, please correct highlighted fields	The effective end date of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. The effective end date of coverage that relates to the associated Transaction Code and Medicare premium amount or refund. Must be a valid date, greater than or equal to the Effective Date. Must be less than the current Billing Period date. Only allowed when the Transaction Code is 75. Enrollee must be eligible from Effective Date through Code 75 End Date. ADD (C/U) If Transaction Code is 75, enter the end date in MMCCYY format. UPDATE (P) System displayed.
11	BUY-IN ELIG CODE Enrollee Buy-In SMI Eligibility Code (DE3102)	Edits: This field will be determined from the enrollee's Aid Category assignment, a field extracted by calling the subprogram, RSX100. This field will be populated with the values 'A', 'B', 'D', 'E', 'F', 'G', ' L', 'M', 'P', 'U', 'V' or 'Z'. If Aid Category = '011', then populate with 'A'; If Aid Category = '031', then populate with 'B'; If Aid Category = '051', then populate	An alphabetic code which describes the reason the beneficiary is eligible for Buy-In Part B. This field is based on an Enrollee's Aid Category Assignment and will be automatically set by the program. The Buy-In Code will be set by the rules listed below. An additional position has been allocated for expansion. Use the on-line HELP system to find valid codes for this field. If the Aid Category Assignment is '011' the Buy-In Code will be set to 'A'. If the Aid Category Assignment is '031' the Buy-In Code will be set to 'B'. If the Aid Category Assignment is '051' the Buy-In Code will be set to 'D'. If the Aid Category Assignment is '012' the Buy-In Code will be set to 'E'. If the Aid Category Assignment is '032' the Buy-In Code will be set to 'F'. If the Aid Category Assignment is '052' the Buy-In Code will be set to 'G'.

		with 'D'; If Aid Category = '012', then populate with 'E'; If Aid Category = '032', then populate with 'F'; If Aid Category = '052', then populate with 'G';, If Aid Category = '053', then populate with 'L'; If Aid Category = '018', '020', '038', '040', '058' or '060', then populate with 'M', If Aid Category = '023', '043' or '063', then populate with 'P'. If Aid Category = '056', then populate with 'U'. If Aid Category = '022', '028', '029', '039', '042', '048', '049', '054', '055', '062', '068', '071', '072', '073', '074', '075', '076', '081', '082', '083', '085', '086', '088', '090', '091', '092', '093', '097','098', '099', then populate with 'V'; If Aid Category = '021', '041' or '061', then populate with 'Z'. If the Aid Category is not listed above, then populate with 'V'. The Enrollee Eligibility Code is only applicable for Part B transactions. Messages:	If the Aid Category Assignment is '053' the Buy-In Code will be set to 'L'. If the Aid Category Assignment is '018' , '020', '038', '040', '058', '060', the Buy-In Code will be set to 'M'. If the Aid Category Assignment is '023, '043' or '063', the Buy-In Code will be set to 'P'. If the Aid Category Assignment is '021', '041' or '061'; the Buy-In Code will be set to 'Z'. If the Aid Category Assignment is not any of the values above, the Buy-In Code will be set to 'V '. An alphabetic code which describes the reason the beneficiary is eligible for Buy-In Part B. This field is based on an Enrollee's Aid Category Assignment and will be initially set by the program. The Buy-In Code will be set by the rules listed below. An additional position has been allocated for expansion. Use the on-line HELP system to find valid codes for this field. System displayed (P). If the Aid Category Assignment is '011' the Buy-In Code will be set to 'A '. If the Aid Category Assignment is '031' the Buy-In Code will be set to 'B '. If the Aid Category Assignment is '051' the Buy-In Code will be set to 'D '. If the Aid Category Assignment is '012' the Buy-In Code will be set to 'E '. If the Aid Category Assignment is '032' the Buy-In Code will be set to 'F '. If the Aid Category Assignment is '052' the Buy-In Code will be set to 'G '. If the Aid Category Assignment is '053' the Buy-In Code will be set to 'L '. If the Aid Category Assignment is '018' , '020', '038', '040', '058', '060', the Buy-In Code will be set to 'M '. If the Aid Category Assignment is '023, '043' or '063', the Buy-In Code will be set to 'P '. If the Aid Category Assignment is '021', '041' or '061'; the Buy-In Code will be set to 'Z '. If the Aid Category Assignment is not any of the values above, the Buy-In Code will be set to 'V '.

		Displays the Buy-In Elig Code based upon the enrollee's eligibility.	
12	NAME (LAST) Enrollee Last Name (DE3110)	Edits: This field will be initialized from RS_ PERSON_NAME. Must not be numeric. Messages: Missing/Invalid data, please correct highlighted fields.	The last name of the individual eligible for a DMAS-administered medical care program. The last name of the individual eligible for a DMAS-administered medical care program. Must not be numeric. ADD (R/U) The system will display the enrollee name in this field when it is first accessed. If the name needs to be corrected for the Buy-in transaction, type over the name to correct. UPDATE (R/U) The system will display the enrollee name in this field when it is first accessed. If the name needs to be corrected for the Buy-in transaction, type over the name to correct.
13	NAME (FIRST) Enrollee First Name (DE3111)	Edits: This field will be initialized from RS_ PERSON_NAME. Must not be numeric. Messages: Missing/Invalid data, please correct highlighted fields.	The first name of the individual eligible for a DMAS-administered medical care program. The first name of the individual eligible for a DMAS-administered medical care program. Must not be numeric. ADD (R/U) The system will display the enrollee name in this field when it is first accessed. If the name needs to be corrected for the Buy-in transaction, type over the name to correct.. UPDATE (R/U) The system will display the enrollee name in this field when it is first accessed. If the name needs to be corrected for the Buy-in transaction, type over the name to correct.
14	NAME (MI) Enrollee Middle Initial (DE3112)	Edits: This field will be initialized from RS_ PERSON_NAME. Must not be numeric. Messages: Missing/Invalid data, please correct highlighted fields.	The middle initial of the individual eligible for a DMAS-administered medical care program. The middle initial of the individual eligible for a DMAS-administered medical care program. Must not be numeric. ADD (O/U) The system will display the enrollee middle initial, if applicable, in this field when it is first

			accessed. If it needs to be corrected or added for the Buy-in transaction, type over the initial to correct. UPDATE (O/U) The system will display the enrollee middle initial, if applicable, in this field when it is first accessed. If it needs to be corrected or added for the Buy-in transaction, type over the initial to correct.
15	DATE OF BIRTH Enrollee Birth Date (DE3005)	Edits: This field will be initialized from RS_ PERSON. Must be a valid date less than current date. Messages: Missing/Invalid data, please correct highlighted fields.	The enrollee's date of birth. The enrollee's date of birth. This field is populated upon screen access with the value residing on the Recipient database. You may type over the date if you need to correct it for the Buy-in Transaction. Must be a valid date less than current date. ADD (R/U) Type over the date in MMDDCCYY format to correct. UPDATE (R/U) Type over the date in MMDDCCYY format to correct.
16	SEX CODE Enrollee Sex Code (DE3007)	Edits: This field will be initialized from RS_ PERSON. Must be a valid sex code. 'M' for Male, 'F' for Female. Messages: Missing/Invalid data, please correct highlighted fields.	A code indicating the sex of the enrollee. F = Female, M = Male. A code indicating the sex of the enrollee. F = Female, M = Male. This field is populated upon screen access with the value residing on the Recipient database. You may type over the value if you need to correct it for the Buy-in Transaction. Must be a valid sex code. 'M' for Male, 'F' for Female. ADD (R/U) Type over the existing code to change. UPDATE (R/U) Type over the existing code to change.
17	REMARKS Enrollee Medicare Premium Payment Transaction Remarks (DE3091)		Text field for enrollee-related comments. Use the Page Up and Page Down Arrow keys to the right of the Remarks box to access additional text lines. Text field for enrollee-related comments. ADD (O/U) Enter free form text messages. Use the Page Up and Page Down Arrow keys to the right of

			the Remarks box to access additional text lines. UPDATE (O/U) Enter free form text messages on blank lines. Use the Page Up and Page Down Arrow keys to the right of the Remarks box to access additional text lines.

NAVIGATION	**Medicare Premium Processing Transactions (RS-S-340)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Command button to view the previous Medicare Premium Transaction record. If this button is pressed, and there are no more Medicare Premium Transaction records on the RS-F-810 VSAM file, a message will appear.	N/A
CLEAR FORM	Clears the screen data	N/A
ENTER	Command to edit data entered.	N/A
SUB MENU	Return to the Medicare Menu screen.	RS-S-300 (R)
SCROLL DOWN	Command button to view the next Medicare Premium Transaction record. If this button is pressed, and there are no more Medicare Premium Transaction records on the RS-F-810 VSAM file, a message will appear.	N/A
REFRESH	Re-displays the screen with values from the data-base	N/A
RETURN	Return to calling program.	RS-S-300 (R)
MAIN MENU	Return to Main System Menu.	RF-S-010 ()
UPDATE	Command to save information entered in an update screen. Not applicable during an inquiry transaction.	N/A

Error Messages

Error	Description	Resolution
3023	CHOOSE ENTER TO PROCESS NEW ENROLLEE ID	Informational message. No action needed.
44	CHOOSE UPDATE TO ADD THE RECORD	Choose the Update button.
45	CHOOSE UPDATE TO DELETE THE	Choose the update button to delete the record.

	RECORD	
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
3056	DATA DISPLAYED	Informational message. No action needed.
2	DATA NOT CHANGED	Informational message. No action needed.
3030	DATE ENTERED IS INVALID	Informational message. No action needed.
3	DUPLICATE RECORD; NOT INSERTED	Informational message. No action needed.
54	END OF FILE REACHED	Informational message. No action needed.
3006	ENROLLEE ID NOT FOUND, OR NOT FOR A PERMANENT PERSON ID	Informational message. No action needed.
83	ENTER DATA AND CHOOSE UPDATE TO ADD	Enter data. See the field definitions for formatting/requirements for this field. Then, choose Update to add the record.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
33	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
3067	ERROR WHILE ACCESSING	Contact ACS Operations for assistance.
3068	ERROR WHILE OPENING	Informational message.
3069	ERROR WHILE UPDATING	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3002	MEDICARE/SSA CLAIM NUMBER NOT FOUND, OR NOT FOR A PERMANENT PERSON ID.	Informational message.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3096	PART A ACCRETION REQUEST OVERLAPS EXISTING GROUP PAYER HISTORY	Informational message.
3095	PART B ACCRETION REQUEST OVERLAPS EXISTING BUY-IN HISTORY	Informational message.
48	RECORD DELETED	Informational message. No action needed.
23	RECORD INSERTED	Informational message.
25	RECORD UPDATED	Informational message. No action needed.
55	TOP OF FILE REACHED	Informational message. No action needed.
3009	TRANSACTION FOR ENROLLEE ID NOT FOUND	Informational message.

Screen Access

From the Main System Menu, select the Recipient icon.
1. You see the Recipient Subsystem Menu (RS-S-000).
2. On the Recipient Subsystem Menu, select the Medicare Function, then choose Enter.
3. You see the Medicare Menu (RS-S-300).
4. On the Medicare Menu, enter either the Enrollee ID or Claim #.
5. Select Medicare Buy-In Transactions in the Selection field.
6. Choose the radio button beside the desired Function (Add, Change, Delete, Inquiry). Choose Enter.
7. You see the Medicare Premium Processing Transactions screen (RS-S-340).
8. If you return to the menu from this screen, the selections entered on the menu will be retained. Press the Clear Form button at the bottom of the menu to clear the screen of data before entering a new Enrollee ID or Claim #.