Provider Outputs

03/29/2016

Output Reports PS-O-001 Individual Approval Notice Letter for API

General Information

This letter is generated and sent to notify a provider with an API of their approval in the Virginia DMAS programs.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	Providers
Program:	Approval and Rejection Notice Letters (PSD010) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Tracking Number
Control Breaks:	N/A

Individual Approval Notice Letter for API (PS-O-001)

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (2) Month 99, 9999 (1)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (3)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (4)
xxxxxxxxxxxxxxxxxxxx, xx 99999-9999
(5) (6) (7)

(8) Provider Identifier: 1234567890
(9) Tracking Number: 9999999999

Dear Provider,

First Health's Provider Enrollment Unit (PEU) has received your request for enrollment into the Virginia Medicaid program. Your Medicaid application has been approved and is effective MM/DD/CCYY. Your assigned provider number is 1234567890. This number is for your use only and should be entered on all correspondence, changes and invoices submitted to Medicaid on or after the effective date shown above. (10)

Please review the Provider Manuals with billing instructions, Medicaid memos and other pertinent provider information found at www.dmas.virginia.gov. If you do not have Internet access, please call (804)780-0076 to request a copy of your appropriate Provider Manual. A fee will be charged for the printing and mailing of the manuals and manual update requests.

If you have any questions regarding enrollment, you may contact the First Health Provider Enrollment Unit at the address below or by phone. If you have questions about policies, procedures or billing please contact the DMAS Customer Services Unit at the address below or by phone.

PROVIDER ENROLLMENT UNIT	CUSTOMER SERVICES UNIT
First Health Services Corporation	DMAS
Provider Enrollment Unit	Customer Services Unit
PO Box 26803	600 East Broad Street, Suite 1300
Richmond, VA 23261-6803	Richmond, VA 23219
Phone: (804) 270-5105 or 1-888-829-5373	Phone: 1-800-552-8627
Fax: (804) 270-7027	Fax: (804) 786-6229

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS recipient eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(DATE OF CORRESPONDENCE)	Current Date	DE0005	
2	(PROVIDER NAME)	Provider Name	DE4085	
3	(ADDRESS	Provider Attention	DE4096	

	ADDITIONAL NAME)	Name		
4	(ADDRESS)	Provider Address Line	DE4097	
5	(ADDRESS CITY)	Provider Address City Name	DE4130	
6	(ADDRESS STATE)	Provider Address State	DE4098	
7	(ADDRESS ZIP)	Provider Address ZIP Code	DE4099	
8	PROVIDER NUMBER	National Provider Identifier	DE4700	
9	TRACKING NUMBER	Provider Application Tracking Number	DE4008	
10	(ELIGIBILITY BEGIN DATE)	Provider Program Code Begin Date	DE4205	

Output Reports PS-O-002 Rejection Notice Letter

General Information

This letter is generated and sent to notify a provider that he has been rejected in a Virginia DMAS program(s) for the specified reasons.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	Providers
Program:	Approval and Rejection Notice Letters (PSD010) LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	Tracking Number
Control Breaks:	N/A

Rejection Notice Letter (PS-O-002)

(1) XXXXXXXXX 99,
9999

XXXXXXXXXXXXXXXXXXXX (2)
XXXXXXXXXXXXXXXXXXXX (3)
XXXXXXXXXXXXXXXXXXXX (4)
XXXXXXXXXX (5) XX 99999 (7)
(6) Tracking Number: XXXXXXXXXX (8)

Dear Provider,

Your request for enrollment into the Virginia Medicaid program could not be approved by the First Health Provider Enrollment Unit (PEU) for the following reason(s):

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XX
(9/10)

Please complete or attach requested information and resubmit the Application for processing. If you have any questions about this decision, you may contact the PEU at the address below.

First Health
VMAP-PEU
PO Box 26803-6803
Richmond VA 23261-6803

Enrollment:

First Health's PEU:	In-state	(888) 829-5373
	Out of state	(804) 270-5105
	Fax	(804) 270-7027

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	DATE OF CORRESPONDENCE		DE0000	
2	PROVIDER NAME	Provider Name	DE4085	
3	ADDRESS ADDITIONAL NAME	Provider Attention Name	DE4096	
4	ADDRESS	Provider Address Line	DE4097	
5	ADDRESS CITY	Provider Address City Name	DE4130	
6	ADDRESS STATE	Provider Address State	DE4098	
7	ADDRESS ZIP	Provider Address ZIP Code	DE4099	
8	TRACKING NUMBER	Provider Application Tracking Number	DE4008	
9	REASON CODE DESCRIPTION	Provider Reason Code Description	DE4297	This is the description of the reason code entered into Application Track-ing
10	ADDITIONAL LETTER INFORMATION	Provider Comment Field	DE4227	

Output Reports PS-O-003 Individual Approval Notice Letter with NPI

General Information

This letter is generated and sent to notify a provider with an NPI of their approval in the Virginia DMAS programs.

Subsystem:	Provider
Frequency:	Daily
Volume:	
Number of Copies:	Variable
Output Form:	On Demand
Retention:	30 days
Distribution:	Provider
Program:	Approval and Rejection Notice Letters (PSD010)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Individual Approval Notice Letter with NPI (PS-O-003)

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (2) Month 99, 9999
(1)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (3)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (4)
xxxxxxxxxxxxxxxxxxxx, xx 99999-9999
(5) (6) (7)

(8) Provider Identifier: 1234567890
(9) Tracking Number: 9999999999

Dear Provider,

(10)

First Health's Provider Enrollment Unit (PEU) has received your request for enrollment into the Virginia Medicaid program. Your Medicaid application has been approved and is effective MM/DD/CCYY. The National Provider Identifier (NPI) you provided has been recorded as 1234567890. This number is for your use only and should be entered on all correspondence, changes and invoices submitted to Medicaid on or after the effective date shown above.

Please review the Provider Manuals with billing instructions, Medicaid memos and other pertinent provider information found at www.dmas.virginia.gov. If you do not have Internet access, please call (804)780-0076 to request a copy of your appropriate Provider Manual. A fee will be charged for the printing and mailing of the manuals and manual update requests.

If you have any questions regarding enrollment, you may contact the First Health Provider Enrollment Unit at the address below or by phone. If you have questions about policies, procedures or billing please contact the DMAS Customer Services Unit at the address below or by phone.

PROVIDER ENROLLMENT UNIT	CUSTOMER SERVICES UNIT
First Health Services Corporation	DMAS
Provider Enrollment Unit	Customer Services Unit
PO Box 26803	600 East Broad Street, Suite 1300
Richmond, VA 23261-6803	Richmond, VA 23219
Phone: (804) 270-5105 or 1-888-829-5373	Phone: 1-800-552-8627
Fax: (804) 270-7027	Fax: (804) 786-6229

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS recipient eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DATE OF	Current Date	DE0005	

	CORRESPONDENCE			
2	PROVIDER NAME	Provider Name	DE4085	
4	ADDRESS	Provider Address Line	DE4097	
5	ADDRESS CITY	Provider Address City Name	DE4130	
6	ADDRESS STATE	Provider Address State	DE4098	
7	ADDRESS ZIP	Provider Address ZIP Code	DE4099	
8	PROVIDER NUMBER	National Provider Identifier	DE4700	
9	TRACKING NUMBER	Provider Application Tracking Number	DE4008	
10	ELIGIBILITY BEGIN DATE	Provider Program Code Begin Date	DE4205	

Output Reports PS-O-004 Provider Reinstatement Letter

General Information

Provider letter indicating that the enrollment has been reinstated when previously the provider had been canceled.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	Provider
Program:	Cancel Notice Form Letter (PSD050)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Reinstatement Letter (PS-O-004)

XXXXXXXX 99,
9999 **(1)**

XXXXXXXXXXXXXXXXXXXX **(2)**
XXXXXXXXXXXXXXXXXXXX **(3)**
XXXXXXXXXXXX XX 99999-9999 **(4)(5)(6)**

Provider Number: 9999999999 **(7)**
Tracking Number: 9999999999 **(8)**

Dear Provider,

First Health's Provider Enrollment Unit (PEU) has received your request for Reinstatement into the Virginia Medicaid program. Your request has been approved and is effective XXXXXXXX for the following servicing location(s): **(9)**

XXXXXXXXXXXXXXXXXXXX **(10)**
XXXXXXXXXXXXXXXXXXXX **(11)**
XXXXXXXXXXXX XX 99999-9999 **(12)(13)(14)**

XXXXXXXXXXXXXXXXXXXX **(10)**
XXXXXXXXXXXXXXXXXXXX **(11)**
XXXXXXXXXXXX XX 99999-9999 **(12)(13)(14)**

Your Medicaid Provider Number will remain the same. This number is for your use only and should be entered on all correspondence, changes and invoices submitted to Medicaid on or after the effective date shown above.

Please review the Provider Manuals with billing instructions, Medicaid memos and other pertinent provider information found at www.dmas.virginia.gov. If you do not have Internet access, please call (804)780-0076 to request a copy of your appropriate Provider Manual. A fee will be charged for the printing and mailing of the manuals and manual update requests.

If you have any questions regarding this enrollment, you may contact the First Health Provider Enrollment Unit at the address below or by phone.
If you have questions about policies, procedures or billing please contact the DMAS Customer Services Unit at the address below or by phone.

PROVIDER ENROLLMENT UNIT	CUSTOMER SERVICES UNIT
First Health Services Corporation	DMAS

Provider Reinstatement Letter (PS-O-004)

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS recipient eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification.

The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

Sincerely,

Provider Enrollment Unit

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(Current Date)	Current Date	DE0005	Current date the letter was generated.
2	(Provider Name)	Provider Name	DE4085	Provider name that matched the NPI for which the reinstatement is effective.
3	(Provider Address Line)	Provider Address Line	DE4097	Provider's mailing address
4	(Provider Address City)	Provider Address City Name	DE4130	Provider's mailing address city.
5	(Provider Address State)	Provider Address State	DE4098	Provider's mailing address state
6	(Provider Address Zip Code)	Provider Address ZIP Code	DE4099	Provider's mailing address zip code.
7	Provider Number	National Provider Identifier	DE4700	
8	Tracking Number	Provider Application Tracking Number	DE4008	Application Tracking Number. For reinstatement, application tracking is not used, but the provider may have a tracking number in the system from when they were originally enrolled.
9	(Effective Date)	Provider Program Code Begin Date	DE4205	Provider reinstatement effective date.
10	(Provider Attention Name)	Provider Attention Name	DE4096	Reinstated Provider's Servicing Address Attention name

11	(Provider Address Line)	Provider Address Line	DE4097	Reinstated Provider's Servicing Address line
12	(Provider Address City)	Provider Address City Name	DE4130	Reinstated Provider's Servicing Address city
13	(Provider Address State)	Provider Address State	DE4098	Reinstated Provider's Servicing Address State
14	(Provider Address Zip Code)	Provider Address ZIP Code	DE4099	Reinstated Provider's Servicing Address Zip Code

Output Reports PS-O-005 Provider Applications Rejected or Denied

General Information

This report displays provider tracking number, name and address information along with rejected or denied application information.

Subsystem:	Provider
Frequency:	Daily
Volume:	N/A
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Provider Applications Pending and Rejected Report (PSD020)
Confidential:	No
Sequence:	Tracking Number
Control Breaks:	N/A

Provider Applications Rejected or Denied (PS-O-005)

```
PSD020                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
 AS OF:MM/DD/CCYY                           PROVIDER APPLICATIONS REJECTED OR DENIED                         PA
 RUN DATE: MM/DD/CCYY 99:99
                                                                                   --------------APPLICATION TRACKING-
  TRACKING                                                                              APPLICATION    APPLICATION
  NUMBER         PROV NAME/ADDRESS                                 PHONE               RECPT DATE     REJECTED DATE
 ---------------------------------------------------------------------------------------------------------------------
 XXXXXXXXXX(1)   XXXXXXXX(2)      XXXXXX(3)  X(4)  XX(5)      (999) 999-9999(10)    MM/DD/CCYY(11) MM/DD/CCYY   X
                 XXXXXXXXXXXXXXXXXXXXXXXXXXX (6)                                                     (12)
                 XXXXXXXXXX (7)   XX 99999-9999 (9)
                                  (8)
 XXXXXXXXXX      XXXXXXXX          XXXXXX     X     XX         (999) 999-9999       MM/DD/CCYY     MM/DD/CCYY  X
                 XXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXXXXXXXX       XX 99999-9999


 XXXXXXXXXX      XXXXXXXX          XXXXXX     X     XX         (999) 999-9999       MM/DD/CCYY     MM/DD/CCYY  X
                 XXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXXXXXXXX       XX 99999-9999


 XXXXXXXXXX      XXXXXXXX          XXXXXX     X     XX         (999) 999-9999       MM/DD/CCYY     MM/DD/CCYY  X
                 XXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXXXXXXXX       XX 99999-9999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TRACKING NUMBER	Provider Application Tracking Number	DE4008	
2	PROVIDER LAST NAME	Provider Name	DE4085	
3	PROVIDER FIRST NAME	Provider Name	DE4085	
4	PROVIDER MIDDLE INITIAL	Provider Name	DE4085	
5	PROVIDER SUFFIX	Provider Name	DE4085	
6	ADDRESS	Provider Address Line	DE4097	
7	ADDRESS CITY	Provider Address City Name	DE4130	
8	ADDRESS STATE	Provider Address State	DE4098	
9	ADDRESS ZIP	Provider Address ZIP Code	DE4099	
10	PROVIDER PHONE	Provider Phone Num-ber	DE4090	
11	APPLICATION	Provider Application	DE4059	

	RECEIPT DATE	Date		
12	APPLICATION REJECT DATE	Provider Application Tracking End Date	DE4284	
13	REASON CODES	Provider Reason Code	DE4012	These are the reason codes entered into Application Tracking. There can be one to eight reason codes.

Output Reports PS-O-006 Provider Applications Pending

General Information

This report displays provider name and address information along with pending application information.

Subsystem:	Provider
Frequency:	Daily
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Provider Applications Pending and Rejected Report (PSD020)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Applications Pending (PS-O-006)

```
PSD020                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                                PROVIDER APPLICATIONS PENDING                               PAG
RUN DATE: MM/DD/CCYY 99:99

 TRACKING                                                                                   APPLICATION
 NUMBER         PROV NAME/ADDRESS                                 PHONE                    RECPT DATE
-----------------------------------------------------------------------------------------------------------------
9999999999(1)   XXXXXXXXX(2)      XXXXXXX(3) X(4)  XX(5)      (999) 999-9999(10)          MM/DD/CCYY(11)
                XXXXXXXXXXXXX(6)
                XXXXXXXX(7)       XX  99999 (9)
                                  (8)
9999999999      XXXXXXXXX         XXXXXXX    X     XX         (999) 999-9999              MM/DD/CCYY
                XXXXXXXXXXXXX
                XXXXXXXX          XX  99999

9999999999      XXXXXXXXX         XXXXXXX    X     XX         (999) 999-9999              MM/DD/CCYY
                XXXXXXXXXXXXX
                XXXXXXXX          XX  99999

9999999999      XXXXXXXXX         XXXXXXX    X     XX         (999) 999-9999              MM/DD/CCYY
                XXXXXXXXXXXXX
                XXXXXXXX          XX  99999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TRACKING NUMBER	Provider Application Tracking Number	DE4008	
2	PROVIDER LAST NAME	Provider Name	DE4085	
3	PROVIDER FIRST NAME	Provider Name	DE4085	
4	PROVIDER MIDDLE INITIAL	Provider Name	DE4085	
5	PROVIDER SUFFIX	Provider Name	DE4085	
6	ADDRESS	Provider Address Line	DE4097	
7	ADDRESS CITY	Provider Address City Name	DE4130	
8	ADDRESS STATE	Provider Address State	DE4098	
9	ADDRESS ZIP	Provider Address ZIP Code	DE4099	
10	PROVIDER PHONE	Provider Phone Num-ber	DE4090	
11	APPLICATION RECEIPT DATE	Provider Application Date	DE4059	

Output Reports PS-O-008 Provider Numeric Listing

General Information

This report gives a detailed list of all the providers. It contains all data on the Provider Information.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Provider Numeric Listing (PSR030)
Confidential:	Yes
Sequence:	The reports listed below are produced depending on PARM selection. The sequence of reports is always numeric on provider number unless types are selected, then it is number within type. PS-O-008-0 = Listing of All Providers – Numeric PS-O-008-1 = Listing of Active Providers – Numeric PS-O-008-2 = Listing of Inactive Provider – Numeric PS-O-008-3 = Listing of State Providers – Numeric PS-O-008-4 = Listing of Out-of-State Providers – Numeric
Control Breaks:	N/A

Provider Numeric Listing (PS-O-008)

```
PSR030                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO :  PS-O
AS OF:99/99/9999                                  PROVIDER NUMERIC LISTING (LONG)                             PAGE NUMBER: Z,ZZ
RUN DATE: 99/99/9999 99:99                      LISTING OF ALL PROVIDERS - NUMERIC
                (1)                        (2)
PROV ID: 1234567890 PROV NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                                   (3)                 (4)
                                                                                              NPI TYPE: X          API IND:
                                (5)                                    (6)                    (7)        (8)          (9)
 ADMIN NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  APP TRACKING ID: XXXXXXXXXX APP STATUS: X APP DATE: 99/99/9999 UPIN: X
                                (10)                                  (11)                (12)                (13)                (14)
   IRS NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      FEIN: 99-9999999  BEGIN DATE: 99/99/9999 END DATE: 99/99/9999    RSN: XXX
                                (15)                                  (16)                (17)                (18)                (19)
IRS ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       SSN: 999-99-9999 BEGIN DATE: 99/99/9999 END DATE: 99/99/9999    RSN: XXX
                  (20)          (21)     (22)
              XXXXXXXXXXXXXXXXXXXX  XX 99999-9999
-----------------------------------------------ADDRESSES-----------------------------------
            (23) (24) (25) (26) (27) (28) (29) (30)                (31)              (32)
MAIL TO:      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          OFFICE  (999) 999-9999  EXT. XXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          FAX     (999) 999-9999  EXT. XXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          TDD     (999) 999-9999  EXT. XXXXX
              XXXXXXXXXXXXXXXXXX XX 99999-9999            CONTACT (999) 999-9999  EXT. XXXXX
              CONTACT: XXXXXXXXXXXXXXXXXXXXXXXXX
                EMAIL: XXXXXXXXXXXXXXXXXXXXXXXXX

PAY TO:       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          OFFICE  (999) 999-9999  EXT. XXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          FAX     (999) 999-9999  EXT. XXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          TDD     (999) 999-9999  EXT. XXXXX
              XXXXXXXXXXXXXXXXXX XX 99999-9999            CONTACT (999) 999-9999  EXT. XXXXX
              CONTACT: XXXXXXXXXXXXXXXXXXXXXXXXX
                EMAIL: XXXXXXXXXXXXXXXXXXXXXXXXX

REMIT TO:     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          OFFICE  (999) 999-9999  EXT. XXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          FAX     (999) 999-9999  EXT. XXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          TDD     (999) 999-9999  EXT. XXXXX
              XXXXXXXXXXXXXXXXXX XX 99999-9999            CONTACT (999) 999-9999  EXT. XXXXX
              CONTACT: XXXXXXXXXXXXXXXXXXXXXXXXX
                EMAIL: XXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------SERVICE CENTER DATA-----------------------------------------------------
 (33)   (34)       (35)          (36)      (37) (38)
 TYPE   NUM      BEGIN DATE    END DATE    RSN  IND
  X     XXXX     99/99/9999   99/99/9999   999   9

---------------FISCAL YEAR---------------  --------NEGATIVE BALANCE---------  -------LIEN AMOUNT--------  -------CLAIM DATA----
 (39)   (40)       (41)    (42)    (43)          (44)                (45)       (46)              (47)            (48)  (49)
 MTH     BEG        END     RSN   UPDATE     PLAN LAST UPDATE          AMOUNT  LAST UPDATE         AMOUNT  CLAIM PAID YTD: 999,9
  99 99/99/9999 99/99/9999 999 99/99/9999    99/99/9999          999,999.99  99/99/9999      999,999.99  CLAIM PAID FYR: 999,9
                                                                                                                (50)
                                                                                                      1099 YTD:$999,999,99
                                                                                                                (51)
                                                                                                      1099 ADJ:$999,999.99
                                                                                                                (52)
                                                                                                      1099 FYR:$999.999.99

            (53)                                (54)                        (55)
 LAST REMIT DATE: 99/99/9999  LAST REMIT AMT: 999,999,999.99  LAST REMIT NUM: XXXXXXXXXX
            (56)
 ADD DATE: 99/99/9999
```

Provider Numeric Listing (PS-O-008)

```
PSR030                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO :  PS-O-
AS OF:99/99/9999                               PROVIDER NUMERIC LISTING (LONG)                                PAGE NUMBER: Z,ZZ9
RUN DATE: 99/99/9999 99:99                     LISTING OF ALL PROVIDERS - NUMERIC
       (1)                     (2)
PROV ID: XXXXXXXXXX   PROV NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

----------------------------------------------------------ADDRESSES---------------------------------------------------------------
           (23) (24) (25) (26) (27) (28) (29) (30)                (31)            (32)
SERVICING:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            OFFICE: (999) 999-9999  EXT. XXXX
             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          24 HOUR: (999) 999-9999  EXT. XXXX
             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          FAX     : (999) 999-9999  EXT. XXXX
             XXXXXXXXXXXXXXXXXX XX 99999-9999          TDD     : (999) 999-9999  EXT. XXXX
             CONTACT: XXXXXXXXXXXXXXXXXXXXXXXXXXXX     CONTACT: (999) 999-9999  EXT. XXXX
             EMAIL: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              (57)  LOC: 999
  ------------------PROGRAM CODES--------------------  ---------RESTRICTIONS---------------------------
(58)    (59)         (60)      (61) (62)        (63)        (64)  (65)   (66)          (67)     (68)  (69)  (70)      (71)   (72)  (73)
                                                            PGM                                       PROC  FROM      THRU   I/E   ACT
CODE  BEG DATE     END DATE    RSN  FEE  CAN NOTIFY DATE   CODE  TYPE  BEG DATE     END DATE    RSN  TYPE  PROC      PROC   IND   TYPE
 99  99/99/9999   99/99/9999   999   X     99/99/9999      XXX   XXX  99/99/9999   99/99/9999 XXX  XXX  XXXXXXX XXXXXXX  X    XXX

------PROVIDER TYPE DATA--------  --------------LICENSE DATA---------------------------
(74)   (75)         (76)      (77)      (78)          (79)        (80)       (81) (82)(83)(84)        (85)                (86)
TYP   BEG DATE     END DATE   RSN  LICENSE NBR      BEG DATE    END DATE     RSN  BRD  ST IND      FAC RATING: X   TYP OF PRACT: 99
999  99/99/9999   99/99/9999  999  XXXXXXXXXXXXXXX 99/99/9999 99/99/9999    999   9   XX  9  (87) CTL MED FAC: 9   CHG LTR IND: XX
                                                                                          (89) PREF PROV AGR: X   LEV OF PERF: XX
                                                                                           (91) INACT OVRDE: X  BYPASS LABEL: XX
                                                                                             (93) FORMS IND: 9   FORMS COUNT: 999
                                                                                       (95) ASSESSMENT IND: X  FIN STANDING: XX
                                                                                             (97) EPSDT IND: X    AGREE IND: X (

-----------SPECIALTY DATA------------    --------------CERTIFICATION DATA-------------
(99) (100)  (101)       (102)     (103)    (104)      (105)       (106)     (107)(108)(109)         (110)
CODE PRIM  BEG DATE    END DATE    RSN    NUMBER    BEG DATE    END DATE    RSN  BRD  ST   LIC ORG DATE: 99/99/9999       (112)
999    X  99/99/9999  99/99/9999   999     9999    99/99/9999  99/99/999     99    9   X     (111) CLIA: XXXXXXXXXX MULTIPLE CLI

-------------CASE MANAGER-------------    ---------------AFFILIATIONS----------------   ---------------LANGUAGES------------
(113)         (114)       (115)    (116)    (117)    (118)    (119)       (120)     (121)       (122)      (123)      (124)       (125)
TYPE          BEG DT      END DT    RSN    PROV ID   TYPE   BEG DATE    END DATE    RSN     ENGLISH: X  KOREAN: X SPANISH: X  FARSI
                                                                                                       (126)         (127)      (12
XXX        99/99/9999  99/99/9999  XXX   XXXXXXXXXX XXX   99/99/999   99/99/9999  XXX            VIETNAMESE: X   HINDI: X  OTHER

                      (129)                                                   (130)
----------GROUP BELONGING TO: 9999 ---------------        ------MEMBERS IN GROUP: 99999 -----------------------------------------
   (131)    (132) (133)  (134)       (135)     (136)         (137)
 NUMBER     TYPE  ASSOC  BEG DATE    END DATE    RSN       XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXX XXXXX
XXXXXXXXXX XXX    XXX  99/99/9999  99/99/9999  XXX
---------------------------------------------------RATE INFORMATION-------------------------------------------------  -----BED DATA
(138)(139)(140)     (141)       (142)     (143)   (144)      (138)(139) (140)     (141)       (142)     (143)   (144)
PGM  RATE  RATE      RATE        RATE                      ! PGM  RATE  RATE      RATE        RATE                          (145) NF:
CODE TYPE  CODE    BEG DATE    END DATE    RSN  AMOUNT/PCT ! CODE TYPE  CODE    BEG DATE    END DATE    RSN  AMOUNT/PCT    (146) SNF:
XXX   XXX  XXX   99/99/9999  99/99/9999  XXX     999.99    ! XXX  XXX   XXX   99/99/9999 99/99/9999  XXX      9999.99 (147) SNF/NF:
                                                           !                                                         (148) NON-CERT:
                                                           !                                                            (149) ICFMR:
                                                           !                                                        (150) SPEC CARE:
                                                           !                                                            (151) TOTAL:
-----------------------------------------------------------MANAGED CARE DATA----------------------------------------------------------
      (152)            (153)                 (154)                  (155)               (156)              (157)
MAXSLOTS: 9999   ASSGN SLOTS: 9999    PANEL ENROLL TYPE: XXX    PANEL ENROLL AGE: 999  HCAP ACCESS: XX    CAP PRORATION METH: X
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER ID	National Provider Identifier	DE4700	
2	PROVIDER NAME	Provider Name	DE4085	
3	NPI TYPE	NPI Type	DE4144	NPI TYPE denotes the type of provider. NPI Type of 1 indicates the provider is an individual. NPI Type of 2 designates the provider is a corporation.
4	API IND	Provider API Indicator	DE4142	API indicator is a flag that indicates the provider does not provider medical services and is considered an atypical provider.

5	ADMINISTRATION NAME	Provider Administrator's Name	DE4078	
6	APPLICATION TRACKING ID	Provider Application Tracking Number	DE4008	
7	APPLICATION STATUS	Provider Application Status Code	DE4282	
8	APPLICATION DATE	Provider Application Date	DE4059	
9	UPIN	Provider Alternate ID Value	DE4044	
10	IRS NAME	Provider IRS Name	DE4526	
11	FEIN	Provider Alternate ID Value	DE4044	
12	(FEIN) BEG DT	Provider Alternate ID Begin Date	DE4553	
13	(FEIN) END DT	Provider Alternate ID End Date	DE4554	
14	(FEIN) RSN	Provider Reason Code	DE4012	
23	(ADDRESS)	Provider Name	DE4085	
24	(ADDRESS)	Provider Attention Name	DE4096	
25	(ADDRESS)	Provider Address Line	DE4097	
26	(ADDRESS)	Provider Address City Name	DE4130	
27	(ADDRESS)	Provider Address State	DE4098	
28	(ADDRESS)	Provider Address ZIP Code	DE4099	
29	CONTACT	Provider Contact Name	DE4201	
30	EMAIL	Provider Email Address	DE4202	
31	(PHONE)	Provider Phone Number	DE4090	
32	(EXT)	Provider Phone Extension	DE4506	
33	SERVICE NUMBER	Provider Service Center	DE4082	
34	SERVICE BEGIN DATE	Provider Electronic Capability Begin Date	DE4537	
35	SERVICE END DATE	Provider Electronic Capability End Date	DE4538	

37	SERVICE REASON	Provider Reason Code	DE4012	
38	SERVICE BILLING CODE	Provider EMC Billing Indicator	DE4081	
39	(FISCAL) MTH	Provider Fiscal Year End Month	DE4057	
40	(FISCAL) BEG	Provider Fiscal Year End Begin Date	DE4229	
41	(FISCAL) END	Provider Fiscal Year End Date	DE4230	
42	(FISCAL YEAR) RSN	Provider Reason Code	DE4012	
43	(FISCAL) UPDATE	Provider Fiscal Year End Update Date	DE4231	
44	(NEGATIVE BALANCE) LAST UPDATE	Provider Negative Balance Update Date	DE4448	
45	(NEGATIVE BALANCE) AMOUNT	Provider Negative Balance Amount	DE4036	
46	(LIEN) LAST UPDATE	Provider Lien Update Date	DE4447	
47	(LIEN) AMOUNT	Provider Lien Amount	DE4446	
48	CLAIM PAID YTD	Provider Current Year-to-Date Paid Claims	DE4041	
49	CLAIMS PAID PYR	Provider Current Year-to-Date Paid Claims	DE4041	
50	1099 YTD	Provider Current Year-to-Date Total 1099 Amount	DE4155	Provider Current Year-to-Date Total 1099 Amount
51	1099 ADJUSTMENT YTD	Provider 1099 Adjustment Amount	DE4199	Provider 1099 Adjustment Amount
52	1099 PYD	Provider Current Year-to-Date Total 1099 Amount	DE4155	Provider Prior Year-to-Date 1099 Amount
53	LAST REMIT DATE	Remittance Payment Date	DE9578	
54	LAST REMIT AMT	Remittance Check Amount	DE9577	
55	LAST REMIT NUM	Remittance Advice Number	DE9580	
56	ADDED DATE	Provider Record Insert Date	DE4061	Provider Record Insertion Date

57	LOCATION CODE	Provider Locality Code	DE4089	Provider Locality Code
58	PROGRAM CODE	Provider Program Code	DE4208	
59	PROGRAM BEGIN DATE	Provider Program Code Begin Date	DE4205	
60	PROGRAM END DATE	Provider Program Code End Date	DE4206	
61	PROGRAM RSN	Provider Reason Code	DE4012	
62	PROGRAM FEE	Provider Program Code Fee Indicator	DE4514	
63	CAN NOTIFY DATE	Provider Cancellation Notification Date	DE4502	
64	(RESTRICTION) PGM CODE	Provider Program Code	DE4208	
65	(RESTRICTION) TYPE	Provider Restriction Type	DE4024	
66	(RESTRICTION) BEG DATE	Provider Restriction Begin Date	DE4020	
67	(RESTRICTION) END DATE	Provider Restriction End Date	DE4021	
68	(RESTRICTION) RSN	Provider Reason Code	DE4012	
69	PROC TYPE	Provider Restriction Procedure Type	DE4287	
70	FROM PROC	Provider Restriction From Procedure Code	DE4025	
71	THRU PROC	Provider Restriction Thru Procedure Code	DE4026	
72	I/E IND	Provider Restriction Inclusive/Exclusive Indicator	DE4289	
73	ACT TYPE	Provider Restriction Action Type	DE4288	
74	(PROVIDER TYPE) TYP	Provider Type	DE4006	
75	(PROVIDER TYPE) BEG DATE	Provider Type Begin Date	DE4010	
76	(PROVIDER TYPE) END DATE	Provider Type End Date	DE4011	
77	(PROVIDER TYPE) RSN	Provider Reason Code	DE4012	
78	(LICENSE)	Provider License Num-	DE4064	

	NUMBER	ber		
79	(LICENSE) BEG DATE	Provider License Begin Date	DE4066	
80	(LICENSE) END DATE	Provider License End Date	DE4067	
81	(LICENSE) RSN	Provider Reason Code	DE4012	
82	(LICENSE) BRD	Provider Licensing Board	DE4075	
83	(LICENSE) ST	Provider Licensing State	DE4076	
84	LIC REV IND	Indefinite agreement value	DE4003	
85	FAC RATING	Provider Facility Rating Indicator	DE4072	
86	TYP OF PRACT	Provider Type of Practice Organization	DE4009	
87	CTL MED FAC	Provider Control of Medical Facility Indicator	DE4073	
88	CHG LTR IND	Provider IRS Name	DE4526	
89	PREF PROV AGR	Preferred Provider Agreement Indicator	DE4295	
90	LEV OF PERF	Provider Level of Performance	DE4431	
91	INACT OVRDE	Provider Inactive Override Indicator	DE4517	
92	BYPASS LABEL	Provider Bypass Label Indicator	DE4219	
93	FORMS IND	Provider Forms Indicator	DE4341	
94	FORMS COUNT	Provider Forms Count	DE4224	
95	ASSESSMENT IND	Provider Assessment Indicator	DE4088	
96	FIN STANDING	Provider Financial Standing	DE4267	
97	EPSDT IND	Provider EPSDT Indicator	DE4500	
98	AGREEMENT IND	Indefinite agreement value	DE4003	Indefinite Agreement Indicator
99	(SPECIALTY) CODE	Provider Specialty Code	DE4007	
100	(SPECIALTY) PRIM	Provider Primary Spe-	DE4528	

		cialty Indicator		
101	(SPECIALTY) BEG DATE	Provider Specialty Begin Date	DE4210	
102	(SPECIALTY) END DATE	Provider Specialty End Date	DE4211	
103	(SPECIALTY) RSN	Provider Reason Code	DE4012	
104	(CERTIFICATION) NUMBER	Provider Specialty Certification Number	DE4068	
105	(CERTIFICATION) BEG DATE	Provider Specialty Certification Begin Date	DE4070	
106	(CERTIFICATION) END DATE	Provider Specialty Certification End Date	DE4071	
107	(CERTIFICATION) RSN	Provider Reason Code	DE4012	
108	(CERTIFICATION) BRD	Provider Specialty Certification Board Code	DE4069	
109	(CERTIFICATION) ST	Provider Certification State	DE4080	
110	LIC ORG DATE	Provider Original License End Date	DE4004	Provider Original License Date
111	CLIA	Clinical Laboratory Improvement Amendment (CLIA) Number	DE4310	
112	MULTIPLE CLIA	Multiple Clinical Laboratory Improvement Amendments (CLIA) Number Indicator	DE4355	
113	(CASE MANAGER) TYPE	Provider Case Manager Type	DE4433	
114	(CASE MANAGER) BEG	Provider Case Manager Type Begin Date	DE4434	
115	(CASE MANAGER) END	Provider Case Manager Type End Date	DE4435	
116	(CASE MANAGER) RSN	Provider Reason Code	DE4012	
117	(AFFILIATIONS) PROV ID	National Provider Identifier	DE4700	
118	(AFFILIATIONS) TYPE	Provider Affiliation Type	DE4248	
119	(AFFILIATIONS) BEG DT	Provider Relation Begin Date	DE4539	
120	(AFFILIATIONS) END DT	Provider Relation End Date	DE4540	

121	(AFFILIATIONS) RSN	Provider Reason Code	DE4012	
122	ENGLISH	Provider Language Type	DE4420	
123	KOREAN	Provider Language Type	DE4420	
124	SPANISH	Provider Language Type	DE4420	
125	FARSI	Provider Language Type	DE4420	
126	VIETNAMESE	Provider Language Type	DE4420	
127	HINDI	Provider Language Type	DE4420	
128	OTHER	Provider Language Type	DE4420	
129	GROUP BELONGING TO	Provider Belongs to Group Indicator	DE4104	
130	MEMBERS IN GROUP	Provider Number Providers in Group	DE4105	
131	(GROUP) NUMBER	National Provider Identifier	DE4700	
132	(GROUP) TYPE	Provider Group Type	DE4247	
133	(GROUP) ASSOC	Provider Group Association Role	DE4246	
134	(GROUP) BEG DATE	Provider Relation Begin Date	DE4539	
135	(GROUP) END DATE	Provider Relation End Date	DE4540	
136	(GROUP) RSN	Provider Reason Code	DE4012	
138	RATE PGM CODE	Provider Program Code	DE4208	
139	RATE TYPE	Provider Rate Type	DE4250	
140	RATE CODE	Provider Rate Code	DE4251	
141	RATE BEG DATE	Provider Rate Begin Date	DE4252	
142	RATE END DATE	Provider Rate End Date	DE4253	
143	RATE RSN	Provider Reason Code	DE4012	
144	RATE AMOUNT/PERCENT	Provider Rate	DE4255	
145	(BED) NF	Provider Number of	DE4244	

		Beds NF		
146	(BED) SNF	Provider Number of Beds NF	DE4244	
147	(BED) SNF/NF	Provider Number of Beds NF	DE4244	
148	(BED) NON-CERT	Provider Number of Beds NF	DE4244	
149	(BED) ICFMR	Provider Number of Beds NF	DE4244	
150	(BEDS) SPEC CARE	Provider Number of Beds NF	DE4244	
151	(BED) TOTAL	Provider Number of Beds NF	DE4244	
152	MAX SLOTS	Provider Managed Care Panel Enrollment Size	DE4403	
153	ASSGN SLOTS	Provider Managed Care Assigned Slots	DE4122	
154	PANEL ENROLL TYPE	Provider Managed Care Panel Enrollment Type	DE4402	
155	PANEL ENROLL AGE	Provider Managed Care Panel Enrollment Age Type	DE4404	
156	HCAP ACCESS	Provider Managed Care Handicap Access-ibility Indicator	DE4436	
157	CAP PRORATION METH	Provider Capitation Proration Method	DE4532	

Output Reports PS-O-009 Listing of Provider File (Short)

General Information

This listing contains basic provider information for all providers.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Listing of Provider File (Short) (PSR040)
Confidential:	Yes
Sequence:	The following reports are produced depending on PARM selection: PS-O-009-0 Listing of All Providers - Alpha PS-O-009-1 Listing of All Provider - Numeric PS-O-009-2 Listing of Active Providers - Alpha PS-O-009-3 Listing of Active Provider - Numeric PS-O-009-4 Listing of Inactive Provider - Alpha PS-O-009-5 Listing of Inactive Provider - Numeric PS-O-009-6 Listing of State Providers - Alpha PS-O-009-7 Listing of State Providers - Numeric PS-O-009-8 Listing of Out-of-State Provider - Alpha PS-O-009-9 Listing of Out-of-State Providers - Numeric PS-O-009-10 Listing of All Providers by City/County Code and Provider Number
Control Breaks:	N/A

Listing of Provider File (Short) (PS-O-009)

```
PSR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999                               LISTING OF PROVIDER FILE (SHORT)                             PA
RUN DATE: 99/99/9999 99:99                     LISTING OF ALL PROVIDERS BY NAME

                                                                                          (12)        (13)      (
  (1)        (2) (3) (4) (5) (6) (7)                  (8)  (9)   (10)     (11)           ELIG        ELIG      R
 PROV ID    PROV NAME/ADDRESS                         LOC  TYPE  SPEC  PROGRAM CODE  BEG DATE    END DATE    CO
-----------------------------------------------------------------------------------------------------------------
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                                                  *** END OF REPORT ***
```

Listing of Provider File (Short) (PS-O-009)

```
PSR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                               LISTING OF PROVIDER FILE (SHORT)                             PAG
RUN DATE: 99/99/9999 99:99                    LISTING OF ALL PROVIDERS BY NUMBER

                                                                                          (12)        (13)      (14
  (1)        (2) (3) (4) (5) (6) (7)                  (8)  (9)   (10)     (11)           ELIG        ELIG      RSN
 PROV ID    PROV NAME/ADDRESS                         LOC  TYPE  SPEC  PROGRAM CODE  BEG DATE    END DATE    COD
-----------------------------------------------------------------------------------------------------------------
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   99
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        99        99/99/9999  99/99/9999   99
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   99
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                                                  *** END OF REPORT ***
```

Listing of Provider File (Short) (PS-O-009)

```
PSR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                              LISTING OF PROVIDER FILE (SHORT)                              PAG
RUN DATE: 99/99/9999 99:99             LISTING OF PROVIDERS BY LOCALITY AND PROV NUMBER

                                                                                          (12)        (13)      (14)
  (1)       (2) (3) (4) (5) (6) (7)                    (8)  (9)   (10)    (110          ELIG        ELIG      RSN
 PROV ID    PROV NAME/ADDRESS                          LOC  TYPE  SPEC  PROGRAM CODE  BEG DATE    END DATE    COD
-----------------------------------------------------------------------------------------------------------------------
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   99
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        99        99/99/9999  99/99/9999   99
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   99
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                                                  *** END OF REPORT ***
```

Listing of Provider File (Short) (PS-O-009)

```
PSR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999                              LISTING OF PROVIDER FILE (SHORT)                              PA
RUN DATE: 99/99/9999 99:99                LISTING OF ACTIVE PROVIDERS BY NAME

                                                                                          (12)        (13)      (1
  (1)       (2) (3) (4) (5) (6) (7)                    (8)  (9)   (10)    (11)          ELIG        ELIG      R
 PROV ID    PROV NAME/ADDRESS                          LOC  TYPE  SPEC  PROGRAM CODE  BEG DATE    END DATE    C
-----------------------------------------------------------------------------------------------------------------------
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                                                  *** END OF REPORT ***
```

Listing of Provider File (Short) (PS-O-009)

```
PSR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999                              LISTING OF PROVIDER FILE (SHORT)                              PA
RUN DATE: 99/99/9999 99:99                  LISTING OF ACTIVE PROVIDERS BY NUMBER
                                                                                        (12)        (13)      (1
  (1)        (2) (3) (4) (5) (6) (7)                  (8)  (9)   (10)     (11)          ELIG        ELIG      RS
 PROV ID    PROV NAME/ADDRESS                         LOC  TYPE  SPEC  PROGRAM CODE  BEG DATE    END DATE    CO
-------------------------------------------------------------------------------------------------------------------
 1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

 1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                                                  *** END OF REPORT ***
```

Listing of Provider File (Short) (PS-O-009)

```
PSR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999                              LISTING OF PROVIDER FILE (SHORT)                              PA
RUN DATE: 99/99/9999 99:99                  LISTING OF INACTIVE PROVIDERS BY NAME

                                                                                        (12)        (13)      (1
  (1)        (2) (3) (4) (5) (6) (7)                  (8)  (9)   (10)    (11)           ELIG        ELIG      R
 PROV ID    PROV NAME/ADDRESS                         LOC  TYPE  SPEC  PROGRAM CODE  BEG DATE    END DATE    CO
-------------------------------------------------------------------------------------------------------------------
 1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

 1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                                                  *** END OF REPORT ***
```

Listing of Provider File (Short) (PS-O-009)

```
PSR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:99/99/9999                              LISTING OF PROVIDER FILE (SHORT)                              P
RUN DATE: 99/99/9999 99:99                 LISTING OF INACTIVE PROVIDERS BY NUMBER
                                                                                          (12)        (13)      (
   (1)       (2) (3) (4) (5) (6) (7)                    (8)  (9)   (10)     (11)          ELIG        ELIG      R
 PROV ID     PROV NAME/ADDRESS                          LOC  TYPE  SPEC  PROGRAM CODE  BEG DATE    END DATE    C
-------------------------------------------------------------------------------------------------------------------
 1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        99        99/99/9999  99/99/9999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

 1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                                                  *** END OF REPORT ***
```

Listing of Provider File (Short) (PS-O-009)

```
PSR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:99/99/9999                              LISTING OF PROVIDER FILE (SHORT)                              P
RUN DATE: 99/99/9999 99:99                 LISTING OF STATE PROVIDERS BY NUMBER

                                                                                          (12)        (13)      (1
   (1)       (2) (3) (4) (5) (6) (7)                    (8)  (9)   (10)    (110          ELIG        ELIG      R
 PROV ID     PROV NAME/ADDRESS                          LOC  TYPE  SPEC  PROGRAM CODE  BEG DATE    END DATE    C
-------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                                                  *** END OF REPORT ***
```

Listing of Provider File (Short) (PS-O-009)

```
PSR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999                              LISTING OF PROVIDER FILE (SHORT)                              PA
RUN DATE: 99/99/9999 99:99                 LISTING OF OUT OF STATE PROVIDERS BY NAME

                                                                                          (12)        (13)      (1
  (1)       (2) (3) (4) (5) (6) (7)                    (8)  (9)   (10)    (110           ELIG        ELIG      RS
 PROV ID    PROV NAME/ADDRESS                          LOC  TYPE  SPEC  PROGRAM CODE  BEG DATE    END DATE    CO
-------------------------------------------------------------------------------------------------------------------
 1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

 1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                                                  *** END OF REPORT ***
```

Listing of Provider File (Short) (PS-O-009)

```
PSR040                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999                              LISTING OF PROVIDER FILE (SHORT)                              PA
RUN DATE: 99/99/9999 99:99                 LISTING OF OUT OF STATE PROVIDERS BY NUMBER

                                                                                          (12)        (13)      (14
  (1)       (2) (3) (4) (5) (6) (7)                    (8)  (9)   (10)    (110           ELIG        ELIG      RS
 PROV ID    PROV NAME/ADDRESS                          LOC  TYPE  SPEC  PROGRAM CODE  BEG DATE    END DATE    CO
-------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     999   999   999      99        99/99/9999  99/99/9999   9
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROV NAME	Provider Name	DE4085	
3	ADDRESS	Provider Attention Name	DE4096	

4	ADDRESS	Provider Address Line	DE4097	
5	ADDRESS	Provider Address City Name	DE4130	
6	ADDRESS	Provider Address State	DE4098	
7	ADDRESS	Provider Address ZIP Code	DE4099	
8	LOC	Provider Locality Code	DE4089	
9	TYPE	Provider Type	DE4006	
10	SPEC	Provider Specialty Code	DE4007	
11	PROGRAM CODE	Provider Program Code	DE4208	
12	ELIG BEG DATE	Provider Program Code Begin Date	DE4205	
13	ELIG END DATE	Provider Program Code End Date	DE4206	
14	RSN CODE	Provider Reason Code	DE4012	These are the reason codes associated with the Eligibility Begin/End Dates. If a Program code has been cancelled, there will be a Reason Code greater than 000 associated with that program Code.

Output Reports PS-O-010 Provider Listing by Type

General Information

This listing includes basic provider information, with the providers sorted by Provider Type.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Provider Listing by Type (PSR050)
Confidential:	Yes
Sequence:	The following reports are produced depending on PARM selection: PS-O-010-0 Listing of All Providers - Type/Alpha PS-O-010-1 Listing of All Providers - Type/Numeric PS-O-010-2 Listing of Active Providers - Type/Alpha PS-O-010-3 Listing of Active Providers - Type/Numeric PS-O-010-4 Listing of Inactive Providers - Type/Alpha PS-O-010-5 Listing of Inactive Providers - Type/Numeric PS-O-010-6 Listing of State Providers - Type/Alpha PS-O-010-7 Listing of State Providers - Type/Numeric PS-O-010-8 Listing of Out-of-State Providers - Type/Alpha PS-O-010-9 Listing of Out-of-State Providers - Type/Numeric PS-O-010-10 Listing of All Providers - Provider Class Type/Service Center
Control Breaks:	Provider Type

Provider Listing by Type (PS-O-010)

```
PSR050                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF MM/DD/CCYY                                     PROVIDER LISTING BY TYPE                                 P
RUN DATE: MM/DD/CCYY HH:MM
            (1)  (2)
PROV TYPE: 999  XXXXXXXXXXXXXXXXXXXX
                                                                                                  (15)  (16)      (17
   (3)                  (5)     (6)(7)(8)(9)(10)              (11)      (12)        (13)  (14) PROG  ELIG      ELI
 PROV ID             PROV NAME/ADDRESS                       LOC    PHONE NUM     TYPE  SPEC CODE BEG DATE  END
-----------------------------------------------------------------------------------------------------------------
1234567890           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999  (999) 999-9999  999   999  99  99/99/9999 99/9
                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   99  99/99/9999 99/9
                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   99  99/99/9999 99/9
                     XXXXXXXXXXXXXXXXXX XX 99999-9999

                                 (1)              (21)
TOTAL RECORDS FOR PROV TYPE    999:             999


                                                    *** END OF REPORT ***
```

Provider Listing by Type (PS-O-010)

```
PSR050                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:99/99/9999                                     PROVIDER LISTING BY TYPE                                 PAGE
RUN DATE: 99/99/9999 99:99                     LISTING OF ALL PROVIDERS - TYPE/ALPHA

            (1)     (2)
PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                           (15)   (16)      (17
  (3)                (4) (5) (6) (7) (8) (9) (10)             (11)  (12)         (13)  (14) PROG   ELIG      ELI
 PROV ID             PROV NAME/ADDRESS                       LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE  END
-----------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99/
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99/
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  01 07/07/1979 12/31/
                      XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99/
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99/
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99/
                      XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                        99 99/99/9999 99/99/
                                                                                              99 99/99/9999 99/99/

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99/
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99/
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99/
                      XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                        99 99/99/9999 99/99/
                                                                                              99 99/99/9999 99/99/
                                                                                              99 99/99/9999 99/99/
                                                                                              99 99/99/9999 99/99/
                                                                                              99 99/99/9999 99/99/
                                                                                              99 99/99/9999 99/99/

                                                    *** END OF REPORT ***
```

Provider Listing by Type (PS-O-010)

```
PSR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:99/99/9999                                  PROVIDER LISTING BY TYPE                                  P
RUN DATE: 99/99/9999 99:99                 LISTING OF ALL PROVIDERS -TYPE/NUMERIC

PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                          PROG   ELIG
 PROV ID              PROV NAME/ADDRESS                        LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE   E
-------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 01 07/07/1979 12/
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                       99 99/99/9999 99/
                                                                                             99 99/99/9999 99/

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                       99 99/99/9999 99/
                                                                                             99 99/99/9999 99/
                                                                                             99 99/99/9999 99/
                                                                                             99 99/99/9999 99/
                                                                                             99 99/99/9999 99/
                                                                                             99 99/99/9999 99/

                                                *** END OF REPORT ***
```

Provider Listing by Type (PS-O-010)

```
PSR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    P
AS OF:99/99/9999                                   PROVIDER LISTING BY TYPE                                 P
RUN DATE: 99/99/9999 99:99                 LISTING ALL PROVIDERS - PROVTYPE/SRVC CTR

PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                                  PROG   ELIG
 PROV ID              PROV NAME/ADDRESS                        LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE   E
-------------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                      99 99/99/9999 99/
                                                                                             99 99/99/9999 99/

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                      99 99/99/9999 99/
                                                                                             99 99/99/9999 99/
                                                                                             99 99/99/9999 99/
                                                                                             99 99/99/9999 99/
                                                                                             99 99/99/9999 99/
                                                                                             99 99/99/9999 99/

                                                 *** END OF REPORT ***
```

Provider Listing by Type (PS-O-010)

```
PSR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                                 PROVIDER LISTING BY TYPE                                  PAG
RUN DATE: 99/99/9999 99:99                 LISTING OF ACTIVE PROVIDERS - TYPE/ALPHA

PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                          PROG   ELIG       EI
 PROV ID              PROV NAME/ADDRESS                        LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE   END
-----------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 01 07/07/1979 12/31
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                       99 99/99/9999 99/99
                                                                                             99 99/99/9999 99/99

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                       99 99/99/9999 99/99
                                                                                             99 99/99/9999 99/99
                                                                                             99 99/99/9999 99/99
                                                                                             99 99/99/9999 99/99
                                                                                             99 99/99/9999 99/99
                                                                                             99 99/99/9999 99/99
```

*** END OF REPORT ***

Provider Listing by Type (PS-O-010)

```
PSR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:99/99/9999                                   PROVIDER LISTING BY TYPE                                 P
RUN DATE: 99/99/9999 99:99                LISTING OF ACTIVE PROVIDERS - TYPE/NUMERIC

PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                          PROG   ELIG
 PROV ID              PROV NAME/ADDRESS                        LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE   E
-------------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 01 07/07/1979 12/
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                       99 99/99/9999 99/
                                                                                              99 99/99/9999 99/

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                       99 99/99/9999 99/
                                                                                              99 99/99/9999 99/
                                                                                              99 99/99/9999 99/
                                                                                              99 99/99/9999 99/
                                                                                              99 99/99/9999 99/
                                                                                              99 99/99/9999 99/
```

*** END OF REPORT ***

Provider Listing by Type (PS-O-010)

```
PSR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REI
AS OF:99/99/9999                                  PROVIDER LISTING BY TYPE                                  PAG
RUN DATE: 99/99/9999 99:99                LISTING OF INACTIVE PROVIDERS - TYPE/ALPHA

PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                          PROG   ELIG       EI
 PROV ID              PROV NAME/ADDRESS                        LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE   ENI
-----------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/9
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 01 07/07/1979 12/31
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                         99 99/99/9999 99/99
                                                                                                99 99/99/9999 99/99

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                         99 99/99/9999 99/99
                                                                                                99 99/99/9999 99/99
                                                                                                99 99/99/9999 99/99
                                                                                                99 99/99/9999 99/99
                                                                                                99 99/99/9999 99/99
                                                                                                99 99/99/9999 99/99

                                                  *** END OF REPORT ***
```

Provider Listing by Type (PS-O-010)

```
PSR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                                   PROVIDER LISTING BY TYPE                                 PAG
RUN DATE: 99/99/9999 99:99                LISTING OF INACTIVE PROVIDERS - TYPE/NUMERIC

PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                                  PROG   ELIG       EI
 PROV ID              PROV NAME/ADDRESS                        LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE   END
-----------------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  01 07/07/1979 12/31
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                        99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                        99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
```

*** END OF REPORT ***

Provider Listing by Type (PS-O-010)

```
PSR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                                  PROVIDER LISTING BY TYPE                                  PAG
RUN DATE: 99/99/9999 99:99                 LISTING OF STATE PROVIDERS - TYPE/ALPHA

PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                          PROG   ELIG       EL
 PROV ID              PROV NAME/ADDRESS                        LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE   END
-------------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  01 07/07/1979 12/31
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                        99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99

1234567890          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                        99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99

                                                          *** END OF REPORT ***
```

Provider Listing by Type (PS-O-010)

```
PSR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                                   PROVIDER LISTING BY TYPE                                 PAG
RUN DATE: 99/99/9999 99:99              LISTING OF STATE PROVIDERS -TYPE/NUMERIC

PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                          PROG   ELIG       EL
 PROV ID              PROV NAME/ADDRESS                        LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE   END
-------------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  01 07/07/1979 12/31
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                        99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                        99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99

                                                  *** END OF REPORT ***
```

Provider Listing by Type (PS-O-010)

```
PSR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                                   PROVIDER LISTING BY TYPE                                 PAG
RUN DATE: 99/99/9999 99:99              LISTING OF OUT OF STATE PROVIDERS - TYPE/ALPHA

PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                          PROG   ELIG       EL
 PROV ID              PROV NAME/ADDRESS                        LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE   END
-----------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                       99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  99 99/99/9999 99/99
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                       99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99
                                                                                              99 99/99/9999 99/99

                                                  *** END OF REPORT ***
```

Provider Listing by Type (PS-O-010)

```
PSR050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:99/99/9999                                   PROVIDER LISTING BY TYPE                                 PAGE
RUN DATE: 99/99/9999 99:99              LISTING OF OUT OF STATE PROVIDERS -TYPE/NUMERIC

PROV TYPE:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                          PROG   ELIG       ELI
 PROV ID              PROV NAME/ADDRESS                        LOC   PHONE NUM    TYPE  SPEC CODE  BEG DATE   END
-------------------------------------------------------------------------------------------------------------------
1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99/
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99/
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                    99 99/99/9999 99/99/
                                                                                           99 99/99/9999 99/99/

1234567890            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999 (999) 999-9999 999   999   99 99/99/9999 99/99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99/
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                 99 99/99/9999 99/99/
                       XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX                                    99 99/99/9999 99/99/
                                                                                           99 99/99/9999 99/99/
                                                                                           99 99/99/9999 99/99/
                                                                                           99 99/99/9999 99/99/
                                                                                           99 99/99/9999 99/99/
                                                                                           99 99/99/9999 99/99/

                                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV TYPE	Provider Type	DE4006	
2	PROVIDER TYPE DESCRIPTION	Provider Type Description	DE4296	
3	NPI PROVIDER ID	National Provider Identifier	DE4700	
5	PROVIDER NAME	Provider Name	DE4085	
6	PROVIDER ADDITIONAL NAME	Provider Attention Name	DE4096	
7	PROVIDER STREET ADDRESS	Provider Address Line	DE4097	
8	PROVIDER CITY	Provider Address City Name	DE4130	

9	PROVIDER STATE	Provider Address State	DE4098	
10	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	
11	PROVIDER LOCALITY	Provider Locality Code	DE4089	
12	PROVIDER PHONE NUMBER	Provider Phone Number	DE4090	
13	PROVIDER TYPE	Provider Type	DE4006	
14	PROVIDER SPECIALTY	Provider Specialty Code	DE4007	
15	PROVIDER PROGRAM CODE	Provider Program Code	DE4208	
16	ELIGIBILITY BEGIN DATE	Provider Program Code Begin Date	DE4205	
17	ELIGIBILITY END DATE	Provider Program Code End Date	DE4206	
18	REASON CODE	Provider Reason Code	DE4012	
19	SERVICE CENTER	Provider Service Center	DE4082	
20	ECOMM SERVICE TYPE	Provider Electronic Capability Type	DE4546	This is C_ECOMM_CVAL. R- Remits (1) H- HMO (1) E- EMC (2)
21	TOTAL PER PROV TYPE	Calculated	DE0002	This is a calculated total for each Type.

Output Reports PS-O-011 Provider Listing by Category of Service

General Information

This listing includes basic provider information, with the providers sorted by Category of Service.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	Provider Listing by Category of Service (PSR065)
Confidential:	Yes
Sequence:	The following reports are produced depending on PARM selection: PS-O-011-0 Listing of All Providers - COS/Alpha PS-O-011-1 Listing of All Providers - COS/Numeric PS-O-011-2 Listing of Active Providers - COS/Alpha PS-O-011-3 Listing of Active Providers - COS/Numeric PS-O-011-4 Listing of Inactive Providers - COS/Alpha PS-O-011-5 Listing of Inactive Providers - COS/Numeric PS-O-011-6 Listing of State Providers - COS/Alpha PS-O-011-7 Listing of State Providers - COS/Numeric PS-O-011-8 Listing of Out-of-State Providers - COS/Alpha PS-O-011-9 Listing of Out-of-State Providers - COS/Numeric
Control Breaks:	Category of Service

Provider Listing by Category of Service (PS-O-011)

```
PSR065                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                             PROVIDER LISTING BY CATEGORY OF SERVICE
RUN DATE: MM/DD/CCYY HH:MM
                      (1)    (2)
CATEGORY OF SERVICE: 999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

   (3)        (4)        (5)     (6)(7)(8)(9)(10)              (11)   (12)  (13)
 PROV ID               PROV NAME/ADDRESS                       LOC   TYPE  SPEC
-------------------------------------------------------------------------------------------------------------
1234567890             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999    999   999
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       XXXXXXXXXXXXXXXXX XX 99999-9999

                                                     (1)      (14)
***** TOTAL PROVIDERS FOR THIS CATEGORY OF SERVICE:   XXX   Z,ZZZ,ZZ9

                                 (15)
***** TOTAL RECORDS SELECTED:  Z,ZZZ,ZZ9


                                                 *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CATEGORY OF SERVICE	Provider Category of Service	DE4077	
2	(CATEGORY OF SERVICE DESCRIPTION)	Description	DE3907	
3	NPI PROVIDER	National Provider Iden-tifier	DE4700	
5	PROVIDER NAME	Provider Name	DE4085	
6	PROVIDER ADDITIONAL NAME	Provider Attention Name	DE4096	
7	PROVIDER ADDRESS LINE	Provider Address Line	DE4097	
8	PROVIDER CITY	Provider Address City Name	DE4130	
9	PROVIDER STATE	Provider Address State	DE4098	
10	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	
11	PROVIDER LOCALITY	Provider Locality Code	DE4089	

12	PROVIDER TYPE	Provider Type	DE4006	
13	PROVIDER SPECIALTY	Provider Specialty Code	DE4007	
14	TOTAL FOR THIS CATEGORY OF SERVICE	Calculated	DE0002	This is a calculated total for each Category of Service
15	TOTAL RECORDS SELECTED	Calculated	DE0002	This is a calculated total for number of records selected for the report.

Output Reports PS-O-012 Provider Enrollment Summary

General Information

This listing contains counts of enrollment activity for a given month within Provider Type.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Provider Enrollment Summary (PSM110)
Confidential:	No
Sequence:	Provider Type
Control Breaks:	Provider Type Specialty Code City County/Provider Type/Specialty

Provider Enrollment Summary (PS-O-012)

PSM110 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY PROVIDER ENROLLMENT SUMMARY
RUN DATE: MM/DD/CCYY HH:MM MONTH, YEAR
(1)

TOTALS BY LOCALITY, PROVIDER TYPE, SPECIALITY

LOC	PROV TYPE	SPEC	SPECIALTY DESCRIPTION	TOTAL PROVIDERS	ADDITIONS THIS MONTH	CHANGES THIS MONTH	CANCELS THIS MONTH	REINSTATE THIS MONT
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
999	999	999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
	999	999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
	999	999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
999	999	999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
	999	999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
	999	999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ
		999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ

Provider Enrollment Summary (PS-O-012)

```
PSM110                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                                   PROVIDER ENROLLMENT SUMMARY
RUN DATE: MM/DD/CCYY HH:MM                                  MONTH, YEAR

TOTALS BY LOCALITY AND PROVIDER TYPE

     PROV                                          TOTAL       ADDITIONS       CHANGES       CANCELS    REINSTA
LOC  TYPE        PROV TYPE DESCRIPTION            PROVIDERS    THIS MONTH    THIS MONTH    THIS MONTH   THIS MO
-----------------------------------------------------------------------------------------------------------------
                        (12)
999  999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,

                 LOCALITY TOTALS                  Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,


999  999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,

                 LOCALITY TOTALS                  Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,


GRAND TOTALS BY PROVIDER TYPE

     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
     999         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9     Z,ZZZ,ZZ9    Z,ZZZ,
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(MONTH, DAY, YEAR)		DE0000	
2	LOC	Provider Locality Code	DE4089	
3	PROV TYPE	Provider Type	DE4006	
4	SPEC	Provider Specialty Code	DE4007	
5	SPECIALTY DESCRIPTION	Provider Specialty Code Description	DE4298	
6	TOTAL PROVIDERS	Provider Total Pro-viders	DE4192	

7	ADDITIONS THIS MONTH	Provider Added Month-to-Date	DE4193	
8	CHANGES THIS MONTH	Provider Change Month-to-Date	DE4194	
9	CANCELS THIS MONTH	Provider Cancel Month-to-Date	DE4196	
10	REINSTATES THIS MONTH	Provider Reinstate Month-to-Date	DE4195	
11	DELETIONS THIS MONTH	Provider Delete Month-to-Date	DE4197	
12	PROV TYPE DESCRIPTION	Provider Type Description	DE4296	

Output Reports PS-O-013 Provider with License Due to Expire

General Information

This listing contains basic information on providers whose license is to expire within a given time period.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Mailing Contractor Recertification Extract (PSM100)
Confidential:	Yes
Sequence:	Provider Name This report will also be broken out into the following intervals: PS-O-013-1 Provider with License Due to Expire within 1 Month by Provider Name PS-O-013-2 Provider with License Due to Expire within 2 months by Provider Name PS-O-013-3 Provider with License Due to Expire within 3 months by Provider Name This report can be printed by Provider Program Code.
Control Breaks:	N/A

Provider with License Due to Expire (PS-O-013)

```
PSM100                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                          PROVIDER WITH LICENSE DUE TO EXPIRE IN 1 MONTH                     PAG
RUN DATE: MM/DD/YYYY 99:99

                                            (8)       (9)       (10)  (11)       (12)           (13)       (14)
 (1)        (2) (3) (4) (5) (6) (7)        PROG      ELIG                      LIC NUM          LIC        LIC
PROV ID     PROV NAME/ADDRESS              CODE    END DATE    TYPE  SPEC                    BEG DATE   END DATE
-----------------------------------------------------------------------------------------------------------------
9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    99/99/9999   999   999                    99/99/9999 99/99/999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    99/99/9999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXX XX XXXXX-XXXX


999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    99/99/9999   999   999   999999999999     99/99/9999 99/99/999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    99/99/9999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXX XX XXXXX-XXXX
```

```
PSM100                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:10/06/2006                          PROVIDER WITH LICENSE DUE TO EXPIRE IN 2 MONTH                     PA
RUN DATE: 10/06/2006 11:18
 PROV ID                                    PROG      ELIG                      LIC NUM          LIC        LIC
            PROV NAME/ADDRESS               CODE    END DATE    TYPE  SPEC                    BEG DATE   END DATE
-----------------------------------------------------------------------------------------------------------------
9999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    99/99/9999   999         XXXXXX             99/99/9999 99/99/999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    99/99/9999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXX XX XXXXX-XXXX


999999999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    99/99/9999   999   999   999              99/99/9999 99/99/999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    99/99/9999
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXXXXXXXXX XX XXXXX-XXXX
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROV NAME	Provider Name	DE4085	
3	ADDRESS	Provider Attention Name	DE4096	
4	ADDRESS	Provider Address Line	DE4097	
5	ADDRESS	Provider Address City Name	DE4130	
6	ADDRESS	Provider Address State	DE4098	
7	ADDRESS	Provider Address ZIP Code	DE4099	
8	PROG CODE	Provider Program	DE4208	

		Code		
9	ELIG END DATE	Provider Program Code End Date	DE4206	
10	TYPE	Provider Type	DE4006	
11	SPEC	Provider Specialty Code	DE4007	
12	LIC NUM	Provider License Number	DE4064	
13	LIC BEG DATE	Provider License Begin Date	DE4066	
14	LIC END DATE	Provider License End Date	DE4067	
15	LIC RSN	Provider Reason Code	DE4012	This is the reason code associated with the License End Date

Output Reports PS-O-014 Provider Listing by Specialty

General Information

This listing includes basic provider information, with the providers sorted by specialty.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Provider Listing by Specialty (PSR060)
Confidential:	Yes
Sequence:	The following reports are produced depending on PARM selection: PS-O-014-0 Listing of All Providers - Spec/Alpha PS-O-014-1 Listing of All Providers - Spec/Numeric PS-O-014-2 Listing of Active Providers - Spec/Alpha PS-O-014-3 Listing of Active Providers - Spec/Numeric PS-O-014-4 Listing of Inactive Providers - Spec/Alpha PS-O-014-5 Listing of Inactive Providers - Spec/Numeric PS-O-014-6 Listing of State Providers - Spec/Alpha PS-O-014-7 Listing of State Providers - Spec/Numeric PS-O-014-8 Listing of Out-of-State Providers - Spec/Alpha PS-O-014-9 Listing of Out-of-State Providers - Spec/Numeric PS-O-014-10 Listing of All Providers – Sorted by Specialty Code PS-O-014-11 Listing of All Providers - City/County
Control Breaks:	Specialty Code

Provider Listing by Specialty (PS-O-014)

```
PSR060                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                                     PROVIDER LISTING BY SPECIALTY
RUN DATE: MM/DD/CCYY HH:MM             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (18)
            (1)   (2)
SPECIALTY:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                          (13)  (14)          (15)       (16)
   (3)                        (5)   (6)(7)(8)(9)(10)        (11)  (12)  PROG  ELIG          ELIG       RSN
 PROV ID                  PROV NAME/ADDRESS                 LOC   TYPE  CODE  BEG DATE      END DATE   CODE
-------------------------------------------------------------------------------------------------------------------
1234567890                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999   999    99  99/99/9999   99/99/9999  XXX
                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                          XXXXXXXXXXXXXXXXXX XX 99999-9999

                                            (1)        (17)
***** TOTAL PROVIDERS FOR SPECIALTY CODE XXX    Z,ZZZ,ZZ9

                              *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SPECIALTY	Provider Specialty Code	DE4007	
2	SPECIALTY DESCRIPTION	Provider Specialty Code Description	DE4298	
3	NPI NUMBER	National Provider Identifier	DE4700	
4	PROVIDER NAME	Provider Name	DE4085	
5	PROVIDER ADDITIONAL NAME	Provider Attention Name	DE4096	
6	PROVIDER ADDRESS LINE	Provider Address Line	DE4097	
7	PROVIDER CITY	Provider Address City Name	DE4130	
8	PROVIDER STATE	Provider Address State	DE4098	
9	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	
10	PROVIDER LOCALITY	Provider Locality Code	DE4089	
11	PROVIDER TYPE	Provider Type	DE4006	
12	PROGRAM CODE	Provider Program Code	DE4208	
13	ELIGIBILITY	Provider Program	DE4205	

	BEGIN DATE	Code Begin Date		
14	ELIGIBILITY END DATE	Provider Program Code End Date	DE4206	
15	REASON CODE	Provider Reason Code	DE4012	
16	TOTAL FOR EACH SPECIALTY CODE	Calculated	DE0002	This is a calculated total by Specialty Code.

Output Reports PS-O-015 Provider Listing by Group Association

General Information

This list contains the group providers with their associated individual active provider members.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Provider Listing by Group Associations (PSR100)
Confidential:	Yes
Sequence:	Group Provider ID Number
Control Breaks:	N/A

Provider Listing by Group Association (PS-O-015)

```
PSR100                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                              PROVIDER LISTING BY GROUP ASSOCIATION
RUN DATE: MM/DD/CCYY HH:MM

                (2)                                                  (11)     (12)        (13)      (14)
    (1)       PROV GRP      (3)      (4)(5)(6)(7)(8)         (9)    (10)  PROG    ELIG        ELIG      RSN              I
  GRP NUM      TYPE       PROV NAME/ADDRESS                 TYPE   SPEC  CODE  BEG DATE    END DATE   CODE  ---  PROVID
-----------------------------------------------------------------------------------------------------------------------------
  1234567890   XX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999    999    99  99/99/9999  99/99/9999  999 1234567890 12
                         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                 1234567890 12
                         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                 1234567890 12

                                          (16)
********  TOTAL GROUPS PRINTED:    Z,ZZZ,ZZ9


                                                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	GRP NUM	National Provider Identifier	DE4700	
2	GROUP TYPE	Provider Group Type	DE4247	
3	PROV NAME	Provider Name	DE4085	
4	ADDRESS	Provider Attention Name	DE4096	
5	ADDRESS	Provider Address Line	DE4097	
6	ADDRESS	Provider Address City Name	DE4130	
7	ADDRESS	Provider Address State	DE4098	
8	ADDRESS	Provider Address ZIP Code	DE4099	
9	TYPE	Provider Type	DE4006	
10	SPEC	Provider Specialty Code	DE4007	
11	PROG CODE	Provider Program Code	DE4208	
12	ELIG BEG DATE	Provider Program Code Begin Date	DE4205	
13	ELIG END DATE	Provider Program Code End Date	DE4206	
14	RSN CODE	Provider Reason Code	DE4012	
15	INDIVIDUAL PROVIDER ID NUMBERS	National Provider Identifier	DE4700	These are the individual Providers Ids that are participants in the Group.
16	TOTAL PRINTED	Calculated	DE0002	This is a calculated total of all records printed on the report.

Output Reports PS-O-016 Provider Address Labels

General Information

Mailing labels based on selective criteria.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS/PEU
Program:	Provider Address Labels (PSR110)
Confidential:	Yes
Sequence:	City/County Zip Code Class Type Specialty The type of address used for the labels will be determined by the requestor and will include the following addresses: Mailing Address Pay To Address Servicing Address RA Address
Control Breaks:	N/A

Provider Address Labels (PS-O-016)

```
PSR110
PS-O-016 PROVIDER ADDRESS LABELS
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

                                1234567890 (1)                                1234567890
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (3) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXX XX 99999-9999    (5)(6)(7) XXXXXXXXXXXXXXXXX XX 99999-9999              XXXXXXXXXXXXXXXXX XX

                                1234567890                                1234567890
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXX XX 99999-9999             XXXXXXXXXXXXXXXXX XX 99999-9999             XXXXXXXXXXXXXXXXX XX

                                1234567890                                1234567890
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXX XX 99999-9999             XXXXXXXXXXXXXXXXX XX 99999-9999             XXXXXXXXXXXXXXXXX XX

                                1234567890                                1234567890
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXX XX 99999-9999             XXXXXXXXXXXXXXXXX XX 99999-9999             XXXXXXXXXXXXXXXXX XX

                                1234567890                                1234567890
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXXXX XX 99999-9999             XXXXXXXXXXXXXXXXX XX 99999-9999             XXXXXXXXXXXXXXXXX XX


                                                        (8)
  ***** TOTAL NO OF PROVIDER RECORDS READ:          ZZ,ZZZ,ZZ9

                                                        (9)
  ***** TOTAL NO OF ADDRESS LABELS PRODUCED:        ZZ,ZZZ,ZZ9
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NPI	National Provider Identifier	DE4700	
2	PROVIDER NAME	Provider Name	DE4085	
3	PROVIDER ADDITIONAL NAME	Provider Attention Name	DE4096	
4	PROVIDER STREET ADDRESS	Provider Address Line	DE4097	
5	PROVIDER CITY	Provider Address City Name	DE4130	

6	PROVIDER STATE	Provider Address State	DE4098	
7	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	
8	TOTAL RECORDS READ	Calculated	DE0002	This is a calculated total for the number of records read.
9	TOTAL LABELS PRODUCED	Calculated	DE0002	This is a calculated total for the number of labels printed

Output Reports PS-O-017 Provider Rate Report

General Information

This listing shows current and historical rates and effective dates for active individual providers. Providers may be associated with multiple rates based on benefit package programs of which they are participating, provider types and/or provider specialties. The various rates are further defined by rate type and rate code descriptions.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	Provider Rate Table Listing (PSR160)
Confidential:	Yes
Sequence:	Provider Type Provider Name
Control Breaks:	N/A

Provider Rate Report (PS-O-017)

```
PSR160                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                                     PROVIDER RATE REPORT
RUN DATE: MM/DD/CCYY HH:MM
                (1)                          (13)  (14)
PROVIDER TYPE: 999                           RATE  RATE
                                             TYPE  CODE
(2) (3)          (5)(6)(7)(8)(9)          (12)  **********
PROV ID                  (10) (11)       PROG     PROC     (16)                              (17)       (18)
PROV NAME/ADDRESS         FYE SPEC       CODE (15)CODE     DESCRIPTION                    BEGIN DATE  END DATE
-------------------------------------------------------------------------------------------------------------------
1234567890                99  999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99   XXXX  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 99/99/9999 
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99   XXXX  XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 99/99/9999 
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99     XXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 99/99/9999 
XXXXXXXXXXXXXXXXXXXXXX  XX 99999-9999  99     XXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 99/99/9999 

                         (21)
TOTAL RECORDS READ:    Z,ZZZ,ZZ9
                                                    *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER TYPE	Provider Type	DE4006	
2	PROV ID	National Provider Identifier	DE4700	
3	PROV NAME	Provider Name	DE4085	
5	ADDRESS	Provider Attention Name	DE4096	
6	ADDRESS	Provider Address Line	DE4097	
7	ADDRESS	Provider Address City Name	DE4130	
8	ADDRESS	Provider Address State	DE4098	
9	ADDRESS	Provider Address ZIP Code	DE4099	
10	FYE	Provider Fiscal Year End Month	DE4057	
11	SPEC	Provider Specialty Code	DE4007	
12	PROG CODE	Provider Program Code	DE4208	
13	RATE TYPE	Provider Rate Type	DE4250	
14	RATE CODE	Provider Rate Code	DE4251	
15	PROC CODE	Procedure Code	DE5002	
16	DESCRIPTION	Provider Rate Type Code Description	DE4260	

17	BEGIN DATE	Provider Rate Begin Date	DE4252	
18	END DATE	Provider Rate End Date	DE4253	
19	AMOUNT/PERCENT	Provider Rate	DE4255	
20	RSN	Provider Reason Code	DE4012	
21	TOTAL RECORDS READ (end of report)	Calculated	DE0002	This is a calculated total for the number of records read.

Output Reports PS-O-018 Provider Application Pending Letter

General Information

This letter is generated and sent to notify a provider that their enrollment into the Virginia DMAS Programs has been received and is pending approval.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days
Distribution:	Providers
Program:	Provider Application Pending Letter (PSD030) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Tracking Number
Control Breaks:	N/A

Provider Application Pending Letter (PS-O-018)

XXXXXXXXX 99, 9999

(1)

XXXXXXXXXXXXXXXXXXXXXX (2)
XXXXXXXXXXXXXXXXXXXXXX (3)
XXXXXXXXXXXXXXXXXXXXXX (4)
XXXXXXXXXXXX(5)XX(6) 99999 (7)

Tracking Number: 9999999999 (8)

Dear Provider,

This is a confirmation that the First Health's Provider Enrollment Unit (PEU) has received the following request for enrollment into the Virginia Medicaid program:

XXXXXXXXXXXXXXXXXXXX (9)
XXXXXXXXXXXXXXXXXXXX (10)
XXXXXXXXXX (11) , XX 99999 (13)
(12)

Please allow the Provider Enrollment Unit (PEU) 15 business days to respond to your request. If you have any questions or concerns please feel free to contact the Provider Enrollment Unit at the address or telephone numbers below.

First Health
VMAP-PEU
PO Box 26803-6803
Richmond VA 23261-6803

Enrollment:

First Health's PEU:	In-state	(888) 829-5373
	Out of state	(804) 270-5105
	Fax	(804) 270-7027

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DATE OF CORRESPONDENCE		DE0000	
2	PROVIDER NAME	Provider Name	DE4085	
3	ADDRESS	Provider Attention Name	DE4096	
4	ADDRESS	Provider Address Line	DE4097	
5	ADDRESS	Provider Address City Name	DE4130	

6	ADDRESS	Provider Address State	DE4098	
7	ADDRESS	Provider Address ZIP Code	DE4099	
8	TRACKING NUMBER	Provider Application Tracking Number	DE4008	
9	PROVIDER NAME	Provider Name	DE4085	
10	SERVICE ADDRESS	Provider Address Line	DE4097	
11	SERVICE CITY	Provider Address City Name	DE4130	
12	SERVICE STATE	Provider Address State	DE4098	
13	SERVICE ZIP	Provider Address ZIP Code	DE4099	

Output Reports PS-O-019 Provider File Clean Up Letter

General Information

This letter is generated and sent to notify a provider that he has not submitted a claim within the last 12 month and inquiry to check whether the provider number should remain active or be canceled. The letter request is generated by the PSM045 program.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	60 days
Distribution:	Providers
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Provider ID
Control Breaks:	N/A

Provider File Clean Up Letter (PS-O-019)

XXXXXXXX 99, 9999 (1)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (3)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
XXXXXXXXXXXXXXXX XX 99999-9999 (5) (6) (7)

(8)
Provider Number: 1234567890

Dear Provider:

The Department of Medical Assistance Services (DMAS), which provides Medicaid and FAMIS coverage, is archiving inactive records from its provider file. Our records indicate that the provider whose number is given above has not submitted a claim within the last 12 months. Please indicate in the space below whether the provider number should remain active or be canceled.

__ The provider number should remain active because the provider plans to continue as a DMAS provider.

__ The provider number may be canceled because the provider does not plan to continue as a DMAS provider, or no longer uses this Medicaid number.

_____ _____
Signature Date

If this form is not returned to us within 30 days from the date of this inquiry, we will cancel the provider from the DMAS file. This action will preclude DMAS payment for services rendered to customers subsequent to the cancellation date. Please send your reply to:

First Health
VMAP-PEU
PO Box 26803
Richmond, VA 23261-6803

or

FAX: (804) 270-7027

We appreciate your support of the Virginia Medicaid Program. If you have any questions, or need additional assistance please contact the Provider Enrollment Unit at 804-270-5105.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Date of Correspondence		DE0000	
2	Provider Name	Provider Name	DE4085	
3	Provider Address Line 1	Provider Attention Name	DE4096	

4	Provider Address Line 2	Provider Address Line	DE4097	
5	Provider Address Line 3 (City Name)	Provider Address City Name	DE4130	
6	Provider Address Line 3 (State)	Provider Address State	DE4098	
7	Provider Address Line 3 (ZIP Code)	Provider Address ZIP Code	DE4099	
8	Provider Number	National Provider Identifier	DE4700	

Output Reports PS-O-020 Listing of Provider with Group Associations

General Information

This list contains individual providers participating in groups and the groups to which they belong.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Listing of Providers with Group Associations (PSR105)
Confidential:	Yes
Sequence:	Provider Number
Control Breaks:	N/A

Listing of Provider with Group Associations (PS-O-020)

```
PSR105                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                        RE
AS OF MM/DD/CCYY                           LISTING OF PROVIDER WITH GROUP ASSOCIATIONS                            PA
RUN DATE: MM/DD/CCYY HH:MM

                                                          (11)     (12)        (13)     (14)  (15)            (17)     (18)
PROV ID(1)    (3)      (4)(5)(6)(7)(8)          (9)  (10) PROG    ELIG        ELIG     RSN   GRP    (16)      GRP    GROUP
            PROV NAME/ADDRESS                 TYPE SPEC CODE  BEG DATE    END DATE  CODE  TYPE GROUP NUM  ASC   BEG DATE
-----------------------------------------------------------------------------------------------------------------------------
1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999  999   99  99/99/9999  99/99/9999 XXX   XX  1234567890  X   99/99/99
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                            XX  1234567890  X   99/99/99
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                            XX  1234567890  X   99/99/99
            XXXXXXXXXXXXXXXXX XX 99999-9999                                           XX  1234567890  X   99/99/99
                                                                                      XX  1234567890  X   99/99/99


                                                   *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
3	PROV NAME	Provider Name	DE4085	
4	ADDRESS	Provider Attention Name	DE4096	
5	ADDRESS	Provider Address Line	DE4097	
6	ADDRESS	Provider Address City Name	DE4130	
7	ADDRESS	Provider Address State	DE4098	
8	ADDRESS	Provider Address ZIP Code	DE4099	
9	TYPE	Provider Type	DE4006	
10	SPEC	Provider Specialty Code	DE4007	
11	PROG CODE	Provider Program Code	DE4208	
12	ELIG BEG DATE	Provider Program Code Begin Date	DE4205	
13	ELIG END DATE	Provider Program Code End Date	DE4206	
14	RSN CODE	Provider Reason Code	DE4012	
15	GROUP TYPE	Provider Group Type	DE4247	
16	GROUP NUM	National Provider Identifier	DE4700	
17	GRP ASC	Provider Group Association Role	DE4246	
18	GROUP BEG DATE	Provider Relation Begin Date	DE4539	
19	GROUP END DATE	Provider Relation End Date	DE4540	
20	GRP RSN	Provider Reason Code	DE4012	

Output Reports PS-O-021 NPI Individual Approval Notice Letter

General Information

This Letter is generated and sent to notify a NPI/API provider of their approval in the Virginia DMAS programs. This was a temporary letter produced for the time period when both an NPI was required and legacy IDs were still being created. The letter became obsolete on March 23, 2007.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 days
Distribution:	Providers
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

NPI Individual Approval Notice Letter (PS-O-021)

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxx, xx 99999-9999

Month 99, 9999

Provider Number: 999999999
Tracking Number: 9999999999
NPI: 9999999999

Dear Provider,

First Health's Provider Enrollment Unit (PEU) has received your request for enrollment into the Virginia Medicaid program. Your Medicaid application has been approved and is effective MM/DD/CCYY. Your assigned provider number is 1234567890. This number is for your use only and should be entered on all correspondence, changes and invoices submitted to Medicaid on or after the effective date shown above. To prepare for the transition to the NPI, the Department of Medical Assistance Services is targeting the first quarter of 2007 as the timeframe in which you may begin using NPIs on all transactions. A Medicaid Memorandum will be mailed to you at least 30 days in advance to notify you of the confirmed start date for the dual use period, which is when we will begin accepting NPIs on all transactions. After 05/23/2007, your NPI must be used on all correspondence, changes and invoices submitted to Medicaid.

Please review the Provider Manuals with billing instructions, Medicaid memos and other pertinent provider information found at www.dmas.virginia.gov. If you do not have internet access, please call (804)780-0076 to request a copy of your appropriate Provider Manual. A fee will be charged for the printing and mailing of the manuals and manual update requests.

If you have any questions or concerns, please direct them to the following address or phone number below.

First Health - PEU
PO Box 26803
Richmond VA 23261-6803

Provider Enrollment: First Health PEU	Out of state (804) 270-5105 Fax (804) 270-7027	In-state (888) 829-5373
DMAS Helpline (policy, billing)	Out of state (804) 786-6273	In-state (800) 552-8627
Recipient Eligibility: First Health REVS	(804) 965-9732 (804) 965-9733 and (800) 884-9730	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PSO021-LTR-	Row Insert Date	DE0010	

	LETTER-DATE			
2	PSO021-LTR-NAME	Correspondence Output Identifier	DE3905	
3	PSO021-LTR-ADDR1	Provider Address Line	DE4097	
4	PSO021-LTR-ADDR2	Provider Attention Name	DE4096	
5	PSO021-LTR-CITY	Provider Address City Name	DE4130	
6	PSO021-LTR-STATE	Provider Address State	DE4098	
7	PSO021-LTR-ZIP-CODE	Provider Address ZIP Code	DE4099	
8	PSO021-LTR-PROV-ID-1	Provider Identification Number	DE4002	
9	PSO021-LTR-TRACK-NO	Provider Application Tracking Number	DE4008	
10	PSO021-LTR-NPI-API-LABEL	NPI-API Label	DE4701	
11	PSO021-LTR-NPI-API	National Provider Identifier	DE4700	
12	PSO021-LTR-ELIG-BEGIN-DT	Provider Program Code Begin Date	DE4205	
13	PSO021-LTR-PROV-ID-2	Provider Identification Number	DE4002	

Output Reports PS-O-022 Provider Listing by Locality

General Information

This listing contains basic provider information, with the providers sorted by Locality Code.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	2 Years
Distribution:	DMAS/PEU
Program:	Provider Listing by County (PSR055)
Confidential:	Yes
Sequence:	This report can display particular provider types and include or exclude the provider number. The following reports are produced depending on the System Parameter File selection. PS-0-022-0 Listing of Active Providers - Alpha PS-0-022-1 Listing of Active Providers - Numeric PS-0-022-2 Listing of Inactive Providers - Alpha PS-0-022-3 Listing of Inactive Providers - Numeric
Control Breaks:	County

Provider Listing by Locality (PS-O-022)

```
PSR055                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999                                  PROVIDER LISTING BY LOCALITY                              PA
RUN DATE: 99/99/9999 99:99            PGM: 99      PROV TYPE: 999 999 999 999 999 999 999 999 999 999 999 999
LOCALITY:  999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  (14)    (15)       (
   (3)     (1)     (2)     (5)     (6)(7)(8)(9)(10)                  (11)      (12)  (13) PROG    ELIG       E
 PROV ID                PROV NAME/ADDRESS                          PROV PHONE   TYPE  SPEC CODE  BEG DATE   END
-----------------------------------------------------------------------------------------------------------------
1234567890              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     (999) 999-9999 999   999   99  99/99/9999 99/9
                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     (999) 999-9999 999   999   99  99/99/9999 99/9
                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     (999) 999-9999 999   999   99  99/99/9999 99/9
                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     (999) 999-9999 999   999   99  99/99/9999 99/9
                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

1234567890              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     (999) 999-9999 999   999   99  99/99/9999 99/9
                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

***** TOTAL BY LOCALITY:          99,999 (18)

                                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LOCALITY	Provider Locality Code	DE4089	
2	LOCALITY NAME	Locality Name	DE5255	
3	PROVIDER NPI	National Provider Identifier	DE4700	
5	PROVIDER NAME	Provider Name	DE4085	
6	PROVIDER ADDITIONAL NAME	Provider Attention Name	DE4096	
7	PROVIDER STREET ADDRESS	Provider Address Line	DE4097	
8	PROVIDER CITY	Provider Address City Name	DE4130	
9	PROVIDER	Provider Address State	DE4098	

	STATE			
10	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	
11	PROVIDER PHONE	Provider Phone Number	DE4090	
12	PROVIDER TYPE	Provider Type	DE4006	
13	PROVIDER SPECIALTY	Provider Specialty Code	DE4007	
14	PROGRAM CODE	Provider Program Code	DE4208	
15	ELIGIBILITY BEG DATE	Provider Program Code Begin Date	DE4205	
16	ELIGIBILITY END DATE	Provider Program Code End Date	DE4206	
17	REASON CODE	Provider Reason Code	DE4012	
18	TOTAL BY LOCALITY		DE0000	This is a calculated total by locality

Output Reports PS-O-023 Provider COBA ID deletes

General Information

List of COBA IDs with Medicare ID for potential assignment

Subsystem:	Provider
Frequency:	Weekly
Volume:	1 page
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Provider COBA ID Records Deleted (PSR023)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider COBA ID deletes (PS-O-023)

```
PSR023                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:99/99/9999                      DELETED COBA # - MEDICAID # WITH NO MATCHING COBA                     P
RUN DATE: 99/99/9999 99:99
     (1)            (2)            (3)         (4)         (5)       (6)            (7)
 DELETED COBA #  MEDICARE #      MEDICAID #  TAX ID NO   BEG-DATE / END-DATE       PROVIDER NAME

 9999B0000000000                 1234567890  999999999  99/99/9999-99/99/9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                111119999999999 1234567890                        -            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 9999A0000000000                 1234567890  999999999  99/99/9999-99/99/9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                111119999999999 1234567890  999999999  99/99/9999-99/99/9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	Deleted COBA #	Provider Alternate ID Numbers	DE4014	Field combines CARRIER-NO and MEDICARE-ID
2	MEDICARE #	Provider Alternate ID Numbers	DE4014	Combines Values as follows: If Carrier Type A (9999A + Medicare-ID) right zero filled If Carrier Type B (9999B + Medicare-ID) right zero filled
3	MEDICAID #	National Provider Identifier	DE4700	Provider ID
4	TAX ID NO	Provider Alternate ID Numbers	DE4014	TAX ID NO
5	BEG-DATE	Provider Program Code Begin Date	DE4205	Provider PGM Begin Date
6	END-DATE	Provider Program Code End Date	DE4206	Provider PGM End Date
7	PROVIDER NAME	Provider Name	DE4085	

Output Reports PS-O-024 Provider Medicare # with NO COBA - Followed by COBA Assignment

General Information

Listing of Medicare numbers with no COBA ID on the same Medicaid ID. A second line shows assignment to another Medicaid ID.

Subsystem:	Provider
Frequency:	Weekly
Volume:	80 - 90 pages
Number of Copies:	1
Output Form:	Standard
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Provider Medicare ID with No Matched COBA ID (PSR024)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Medicare # with NO COBA - Followed by COBA Assignment (PS-O-024)

```
PSR024                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                    MEDICARE # WITH NO COBA - FOLLOWED BY COBA ASSIGNMENT                   PAG
RUN DATE: 99/99/9999 99:99
    (1)              (2)            (3)         (4)         (5)        (6)            (7)
 MEDICARE #      ASSIGNED COBA #  MEDICAID #  TAX ID NO   BEG-DATE / END-DATE       PROVIDER NAME
 XXXXXXXXXX                       1234567890  XXXXXXXXX  99/99/9999-99/99/9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ****************XXXXXXXXXXXXXX   *** NOT ASSIGNED ***********************************************************

 XXXXXXXXXX                       1234567890  XXXXXXXXX  99/99/9999-99/99/9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXXXXXXXXXXXX   1234567890  XXXXXXXXX  99/99/9999-99/99/9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 XXXXXXXXXX                       1234567890  XXXXXXXXX  99/99/9999-99/99/9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXXXXXXXXXXXX   1234567890  XXXXXXXXX  99/99/9999-99/99/9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                              *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MEDICARE #	Provider Alternate ID Numbers	DE4014	Combines CARRIER-ID and MEDICARE-ID
2	ASSIGNED COBA #	Provider Alternate ID Numbers	DE4014	Combines values as follows: If Carrier Type A (9999A + MEDICARE-ID) right zero filled If Carrier Type B (9999B + MEDICARE-ID) right zero filled
3	MEDICAID#	National Provider Identifier	DE4700	Provider ID
4	TAX ID NO	Provider Alternate ID Numbers	DE4014	
5	BEG DATE	Provider Program Code Begin Date	DE4205	
6	END DATE	Provider Program Code End Date	DE4206	
7	PROVIDER NAME	Provider Name	DE4085	

Output Reports PS-O-025 NPI Group Approval Notice Letter

General Information

This letter is generated and sent to notify a provider of their Group approval in the Virginia DMAS programs.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	On Demand
Retention:	30 Days
Distribution:	Providers
Program:	Approval and Rejection Notice Letters (PSD010) LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

NPI Group Approval Notice Letter (PS-O-025)

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (2) Month 99, 9999
(1)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (3)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (4)
xxxxxxxxxxxxxxxxxxxx, xx 99999-9999
(5) (6) (7)

(8) Provider Identifier: 1234567890
(9) Tracking Number: 9999999999

Dear Provider,

(10)

First Health's Provider Enrollment Unit (PEU) has received your request for enrollment into the Virginia Medicaid program. Your Medicaid application has been approved and is effective MM/DD/CCYY. The National Provider Identifier (NPI) you provided has been recorded as 1234567890. This number is for your use only and should be entered on all correspondence, changes and invoices submitted to Medicaid on or after the effective date shown above.

Please review the Provider Manuals with billing instructions, Medicaid memos and other pertinent provider information found at www.dmas.virginia.gov. If you do not have Internet access, please call (804)780-0076 to request a copy of your appropriate Provider Manual. A fee will be charged for the printing and mailing of the manuals and manual update requests.

If you have any questions regarding enrollment, you may contact the First Health Provider Enrollment Unit at the address below or by phone. If you have questions about policies, procedures or billing please contact the DMAS Customer Services Unit at the address below or by phone.

PROVIDER ENROLLMENT UNIT	CUSTOMER SERVICES UNIT
First Health Services Corporation	DMAS
Provider Enrollment Unit	Customer Services Unit
PO Box 26803	600 East Broad Street, Suite 1300
Richmond, VA 23261-6803	Richmond, VA 23219
Phone: (804) 270-5105 or 1-888-829-5373	Phone: 1-800-552-8627
Fax: (804) 270-7027	Fax: (804) 786-6229

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS recipient eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	PSO025-LTR-LETTER-DATE	Row Insert Date	DE0010	
2	PSO025-LTR-NAME	Correspondence Output Identifier	DE3905	
3	PSO025-LTR-ADDR1	Provider Address Line	DE4097	
4	PSO025-LTR-ADDR2	Provider Attention Name	DE4096	
5	PSO025-LTR-CITY	Provider Address City Name	DE4130	
6	PSO025-LTR-STATE	Provider Address State	DE4098	
7	PSO025-LTR-ZIP-CODE	Provider Address ZIP Code	DE4099	
8	PSO025-LTR-NPI1	National Provider Identifier	DE4700	
9	PSO025-LTR-NPI2	National Provider Identifier	DE4700	
10	PSO025-LTR-TRACK-NO	Provider Application Tracking Number	DE4008	
11	PSO025-LTR-NPI-API-LABEL	NPI-API Label	DE4701	
12	PSO025-LTR-NPI-API	National Provider Identifier	DE4700	

Output Reports PS-O-030 Providers Due to Expire with Enrollees

General Information

This listing contains basic information on providers whose license or certification is due to expire within 30 days, and the enrollees assigned to them.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	Provider Due to Expire with Enrollees (PSM050)
Confidential:	Yes
Sequence:	Program Code Provider ID
Control Breaks:	N/A

Providers Due to Expire with Enrollees (PS-O-030)

```
+PSM050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
 AS OF:99/99/9999                     PROVIDERS DUE TO EXPIRE WITH ENROLLEES IN ONE MONTH                  PAGE
 RUN DATE: 99/99/9999 99:99
    (1)
 PROGRAM:  99
    (2)      (3)        (4)     (5)(6)(7)(8)(9)         (10)   (11)      (12)      (13)  (14)    (15)        (16)
             SITE                                     LIC NUM/           LIC                     ELIG
  PROV ID    IND    PROV NAME/ADDRESS                  PHONE            END DATE   TYPE  SPEC   END DATE    CERT NU
 ---------------------------------------------------------------------------------------------------------------------
 XXXXXXXXXX  99     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXX   99/99/9999  999   999   99/99/9999   9999999
                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (999) 999-9999
                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    XXXXXXXXXXXXXXXXX XX XXXXX-XXXX
                              (18)            (19)                                (20)      (21)       (22)
                         ---------------------------------------------------------------------------------------
                         ENROLLEE ID      ENROLLEE NAME                       BENE PACK  EXC IND  ASSGN FROM  A
                         ---------------------------------------------------------------------------------------
                         999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99999999    X      99/99/9999  9

                         999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99999999    X      99/99/9999  9

                         999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99999999    X      99/99/9999  9

                         999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99999999    X      99/99/9999  9

                         999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99999999           99/99/9999  9

             SITE                                     LIC NUM/           LIC                     ELIG
  PROV ID    IND    PROV NAME/ADDRESS                  PHONE            END DATE   TYPE  SPEC   END DATE    CERT NU
 ---------------------------------------------------------------------------------------------------------------------
 XXXXXXXXXX  99     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXX   99/99/9999  999   999   99/99/9999   9999999
                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (999) 999-9999
                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    XXXXXXXXXXXXXXXXX XX XXXXX-XXXX

                         ---------------------------------------------------------------------------------------
                         ENROLLEE ID      ENROLLEE NAME                       BENE PACK  EXC IND  ASSGN FROM  A
                         ---------------------------------------------------------------------------------------
                         999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99999999           99/99/9999  9

                                                 *** END OF REPORT ***

                                      *****CONFIDENTIAL  INFORMATION *****
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROGRAM CODE	Provider Program Code	DE4208	
2	PROV ID	National Provider Identifier	DE4700	
3	SITE INDICATOR	NPI XREF Site Number	DE4143	Site number value
4	PROV NAME	Provider Name	DE4085	
5	PROVIDER ADDRESS ADDITIONAL NAME	Provider Attention Name	DE4096	
6	PROVIDER ADDRESS LINE	Provider Address Line	DE4097	

7	PROVIDER ADDRESS CITY NAME	Provider Address City Name	DE4130	
8	PROVIDER ADDRESS STATE	Provider Address State	DE4098	
9	PROVIDER ADDRESS ZIPCODE	Provider Address ZIP Code	DE4099	
10	LICENSE NUMBER	Provider License Number	DE4064	
11	PHONE NUMBER	Provider Phone Number	DE4090	
12	LICENSE END DATE	Provider License End Date	DE4067	
13	PROVIDER TYPE	Provider Type	DE4006	
14	PROVIDER SPECIALTY	Provider Specialty Code	DE4007	
15	ELIGIGIBILITY END DATE	Provider Type End Date	DE4011	
16	CERTIFICATION NUMBER	Provider Specialty Certification Number	DE4068	
17	CERTIFICATION END DATE	Provider Specialty Certification End Date	DE4071	
18	ENROLLEE ID	Enrollee Identification Number	DE3001	
19	ENROLLEE NAME	Enrollee Full Name	DE3003	
20	BENEFIT PLAN CODE	Benefit Definition Benefit Plan Code	DE3550	
21	BENEFIT PACKAGE EXCEPTION INDICATOR	Benefit Plan Exception Indicator	DE3072	
22	ENROLLMENT BEGIN DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
23	ENROLLMENT END DATE	Enrollee Benefit Enrollment End Date	DE3065	

Output Reports PS-O-031 HMO Provider Active Members Listing

General Information

This report provides a listing of the active providers within an HMO. The report is sequenced by HMO Provider, and details groups, hospitals, and individuals associated with an HMO and their Provider Types and Specialties.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	HMO Provider Active Members Listing (PSR220)
Confidential:	Yes
Sequence:	HMO Provider
Control Breaks:	N/A

HMO Provider Active Members Listing (PS-O-031)

```
PSR220                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                            HMO PROVIDER ACTIVE MEMBERS LISTING
RUN DATE: MM/DD/CCYY HH:MM

         (1)                        (2)
HMO ID: 1234567890   HMO NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                        (3)       (4)       (5)(6)(7)(8)(9)                  (10)   (11)
                      PROV ID   PROV NAME/ADDRESS                            TYPE  SPEC
                     ---------------------------------------------------------------------------------------
                     1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999   999
                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999-9999

                                                   *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	HMO ID	National Provider Identifier	DE4700	
2	HMO NAME	Provider Name	DE4085	
3	PROV ID	National Provider Identifier	DE4700	
4	PROV NAME	Provider Name	DE4085	
5	PROV ADDRESS	Provider Address Line	DE4097	The address of the provider.
6	PROV ADDRESS	Provider Attention Name	DE4096	The attention line in the address of the provider.
7	PROV CITY	Provider Address City Name	DE4130	The city in the address for the provider.
8	PROV STATE	Provider Address State	DE4098	The state in the address of the provider.
9	PROV ZIP CODE	Provider Address ZIP Code	DE4099	The ZIP code in the address of the provider.
10	TYPE	Provider Type	DE4006	A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy).
11	SPEC	Provider Specialty Code	DE4007	The provider's certified medical specialty(s).

Output Reports PS-O-032 Managed Care Provider County File Report

General Information

This report lists the data on the Managed Care Provider County File.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	HMO County File Report (PSR230)
Confidential:	Yes
Sequence:	County
Control Breaks:	N/A

Managed Care Provider County File Report (PS-O-032)

```
PSR230                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY                               MANAGED CARE PROVIDER COUNTY FILE REPORT
RUN DATE: MM/DD/CCYY HH:MM

(1)         (2)                          (3)         (4)       (5)(6)(7)(8)(9)         (10)         (11)
LOC      LOC NAME                      PROV ID     PROV NAME/ADDRESS                BEGIN DATE   END DATE    UPD
-------------------------------------------------------------------------------------------------------------------
999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  99/99/9999   99/
                                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                 XXXXXXXXXXXXXXXXXX XX 99999-9999

                                     1234567890  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  99/99/9999   99/
                                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                 XXXXXXXXXXXXXXXXXX XX 99999-9999


                                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LOC	Provider Locality Code	DE4089	
2	LOC NAME	Locality Name	DE5255	
3	PROV ID	National Provider Identifier	DE4700	
4	PROVIDER NAME	Provider Name	DE4085	
5	PROVIDER ADDITIONAL NAME	Provider Attention Name	DE4096	
6	PROVIDER STREET ADDRESS	Provider Address Line	DE4097	
7	PROVIDER CITY	Provider Address City Name	DE4130	
8	PROVIDER STATE	Provider Address State	DE4098	
9	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	
10	BEGIN DATE	Provider HMO County Begin Date	DE4438	
11	END DATE	Provider HMO County End Date	DE4439	
12	LAST UPDATE DATE	Row Update Date	DE0011	
13	PROVIDER TYPE	Provider Type	DE4006	

Output Reports PS-O-040 DHP License Update Audit Trail

General Information

This report is a list of providers whose license end date was updated by the DHP tape.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	DHP License Update (PSM030) DHP License Update Checkpoint Restart (PSM035)
Confidential:	Yes
Sequence:	Provider License Number
Control Breaks:	N/A

DHP License Update Audit Trail (PS-O-040)

```
PSM030                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                                 DHP LICENSE UPDATE AUDIT TRAIL
RUN DATE: MM/DD/CCYY HH:MM
                                        (4)          (5)
    (1)      (2)          (3)          NEW          OLD
 PROV ID    TYPE      LICENSE NUM     END DATE    END DATE
-------------------------------------------------------------------------------------------------------------
1234567890   999     XXXXXXXXXXXXXXX  99/99/9999  99/99/9999
1234567890   999     XXXXXXXXXXXXXXX  99/99/9999  99/99/9999
1234567890   999     XXXXXXXXXXXXXXX  99/99/9999  99/99/9999
1234567890   999     XXXXXXXXXXXXXXX  99/99/9999  99/99/9999
1234567890   999     XXXXXXXXXXXXXXX  99/99/9999  99/99/9999
1234567890   999     XXXXXXXXXXXXXXX  99/99/9999  99/99/9999
1234567890   999     XXXXXXXXXXXXXXX  99/99/9999  99/99/9999
1234567890   999     XXXXXXXXXXXXXXX  99/99/9999  99/99/9999
1234567890   999     XXXXXXXXXXXXXXX  99/99/9999  99/99/9999


                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROV TYPE	Provider Type	DE4006	
3	LIC NUM	Provider License Number	DE4064	
4	NEW LIC END DATE	Provider License End Date	DE4067	
5	OLD LIC END DATE	Provider License End Date	DE4067	

Output Reports PS-O-045 Provider ID Cancellation Notification Due To Inactivity Report

General Information

Provider ID Cancellation Notification Due To Inactivity Report This report displays a list of providers who will be receiving a notification letter.

Subsystem:	Provider
Frequency:	Monthly
Volume:	1
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS
Program:	Provider File Clean Up Program (PSM045)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider ID Cancellation Notification Due To Inactivity Report (PS-O-045)

```
PSM045                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                     PROVIDER ID CANCELLATION NOTIFICATION DUE TO INACTIVITY                PAG
RUN DATE: MM/DD/CCYY HH:MM
        (1)                    (2)                      (15)   (3)   (4)     (5)          (6)      (7)     (8)      (9)
                                                        SITE   PROV  PGM                  OLD      OLD     NEW      NEW
   PROV ID               PROV NAME                      NO    TYPE  CODE  BEGIN DATE  END DATE  RSN  END DATE  RSN
-----------------------------------------------------------------------------------------------------------------------
  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY 999
                                                                 99    MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY 999
   *** PROVIDER TYPE SUBTOTAL:    Z,ZZZ,ZZZ,ZZ9

  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999 MM/99/CCYY 999
                                                                 99    MM/DD/CCYY MM/DD/CCYY 999 MM/99/CCYY 999
  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999 MM/99/CCYY 999
                                                                 99    MM/DD/CCYY MM/DD/CCYY 999 MM/99/CCYY 999
   *** PROVIDER TYPE SUBTOTAL:    Z,ZZZ,ZZZ,ZZ9

  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY 999
                                                                 99    MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY 999
  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY 999
                                                                 99    MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY 999
  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY 999
                                                                 99    MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY 999
   *** PROVIDER TYPE SUBTOTAL:    Z,ZZZ,ZZZ,ZZ9
  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY 999

   *** PROVIDER TYPE SUBTOTAL:    Z,ZZZ,ZZZ,ZZ9  (12)
   *** PROVIDER TYPE GRAND TOTAL: Z,ZZZ,ZZZ,ZZ9  (13)
* THE TOTAL NUMBER OF LETTERS SENT:Z,ZZZ,ZZZ,ZZ9  (14)

                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROV NAME	Provider Name	DE4085	
3	PROV TYPE	Provider Type	DE4006	
4	PGM CODE	Provider Program Code	DE4208	
5	BEGIN DATE	Provider Program Code Begin Date	DE4205	
6	OLD END DATE	Provider Program Code End Date	DE4206	
7	OLD PROVIDER REASON CODE	Provider Reason Code	DE4012	
8	NEW END DATE	Provider Program Code End Date	DE4206	
9	NEW RSN	Provider Reason Code	DE4012	
10	EXCEPTION DATE	Enrollment Exception Date	DE4679	

11	EXCEPTION FLAG	Enrollment Exception Indicator	DE4678	
12	PROVIDER TYPE SUBTOTAL	Calculated	DE0002	This is a calculated subtotal by provider types.
13	PROVIDER TYPE GRAND TOTAL	Calculated	DE0002	This is a calculated total for all the provider types.
14	TOTAL NUMBER OF LETTERS SENT	Calculated	DE0002	This is a calculated total for the number of letters that will be sent to providers.
15	SITE NO	NPI XREF Site Number	DE4143	Combination of Site Number and Provider Type creates a unique type/-location for an NPI. Site Number is spaces for a Legacy Provider ID.

Output Reports PS-O-046 Provider ID Cancellation Due To Inactivity Report

General Information

Provider ID Cancellation Due To Inactivity Report This report displays a list of providers who did not respond to the notification letter; or did respond, requesting to discontinue their Medicaid eligibility.

Subsystem:	Provider
Frequency:	Monthly
Volume:	2 pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS
Program:	Provider File Clean Up Program (PSM045)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider ID Cancellation Due To Inactivity Report (PS-O-046)

```
PSM045                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:MM/DD/CCYY                          PROVIDER ID CANCELLATION DUE TO INACTIVITY                        PAGE
RUN DATE: MM/DD/CCYY HH:MM
     (1)                    (2)                        (13)   (3)  (4)        (5)        (6)      (7)     (8)        (
                                                       SITE   PROV PGM                    NEW     NEW  EXCEPTION  EX
   PROV ID              PROV NAME                      NO    TYPE CODE   BEGIN DATE  END DATE  RSN     DATE    FL
-----------------------------------------------------------------------------------------------------------------------
  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
                                                        999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
   *** PROVIDER TYPE SUBTOTAL: Z,ZZZ,ZZZ,ZZ9

  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
                                                        999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
                                                        999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
                                                        999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
   *** PROVIDER TYPE SUBTOTAL: Z,ZZZ,ZZZ,ZZ9

  1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99    999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X


   *** PROVIDER TYPE SUBTOTAL: Z,ZZ,ZZZ,ZZ9                (10)
   *** PROVIDER TYPE GRAND TOTAL: Z,ZZZ,ZZZ,ZZ9            (11)
* THE TOTAL NUMBER OF CANCELLED PROVIDERS: Z,ZZZ,ZZZ,ZZ9   (12)

                                          *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROV NAME	Provider Name	DE4085	
3	PROV TYPE	Provider Type	DE4006	
4	PGM CODE	Provider Program Code	DE4208	
5	BEGIN DATE	Provider Program Code Begin Date	DE4205	
6	NEW END DATE	Provider Program Code End Date	DE4206	
7	NEW RSN	Provider Reason Code	DE4012	
8	EXCEPTION DATE	Enrollment Exception Date	DE4679	
9	EXCEPTION FLAG	Enrollment Exception Indicator	DE4678	
10	PROVIDER TYPE SUBTOTAL	Calculated	DE0002	This is a calculated subtotal by provider types.
11	PROVIDER TYPE GRAND TOTAL	Calculated	DE0002	This is a calculated total for all the provider types.
12	TOTAL NUMBER	Calculated	DE0002	This is a calculated total for the number

	OF CANCELLED PROVIDERS			of providers who were cancelled
13	SITE NO	NPI XREF Site Number	DE4143	Combination of Site Number and Provider Type identifies a unique type/-location for an NPI. Site number is zero for a Legacy Provider ID.

Output Reports PS-O-047 Providers Request For Continuation In Medicaid Report

General Information

Providers Request For Continuation In Medicaid Report This report displays a list of providers who did respond to the notification letter requesting to continue in Medicaid.

Subsystem:	Provider
Frequency:	Monthly
Volume:	2 pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS
Program:	Provider File Clean Up Program (PSM045)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Providers Request For Continuation In Medicaid Report (PS-O-047)

```
PSMD45                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:MM/DD/CCYY                         PROVIDERS REQUEST FOR CONTINUATION IN MEDICAID                     PAGE
RUN DATE: MM/DD/CCYY HH:MM

     (1)                    (2)                     (13)     (3)  (4)         (5)       (6)      (7)      (8)
                                                    SITE     PROV PGM                    NEW      NEW  EXCEPTION  EX
   PROV ID              PROV NAME                    NO      TYPE CODE   BEGIN DATE  END DATE  RSN     DATE    FL
-------------------------------------------------------------------------------------------------------------------
  1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99      999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
                                                           999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
                                                           999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
                                                           999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
   *** PROVIDER TYPE SUBTOTAL:     Z,ZZZ,ZZZ,ZZ9

  1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99      999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
                                                           999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
                                                           999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
                                                           999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X
   *** PROVIDER TYPE SUBTOTAL:     Z,ZZZ,ZZZ,ZZ9

  1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99      999   99    MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY  X


   *** PROVIDER TYPE SUBTOTAL:     Z,ZZZ,ZZZ,ZZ9          (10)
   *** PROVIDER TYPE GRAND TOTAL:  Z,ZZZ,ZZZ,ZZ9          (11)
 * THE TOTAL NUMBER OF EXTENDED PROVIDERS: Z,ZZZ,ZZZ,ZZ9   (12)

                                          *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROV NAME	Provider Name	DE4085	
3	PROV TYPE	Provider Type	DE4006	
4	PGM CODE	Provider Program Code	DE4208	
5	BEGIN DATE	Provider Program Code Begin Date	DE4205	
6	NEW END DATE	Provider Program Code End Date	DE4206	
7	NEW RSN	Provider Reason Code	DE4012	
8	EXCEPTION DATE	Enrollment Exception Date	DE4679	
9	EXCEPTION FLAG	Enrollment Exception Indicator	DE4678	
10	PROVIDER TYPE SUBTOTAL	Calculated	DE0002	This is a calculated subtotal by provider types.

11	PROVIDER TYPE GRAND TOTAL	Calculated	DE0002	This is a calculated total for all the provider types.
12	TOTAL NUMBER OF PROVIDERS EXTENDED	Calculated	DE0002	This is a calculated total for the number of providers who were extended.
13	SITE NO	NPI XREF Site Number	DE4143	Combination of Site Number and Provider Type identifies a unique type/-location for an NPI. Site number is zero for a Legacy Provider ID.

Output Reports PS-O-050 Base Provider Update Report

General Information

Reports an audit trail of the Base Provider Update Program

Subsystem:	Provider
Frequency:	Daily
Volume:	N/A
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Provider Base ID Update (PSD500)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Base Provider Update Report (PS-O-050)

```
PSD500                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    PS-0-050
AS OF: 05/13/2005                                BASE ID UPDATE REPORT                            PAGE NUMBER:         1
RUN DATE: 05/13/2005 16:01


-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER    OLD BASE    NEW BASE    DATE        USER     UPDDT
  BEFORE  PS_BASE_ID_CHG (1)    123456789(2) 100000 (3)  110000 (4)  ___(5)___   A0000(6) 2005-05-12-13.11.43.437857 (7)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER BASE ID L   C A B PMS  PC EP 0 AA PA MS FS IA  DTAD      UPDDT
  BEFORE  PS_PROVIDER           123456789 000010 999 F N B 0000 01 N  N  _  N  N  2 I  09/21/2002 2004-06-18-12.56.11.203103
                                            (8)   (9)(10)   (13)(14)                     (22)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER BASE ID L   C A B PMS  PC EP 0 AA PA MS FS IA  DTAD      UPDDT
  AFTER   PS_PROVIDER           123456789 000010 999 F N B 0000 01 N  N  _  N  N  2 I  09/21/2002 2005-05-13-16.01.21.397772
                                                        (11)        (15)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER BASE ID L   C A B PMS  PC EP 0 AA PA MS FS IA  DTAD      UPDDT
  AFTER   PS_PROVIDER           123456789  000010 999 F N B 0000 01 N  N  _  N  N  2 I  09/21/2002 2005-05-13-16.01.21.397772
                                                          (12)        (16)        (21)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER BASE ID L   C A B PMS  PC EP 0 AA  PA  MS  FS  IA  DTAD      UPDDT
  AFTER   PS_PROVIDER           123456789 000010 999 F N B 0000 01 N  N  _   N   N   2   I  09/21/2002 2005-05-13-16.01.21.397772
                                                                        (17)(18)(19)(20)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID  SQ  ADDR LINE
  BEFORE  PS_PHYSICAL_ADDR      000008  0009 300 SANTA ANNA DR APT 000
                                         (23)    (24)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID  SQ  CITY          STATE     ZIP           UPDDT
  BEFORE  PS_PHYSICAL_ADDR      000008  0009 ANYTOWN        VA       230001008     2004-11-29-11.27.54.187088
                                            (25)          (26)       (27)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID  SQ  ATTN NAME                                CONTACT NAME
  BEFORE  PS_PHYSICAL_ADDR      000008  0009  (28)                                        (29)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID  SQ  EMAIL ADDR                              UPDDT
  BEFORE  PS_EMAIL_ADDR         100000  0099 GOODDRG@DOCS.COM (30)                   2004-11-29-11.27.54.187088
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER  BASE ID  ADSQ EMSQ PVSQ  ADTYP  ADDR BEG   ADDR END  UPDDT
  BEFORE  PS_PROV_ADDR          123456789  000008  0000 0000 0001    P   09/01/2002            2004-04-06-08.10.33.091311
                                                   (31) (32) (33)   (34)   (35)         (36)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID  SQ  TYPE   NAME                                      UPDDT
  BEFORE  PS_NAME               101010  0088  I     BEAMENT            RALPHIE C              2004-04-06-08.10.33.094622
                                             (37)      (38)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER  BASE ID  SQ   BEGIN DATE   END DATE     UPDDT
  BEFORE  PS_PROV_NAME          123456789  101010  0088  09/01/2002                2004-04-06-08.10.33.098731
                                                          (39)        (40)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID  SQ  SPEC  BEGIN     END        RVAL  ST   UPDDT
  BEFORE  PS_SPECIALTY          101010  0007 023                          000       2004-04-06-08.10.33.100794
                                             (41)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER  BASE ID SQ  PRIM  BEGIN      END       RVAL  UPDDT
  BEFORE  PS_PROV_SPEC          123456789  101010 0077  N   09/01/2002            000   2004-04-06-08.10.33.101195
                                                        (42)   (43)       (44)      (45)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            SQVAL       DTVAL    DESC                    UPDDT
  BEFORE  GL_NEXT_ID_NO         000999999  002008333 BASE PROVIDER NUMBER  2005-04-27-09.43.14.619734
   (46)                                      (47)     (48)
-----------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            SQVAL       DTVAL    DESC                    UPDDT
  AFTER   GL_NEXT_ID_NO      (49)000999992  002008334 BASE PROVIDER NUMBER  2005-05-25-18.39.55.233751
-----------------------------------------------------------------------------------------------------------------------
```

Base Provider Update Report (PS-O-050)

```
PSD500                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    PS-O-050
AS OF:05/13/2005                                   BASE ID UPDATE REPORT                                PAGE NUMBER:         2
RUN DATE: 05/13/2005 16:01

-------------------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER  BASEID  SQ  PT  LCSQ  BEGIN      END       RVAL UPDDT
  BEFORE  PS_PROV_PVTYPE        123456789 999999 9999 999 9999 MM/DD/CCYY __________ 000  2004-04-06-08.10.33.115274
                                                     (50) (51)  (52)       (53)
-------------------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID   SQ  LICENSE      ST        BD        OED        UPDDT
  BEFORE  PS_LICENSE            999999  9999 9999999999 ZZ                  MM/DD/CCYY 2004-06-18-12.56.11.201736
                                                 (54)     (55)      (56)       (57)
-------------------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID  SQ  SSQ   BEGIN      END       RVAL RVW  UPDDT
  BEFORE  PS_LCN_STAT           999999  9999 9999 MM/DD/CCYY MM/DD/CCYY 999   M   2004-06-18-12.56.11.202495
                                                (58)    (59)       (60)         (61)
-------------------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER  BASEID  SQ   UPDDT
  AFTER   PS_PROV_DEGREE        123456789 999999  9999 2005-05-13-16.01.24.108138
-------------------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID  SQ    BEGIN      END       TYPE DESC                        RVAL UPDDT
  AFTER   PS_DEGREE             999999  9999 MM/DD/CCYY MM/DD/CCYY  Z   XXXXXXXXXXXXXXXXXXXXXXXXXXX 000  2005-05-13-15.59.13.000000
                                                                   (62)      (63)
-------------------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID  SQ  TYPE  VALUE            UPDDT
  BEFORE  PS_ALT_ID             999999  9999  Z(64)999999999(65)    2004-04-06-08.10.33.142181
-------------------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER  BASE ID  SQ   BEGIN      END        RVAL  UPDDT
  BEFORE  PS_PROV_ALT_ID        123456789 999999  9999 MM/DD/CCYY __________  000   2004-04-06-08.10.33.144166
                                                          (67)        (68)
-------------------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER  BASE ID  SQ   BEGIN      END       IRSNAME                                UPDDT
  BEFORE  PS_PROV_TAX_ENTITY    123456789 999999  9999 MM/DD/CCYY _________ XXXXXXXXXXXXXXXX (66)                    2004-04-06
-------------------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            BASE ID  SQ   BEGIN      END        RVAL  UPDDT
  BEFORE  PS_BASE_PROVIDER      999999  9999 MM/DD/CCYY __________  000   2004-04-06-08.10.33.144166
-------------------------------------------------------------------------------------------------------------------------------
BEF/AFT   TABLE NAME            PROVIDER  BASE ID    NPI/API    PROV TYPE   NPI TYPE   API IND   UPDDT
   BEFORE  PS_NPI_XREF          123456789 999999      (69)     (70) 999    (71) Z     (72)        2006-09-22-20.38.04.175074
-------------------------------------------------------------------------------------------------------------------------------
 BEF/AFT   TABLE NAME           PROVIDER  BASE ID   NPI/API    PROV TYPE   NPI TYPE   API IND   UPDDT
   AFTER   PS_NPI_XREF          999999999 999999  1234567890      999         Z                 2006-12-05-15.49.36.669087
-------------------------------------------------------------------------------------------------------------------------------


                                          *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TABLE NAME	Data Element Table	DE0023	
2	PROVIDER	Provider Identification Number	DE4002	
3	OLD BASE	Provider Base Identification Number	DE4001	
4	NEW BASE ID	Provider Base Identification Number	DE4001	
5	DATE	Base ID Maintenance Entry Date	DE4508	
6	USER	User/Operator ID	DE0012	
7	UPDDT	Row Update Date	DE0011	
8	BASEID	Provider Base Identification Number	DE4001	

9	L	Provider Locality Code	DE4089	
10	C	Code Value	DE0027	
11	A	Provider Assessment Indicator	DE4088	
12	B	Provider Bypass Label Indicator	DE4219	
13	FMS	Provider Forms Indicator	DE4341	
14	PC	Provider Type of Practice Organization	DE4009	
15	EP	Provider EPSDT Indicator	DE4500	
16	O	Provider Inactive Override Indicator	DE4517	
17	AA	Provider Ambulance Agreement Date	DE4390	
18	PA	Preferred Provider Agreement Indicator	DE4295	
19	MS	Send Forms and Manual Indicator	DE4281	
20	FS	Provider Forms Indicator	DE4341	
21	IA	Indefinite agreement value	DE4003	
22	DTAD	Provider Added Month-to-Date	DE4193	
23	SQ	Sequence Number Value Identifier	DE0031	
24	ADDR LINE	Provider Address Line	DE4097	
25	CITY	Provider Address City Name	DE4130	
26	STATE	Provider Address State	DE4098	
27	ZIP	Provider Address ZIP Code	DE4099	
28	ATTN NAME	Provider Attention Name	DE4096	
29	CONTACT NAME	Provider Contact Name	DE4201	
30	EMAIL ADDR	Provider Email Address	DE4202	
31	ADSQ	Sequence Number Value Identifier	DE0031	
32	EMSQ	Sequence Number Value Identifier	DE0031	

33	PVSQ	Sequence Number Value Identifier	DE0031	
34	ADTYP	Provider Address Type	DE4200	
35	ADDR BEG	Code Value Begin Date	DE0019	
36	ADDR END	Code Value End Date	DE0020	
37	TYPE	Provider Type	DE4006	
38	NAME	Provider Name	DE4085	
39	BEGIN DATE	Code Value Begin Date	DE0019	
40	END DATE	Code Value End Date	DE0020	
41	SPEC	Provider Specialty Code	DE4007	
42	PRIM	Provider Primary Specialty Indicator	DE4528	
43	BEGIN	Provider Specialty Begin Date	DE4210	
44	END	Provider Specialty End Date	DE4211	
45	RVAL	Code Value	DE0027	
46	BEF/AFT	Calculated	DE0002	This field will be valued with the literal "BEFORE" or "AFTER" and reflects whether the Table Name listed is being displayed before or after an update occurred.
47	DTVAL	Code Value	DE0027	
48	DESC	Code Value Description	DE0018	
49	SQVAL	Sequence Number Value Identifier	DE0031	
50	PT	Provider Type	DE4006	
51	LCSQ	Sequence Number Value Identifier	DE0031	
52	BEGIN	Provider Type Begin Date	DE4010	
53	END	Provider Type End Date	DE4011	
54	LICENSE	Provider License Number	DE4064	
55	ST	Provider Licensing State	DE4076	
56	BD	Provider Licensing Board	DE4075	
57	OED	Provider Original License End Date	DE4004	

58	SSQ	Sequence Number Value Identifier	DE0031	
59	BEGIN	Provider License Begin Date	DE4066	
60	END	Provider License End Date	DE4067	
61	RVW	Provider License Review Code	DE4005	
62	TYPE	Code Value	DE0027	
63	DESC	Code Value Description	DE0018	
64	TYPE	Provider Alternate ID Type	DE4544	
65	VALUE	Provider Alternate ID Value	DE4044	
66	IRSNAME	Provider IRS Name	DE4526	
67	BEGIN	Provider Alternate ID Begin Date	DE4553	
68	END	Provider Alternate ID End Date	DE4554	
69	NPI/API	National Provider Identifier	DE4700	
70	PROV TYPE	Provider Type	DE4006	Provider type.
71	NPI TYPE	NPI Type	DE4144	
72	API IND	Provider API Indicator	DE4142	

Output Reports PS-O-055 CLIA File Errors/Control totals Report

General Information

Errors/control Totals report for building the provider CLIA tables.

Subsystem:	Provider
Frequency:	One-Time
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	CLIA Update (PSW050)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

CLIA File Errors/Control totals Report (PS-O-055)

```
PSW050                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                              CLIA FILE ERROR/CONTROL REPORT
RUN DATE: MM/DD/CCYY HH:MM


  (1)              (2)
LAB NUMBER        DESCRIPTION

99999999999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



PROVIDER CLIA FILE RECORDS READ:                                  ZZZ,999      (3)
PROVIDER CLIA FILE RECORDS ADDED:                                 ZZZ,999      (4)
PROVIDER CLIA FILE RECORDS UPDATED:                               ZZZ,999      (5)
PROVIDER CLIA FILE RECORDS DELETED:                               ZZZ,999      (6)
PROVIDER CLIA FILE NUMBER OF ERRORS:                              ZZZ,999      (7)

                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LAB NUMBER	Clinical Laboratory Improvement Amendment (CLIA) Number	DE4310	
2	DESCRIPTION		DE0000	
3	CLIA FILE RECORDS READ		DE0000	
4	CLIA FILE RECORDS ADDED		DE0000	
5	CLIA FILE RECORDS UPDATED		DE0000	
6	CLIA FILE RECORDS DELETED		DE0000	
7	CLIA FILE RECORDS NUMBER OF ERRORS		DE0000	

Output Reports PS-O-058 List of Per Diem Rates for Long Term Care Facilities

General Information

This report lists per diem rates for all Long Term Care facility providers, including current and previous rate information.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	List of Per Diem Rates for Long Term Facilities (PSM040)
Confidential:	Yes
Sequence:	Provider Number
Control Breaks:	N/A

List of Per Diem Rates for Long Term Care Facilities (PS-O-058)

```
PSM040                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                             LIST OF PER DIEM RATES FOR LONG TERM CARE FACILITIES
RUN DATE: MM/DD/CCYY HH:MM
                                                                                   (7) (8)       (9)       (
                                     (3)     (4)  (5)    (6)                       PRIOR
     (1)   (2)     (12)              PROG      RATE                               BEG DATE     PRIOR      E
 PROV ID/PROV NAME/TYPE              CODE    TYPE CODE  DESCRIPTION               END DATE    RATE AMT
-------------------------------------------------------------------------------------------------------------
1234567890                            99     XXXX XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  $Z,ZZ9.99  99/
999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                               99/99/9999
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXXXXXXXXX       XX   99999

                                      99     XXXX XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  $Z,ZZ9.99  99/
                                                                                   99/99/9999

                                      99     XXXX XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  $Z,ZZ9.99  99/
                                                                                   99/99/9999

                                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROV NAME	Provider Name	DE4085	
3	PROG CODE	Provider Program Code	DE4208	
4	RATE TYPE	Provider Rate Type	DE4250	
5	RATE CODE	Provider Rate Code	DE4251	
6	RATE TYPE DESCRIPTION	Provider Rate Type Code Description	DE4260	
7	PRIOR BEGIN DATE	Provider Rate Begin Date	DE4252	
8	PRIOR END DATE	Provider Rate End Date	DE4253	
9	PRIOR RATE AMOUNT	Provider Rate	DE4255	
10	NEW BEGIN DATE	Provider Rate Begin Date	DE4252	
11	NEW RATE AMOUNT	Provider Rate	DE4255	
12	Provider Type	Provider Type	DE4006	A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy).

Output Reports PS-O-060 Provider Incentive Plan Report

General Information

This report shows the Provider Incentive Plan information for providers who are enrolled in Managed Care Benefit Plans.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	Provider Incentive Plan Report (PSR200)
Confidential:	Yes
Sequence:	Provider Number
Control Breaks:	N/A

Provider Incentive Plan Report (PS-O-060)

```
PSR200                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF MM/DD/CCYY                                PROVIDER INCENTIVE PLAN REPORT                                PA
RUN DATE: MM/DD/CCYY HH:MM

                                        R I S K   T R A N S F E R   I N F O R M A T I O N

                                           (7)      (8)     (9)     (10)    (11)
 (1)          (2)       (3)(4)(5)(6)     PROV     RISK    AVAIL   FIN
PROV ID    PROV NAME/ADDRESS               TYPE     TRANS   METH    CLASS   APPLICABLE METHOD
-----------------------------------------------------------------------------------------------------------------

1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXX      X       X       X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXX       XX  XXXXXX                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXX      X       X       X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXX       XX  XXXXXX                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXX      X       X       X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXX       XX  XXXXXX                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXX      X       X       X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXX       XX  XXXXXX                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXX      X       X       X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXX       XX  XXXXXX                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXX      X       X       X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXX       XX  XXXXXX                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                   *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI PROVIDER ID	National Provider Identifier	DE4700	
2	PROVIDER NAME	Provider Name	DE4085	
3	PROVIDER STREET ADDRESS	Provider Address Line	DE4097	
4	PROVIDER CITY	Provider Address City Name	DE4130	
5	PROVIDER STATE	Provider Address State	DE4098	
6	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	

7	PROVIDER TYPE	Provider Type	DE4006	Provider type code
8	RISK TRANSFER INDICATOR	Provider Incentive Plan (PIP) Risk Transfer Indicator	DE4452	
9	AVAILABILITY METHOD	Provider Incentive Plan (PIP) Available Method	DE4462	
10	FINANCIAL CLASSIFICATION	Provider Incentive Plan (PIP) Financial Clas-sification	DE4465	
11	PLAN APPLICABLE METHOD	Provider Incentive Plan (PIP) Applicable Method	DE4455	

Output Reports PS-O-070 Provider Program Code Renewal Due to License

General Information

This report lists all Providers that have a license that was renewed.

Subsystem:	Provider
Frequency:	Daily
Volume:	
Number of Copies:	2
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS and PEU
Program:	License Termination/Renewal Update (PSD070)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Program Code Renewal Due to License (PS-O-070)

```
PSD070                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF MM/DD/CCYY                         PROVIDER PROGRAM CODE RENEWAL DUE TO LICENSE                       P
RUN DATE: MM/DD/CCYY HH:MM

     (1)       (2)    (3)         (4)        (5) (6)    (7)          (8)  (9)  (10)       (11)    (12)     (13)     (14)
               PROV                           RSN  IA                  LIC  REV   OLD        NEW     PGM      OLD      OLD
   PROV ID     TYPE BEGIN DATE END DATE      CODE IND  LICENSE NO    STATE IND   OED        OED     CODE   END DATE   RSN
-------------------------------------------------------------------------------------------------------------------------------
 1234567890     999 99/99/9999 99/99/9999 XXX  X  9999999999999  XX    X 99/99/9999 99/99/9999 999 99/99/9999 999
                                                                                                 999 99/99/9999 999
                                                                                                 999 99/99/9999 999
                                                                                                 999 99/99/9999 999


 •  PLEASE CHECK THE PROVIDER TYPE BEGIN AND END DATE.

                                                    *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER ID	National Provider Identifier	DE4700	
2	PROV TYPE	Provider Type	DE4006	
3	TYPE BEGIN DATE	Provider Type Begin Date	DE4010	
4	TYPE END DATE	Provider Type End Date	DE4011	
5	TYPE REASON CODE	Provider Reason Code	DE4012	
6	INDEFINITE AGREEMENT INDICATOR	Indefinite agreement value	DE4003	
7	LICENSE NUMBER	Provider License Number	DE4064	
8	LICENSE STATE	Provider Licensing State	DE4076	
9	LICENSE REVIEW INDICATOR	Provider License Review Code	DE4005	
10	OLD ORIGINAL END DATE	Provider Original License End Date	DE4004	
11	NEW ORIGINAL END DATE	Provider Original License End Date	DE4004	
12	PROGRAM CODE	Provider Program Code	DE4208	
13	OLD LICENSE END DATE	Provider License End Date	DE4067	
14	OLD LICENSE REASON CODE	Provider Reason Code	DE4012	
15	NEW LICENSE END DATE	Provider License End Date	DE4067	
16	NEW LICENSE REASON CODE	Provider Reason Code	DE4012	

Output Reports PS-O-071 Provider Program Code Termination Due to License

General Information

List of all providers that will be canceled because the license was not renewed.

Subsystem:	Provider
Frequency:	Daily
Volume:	
Number of Copies:	2
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS and PEU
Program:	License Termination/Renewal Update (PSD070)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Program Code Termination Due to License (PS-O-071)

```
PSD070                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF MM/DD/CCYY                       PROVIDER PROGRAM CODE TERMINATON DUE TO LICENSE                      PA
RUN DATE: MM/DD/CCYY HH:MM


     (1)      (2)    (3)          (4)       (5) (6)     (7)          (8)  (9)  (10)       (11)     (12)    (13)     (14)
              PROV                          RSN  IA                   LIC  REV   OLD        NEW     PGM      OLD      OLD
   PROV ID    TYPE BEGIN DATE END DATE      CODE IND  LICENSE NO     STATE IND   OED        OED     CODE   END DATE   RSN
-------------------------------------------------------------------------------------------------------------------------------
  1234567890 999 99/99/9999 99/99/9999 XXX  X  9999999999999  XX   X 99/99/9999 99/99/9999 999 99/99/9999 999 99
                                                                                            999 99/99/9999 999 99
                                                                                            999 99/99/9999 999 99
                                                                                            999 99/99/9999 999 99


                                          *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER ID	National Provider Identifier	DE4700	
2	PROV TYPE	Provider Type	DE4006	
3	TYPE BEGIN DATE	Provider Type Begin Date	DE4010	
4	TYPE END DATE	Provider Type End Date	DE4011	
5	TYPE REASON CODE	Provider Reason Code	DE4012	
6	INDEFINITE AGREEMENT INDICATOR	Indefinite agreement value	DE4003	
7	LICENSE NUMBER	Provider License Number	DE4064	
8	LICENSE STATE	Provider Licensing State	DE4076	
9	LICENSE REVIEW INDICATOR	Provider License Review Code	DE4005	
10	OLD LICENSE ORIGINAL END DATE	Provider Original License End Date	DE4004	
11	NEW LICENSE ORIGINAL END DATE	Provider Original License End Date	DE4004	
12	PROGRAM CODE	Provider Program Code	DE4208	
13	OLD PROGRAM END DATE	Provider Program Code End Date	DE4206	
14	OLD PROGRAM REASON CODE	Provider Reason Code	DE4012	
15	NEW PROGRAM END DATE	Provider Program Code End Date	DE4206	
16	NEW PROGRAM REASON CODE	Provider Reason Code	DE4012	

Output Reports PS-O-072 DHP License Error Report

General Information

This is a report of all errors that occur when the DHP file is used to update the Provider License Number and Provider License End Date.

Subsystem:	Provider
Frequency:	Monthly
Volume:	
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	PEU
Program:	DHP License Update (PSM030) DHP License Update Checkpoint Restart (PSM035)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

DHP License Error Report (PS-O-072)

```
PSM030                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF MM/DD/CCYY                                   DHP LICENSE ERROR REPORT                                 PAG
RUN DATE: MM/DD/CCYY HH:MM

   (1)       (2)  (3) (4)     (5)         (6)   (7)   (8)        (9)       (10)              (11)
                  PROV IA                  LIC   REV LICENSE     LICENSE   LIC
 PROV ID     LOC  TYPE IND  LICENSE NO    STATE IND BEGIN DATE  END DATE  RSN            ERROR MESSAGE
-----------------------------------------------------------------------------------------------------------
1234567890  999  999  X    9999999999999  XX    X  99/99/9999  99/99/9999 999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER ID	National Provider Identifier	DE4700	
2	LOCALITY CODE	Provider Locality Code	DE4089	
3	PROV TYPE	Provider Type	DE4006	
4	INDEFINITE AGREEMENT INDICATOR	Indefinite agreement value	DE4003	
5	LICENSE NUMBER	Provider License Number	DE4064	
6	LICENSE STATE	Provider Licensing State	DE4076	
7	LICENSE REVIEW INDICATOR	Provider License Review Code	DE4005	
8	LICENSE BEGIN DATE	Provider License Begin Date	DE4066	
9	LICENSE END DATE	Provider License End Date	DE4067	
10	LICENSE REASON CODE	Provider Reason Code	DE4012	
11	ERROR MESSAGE		DE0000	This is the Error Message from the tables based on the reason code

Output Reports PS-O-073 Provider Program Code Overlapping List

General Information

Provider Program Code updates that could not be made due to conflicts with overlapping dates in other active records.

Subsystem:	Provider
Frequency:	Daily
Volume:	
Number of Copies:	N/A
Output Form:	Report
Retention:	N/A
Distribution:	DMAS & PEU
Program:	License Termination/Renewal Update (PSD070)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Program Code Overlapping List (PS-O-073)

```
PSD070                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                            PROVIDER - PROGRAM CODE OVERLAPPING LIST
RUN DATE: MM/DD/CCYY HH:MM

          (1)          (2)          (3)          (4)          (5)
        PROV ID     PGM-CODE     BEGIN DATE   END DATE     DESCRIPTION
-------------------------------------------------------------------------------------------------------------------------
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      1234567890     XXX        MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                         *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PGM CODE	Provider Program Code	DE4208	
3	BEGIN DATE	Provider Program Code Begin Date	DE4205	
4	END DATE	Provider Program Code End Date	DE4206	
5	DESCRIPTION	Provider Program Code End Date	DE4206	

Output Reports PS-O-075 Active Provider SSN/Base ID Conflict Report

General Information

This report lists all individual providers with open enrollment, which have the same SSN and different Base IDs.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS/PEU
Program:	Provider Base ID Conflict Report - SSN/Base ID (PSW151)
Confidential:	Yes
Sequence:	SSN and BASE ID sequence.
Control Breaks:	Total conflicts at end of report.

Active Provider SSN/Base ID Conflict Report (PS-O-075)

```
PSW151                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                        ACTIVE PROVIDER BASE ID CONFLICTS BY PROVIDER SSN                     PA
RUN DATE: MM/DD/CCYY HH:MM                        (SAME SSN DIFFERENT BASE ID)

(1) LICENSE NBR  (5) BASE ID (10) PROV ID  (15) TYPE (20) PROVIDER NAME                    (25) ACCOUNT NBR    (30) TRANS NBR
-------------------------------------------------------------------------------------------------------------------------
    99999999        999999  1234567890 999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MD        XXXXX99999          999999999
(40) SERVICE ADDR:                                        9999 X XXXXXXXXXX XXXX                    XXXXXXXX
(45)  PAY-TO ADDR:                                        9999 X XXXXXXXXXX XXXX                    XXXXXXXX
(50) FEIN: 999999999    (55) UPIN:              (60) SSN: 999999999

(65) OTHER PROVIDERS: 1234567890

    9999999999      999999  1234567890 999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MD
    SERVICE ADDR:                                         9999 X XXXXXXXXX  XXXX                    XXXXXXXX
     PAY-TO ADDR:                                         9999 X XXXXXXXXXX XXXX                    XXXXXXXX
    FEIN: 999999999        UPIN: X99999           SSN: 999999999

    OTHER PROVIDERS: 1234567890
    -------------------------------------------------------------------------------------------------------------------
(70) TOTAL CONFLICTS =>      1
                                                        *** END OF REPORT ***
    ********************************************************** Bottom of Data ************************************
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LICENSE NBR	Provider License Number	DE4064	
5	BASE ID	Provider Base Identification Number	DE4001	
10	PROV ID	National Provider Identifier	DE4700	
15	TYPE	Provider Type	DE4006	
20	PROVIDER NAME	Provider Name	DE4085	
25	ACCOUNT NBR	Provider Electronic Funds Transfer (EFT) Account Number	DE4135	
30	TRANS NBR	Provider Electronic Funds Transfer (EFT) Transit ABA Number	DE4134	
35	CLAIM COUNT	Calculated	DE0002	A count of how many claims have a specific provider number.
40	SERVICE ADDR	Provider Address Line	DE4097	
45	PAY-TO ADDR	Provider Address Line	DE4097	
50	FEIN	Provider Alternate ID Numbers	DE4014	
55	UPIN	Provider Alternate ID Numbers	DE4014	
60	SSN	Provider Alternate ID Numbers	DE4014	
65	OTHER PROVIDERS	National Provider Identifier	DE4700	
70	TOTAL CONFLICTS	Calculated	DE0002	Total number of Base ID conflicts reported.

Output Reports PS-O-076 Active Provider License # / Base ID Conflict Report

General Information

This report lists all individual providers with open enrollment, which have the same License number and different Base IDs.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS/PEU
Program:	Provider Base ID Conflict Report - Lic # / Base ID (PSW152)
Confidential:	Yes
Sequence:	License # and Base ID sequence.
Control Breaks:	Total conflicts at end of report.

Active Provider License # / Base ID Conflict Report (PS-O-076)

```
     PSW152                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    P
     AS OF:05/18/2005                        ACTIVE PROVIDER BASE ID CONFLICTS BY PROVIDER LIC#                    P
     RUN DATE: 05/18/2005 09:29                          (SAME LIC# DIFFERENT BASE ID)
(1)  LICENSE NBR     (5)BASE ID (10)PROV ID  (15)TYPE (20)PROVIDER NAME                    (25)ACCOUNT NBR    (30)TRANS NBR
     ---------------------------------------------------------------------------------------------------------------
     999999999       999999  1234567890 999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     MD
(40) SERVICE ADDR:                                   9999 XXXXXXX XXX XX                      XXXXXXXXXX
(45)  PAY-TO ADDR: XXXXXXX XXXXXXX XXXX XXXXXX XXXXXXXXXX   XXXXXXXXXXXXX                      XXXXXXXXX
(50) FEIN: 999999999    (55) UPIN:              (60) SSN: 999999999

(65) OTHER PROVIDERS: 1234567890

     DCMD31142       999999  9999999999 999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     MD
     SERVICE ADDR: XXXXXX XXXXXXXX XXXXXXXX               9999 XXXXXXXXX XX XX                     XXXXXXXXXX
      PAY-TO ADDR: XXX XXXXXXXX XX XXXXXXXX               XXXXXXXXXXXXX                            XXXXXXXXXX
     FEIN: 999999999        UPIN: X99999          SSN: 999999999

     OTHER PROVIDERS: 1234567890 1234567890
     ---------------------------------------------------------------------------------------------------------------
(70) TOTAL CONFLICTS =>      1
                                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LICENSE NBR	Provider License Number	DE4064	
5	BASE ID	Provider Base Identification Number	DE4001	
10	PROV ID	National Provider Identifier	DE4700	
15	TYPE	Provider Type	DE4006	
20	PROVIDER NAME	Provider Name	DE4085	
25	ACCOUNT NBR	Provider Electronic Funds Transfer (EFT) Account Number	DE4135	
30	TRANS NBR	Provider Electronic Funds Transfer (EFT) Transit ABA Number	DE4134	
35	CLAIM COUNT	Calculated	DE0002	Total claims for a specific provider number.
40	SERVICE ADDR	Provider Address Line	DE4097	
45	PAY-TO ADDR	Provider Address Line	DE4097	
50	FEIN	Provider Alternate ID Numbers	DE4014	
55	UPIN	Provider Alternate ID Numbers	DE4014	

60	SSN	Provider Alternate ID Numbers	DE4014	
65	OTHER PROVIDERS	National Provider Identifier	DE4700	
70	TOTAL CONFLICTS	Calculated	DE0002	Total number of Base ID conflicts for all providers.

Output Reports PS-O-077 Active Provider Base ID / License # Conflict Report

General Information

This report lists all individual providers with open enrollment, which have the same Base ID and different License numbers.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS/PEU
Program:	Provider Base ID Conflict Report - Base ID / Lic # (PSW153)
Confidential:	Yes
Sequence:	Base ID and License # sequence.
Control Breaks:	Total conflicts at the end of the report.

Active Provider Base ID / License # Conflict Report (PS-O-077)

```
********************************************************** Top of Data ****************************************
PSW153                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999                        ACTIVE PROVIDER BASE ID CONFLICTS BY PROVIDER LIC#                    PA
RUN DATE: 99/99/9999 99:99                          (SAME BASE ID DIFFERENT LIC#)
(1) LICENSE NBR     BASE ID  PROV ID   TYPE PROVIDER NAME                          (25) ACCOUNT NBR     (30) TRANS NBR
                (5)       (10)       (15)    (20)
---------------------------------------------------------------------------------------------------------------------
(40) 9999999         999999  1234567890 999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MD       XXXXXX9999       999999999
     SERVICE ADDR: XXXXXXX XXXXXX XXXXXX XXXXXXXX, PC      9999 XXXXXXXXX XXXX XXXX                  XXXXXXXXX
(45)  PAY-TO ADDR: XXXXX(55)X XXXXXX XXXXXX XXXXX(60), PC     9999 XXXXXXXXX XXXX XXXX                  XXXXXXXXX
(65) FEIN: 999999999        UPIN: A99999           SSN:

     TN99999         999999  1234567890 999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MD
     SERVICE ADDR: XXXXXXXX XXXXXX XXXXXX XXX              9999 XXXXXXXXX XXXX XXXX                  XXXXXXXXX
      PAY-TO ADDR: XXXXXXXX XXXXXX XXXXXX                  9999 XXXXXXXXX XXXX XXXX                  XXXXXXXXX
     FEIN: 999999999        UPIN:                  SSN:

     OTHER PROVIDERS: 1234567890 1234567890 1234567890 1234567890 1234567890
---------------------------------------------------------------------------------------------------------------------
(70) TOTAL CONFLICTS =>      1
                                                        *** END OF REPORT ***
********************************************************** Bottom of Data *************************************
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LICENSE NBR	Provider License Number	DE4064	
5	BASE ID	Provider Base Identification Number	DE4001	
10	PROV ID	National Provider Identifier	DE4700	
15	TYPE	Provider Type	DE4006	
20	PROV NAME	Provider Name	DE4085	
25	ACCOUNT NBR	Provider Electronic Funds Transfer (EFT) Account Number	DE4135	
30	TRANS NBR	Provider Electronic Funds Transfer (EFT) Transit ABA Number	DE4134	
35	CLAIM COUNT	Calculated	DE0002	Total claims for a specific provider number.
40	SERVICE ADDR	Provider Address Line	DE4097	
45	PAY-TO ADDR	Provider Address Line	DE4097	
50	FEIN	Provider Alternate ID Numbers	DE4014	
55	UPIN	Provider Alternate ID Numbers	DE4014	
60	SSN	Provider Alternate ID	DE4014	

		Numbers		
65	OTHER PROVIDERS	National Provider Identifier	DE4700	
70	TOTAL CONFLICTS	Calculated	DE0002	Total conflicts for all providers.

Output Reports PS-O-078 Active Provider Base ID / Name Conflict Report

General Information

This report lists all individual providers with open enrollment, which have the same Base ID and different Name.

Subsystem:	Provider
Frequency:	Monthly
Volume:	variable
Number of Copies:	1
Output Form:	On-Demand
Retention:	90 days
Distribution:	DMAS/PEU
Program:	Provider Base ID Conflict Report - Base ID / Name (PSW154)
Confidential:	Yes
Sequence:	Base ID and Provider Name sequence.
Control Breaks:	Total conflicts at the end of the report.

Active Provider Base ID / Name Conflict Report (PS-O-078)

```
    PSW154                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RI
    AS OF:MM/DD/CCYY                        ACTIVE PROVIDER BASE ID CONFLICTS BY PROVIDER NAME                    PA
    RUN DATE: MM/DD/CCYY HH:MM                          (SAME BASE ID DIFFERENT NAME)
(1) LICENSE NBR     (5)BASE ID (10)PROV ID  (15)TYPE (20)PROVIDER NAME                          (25)ACCOUNT NBR     (30) TRANS NBR(
    ---------------------------------------------------------------------------------------------------------------------------
    9999999999      999999  1234567890 999  XXXXXX          XXXXXX     X     MD      9999999999999999   99999999
(40) SERVICE ADDR:                                        999 XXXXXXXXXX XX XXX 999              XXXXXXXX
(45)  PAY-TO ADDR:                                        999 XXXXXXXXXX XX XXX 999              XXXXXXXX
(50) FEIN: 999999999    (55) UPIN: A99999       (60) SSN:

(65) 9999999999      999999  1234567890 999  XXXXXX          XXXXXX          MD      9999999999999999   99999999
    SERVICE ADDR: XX XXXXXXXXXX XXXXXXXX                  999 XXXXXXXXXX XX XXX 999              XXXXXXX
     PAY-TO ADDR:
    FEIN: 999999999         UPIN: A99999          SSN:

    OTHER PROVIDERS: 1234567890 1234567890
    ---------------------------------------------------------------------------------------------------------------------------
    TOTAL CONFLICTS =>      1
                                                        *** END OF REPORT ***
(70) ********************************************************** Bottom of Data ************************************
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LICENSE NBR	Provider License Number	DE4064	
5	BASE ID	Provider Base Identification Number	DE4001	
10	PROV ID	National Provider Identifier	DE4700	
15	TYPE	Provider Type	DE4006	
20	PROVIDER NAME	Provider Name	DE4085	
25	ACCOUNT NBR	Provider Electronic Funds Transfer (EFT) Account Number	DE4135	
30	TRANS NBR	Provider Electronic Funds Transfer (EFT) Transit ABA Number	DE4134	
35	CLAIM COUNT	Calculated	DE0002	Total claims for a specific provider number.
40	SERVICE ADDR	Provider Address Line	DE4097	
45	PAY-TO ADDR	Provider Address Line	DE4097	
50	FEIN	Provider Alternate ID Numbers	DE4014	
55	UPIN	Provider Alternate ID Numbers	DE4014	
60	SSN	Provider Alternate ID Numbers	DE4014	
65	OTHER PROVIDERS	National Provider Identifier	DE4700	
70	TOTAL CONFLICTS	Calculated	DE0002	Total conflicts for all providers.

Output Reports PS-O-079 Active Provider Name / Base ID Conflict Report

General Information

This report lists all individual providers with open enrollment, which have the same Name and different Base IDs.

Subsystem:	Provider
Frequency:	Monthly
Volume:	variable
Number of Copies:	1
Output Form:	On-Demand
Retention:	90 days
Distribution:	DMAS/PEU
Program:	Provider Base ID Conflict Report - Name / Base ID (PSW155)
Confidential:	No
Sequence:	Provider Name and Base ID sequence.
Control Breaks:	Total conflicts at the end of the report.

Active Provider Name / Base ID Conflict Report (PS-O-079)

```
    PSW155                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
    AS OF:05/18/2005                      ACTIVE PROVIDER BASE ID CONFLICTS BY PROVIDER NAME                    P
    RUN DATE: 05/18/2005 09:32                      (SAME NAME DIFFERENT BASE ID)
    LICENSE NBR     BASE ID   PROV ID    TYPE PROVIDER NAME                          ACCOUNT NBR      TRANS NBR
(1)                (5)       (10)       (15)(20)                                   (25)            (30)
    ---------------------------------------------------------------------------------------------------------------
    9999999999      999999  1234567890 999  XXXX              XXXXX      X     MD
(40) SERVICE ADDR:                                        9999 XXXXXX XXXXX XXXX                  ANNANDALE
(45)  PAY-TO ADDR:
(50) FEIN: 999999999     (55) UPIN: G99999        (60) SSN:

    OTHER PROVIDERS: 9999999999
(65)
    9999999999      999999  1234567890 999  XXXX              XXXXX      X     MD
    SERVICE ADDR:                                         9999 XXXXXX XXXX XX XXX 999             ALEXANDRIA
     PAY-TO ADDR:                                         PO BOX 9999                             ALEXANDRIA
    FEIN: 999999999         UPIN: X99999           SSN:

    OTHER PROVIDERS: 9999999999
    ---------------------------------------------------------------------------------------------------------------
(70) TOTAL CONFLICTS =>      1
                                                      *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LICENSE NBR	Provider License Number	DE4064	
5	BASE ID	Provider Base Identification Number	DE4001	
10	PROV ID	National Provider Identifier	DE4700	
15	TYPE	Provider Type	DE4006	
20	PROVIDER NAME	Provider Name	DE4085	
25	ACCOUNT NBR	Provider Electronic Funds Transfer (EFT) Account Number	DE4135	
30	TRANS NBR	Provider Electronic Funds Transfer (EFT) Transit ABA Number	DE4134	
35	CLAIM COUNT	Calculated	DE0002	Total number of claims for a specific provider number.
40	SERVICE ADDR	Provider Address Line	DE4097	
45	PAY-TO ADDR	Provider Address Line	DE4097	
50	FEIN	Provider Alternate ID Numbers	DE4014	
55	UPIN	Provider Alternate ID Numbers	DE4014	
60	SSN	Provider Alternate ID Numbers	DE4014	
65	OTHER PROVIDERS	National Provider Identifier	DE4700	
70	TOTAL CONFLICTS	Calculated	DE0002	Total conflicts for all providers.

Output Reports PS-O-080 Crossover Provider File Audit Report

General Information

This report lists records created during the update of the Provider File.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Crossover Provider File Audit Report (PSR170)
Confidential:	Yes
Sequence:	Carrier Code
Control Breaks:	N/A

Crossover Provider File Audit Report (PS-O-080)

```
PSR170                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REP
AS OF:99/99/9999                              CROSSOVER PROVIDER FILE AUDIT REPORT                     PAGE
RUN DATE: 99/99/9999 99:99
   (1)       (2)          (3)        (4)       (5)
 CARRIER    VENDOR                  CARRIER     LAST
  CODE      NUMBER       PROV ID     TYPE    UPDATE DATE
 XXXXXXXX XXXXXXXXX      1234567890     X      99/99/9999    XXXXXXXXXXXXXXX
 XXXXXXXX XXXXXXXXX      1234567890     X      99/99/9999    XXXXXXXXXXXXXXX

 XXXXXXXX XXXXXXXXX      1234567890     X      99/99/9999    XXXXXXXXXXXXXXX
 XXXXXXXX XXXXXXXXX      1234567890     X      99/99/9999    XXXXXXXXXXXXXXX

 XXXXXXXX XXXXXXXXX      1234567890     X      99/99/9999    XXXXXXXXXXXXXXX
 XXXXXXXX XXXXXXXXX      1234567890     X      99/99/9999    XXXXXXXXXXXXXXX

 XXXXXXXX XXXXXXXXX      1234567890     X      99/99/9999    XXXXXXXXXXXXXXX
 XXXXXXXX XXXXXXXXX      1234567890     X      99/99/9999    XXXXXXXXXXXXXXX


TOTAL RECORDS SELECTED:        99,999 (6)
TOTAL RECORDS PRINTED:         99,999 (7)

                                          *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CARRIER CODE	Provider Carrier Code	DE4222	
2	VENDOR NUMBER	Provider Alternate ID Value	DE4044	
3	PROV ID	National Provider Identifier	DE4700	
4	CARRIER TYPE	Provider Carrier Type	DE4294	Either A or B
5	LAST UPDATE DATE	Provider Alternate ID Begin Date	DE4553	
6	TOTAL RECORDS SELECTED		DE0000	This is a calculated total for number of records selected.
7	TOTAL RECORDS PRINTED		DE0000	This is a calculated total for number of records printed on report.

Output Reports PS-O-081 Provider Notification Letters (Database Change)

General Information

This letter informs a provider of any changes made to his provider data. When specific fields are changed in the tables, there will be a Provider Profile generated for the Provider to verify.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	3 Years
Distribution:	Providers
Program:	Provider Notification Letters (PSD040) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Provider Notification Letters (Database Change) (PS-O-081)

```
                                        XXXXXXXXX 99, 9999  (1)

  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (3)
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
  XXXXXXXXXXXXXXXXX, XX XXXXX-XXXX  (5) (6) (7)                    (8)

                                     PROVIDER IDENTIFIER: 9999999999

Dear Applicant:

Our records reflect the following information for the Provider Number above:

      Servicing Address  (9-13)             Payment Address   (14-18)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX XX 999999999        XXXXXXXXXXXXXXXXX XX 999999999

                Electronic Banking Information(19-21)
Acct: 99999999999999999 ABA: 999999999  Name: XXXXXXXXXXXXXXXXXXXXXXXXX

                     IRS Tax Information   (22-24)
Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEIN:999999999 SS#: 99999999
    (25)(26)      (27)        (28)      (25)(26)       (27)        (28)
Program Code     Begin Date  End Date  Program Code    Begin Date  End Date
XXX XXXXXXXXXXXX 99/99/9999 99/99/9999 XXX XXXXXXXXXXX 99/99/9999 99/99/9999
XXX XXXXXXXXXXXX 99/99/9999 99/99/9999 XXX XXXXXXXXXXX 99/99/9999 99/99/9999
XXX XXXXXXXXXXXX 99/99/9999 99/99/9999 XXX XXXXXXXXXXX 99/99/9999 99/99/9999

                    Managed Care Information  (29-31)
Panel Size: 9999 Type: XXXXXXXXXXXXXXXXXXXX Age: XXXXXXXXXXXXXXXXXXXX

                      Specialized Services (32-40)
Handicap: X  EPSDT: X  English: X  Spanish: X  Korean: X  Vietnamese: X
Hindi: X  Farsi: X  Other: X

If you have any questions about enrollment, you may contact the FIRST HEALTH
Provider Enrollment Unit at the address below or by phone.  If you have questions
about policies, procedures, or billing, please contact the DMAS Customer Service
Unit at the address below or by phone.
                  |

     Richmond and Out-of-State      804-270-5105
     In-State Toll Free             888-829-5373
     Fax                            804-270-7027
     E-mail                         vmappeu@fhsc.com

     First Health Services Corporation
     Provider Enrollment Unit
     PO Box 26803
     Richmond VA, 23261-6803

     Thank you,

     Provider Enrollment Unit

                   PLEASE KEEP THIS LETTER FOR YOUR RECORDS!
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(Date of cor-		DE0000	

	respondence			
2	(Provider Name)	Provider Name	DE4085	
3	(Provider MAIL TO Address Line 1)	Provider Attention Name	DE4096	
4	(Provider MAIL TO Address Line 2)	Provider Address Line	DE4097	
5	(Provider MAIL TO Address Line 3 City)	Provider Address City Name	DE4130	
6	(Provider MAIL TO Address State)	Provider Address State	DE4098	
7	(Provider MAIL TO Address Zip Code)	Provider Address ZIP Code	DE4099	
8	PROVIDER IDENTIFIER	National Provider Identifier	DE4700	
9	(Provider SVC Address line 1)	Provider Attention Name	DE4096	
10	(Provider SVC - Address line 2)	Provider Address Line	DE4097	
11	(Provider SVC - Address city)	Provider Address City Name	DE4130	
12	(Provider SVC - Address State)	Provider Address State	DE4098	
13	(Provider SVC - Address Zip)	Provider Address ZIP Code	4099	
14	(Provider PAY TO - Address line 1)	Provider Attention Name	4096	
15	(Provider PAY TO -Address line 2)	Provider Address Line	4097	
16	(Provider PAY TO- Address City)	Provider Address City Name	4130	
17	(Provider PAY TO -Address State)	Provider Address State	4098	
18	(Provider PAY TO - Address Zip)	Provider Address ZIP Code	4099	
19	(Provider EFT ACCT)	Provider Electronic Funds Transfer (EFT) Account Number	4135	
20	Provider EFT ABA	Provider Electronic Funds Transfer (EFT) Transit ABA Number	4134	
21	Provider EFT Institute Name	Provider Electronic Funds Transfer (EFT)	4133	

		Institution		
22	IRS Name	Provider IRS Name	4526	
23	FEIN Number	Provider Alternate ID Value	4044	
24	SS Number	Provider Alternate ID Value	4044	
25	Program Code	Provider Program Code	4208	Prints Program Code for 6 occurrences
26	Program Code Description	Provider Program Code Description	4209	Prints Program Code Description for 6 occurrences
27	Program Code Begin Date	Provider Program Code Begin Date	4205	Prints Program Code Begin Date for 6 occurrences
28	Program Code End Date	Provider Program Code End Date	4206	Prints Program Code End Date for 6 occurrences
29	Panel Size	Provider Managed Care Panel Enrollment Size	4403	This is the selected Panel size
30	Managed Care Type	Provider Managed Care Panel Enrollment Type	4402	
31	Managed Care Age	Provider Managed Care Panel Enrollment Age Type	4404	
32	Handicap	Provider Managed Care Handicap Accessibility Indicator	4436	
33	EPSDT	Provider EPSDT Indicator	4500	
34	English	Provider Language Type	4420	
35	Spanish	Provider Language Type	4420	
36	Korean	Provider Language Type	4420	
37	Vietnamese	Provider Language Type	4420	
38	Hindi	Provider Language Type	4420	
39	Farsi	Provider Language Type	4420	
40	Other	Provider Language Type	4420	

Output Reports PS-O-082 Cancel Notice Form

General Information

This letter displays information for a provider who has been canceled.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	Provider
Program:	Cancel Notice Form Letter (PSD050) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Provider Number
Control Breaks:	N/A

Cancel Notice Form (PS-O-082)

xxxxxxxx 99, 9999 **(1)**

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx **(2)**
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx **(3)**
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx **(4)**
xxxxxxxxxxxxxxxxx, xx xxxxx-xxxx **(5) (6) (7)**

Provider Number: 9999999999
(8)

RE: Termination of participation in DMAS programs for the location(s) listed below

Dear Provider,
(10)
Effective xxxxxxxxx 99, 9999, the Virginia Department of Medical Assistance Services (DMAS) has terminated the above-referenced Provider Identification Number for the following reason(s):

(11) Reason Code w/ Description **(12)**

If your license has been renewed, and you wish to be reinstated in the Virginia Medicaid Program, please submit a copy of your updated license to First Health Services Provider Enrollment Unit at the address or fax number listed below. Please include a copy of this letter with your updated license information.

Claims for dates of service prior to your termination date will process according to the standard guidelines as stated in your Medicaid manual.

If you have any questions regarding enrollment, you may contact the First Health Provider Enrollment Unit at the address below or by phone. If you have questions about policies, procedures or billing please contact the DMAS Customer Services Unit at the address below or by phone.

PROVIDER ENROLLMENT UNIT	CUSTOMER SERVICES UNIT
First Health Services Corporation	DMAS
Provider Enrollment Unit	Customer Services Unit
PO Box 26803	600 East Broad Street, Suite 1300
Richmond VA, 23261-6803	Richmond, VA 23219
Phone: (804) 270-5105 or 1-888-829-5373	Phone: 1-800-552-8627
Fax: (804) 270-7027	Fax: (804) 786-6229

IF you wish to appeal this decision, you must file your written notice of appeal with the DMAS Appeals Division within 30 days of your receipt of this decision. Your notice is considered filed when it is date stamped by the DMAS Appeals Division. Your notice must identify the issues you are appealing, and must be sent to:

Appeals Division
Department of Medical Assistance Services
600 East Broad Street, 11th Floor
Richmond, VA 23219

Thank you,

Provider Enrollment Unit

Participation terminated at the following locations for the specified programs:

Cancel Notice Form (PS-O-082)

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (13)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (14)
xxxxxxxxxxxxxxxxxx, xx xxxxx-xxxx (15) (16) (17)
Medicaid (9)
TDO

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (13)
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (14)
xxxxxxxxxxxxxxxxxx, xx xxxxx-xxxx (15) (16) (17)
FAMIS
State and Local Hospital

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(Current Date)	Current Date	DE0005	Current date the cancel notice letter was created.
2	(Provider Name)	Provider Name	DE4085	
3	(Provider Additional Name)	Provider Attention Name	DE4096	
4	(Provider Address Line)	Provider Address Line	DE4097	
5	(Provider Address City)	Provider Address City Name	DE4130	
6	(Provider Address State)	Provider Address State	DE4098	
7	(Provider Address ZIP Code)	Provider Address ZIP Code	DE4099	
8	Provider Number	National Provider Identifier	DE4700	
9	(Program Code Description)	Provider Program Code Description	DE4209	Program Code description if only one program is being canceled. If all programs are being canceled this field on the letter will contain the words "all programs". If all programs except FAMIS are being canceled, the letter will contain words "all programs except FAMIS".
10	(Effective End Date)	Provider Program Code End Date	DE4206	

11	Reason Code	Provider Reason Code	DE4012	
12	Reason Code Description	Provider Reason Code Description	DE4297	
13	(Provider Address Attention Name)	Provider Attention Name	DE4096	Address Attention Name for Servicing Address of Provider who is receiving the cancellation notice.
14	(Provider Address Line)	Provider Address Line	DE4097	Provider Address Line of Servicing Address for Provider who is receiving the cancellation notice.
15	(Provider Address City)	Provider Address City Name	DE4130	Servicing Address City for Provider who is receiving the cancellation notice.
16	(Provider Address State)	Provider Address State	DE4098	Servicing Address State for Provider who is receiving the cancellation notice.
17	(Provider Address Zip Code)	Provider Address ZIP Code	DE4099	Servicing Address Zip Code for Provider who is receiving the cancellation notice.

Output Reports PS-O-083 Provider Information File ZIP Code Conversion Error Report

General Information

This report lists the providers whose ZIP codes could not be converted from 5 digits to 9 digits.

Subsystem:	Provider
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Provider Master File Zip Code Conversion (PSW020)
Confidential:	Yes
Sequence:	Error Message Provider
Control Breaks:	N/A

Provider Information File ZIP Code Conversion Error Report (PS-O-083)

```
PSW020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF MM/DD/CCYY                       PROVIDER MASTER FILE ZIP CODE CONVERSION ERROR REPORT                  PAG
RUN DATE: MM/DD/CCYY HH:MM

   (1)          (2)
PROV ID     PROV TYPE     ADDRESS (3)(4)(5)(6) (7)                                MISMATCH REASON (8)
-------------------------------------------------------------------------------------------------------------------
1234567890     999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                          XXXXXXXXXXXXXXXXXX XX 99999-99999


 ***  TOTAL RECORDS BY ERROR TYPE:      (9)
      RECORDS WITH ERROR CODE X:    Z,ZZZ,ZZ9

                                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROV TYPE	Provider Type	DE4006	A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy).
3	ADDRESS	Provider Attention Name	DE4096	
4	ADDRESS	Provider Address Line	DE4097	
5	ADDRESS	Provider Address State	DE4098	
6	ADDRESS	Provider Address City Name	DE4130	
7	ADDRESS	Provider Address ZIP Code	DE4099	
8	MISMATCH REASON	Error Message Text	DE0026	
9	RECORDS WITH ERROR CODE	Calculated	DE0002	Totals for RECORDS WITH ERROR CODE A, B, H, M, S, V, X or Z.

Output Reports PS-O-085 Non-Enrolled Hospital Provider Update Audit Report

General Information

This report lists all non-enrolled providers, and displays the previous and current statewide percentage and per diem rates after the yearly update has been established by DMAS.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	Non-Enrolled Hospital Provider Update Audit Report (PSR090)
Confidential:	Yes
Sequence:	Provider Number
Control Breaks:	N/A

Non-Enrolled Hospital Provider Update Audit Report (PS-O-085)

```
1PSR090                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
 AS OF:99/99/9999                          NON-ENROLLED HOSPITAL PROVIDER AUDIT REPORT                     PAGE
 RUN DATE: 99/99/9999 99:99
                                                (1)                      (2)
                                           PROGRAM CODE : 99   --  XXXXXXXXXXXXXXXXXXXXXXXX
   (3)       (4)        (5)        (6)                (7)        (8)                  (9)        (10)
                        PER        PER                OP         OP                   IP         IP
  PROV ID    TYPE       RATE       DATE               RATE       DATE                 RATE       DATE
 ---------------------------------------------------------------------------------------------------------------

 1234567890  999      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -BEF
                      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -AFT

 1234567890  999      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -BEF
                      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -AFT

 1234567890  999      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -BEF
                      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -AFT

 1234567890  999      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -BEF
                      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -AFT

 1234567890  999      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -BEF
                      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -AFT

 1234567890  999      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -BEF
                      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -AFT

 1234567890  999      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -BEF
                      99.9999  99/99/9999           99.9999  99/99/9999        $9,999.9999  99/99/9999     -AFT

                                          *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROGRAM CODE	Provider Program Code	DE4208	Program Code
2	ROGRAM CODE DESCRIPTION	Provider Program Code Description	DE4209	Program code description
3	NPI PROVIDER ID	National Provider Iden-tifier	DE4700	
4	PROVIDER TYPE	Provider Type	DE4006	
5	PER RATE	Provider Rate	DE4255	XO OSIP percentage rate
6	PER BEGIN DATE	Provider Rate Begin Date	DE4252	XO OSIP Rate Date
7	OP RATE	Provider Rate	DE4255	XO OSOP percentage rate
8	OP DATE	Provider Rate Begin Date	DE4252	XS OSOP Rate Date
9	IP RATE	Provider Rate	DE4255	PD OSIP per diem rate
10	IP DATE	Provider Rate Begin	DE4252	PD OSIP per diem rate date

		Date		

Output Reports PS-O-086 Provider Financial Status State Fiscal YTD Report

General Information

This report lists the State's Fiscal Year-to-Date financial information for all providers.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Provider Financial Status State Fiscal YTD Report (PSM060)
Confidential:	Yes
Sequence:	Provider Number
Control Breaks:	N/A

Provider Financial Status State Fiscal YTD Report (PS-O-086)

```
1PSM060                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR
 AS OF:99/99/9999                      PROVIDER FINANCIAL STATUS STATE FISCAL YTD REPORT                     PAGE
 RUN DATE: 99/99/9999 99:99                                   (3)          (4)          (5)          (6)
   (1)          (2)                                        YTD CLAIM      PLAN      NEGATIVE      FINANCIAL
  PROV ID     PROV NAME                                     PAYMENT       CODE      BALANCE        STATUS
 ---------------------------------------------------------------------------------------------------------------
 1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9,999,999,99    XX      9,999,999.99        X
 1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9,999,999,99    XX      9,999,999.99        X
 1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9,999,999,99    XX      9,999,999.99        X
 1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9,999,999,99    XX      9,999,999.99        X
 1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9,999,999,99    XX      9,999,999.99        X
 1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9,999,999,99    XX      9,999,999.99        X
 1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9,999,999,99    XX      9,999,999.99        X
 1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9,999,999,99    XX      9,999,999.99        X

***** TOTAL RECORDS READ:     99,999,999  (7)
***** TOTAL RECORDS SELECTED: 99,999,999  (8)

                                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROV NAME	Provider Name	DE4085	
3	YTD CLAIM PAYMENT	Provider Current Year-to-Date Total 1099 Amount	DE4155	
4	PLAN CODE	Benefit Definition Plan Program Code	DE3551	
5	NEGATIVE BALANCE	Provider Negative Balance Amount	DE4036	
6	FINANCIAL STATUS	Provider Financial Standing	DE4267	
7	TOTAL RECORDS READ	Calculated	DE0002	This is a calculated total for number of records read.
8	TOTAL RECORDS SELECTED	Calculated	DE0002	This is a calculated total for the number of records selected.

Output Reports PS-O-087 Provider Negative Balance

General Information

This report displays providers with negative balances.

Subsystem:	Provider
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Inactive Provider Extract (PSQ010)
Confidential:	Yes
Sequence:	Provider ID
Control Breaks:	N/A

Provider Negative Balance (PS-O-087)

```
PSQ010                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                                   PROVIDER NEGATIVE BALANCE
RUN DATE: MM/DD/CCYY HH:MM

             (2)                                                  (9)        (10)      (11)          (12)
    (1)     PROV         (3)     (4) (5) (6) (7) (8)           LAST REMIT  BENEFIT  NEG BAL      NEGATIVE
 PROV ID    TYPE      PROV NAME/ADDRESS                           DATE       PLAN    UPD DATE      BALANCE
-----------------------------------------------------------------------------------------------------------------
1234567890  XXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999    XX    99/99/9999  ZZZ,ZZZ,ZZ9.99-
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                XX    99/99/9999  ZZZ,ZZZ,ZZ9.99-
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                XX    99/99/9999  ZZZ,ZZZ,ZZ9.99-
                      XXXXXXXXXXXXXXXXX XX 99999-9999


                                                   *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROV TYPE	Provider Type	DE4006	
3	PROV NAME	Provider Name	DE4085	
4	ADDRESS	Provider Attention Name	DE4096	
5	ADDRESS	Provider Address Line	DE4097	
6	ADDRESS	Provider Address City Name	DE4130	
7	ADDRESS	Provider Address State	DE4098	
8	ADDRESS	Provider Address ZIP Code	DE4099	
9	LAST REMIT DATE	Remittance Payment Date	DE9578	
10	BENEFIT PLAN	Case Date Added	DE3061	
11	NEG BAL UPD DATE	Provider Negative Balance Update Date	DE4448	
12	NEGATIVE BALANCE	Provider Negative Balance Amount	DE4036	

Output Reports PS-O-088 Provider Group Affiliation

General Information

This report lists affiliations between providers in the Managed Care programs.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Provider Group Affiliation (PSR180)
Confidential:	Yes
Sequence:	Affiliation Type Provider
Control Breaks:	Affiliation Type

Provider Group Affiliation (PS-O-088)

```
PSR180                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF MM/DD/CCYY                                   PROVIDER GROUP AFFILIATION
RUN DATE: MM/DD/CCYY HH:MM
                                                 (9)            (11)                                          (18)
   (1)    PROV(2)     (3)    (4)(5)(6)(7)(8)     AFFIL    (10)   PROV     (12)      (13)(14)(15)(16)(17)    AFFIL
 PROV ID TYPE  PROV NAME/ADDRESS                 TYPE   PROV ID  TYPE    PROV NAME/ADDRESS                  BEG DATE
-------------------------------------------------------------------------------------------------------------------------
1234567890 XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X  1234567890  XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999
               XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
               XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
               XXXXXXXXXXXXXXXXX XX 99999-9999                  XXXXXXXXXXXXXXXXX XX 99999-9999

                                             1234567890  XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999
                                                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                              XXXXXXXXXXXXXXXXX XX 99999-9999

                                             1234567890  XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999
                                                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                              XXXXXXXXXXXXXXXXX XX 99999-9999
                                        (20)
TOTAL PROVIDER RECORDS READ:          ZZZ,ZZZ,ZZ9

                                        (21)
TOTAL GROUP PROVIDER RECORDS READ:    ZZZ,ZZZ,ZZ9

                                                    *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI PROV ID	National Provider Identifier	DE4700	
2	PROVIDER TYPE	Provider Type	DE4006	
3	PROV NAME	Provider Name	DE4085	
4	PROVIDER ADDRESS	Provider Attention Name	DE4096	
5	PROVIDER ADDRESS	Provider Address Line	DE4097	
6	PROVIDER CITY	Provider Address City Name	DE4130	
7	PROVIDER STATE	Provider Address State	DE4098	
8	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	
9	AFFIL TYPE	Provider Affiliation Type	DE4248	
10	PROV ID	National Provider Identifier	DE4700	

11	PROVIDER TYPE	Provider Type	DE4006	
12	PROV NAME	Provider Name	DE4085	
13	PROVIDER ADDRESS	Provider Attention Name	DE4096	
14	PROVIDER ADDRESS	Provider Address Line	DE4097	
15	PROVIDER CITY	Provider Address City Name	DE4130	
16	PROVIDER STATE	Provider Address State	DE4098	
17	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	
18	AFFIL BEG DATE	Provider Relation Begin Date	DE4539	
19	AFFIL END DATE	Provider Relation End Date	DE4540	
20	TOTAL RECORDS READ	Calculated	DE0002	This is a calculated total for the number of records read
21	TOTAL GROUP RECORDS READ	Calculated	DE0002	This is a calculated total for the number of Group records read

Output Reports PS-O-089 TDO Report

General Information

This report lists all providers enrolled in the Temporary Detention Order (TDO) program.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	TDO Report (PSR190)
Confidential:	Yes
Sequence:	Provider Number
Control Breaks:	N/A

TDO Report (PS-O-089)

```
PSR190                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                                          TDO REPORT                                        PAG
RUN DATE: 99/99/9999 99:99                                    (9)          (10)       (11)
   (1)          (2)      (3)(4)(5)(6)(7)                  (8)   ELIG         ELIG       RSN
 PROV ID      PROV NAME/ADDRESS                          TYPE  BEG DATE     END DATE   CODE
-----------------------------------------------------------------------------------------------------------------
1234567890    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999  99/99/9999   99/99/9999  999
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXX XX 99999-9999

1234567890    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999  99/99/9999   99/99/9999  999
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXX XX 99999-9999

1234567890    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999  99/99/9999   99/99/9999  999
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXX XX 99999-9999

1234567890    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999  99/99/9999   99/99/9999  999
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXX XX 99999-9999

1234567890    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999  99/99/9999   99/99/9999  999
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXX XX 99999-9999

1234567890    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999  99/99/9999   99/99/9999  999
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXX XX 99999-9999

                                                      *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI PROVIDER ID	National Provider Identifier	DE4700	
2	PROVIDER NAME	Provider Name	DE4085	
3	PROVIDER ADDITIONAL NAME	Provider Attention Name	DE4096	
4	PROVIDER STREET ADDRESS	Provider Address Line	DE4097	
5	PROVIDER CITY	Provider Address City Name	DE4130	

6	PROVIDER STATE	Provider Address State	DE4098	
7	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	
8	PROVIDER TYPE	Provider Type	DE4006	
9	ELIGIBILITY BEG DATE	Provider Program Code Begin Date	DE4205	
10	ELIGIBILITY END DATE	Provider Program Code End Date	DE4206	
11	REASON CODE	Provider Reason Code	DE4012	

Output Reports PS-O-090 Automated Cancel Reason 009

General Information

This report contains providers that have had their provider reason code (DE 4012) updated to '009' due to the fact that it previously contained a value of '000' (active and not cancelled) along with their program end date (DE 4206) having a value less than or equal to the current date.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS
Program:	Automated Provider Cancel Reason 009 (PSD075)
Confidential:	No
Sequence:	Provider Number, Program Code, Program Code Begin Date, Program Code End Date
Control Breaks:	Provider Number

Automated Cancel Reason 009 (PS-O-090)

```
PSD075                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/CCYY                         AUTOMATED PROVIDER CANCELLATIONS FOR REASON 009                      P
RUN DATE: MM/DD/CCYY HH:MM
      (1)                              (2)                          (3)                          (4)
   PROVIDER ID                      PROGRAM CODE              PROGRAM BEGIN DATE           PROGRAM END DATE
   111111111                            01                        01/01/0000                   99/99/9999
                                        08                        01/01/0000                   99/99/9999
   2222222222                           02                        01/01/0000                   99/99/9999
                                        08                        01/01/0000                   99/99/9999
   3333333333                           03                        01/01/0000                   99/99/9999
                                        08                        01/01/0000                   99/99/9999
   444444444                            04                        01/01/0000                   99/99/9999
                                        05                        01/01/0000                   99/99/9999
                                        08                        01/01/0000                   09/30/2007
   555555555                            06                        01/01/0000                   99/99/9999
                                        08                        01/01/0000                   99/99/9999
   666666666                            07                        01/01/0000                   99/99/9999
                                        09                        01/01/0000                   99/99/9999
                                        08                        01/01/0000                   99/99/9999
   7777777777                           10                        01/01/0000                   99/99/9999

TOTALS

   CANCELLATION BY PROGRAM CODE:  PC     COUNT

                                  01       1  (5)
                                  02       1  (6)
                                  03       1  (7)
                                  04       1  (8)
                                  05       1  (9)
                                  06       1  (10)
                                  07       1  (11)
                                  08       6  (12)
                                  09       1  (13)
                                  10       1  (14)

  PROVIDERS CANCELLED:                     7  (15)


                                     *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider ID	National Provider Identifier	DE4700	
2	Program Code	Provider Program Code	DE4208	
3	Program Begin Date	Provider Program Code Begin Date	DE4205	
4	Program End Date	Provider Program Code End Date	DE4206	
5	Total Program Code 01 Cancelled	Calculated	DE0002	Total Program Code 01s that have been cancelled.
6	Total Program Code 02 Can-	Calculated	DE0002	Total Program Code 02s that have been cancelled.

	celled			
7	Total Program Code 03 Cancelled	Calculated	DE0002	Total Program Code 03s that have been cancelled.
8	Total Program Code 04 Cancelled	Calculated	DE0002	Total Program Code 04s that have been cancelled.
9	Total Program Code 05 Cancelled	Calculated	DE0002	Total Program Code 05s that have been cancelled.
10	Total Program Code 06 Cancelled	Calculated	DE0002	Total Program Code 06s that have been cancelled.
11	Total Program Code 07 Cancelled	Calculated	DE0002	Total Program Code 07s that have been cancelled.
12	Total Program Code 08 Cancelled	Calculated	DE0002	Total Program Code 08s that have been cancelled.
13	Total Program Code 09 Cancelled	Calculated	DE0002	Total Program Code 09s that have been cancelled.
14	Total Program Code 10 Cancelled	Calculated	DE0002	Total Program Code 10s that have been cancelled.
15	Total Providers Cancelled	Calculated	DE0002	Total Providers that have been cancelled.

Output Reports PS-O-091 MCO Provider File Update Control Total Report

General Information

MCO Provider File Update Control Total Report

Subsystem:	Provider
Frequency:	Monthly
Volume:	1 page
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS
Program:	HMO Provider File (PSM090)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MCO Provider File Update Control Total Report (PS-O-091)

```
PSM090                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    PS-O-091
 AS OF:MM/DD/CCYY                  MCO PROVIDER FILE UPDATE CONTROL TOTAL REPORT                  PAGE NUMBER:      ZZZ9
 RUN DATE: MM/DD/CCYY HH:CC

 ---------------------------------------------------------------------------------------------------------------------
 MCO-TRANS-CODE    MCO-ID      PROV-ID    SITE   ERROR DESCRIPTION
 ---------------------------------------------------------------------------------------------------------------------

       X             XXXXXXXXX   X        XXXXXXXX   XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
       X             XXXXXXXXX   X        XXXXXXXX   XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
       X             XXXXXXXXX   X        XXXXXXXX   XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
       X             XXXXXXXXX   X        XXXXXXXX   XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
       X             XXXXXXXXX   X        XXXXXXXX   XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 ****  TOTAL RECORDS READ :                    ZZ,ZZ9

 ****  TOTAL RECORDS ADDED:                    ZZ,ZZ9

 ****  TOTAL RECORDS CHANGED:                  ZZ,ZZ9

 ****  TOTAL RECORDS DELETED:                  ZZ,ZZ9

 ****  TOTAL RECORDS NOT PROCESSED:            ZZ,ZZ9

 ****  TOTAL RECORDS EXIST ALREADY:            ZZ,ZZ9

 ****  TOTAL RECORDS WITH ERRORS:              ZZ,ZZ9

                                                 *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MCO TRANS CODE	HMO Transaction Code	DE4501	
2	MCO ID	National Provider Identifier	DE4700	PS_NPI_XREF
3	PROV ID	National Provider Identifier	DE4700	PS_NPI_XREF
4	SITE			
5	ERROR DESCRIPTION		DE0000	This is the description of the error where HMO Update could not be applied.
6	TOTAL RECORDS READ		DE0000	This is a calculated total for number of records read in.
7	TOTAL RECORDS ADDED		DE0000	Add to counter for all records added.
8	TOTAL RECORDS CHANGED		DE0000	Add to the counter when a record is changed
9	TOTAL RECORDS DELETED		DE0000	Add to the counter when a record is deleted.
10	TOTAL RECORDS NOT			

	PROCESSED:			
11	TOTAL RECORDS EXIST ALREADY:			
12	TOTAL RECORDS WITH ERRORS:			
13	TOTAL RECORDS NOT CHANGED		DE0000	This a calculated total for the number of records where no update occurred.

Output Reports PS-O-092 Error List from DRG DMAS File

General Information

Error and control totals from the provider DRG rate update program.

Subsystem:	Provider
Frequency:	Yearly
Volume:	N/A
Number of Copies:	n/a
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	DRG Rate File Annual Update (PSY010)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Error List from DRG DMAS File (PS-O-092)

```
PSY010                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                            ERROR LIST FROM DRG DMAS FILE
RUN DATE: MM/DD/CCYY HH:MM


  (1)     (2)  (3)(4)(5)(6)      (7)           (8)        (9)    (10)   (11)    (12)
 PROV ID/NAME/ADDR              TABLE NO   PROVIDER TYPE SITE NO TYPE   CODE  ERROR DESCRIPTION

1234567890                        99            XXX        99    DRG    XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXX  XX   XXXXX

1234567890                        99            XXX        99    DRG    XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXX  XX   XXXXX

1234567890                        99            XXX        99    DRG    XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXXXXXXXX  XX   XXXXX

    (10)(11)                                          (13)
   DRG-XXXX RECORDS READ                        :     99999
   DRG-XXXX RECORDS ADDED                       :     99999
   DRG-XXXX RECORDS ERRORS                      :     99999
   DRG-XXXX RECORDS READ                        :     99999
   DRG-XXXX RECORDS ADDED                       :     99999
   DRG-XXXX RECORDS ERRORS                      :     99999


                                                        (14)
   TOTAL DRG DMAS RECORDS READ:                        99999
   NUMBER OF PROVIDER SPECIFIC RATES ADDED:            99999
   NUMBER OF PROVIDER TYPE RATES ADDED:                99999
   TOTAL DRG DMAS RATE ERROR RECORDS                   99999


                                                 *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	
2	PROVIDER NAME	Provider Name	DE4085	
3	PROVIDER ADDRESS	Provider Address Line	DE4097	
4	PROVIDER CITY	Provider Address City Name	DE4130	
5	PROVIDER STATE	Provider Address State	DE4098	
6	PROVIDER ZIPCODE	Provider Address ZIP Code	DE4099	

7	TABLE NO	DRG Table Number	DE4361	DRG DMAS source input file table number
8	PROV TYPE	Provider Type	DE4006	
9	SITE NO	NPI XREF Site Number	DE4143	
10	TYPE	Provider Rate Type	DE4250	
11	CODE	Provider Rate Code	DE4251	
12	ERROR DESCRIPTION		DE0000	
13	SUB TOTAL AMOUNTS		DE0000	Total records read, added or in error for each DRG rate code
14	GRAND TOTAL AMOUNTS		DE0000	Total DRG source records read, total provider specific DRG rates added, total provider type DRG rates added and total DRG rate records added.

Output Reports PS-O-093 Provider Restrictions – On Review Report

General Information

This report lists those providers who have a restriction type '02' and at least one active restriction. All the restrictions for each provider matching the criteria are listed on this report. The information replicates the content of the PS-S-010 screen.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	VA0031
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DMAS
Program:	PSM093
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Restrictions – On Review Report (PS-O-093)

```
PSM093                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:    PS-O-(
AS OF:12/09/2015                              PROVIDER RESTRICTIONS - ON REVIEW                             PAGE NUMBER:
RUN DATE: 12/09/2015 12:02                (4)     (5)    (6)    (7)      (8)        (9)          (10)   (11)    (12)   (13)   (14)   (15)      (16)
-------------------------------------------------------------------------------------------------------------------------------------------------------
NPI (1)                                   PROV    SITE   PGM   RSTRCT   BEGIN      END          PROC   PROC    PROC   INC    ACT    USER    UPDATE
NAME / (2)                                TYPE                 CODE     DATE       DATE         TYPE   CODE    CODE    /     TYPE           DATE
ADDRESS (3)                                                                                               FROM    THRU   EXC
-------------------------------------------------------------------------------------------------------------------------------------------------------

0087034697                                 055     01     08     02     07/18/2014 12/31/9999    1     A0021   V5364   E      P            07/21/2(
COMMUNITY PERSONAL CARE                    055     01     08     02     07/18/2014 12/31/9999    1     0100    99607   E      P            07/21/2(
PO BOX 1150                                055     01     01     02     07/18/2014 12/31/9999    1     A0021   V5364   E      P            07/21/2(
NORFOLK, VA 23501-1150                     055     01     01     02     07/18/2014 12/31/9999    1     0100    99607   E      P            07/21/2(
                                           055     01     01     02     01/01/2014 12/31/9999    1     0100    99607   E      P            07/21/2(

0087730419                                 047     01     01     02     07/18/2014 12/31/9999    1     A0021   V5364   E      P            07/21/2(
COMMUNITY PERSONAL CARE                    047     01     01     02     07/18/2014 12/31/9999    1     0100    99607   E      P            07/21/2(
PO BOX 1150                                047     01     08     02     07/18/2014 12/31/9999    1     A0021   V5364   E      P            07/21/2(
NORFOLK, VA 23501-1150                     047     01     08     02     07/18/2014 12/31/9999    1     0100    99607   E      P            07/21/2(

0156655307                                 073     01     01     02     08/01/2014 12/31/9999    1     0100    99607   E      P            08/04/2(
CONNIE R ROBBINS                           073     01     08     02     08/01/2014 12/31/9999    1     A0021   V5364   E      P            08/04/2(
277 VIRGINIA HIGHLANDER ROAD               073     01     08     02     08/01/2014 12/31/9999    1     0100    99607   E      P            08/04/2(
SUGAR GROVE, VA 24375-3063                 073     01     01     02     08/01/2014 12/31/9999    1     A0021   V5364   E      P            08/04/2(

****  TOTAL RESTRICTIONS ON REVIEW:                 39 (17)
****          TOTAL NPIS ON REPORT:                  6 (18)
                                        *** END OF REPORT ***
             * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	I_PROV_NPI	DE4700	Provider's NPI that was pulled from the PS-F-250 Bounced Email Extract File.
2	Provider Name	Name		
3	Mailing Address	Mailing Address Fields	DE4097 DE4130 DE4098 DE4099 DE4096 DE4201	Extracted mailing address for the given NPI. Consists of the formatted address (Street, City, State, Zip) and includes the contact name, and the attention name, if they are in the table.
4	Provider Type	C_PROV_ TYPE	DE4006	
5	Site	I_SITE_NO	DE4143	
6	Program	C_PGM	DE4208	
7	Restriction Code	C_PRV_ RSTRCT_ CVAL	DE4024	
8	Begin Date	D_RSTRCT_ BEGIN	DE4020	
9	End Date	D_RSTRCT_ END	DE4021	
10	Procedure Type	C_ PROCEDURE_ TYPE	DE4287	
11	Procedure Code From Date	C_RSTRCT_ PROC_FROM	DE4025	
12	Procedure Code Thru Date	C_RSTRCT_ PROC_THRU	DE4026	
13	Include / Exclude	F_INCLUDE_ EXCLUDE	DE4289	
14	Action Type	C_RSTRCT_ ACTION	DE4288	
15	User	I_UPDT_USER	DE4570	
16	Update Date	H_REC_UPDT	DE0011	
17	Total Restrictions on Review	Count	NA	Total number of restrictions listed on the report.
18	Total NPIs	Count	NA	Total number of NPIs listed on the report.

	on Report			

Output Reports PS-O-095 Provider License Closure Report

General Information

This report lists providers whose eligibility was closed due to license expiration.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS/PEU
Program:	Provider License Closure Report (PSM080)
Confidential:	Yes
Sequence:	Provider Type Provider Number
Control Breaks:	N/A

Provider License Closure Report (PS-O-095)

```
PSM080                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                                PROVIDER LICENSE CLOSURE REPORT                           PAG
RUN DATE: 99/99/9999 99:99                                  (4)       (5)  (6)       (7)       (8)       (9)
   (1)       (2)       (3)                                  LIC       LIC  PROG     ELIG      ELIG      LAST
 PROV ID    TYPE    PROV NAME                            END DATE    RSN  CODE   END DATE    RSN     UPDATE
-------------------------------------------------------------------------------------------------------------------
1234567890   XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  999   99    99/99/9999   999  9999-99-99
1234567890   XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  999   99    99/99/9999   999  9999-99-99
1234567890   XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  999   99    99/99/9999   999  9999-99-99
1234567890   XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  999   99    99/99/9999   999  9999-99-99
1234567890   XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  999   99    99/99/9999   999  9999-99-99
1234567890   XXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99/99/9999  999   99    99/99/9999   999  9999-99-99

                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	PROV ID	National Provider Identifier	DE4700	
2	TYPE	Provider Type	DE4006	
3	PROV NAME	Provider Name	DE4085	
4	LIC END DATE	Provider License End Date	DE4067	
5	LIC RSN	Provider Reason Code	DE4012	
6	PROG CODE	Provider Program Code	DE4208	
7	ELIG END DATE	Provider Program Code End Date	DE4206	
8	ELIG RSN	Provider Reason Code	DE4012	
9	LAST UPDATE	Provider Last Update Date	DE4019	

Output Reports PS-O-099 Provider Audit Trail

General Information

This report contains all maintenance activity performed on the Provider database. It lists all updates to the provider tables identified by the input parameter. The DB2 Log Analyzer utility produces an audit trail of all updates to the Provider tables. The report shows all columns in the tables being reported and shows the data contents both before and after the update. The columns that changed are indicated with an asterisk in front of the column name NPI is displayed for the corresponding Provider ID if the table does not have NPI as column. Commas are removed from the Provider ID, BASE-ID and NPI.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS/PEU
Program:	Provider Audit Trail Report (PSD400) Daily Log Analyzer Procedure Audit Trail (Provider) (VMPPDL02)
Confidential:	Yes
Sequence:	Provider ID
Control Breaks:	N/A

Provider Audit Trail (PS-O-099)

```
VMPPDL02   12/02/2003 19:33:18          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          REPOR
AS OF:12/02/2003                                PROVIDER AUDIT TRAIL                                PAGE
RUN DATE: 12/02/2003 19:29

USER ID         : A1430                     CORRELATION ID  : GT00VT07                    URID
CONNECTION Id   : FHAFTFP1                  CONNECTION TYPE : CICS                        PLAN NAME
DATE            : 12-02-03                  TIME            : 08:04:31.66
-------------------------------------------------------------------------------------------------------

TABLE DB2P85.PS_PROVIDER             DATABASE: D85PSP01

Insert

           I_PROV           I_BASE_PROV  I_LOCALITY  I_PROV_CLASS_CNUM  C_PROV_CLASS_CVAL  F_ASSESSMENT
           ---------------  -----------  ----------  -----------------  -----------------  ------------
                10,031,664  **NULL**                           0

           N_FORMS  I_PRACTICE_CNUM  C_PRACTICE_CVAL  F_EPSDT  F_INACTIVE_OVRRIDE  D_AMBULNC_AGMNT  F_PRE
           -------  ---------------  ----------------  -------  ------------------  ---------------  -----
                 0        0                                                          **NULL**

           F_MANUALS_SENT  C_FORMS_SND_ADDR  D_PROV_ADDED  H_REC_UPDT                  I_INDEF_AGREE_CNUM
           --------------  ----------------  ------------  --------------------------  ------------------
                                             12-02-03      2003-12-02-08.04.31.658883        0

           C_INDEF_AGREE_CVAL
           ------------------

-------------------------------------------------------------------------------------------------------
TABLE DB2P85.PS_PROV_APPL            DATABASE: D85PSP01

   Insert

           I_PROV           I_APPL_SEQ_NO  C_PGM  D_APPL_RCVD  H_REC_UPDT
           ---------------  -------------  -----  -----------  --------------------------
                10,031,664              1  01     12-02-03     2003-12-02-08.04.31.699852
-------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TABLE NAME		DE0000	
2	DATABASE NAME		DE0000	
3	NPI	National Provider Identifier	DE4700	
4	BEFORE CHANGE (Table Value)		DE0000	
5	AFTER CHANGE (Table Value)		DE0000	

Output Reports PS-O-106 CCC/MMP Enrollment Reconciliation Report

General Information

This will print a report of listing the NPIs updated and reconciling the PSF106 update file process.

Subsystem:	Provider
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	SAR and FTP to MMP
Program:	Provider Enrollments Process (PSW106)
Confidential:	Yes
Sequence:	NPI /API
Control Breaks:	N/A

CCC/MMP Enrollment ReconciliationReport (PS-O-106)

	A	B	C	D	E	F	G	H	I	J	K
1	PSW106			VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES					REPORT NO:	PS-O-106	
2	AS OF:99/99/9999			CCC/MMP ENROLLMENT RECONCILIATION REPORT MMP NAME (1)					PAGE NUMBER:	1	
3	RUN DATE: 99/99/9999 99:99										
4	NPI/API	VENDOR PTLOC ID	PROVIDER	ZIP CODE	DESCRIPTION	SUMMARY					
5	99(2)9999	99(3)9999999999	(4)99	99(5)99999	NPI UPI(6) SUCCESSFUL	(7)					
6	9999999999	999999999999999	999	9999999999	NPI UPDATE SUCCESSFUL						
7	9999999999	999999999999999	999	9999999999	NPI UPDATE SUCCESSFUL						
8	9999999999	999999999999999	999	9999999999	NPI UPDATE SUCCESSFUL						
9	9999999999	999999999999999	999	9999999999	NPI UPDATE SUCCESSFUL						
10	9999999999	999999999999999	999	9999999999	NPI UPDATE SUCCESSFUL						
11	9999999999	999999999999999	999	9999999999	NPI UPDATE SUCCESSFUL						
12	9999999999	999999999999999	999	9999999999	NPI UPDATE SUCCESSFUL						
13					RECORDS READ	99,999					
14					REJECTED WITH ERRORS	99,999					
15					UNCHANGED RECORDS	99,999					
16					RECORDS PROCESSED	99,999					
17					NEW NPIS ENROLLED	99,999					
18					NEW SITES ENROLLED	99,999					
19					SITES UPDATED	99,999					
20											
21											
22											

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	MMP NAME	Provider Name	DE4085	PS_NAME
2	PROVIDER ID	National Provider Identifier	DE4700	PSF106 File
3	VENDOR PTLOC ID	N/A	N/A	PSF106 File
4	PROVIDER TYPE	Provider Type	DE4006	PSF106 File
5	ZIP CODE	Provider Address Zip Code	DE4099	PSF106 File
6	Error Description	N/A	N/A	Calculated
7	SUMMARY	N/A	N/A	Calculated
	Records Read	N/A	N/A	Count of Records read from the file
	Rejected With Errors	N/A	N/A	Count of records rejected with errors.
	Unchanged Records	N/A	N/A	Count of records that are unchanged on the database
	Records Processed	N/A	N/A	Records read minus Rejected with errors and unchanged records
	New NPIs Enrolled	N/A	N/A	Unduplicated count of new NPIs enrolled
	New Sites Enroll	N/A	N/A	Count of new provider sites enrolled.
	Sites Updated	N/A	N/A	Number of existing enrollment sites that were updated

Output Reports PS-O-107 CCC/MMP Enrollment Error Report

General Information

This will print a report of Errors encountered processing the MMP's Provider Enrollment file (PS-F-106)

Subsystem:	Provider
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	SAR and FTP to the MMP
Program:	Provider Enrollments Process (PSW106)
Confidential:	Yes
Sequence:	NPI /API
Control Breaks:	N/A

CCC/MMP Enrollment Error Report (PS-O-107)

	A	B	C	D	E	F	G	H	I	J	K
1	PSW106			VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES				REPORT NO:		PS-O-107	
2	AS OF:99/99/9999				CCC/MMP	ENROLLMENT ERROR REPORT MMP NAME (1)		PAGE NUMBER:			1
3	RUN DATE: 99/99/9999 99:99										
4		NPI/API	VENDOR PTLOC ID	PROVIDE	ZIP CODE	ERROR DESCRIPTION	VALUE				
5		9(2)999901	9999(3)999999901	(4)9	999(5)9999	PE-PROG-BEG(6)-DATE IS NOT VALID DATE	12/(7)1013				
6		9999999901	999999999999901	999	999999999	PE-PROG-BEGIN-DATE NOT BEFORE END DATE	12/[illegible]1013				
7		9999999901	999999999999901	999	999999999	PE-ADDRESS-LINE IS SPACES					
8		9999999901	999999999999901	999	999999999	PE-GRP-ASSOC MUST BE 0 OR 1	0				
9		9999999999	999999999999999	999	999999999	INVALID SERVICE VENDOR ID	9999999999				
10						RECORDS READ	4				
11						REJECTED WITH ERRORS	2				
12											
13											
14											
15											
16											
17											
18											

List of Enrollment Errors

	ERROR MESSAGES
1	NPI DOES NOT MATCH NPI ON FILE FOR THIS PTLOC ID
2	NPI-ID IS NOT NUMERIC
3	NPI-ID IS NOT VALID ID
4	PE-ADDRESS-LINE IS SPACES

5	PE-API-FLAG NOT Y OR SPACE
6	PE-ASN-BEGIN-DATE IS BEFORE PROGRAM BEGIN DATE
7	PE-ASN-BEGIN-DATE IS NOT VALID DATE
8	PE-ASN-END-DATE IS AFTER PROGRAM END DATE
9	PE-ASN-END-DATE IS BEFORE BEGIN DATE
10	PE-ASN-END-DATE IS NOT VALID DATE
11	PE-ASSIGNMENT-IND MUST BE Y OR N
12	PE-CITY IS SPACES
13	PE-EPSDT-IND NOT Y OR N
14	PE-GROUP-IND NOT I OR G
15	PE-GRP-ASSOC MUST BE 0 OR 1
16	PE-LANGUAGE IS NOT VALID
17	PE-LOCALITY IS NOT VALID
18	PE-NAME-TYPE NOT B OR I
19	PE-PHONE-NUM MUST BE NUMERIC OR SPACES
20	PE-PHONE-NUM-EXT MUST BE NUMERIC OR SPACES
21	PE-PROG-BEGIN-DATE IS NOT VALID DATE
22	PE-PROG-BEGIN-DATE NOT BEFORE END DATE
23	PE-PROG-END-DATE IS NOT VALID DATE
24	PE-PROV-SPEC IS NOT VALID FOR PROV TYPE
25	PE-PROV-SPEC-BEGIN IS NOT VALID DATE
26	PE-PROV-TYPE IS NOT VALID FOR PGM
27	PE-STATE IS NOT VALID
28	PE-STATE IS SPACES
29	PE-TAX-ID MUST BE NUMERIC
30	PE-TYPE-BEGIN-DATE IS NOT VALID DATE
31	PE-ZIP-CODE IS NOT A VALID ZIP FOR VA
32	VENDOR-PTLOC-ID MUST NOT BE SPACES
33	ZIP-CODE IS NOT NUMERIC

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
	MMP NAME	Provider Name	DE4085	PS_NAME
2	PROVIDER ID	National Provider Identifier	DE4700	PSF106 File
3	VENDOR PTLOC ID		DE0000	PSF106 File
4	PROVIDER TYPE	National Provider Identifier	DE4006	PSF106 File
5	ZIP CODE	National Provider Identifier	DE4099	PSF106 File

6	Error Description		N/A	Calculated
7	VALUE		N/A	Calculated
	Records Read	N/A	N/A	Count of records read from the PS-F-16 file
	Rejected With Errors	N/A	N/A	Count of records rejected due to errors

Output Reports PS-O-120 EFT ABA Global Update And Listing

General Information

This will print a report of all segments changed due to ABA Global update from System Parameter File.

Subsystem:	Provider
Frequency:	Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	PEU
Program:	Global Change of Bank Route number or Name (PSR120)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EFT ABA Global Update And Listing (PS-O-120)

```
PSR120                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR
 AS OF:99/99/9999                              PROVIDER EFT ABA GLOBAL UPDATE                              PAGE
 RUN DATE: 99/99/9999 99:99
          (1)         (2)         (3)          (4)          (5)        (6)                        (7)
        PROVIDER ID  BEGIN DATE  END DATE     OLD ABA      NEW ABA    OLD INSTITUTION            NEW INSTITUTION
        ---------------------------------------------------------------------------------------------------------
         1234567890  99/99/9999  99/99/9999  XXXXXXXXXXX  XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX
         1234567890  99/99/9999  99/99/9999  XXXXXXXXXXX  XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX
         1234567890  99/99/9999  99/99/9999  XXXXXXXXXXX  XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX
         1234567890  99/99/9999  99/99/9999  XXXXXXXXXXX  XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX
         1234567890  99/99/9999  99/99/9999  XXXXXXXXXXX  XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX
         1234567890  99/99/9999  99/99/9999  XXXXXXXXXXX  XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX
         1234567890  99/99/9999  99/99/9999  XXXXXXXXXXX  XXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX

         TOTAL RECORDS UPDATED :  99,99 (8)

                                          *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER ID	National Provider Identifier	DE4700	
2	EFT BEGIN DATE	Provider Electronic Funds Transfer (EFT) Begin Date	DE4315	
3	EFT END DATE	Provider Electronic Funds Transfer (EFT) End Date	DE4522	
4	OLD ABA NUMBER	Provider Electronic Funds Transfer (EFT) Transit ABA Number	DE4134	
5	NEW ABA NUMBER	Provider Electronic Funds Transfer (EFT) Transit ABA Number	DE4134	
6	OLD INSTITUTE NAME	Provider Electronic Funds Transfer (EFT) Institution	DE4133	
7	NEW INSTITUTE NAME	Provider Electronic Funds Transfer (EFT) Institution	DE4133	
8	TOTAL RECORDS UPDATED	Calculated	DE0002	

Output Reports PS-O-130 Provider with Eligibility Due to Expire

General Information

This report is a listing of providers whose eligibility is due to expire within a given time. This report will serve as a notification that a provider's eligibility may lapse or has already expired and follow-up may be required. Reflected on the report are the provider's ID Number, name and address, the license number and expiration date, the provider type and specialty, and provider program eligibility expiration date. This report will also be broken out into the following intervals: PS-O-130-1 Provider with Eligibility Due to Expire within 1 Month by Provider Name PS-O-130-2 Provider with Eligibility Due to Expire within 2 Months by Provider Name PS-O-130-3 Provider with Eligibility Due to Expire within 3 Months by Provider Name This report can be printed by Provider Program Code.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS/PEU
Program:	Providers with Eligibility Due to Expire Report (PSM130)
Confidential:	No
Sequence:	Provider Name This report will also be broken out into the following intervals: PS-O-130-1 Provider with Eligibility Due to Expire within 1 Month by Provider Name PS-O-130-2 Provider with Eligibility Due to Expire within 2 Months by Provider Name PS-O-130-3 Provider with Eligibility Due to Expire within 3 Months by Provider Name This report can be printed by Provider Program Code.
Control Breaks:	N/A

Provider with Eligibility Due to Expire (PS-O-130)

```
PSM130                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT
AS OF:99/99/9999                        PROVIDERS WITH ELIGIBILTY DUE TO EXPIRE IN 1 MONTH                    PAGE NU
RUN DATE: 99/99/9999 99:99
   (1)       (2)       (3)(4)(5)(6)(7)      (8)      (9)      (10)  (11)      (12)            (13)        (14)      (1
 PROV ID/                                   PROG     ELIG                     LIC NUM          LIC         LIC      LIC
           PROV NAME/ADDRESS                CODE   END DATE   TYPE  SPEC                   BEG DATE   END DATE
-------------------------------------------------------------------------------------------------------------------------
1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX   99/99/9999   999  999    XXXXXXXXXXXX    99/99/9999 99/99/9999   99
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXX XX 99999-9999

1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XX   99/99/9999   999  999    XXXXXXXXXXXX    99/99/9999 99/99/9999   99
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXX XX 99999-9999

                                                *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	National Provider Identifier	DE4700	Provider Identification Number A unique identification number assigned to a provider.
2	PROV NAME	Provider Name	DE4085	Provider Name 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.
3	ADDRESS	Provider Attention Name	DE4096	Provider Address Additional Name The attention line in the address of the provider.
4	ADDRESS	Provider Address Line	DE4097	Provider Address Line The street in the address of the provider.
5	ADDRESS	Provider Address City Name	DE4130	Provider Address City Name The city in the address for the provider.
6	ADDRESS	Provider Address State	DE4098	Provider Address State The state in the address of the provider.
7	ADDRESS	Provider Address ZIP Code	DE4099	Provider Address ZIP Code The ZIP code in the address of the provider.
8	PROG CODE	Provider Program Code	DE4208	Provider Program Code The program (s) in which a provider participates. Use the on-line HELP system to find valid codes for this field.
9	ELIG END DATE	Provider Program	DE4206	Provider Program Code End Date The

		Code End Date		ending date of eligibility for a provider in a program.
10	TYPE	Provider Type	DE4006	Provider Type A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). As of 03/31/99 the following Provider Types were end dated: 069 - HMO Options -Immunization 089 - HMO Options Use the on-line HELP system to find valid codes for this field.
11	SPEC	Provider Specialty Code	DE4007	Provider Specialty Code The provider's certified medical specialty(s). Use the on-line HELP system to find valid codes for this field.
12	LIC NUM	Provider License Number	DE4064	Provider License Number The number assigned by the Virginia licensing agency authorizing a provider to practice within Virginia.
13	LIC BEG DATE	Provider License Begin Date	DE4066	Provider License Begin Date The effective date of a provider's license.
14	LIC END DATE	Provider License End Date	DE4067	Provider License End Date The expiration date of a provider's license.
15	LIC RSN	Provider Reason Code	DE4012	Provider Reason Code Identifies the reason code for the provider subsystem. Not all Valid Values listed below for DE 4012 are applicable for every table and screen. Refer to Provider Main Menu, Code Table Maintenance Screen (Option Reason Code) to see which values are applicable for which tables. Use the on-line HELP system to find valid codes for this field.

Output Reports PS-O-140 Provider Reinstate Match Report

General Information

When PSM140 process a reinstate for a provider that is currently on either the individual or business sanction tables, a line with appropriate information is written to this report.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	Ondemand - DARS
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DARS
Program:	Update Provider Sanction Tables with Data From CMS (PSM140)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Reinstate Match Report (PS-O-140)

```
1PSM140                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
 AS OF:01/22/2009                       FIRST HEALTH SERVICES CORPORATION - FISCAL AGENT                     PAG
 RUN DATE: 01/22/2009 18:03                      PROVIDER REINSTATE MATCH REPORT

 NPI        BUS/IND    NAME                                UPIN   SSN/EIN   CITY            ST ZIP   S TYPE  BEG
 ------------------    ----                                ----   -------   ----            -- ---   ------  ---
 (1)         (2)        (3)                                (4)      (5)      (6)            (7) (8)   (9)     (1
 00000000000 INDIVIDUAL XXXXXXXXXXXXXXX      XXXXX          XXXXXX XXXXXXXXX XXXXXXXXXXXXXXX XX XXXXX XXXXXX  99/
                           PROV TYPE: XXXXXXXXXXXXXXXXXXXX     PROV SPEC: XXXXXXXXXXXXXXXXXXX
                              (12)                                (13)
 00000000000 INDIVIDUAL XXXXXXXXXXXXXXX      XXXXX          XXXXXX XXXXXXXXX XXXXXXXXXXXXXXX XX XXXXX XXXXXX  99/
                           PROV TYPE: XXXXXXXXXXXXXXXXXXXX     PROV SPEC: XXXXXXXXXXXXXXXXXXX


                                          *** END OF REPORT ***
-
-
-
-
-
-
-
-
-
-            * * * * *   C O N F I D E N T I A L    I N F O R M A T I O N   * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider Identifier	DE4700	Provider's NPI who matches a reinstated input record
2	Bus/Ind	Provider Name Type	DE4249	Provider name type, either individual or business.
3	Name	Sanctioned Provider Business Name	DE4587	If field 1 = Business, then populated from PSSNCTNF-BUS-NAME in PS-F-153. If field 1 = Individual, then populated from PSSNCCTNF-IND-NAME in PS-F-153.
4	UPIN	Sanctioned Provider UPIN	DE4582	Universal Provider Identification Number populated from PSSNCTNF-UPIN in PS-F-153
5	SSN/EIN	Sanctioned Provider SSN/EIN	DE4575	If field-1 = 'BUSINESS', then populated from PSSNCTNF-EIN in PS-F-153, else populated from PSSNCTNF-SSN in PS-F-153
6	City	Sanctioned Provider Address City	DE4579	Populated from PSSNCTNF-CITY in PS-F-153

7	ST	Sanctioned Provider Address State	DE4574	Populated from PSSNCTNF-STATE in PS-F-153
8	ZIP	Sanctioned Provider Address Zip code	DE4584	Populated from PSSNCTNF-ZIP in PS-F-153
9	S Type	Sanctioned Provider Exclusion Code	DE4583	Sanction Type = populated from PSSNCTNF-SANC-TYPE in PS-F-153.
10	Begin (Sanction Date)	Sanctioned Provider Date Begin	DE4576	Populated from PSSNCTNF-SANC-DATE-BGN in PS-F-153.
11	End (Sanction Date)	Sanctioned Provider Date End	DE4585	Populated from PSSNCTNF-SANC-DATE-END in PS-F-153.
12	Prov Type	Sanctioned Provider Type Description	DE4580	Populated from PSSNCTNF-PROV-TYPE in PS-F-153.
13	Prov Spec	Sanctioned Provider Specialty Description	DE4581	Populated from PSSNCTNF-PROV-SPEC in PS-F-153.

Output Reports PS-O-141 Provider Sanction Match Report

General Information

This Report matches sanctioned providers from the CMS input file with providers that exist in the VaMMIS database. If a match is found, the pertinent information is written to the report.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	Ondemand - DARS
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DMAS
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Sanction Match Report (PS-O-141)

```
1PSM140                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
 AS OF:01/22/2009                       FIRST HEALTH SERVICES CORPORATION - FISCAL AGENT                     PAG
 RUN DATE: 01/22/2009 18:03                      PROVIDER SANCTION MATCH REPORT

 NPI        BUS/IND    NAME                                UPIN   SSN/EIN   BEGIN      END        S TYPE
 ------------------    ----                                ----   -------   -----      ---        ------
 (1)         (2)        (3)                                 (4)    (5)       (6)        (7)         (8)
 00000000000 INDIVIDUAL XXXXXXXXXXXXXXX      XXXXX          XXXXXX XXXXXXXXX 99/99/9999 99/99/9999 XXXXXXX
 ADDR: XXXXXXXXXXXXXXXX                      CITY: XXXXXXXXXXXXXXXX  STATE: XX ZIP: XXXXX (9) (10) (11) (12)
 PROV TYPE: XXXXXXXXXXXXXXXXX         PROV SPEC: XXXXXXXXXXXXXXX
   (13)                                (14)

 00000000000 INDIVIDUAL XXXXXXXXXXXXXXX      XXXXX          XXXXXX XXXXXXXXX 99/99/9999 99/99/9999 XXXXXXX
 ADDR: XXXXXXXXXXXXXXXX                      CITY: XXXXXXXXXXXXXXXX  STATE: XX ZIP: XXXXX (9) (10) (11) (12)
 PROV TYPE: XXXXXXXXXXXXXXXXX         PROV SPEC: XXXXXXXXXXXXXXX
   (13)                                (14)


                                                 *** END OF REPORT ***
-
-
-
-
-
                 *  *  *  *  *   C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N   *  *  *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider Identifier	DE4700	Provider's NPI that matches a sanctioned record from the CMS file.
2	Bus/Ind	Provider Name Type	DE4249	Provider name type, either individual or business.
3	Provider Business Name	Sanctioned Provider Business Name	DE4587	Sanctioned Provider business name
4	UPIN	Sanctioned Provider UPIN	DE4582	Sanctioned Provider UPIN
5	SSN/FEIN	Sanctioned Provider SSN/EIN	DE4575	Sanctioned Provider Social Security Number or Federal Tax Identifier
6	Begin	Sanctioned Provider Date Begin	DE4576	Sanctioned Provider begin date that the provider was sanctioned.
7	End	Sanctioned Provider Date End	DE4585	Sanctioned Provider end date of the provider sanction.
8	S Type	Sanctioned Provider Exclusion Code	DE4583	Sanctioned Provider exclusion code.
10	City	Sanctioned Provider Address City	DE4579	Sanctioned provider address city
12	Zip	Sanctioned Provider Address Zip code	DE4584	Sanctioned Provider Address zip code

13	Prov Type	Sanctioned Provider Type Description	DE4580	Sanctioned Provider Type Description
14	Prov Spec	Sanctioned Provider Specialty Description	DE4581	Sanctioned Provider Specialty Description

Output Reports PS-O-150 Report of Providers with IRS Errors For Tax Year

General Information

Listing of information on PS-F-150 (Provider Errors from IRS).

Subsystem:	Provider
Frequency:	Annual
Volume:	
Number of Copies:	1
Output Form:	Paper & DARS
Retention:	Permanent
Distribution:	Paper to PEU
Program:	Listing of Provider Error File Received from IRS (PSA150)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Report of Providers with IRS Errors For Tax Year (PS-O-150)

```
PSA150                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                       FIRST HEALTH SERVICES CORPORATION - FISCAL AGENT                     PAG
RUN DATE: 99/99/9999 99:99                      PROVIDERS WITH IRS ERRORS
                                                    FOR 9999 TAX YEAR (1)
                (2)          (3)          (4)                (5)                          (6)        (7)
                TIN        TIN STAT    PROV ID             NAME                        TIN IND    SEQ NO

                999999999     9        1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXX             X       99999999
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXX XX  99999

                999999999     9        1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXX             X       99999999
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXX XX  99999

                                                 *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TAX YEAR	IRS 1099 Payment Year	DE9731	FROM PS-F-150, REC TYPE 'A' : TAX YEAR
2	TAX INDICATOR NUMBER	IRS 1099 Tax Indicator Number	DE9758	FROM PS-F-150, REC TYPE 'B' : TIN
3	TAX INDICATOR STATUS	TIN Status From IRS	DE4588	FROM PS-F-150, REC TYPE 'B' : BWH TIN STATUS
4	NPI MEDICAID ID	National Provider Identifier	DE4700	FROM PS-F-150, REC TYPE 'B' : ACCOUNT NUMBER
5	PROVIDER NAME	Provider Name	DE4085	FROM PS-F-150, REC TYPE 'B' : NAME LINE 1 FROM PS-F-150, REC TYPE 'B' : NAME LINE 2 FROM PS-F-150, REC TYPE 'B' : STREET ADDRESS FROM PS-F-150, REC TYPE 'B' : CITY FROM PS-F-150, REC TYPE 'B' : STATE CODE FROM PS-F-150, REC TYPE 'B' : ZIP CODE
6	TAX INDICATOR	IRS TIN Indicator	DE4593	FROM PS-F-150, REC TYPE 'B' : TIN INDICATOR
7	SEQ NO	IRS Payer Sequence Number	DE4596	FROM PS-F-150, REC TYPE 'B' : SEQUENCE NUMBER

Output Reports PS-O-171 BASE HAVING MORE THAN 1 NPI

General Information

This will report the Base Ids in production that will have more than 1 NPI. The rule is that 1 NPI should be related 1 Base. This is an error report.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	PEU
Program:	BASE HAVING MORE THAN 1 NPI (PSR171)
Confidential:	No
Sequence:	N/A
Control Breaks:	The Report is broken down by Base Id (DE 4001)

BASE HAVING MORE THAN 1 NPI (PS-O-171)

```
PSR171                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REP
AS OF:MM/DD/YYYY                                BASE HAVING MORE THAN 1 NPI                          PAGE
RUN DATE: MM/DD/YYYY HH:MM:SS

    PROVIDER     BASE PROV    TYPE     NPI           NPI TYPE     NAME
    --------     ---- ----    ----     ---           --- ----     ----
    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)


    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)


    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)


                TOTAL PROVIDER: Z,ZZ9(5)


                * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider	Provider Identification Number	DE4002	Legacy Provider Id
2	Base Prov	Provider Base Identification Number	DE4001	
3	Type	Provider Type	DE4006	
4	NPI	National Provider Identifier	DE4700	The NPI attached to the Legacy
5	NPI Type	NPI Type	DE4144	The Type of the NPI
6	Name	Provider Name	DE4085	
7	Total Provider	Calculated	DE0002	Total number of providers with more than one NPI.

Output Reports PS-O-172 NPIS ACROSS MORE THAN 1 BASE ID

General Information

Reports all NPIs that have been reported across more than one base. The rule is that 1 NPI should be within 1 Base

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	PEU
Program:	NPIS ACROSS MORE THAN 1 BASE ID (PSR172)
Confidential:	No
Sequence:	N/A
Control Breaks:	The control break is by NPI (DE 4700)

NPIS ACROSS MORE THAN 1 BASE ID (PS-O-172)

```
PSR172                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                                  NPIS ACROSS MORE THAN 1 BASE                             PAGE
RUN DATE: MM/DD/YYYY HH:MM:SS

    PROVIDER       BASE PROV    TYPE     NPI           NPI TYPE     NAME
    --------       ---- ----    ----     ---           --- ----     ----
    1234567890(1) 9999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    1234567890(1) 9999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)


    1234567890(1) 9999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    1234567890(1) 9999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    1234567890(1) 9999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)


    1234567890(1) 9999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    1234567890(1) 9999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)

                 * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider	Provider Identification Number	DE4002	Always a Legacy Provider
2	Base ID	Provider Base Identification Number	DE4001	
3	Type	Provider Type	DE4006	
4	NPI	National Provider Identifier	DE4700	
5	NPI Type	NPI Type	DE4144	
6	Name	Provider Name	DE4085	

Output Reports PS-O-173 NPIS SUBMITTED WITH MORE THAN 1 TYPE

General Information

This report shows the NPIs that have been reported with more than 1 Type

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	PEU
Program:	NPIS SUBMITTED WITH MORE THAN 1 TYPE (PSR173)
Confidential:	No
Sequence:	N/A
Control Breaks:	The control break is by NPI (DE 4700)

NPIS SUBMITTED WITH MORE THAN 1 TYPE (PS-O-173)

```
PSR173                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                  REP
AS OF:MM/DD/YYYY                          NPIS SUBMITTED WITH MORE THAN 1 TYPE                          PAGE
RUN DATE: MM/DD/YYYY HH:MM:SS

    PROVIDER     BASE PROV    TYPE     NPI           NPI TYPE     NAME
    --------     ---- ----    ----     ---           --- ----     ----
    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)

    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)

    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)
    123456789(1) 999999999(2) XXX(3)   1234567890(4) X(5)         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)

            * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider	Provider Identification Number	DE4002	Legacy Provider
2	Base Id	Provider Base Identification Number	DE4001	
3	Type	Provider Type	DE4006	
4	NPI	National Provider Identifier	DE4700	
5	NPI Type	NPI Type	DE4144	
6	Name	Provider Name	DE4085	

Output Reports PS-O-174 THE NEW AFFILIATIONS CREATED

General Information

The report reports the affiliation that are changed from Legacy to Primary

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	PEU
Program:	Converts the 03 and 02 Relationship to Primary Provider ID (NPIAFFL)
Confidential:	No
Sequence:	N/A
Control Breaks:	The Sequence is broken by each relationship

THE NEW AFFILIATIONS CREATED (PS-O-174)

```
PSR174                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR
AS OF:MM/DD/YYYY                          THE NEW AFFILIATIONS CREATED                                      PAGE
RUN DATE: MM/DD/YYYY HH:MM:SS

OLD RELATION-- PROV 1: 123456789(1)  PROV 2: 999999999(2) BEGIN: MM/DD/YYYY(3) END: MM/DD/YYYYY(4) ASSOC: XXX(5) AF
NEW RELATION-- PROV 1        PROV 2        BEGIN DT       END DT         ASSOC      AFFIL
               999999999(1)  999999999(2)  MM/DD/YYYY(3)  12/31/9999(4)  XXX(5)     XXXXXXXXXX(6)
               999999999(1)  999999999(2)  MM/DD/YYYY(3)  12/31/9999(4)  XXX(5)     XXXXXXXXXX(6)
               999999999(1)  999999999(2)  MM/DD/YYYY(3)  12/31/9999(4)  XXX(5)     XXXXXXXXXX(6)


OLD RELATION-- PROV 1: 123456789(1)  PROV 2: 999999999(2) BEGIN: MM/DD/YYYY(3) END: MM/DD/YYYYY(4) ASSOC: XXX(5) AF
NEW RELATION-- PROV 1        PROV 2        BEGIN DT       END DT         ASSOC      AFFIL
               999999999(1)  999999999(2)  MM/DD/YYYY(3)  12/31/9999(4)  XXX(5)     XXXXXXXXXX(6)
               999999999(1)  999999999(2)  MM/DD/YYYY(3)  12/31/9999(4)  XXX(5)     XXXXXXXXXX(6)
               999999999(1)  999999999(2)  MM/DD/YYYY(3)  12/31/9999(4)  XXX(5)     XXXXXXXXXX(6)

               * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider 1	Provider Identification Number	DE4002	Old Relationship shows what existed New Relationship shows what was created
2	Provider 2	Provider Identification Number	DE4002	Old Relationship shows what existed New Relationship shows what was created
3	Begin Date	Provider Relation Begin Date	DE4539	Old Relationship shows what existed New Relationship shows what was created
4	End date	Provider Relation End Date	DE4540	Old Relationship shows what existed New Relationship shows what was created
5	Association	Provider Group Association Role	DE4246	Old Relationship shows what existed New Relationship shows what was created

6	Affiliation Type	Provider Affiliation Type	DE4248	

Output Reports PS-O-175 Blast Email Invalid Address Cleanup Report

General Information

Reports on invalid addresses from the Blast Email vendor, identifying why the address was rejected and identifying those addresses which were removed from the DB2 tables.

Subsystem:	Provider
Frequency:	On Request
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Blast Email Automated Cleanup (PSR240)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Bounced Email Cleanup Report (PS-O-175)

```
PSR240                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:     PS-O-
AS OF:02/01/2016                          BLAST EMAIL INVALID ADDRESS CLEANUP REPORT                    PAGE NUMBER:
RUN DATE: 02/01/2016 12:58
     NPI (1)            EMAIL ADDRESS (2)                        REASON DESCRIPTION (3)                REASON TYPE (4)   DEL
  ----------   ----------------------------------------   ---------------------------------------------------   --------------   ----

  136[redacted]   KRA[redacted]                                MAILBOX FULL                                      BOUNCE TECH       NO
  136[redacted]   INF[redacted]RG                              USER UNKNOWN                                      BOUNCE HARD       YES
  158[redacted]   LBE[redacted]DMCASTBIZ.NET                   USER UNKNOWN                                      BOUNCE HARD       YES
  196[redacted]   COR[redacted].COM                            USER UNKNOWN                                      BOUNCE HARD       YES
  008[redacted]   VMA[redacted]ASTBIZ.NET                      MAILBOX FULL                                      STATUS BOUNCED    NO
  156[redacted]   BUS[redacted]EPT.NET                         USER UNKNOWN                                      BOUNCE HARD       YES
  177[redacted]   FPR[redacted]TER.ORG                         USER UNKNOWN                                      BOUNCE HARD       YES
  187[redacted]   DHA[redacted]T                               USER UNKNOWN                                      BOUNCE HARD       YES
  187[redacted]   COR[redacted].COM                            MAILBOX FULL                                      STATUS HELD       NO
                      105 : TOTAL RECORDS READ (6)
                       82 : TOTAL HARD BOUNCE RECORDS READ (7)
                        9 : TOTAL SOFT BOUNCE RECORDS READ (8)
                        3 : TOTAL STATUS CHANGE RECORDS READ (9)
                       11 : TOTAL OTHER RECORDS READ (10)
                       23 : TOTAL UNIQUE EMAILS KEPT IN TABLE (11)
                       82 : TOTAL UNIQUE EMAILS REMOVED FROM TABLE (12)
                      161 : TOTAL ROWS FETCHED FOR UPDATING (13)
                        0 : TOTAL ROWS UPDATED IN TABLE (14)
                      161 : TOTAL BACKUP RECORDS WRITTEN (15)
                                        *** END OF REPORT ***
                * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider ID	DE4700	PSF250 Dataset
2	EMAIL ADDRESS	Provider Email Address	DE4202	PSF250 Dataset
3	REASON DESCRIPTION	Reason text as provided by the blast email vendor		PSF250 Dataset
4	REASON TYPE	Reason type description		PSF250 Dataset; translation of the PSF250-REASON-TYPE value
5	DELETION INDICATOR	Yes/No flag indicating whether or not the email address was replaced with spaces.		Derived
6	TOTAL RECORDS READ	Number of records read from the PSF250 dataset		Calculated
7	TOTAL HARD BOUNCE RECORDS READ	Number of records read from the PSF250 dataset that were flagged as hard bounces		Calculated
8	TOTAL SOFT BOUNCE RECORDS READ	Number of records read from the PSF250 dataset that were flagged as soft bounces		Calculated
9	TOTAL STATUS CHANGE RECORDS READ	Number of records read from the PSF250 dataset that were flagged as status changed records		Calculated
10	TOTAL OTHER RECORDS READ	Number of records read from the PSF250 dataset that were not flagged as hard bounces, soft bounces or status change records		Calculated
11	TOTAL UNIQUE EMAILS KEPT IN TABLE	Number of unique email addresses that were not altered in the PS_EMAIL_ADDR table		Calculated
12	TOTAL UNIQUE EMAILS REMOVED FROM TABLE	Number of unique email addresses that were replaced with spaces in the PS_ EMAIL_ADDR table		Calculated
13	TOTAL ROWS FETCHED FOR UPDATING	Number of unique rows that were pulled from the PS_EMAIL_ADDR table to be updated		Calculated
14	TOTAL ROWS UPDATED IN TABLE	Number of unique rows that were actually updated in the PS_EMAIL_ADDR table		Calculated
15	TOTAL BACKUP RECORDS WRITTEN	Number of records that were written to the PSF240 dataset.		Calculated

Output Reports PS-O-176 Provider Email Print Indicator Maintenance

General Information

Reports on updates to the email print indicators, M for letters and J for remittances, based on changes to email addresses either being spaced out as part of the bounce and cleanup process or newly added from a new enrollment or updates to email address in PPM, or VaMMIS mainframe online screens.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	N/A
Program:	Email Print Indicator Maintenance Report (PSD076)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Provider Email Address Update Report (PS-O-176)

```
PSD076                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPO
 AS OF:08/25/2015                            SYNCHRONIZE DATA REPORT                              PAGE
 RUN DATE: 08/25/2015 13:15
   NPI            EMAIL                          M/J PRTIND UPDATE  BEGIN DATE END DATE  ERROR MSG
 9999999999   RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     M    E     YES
              RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     J    E     YES
 9999999999   RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     M    E     YES
              RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     J    E     YES
 9999999999   RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     M    E     YES
              RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     J    E     YES
 9999999999   RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     M    E     YES
              RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     J    E     YES
 9999999999   INVALID@GARBAGEDOMAIN.COM               M    E     NO
              INVALID@GARBAGEDOMAIN.COM               J    E     NO
 9999999999   RELEASE7XROVIDER@DMAS.VIRGINIA.GOV      M    E     YES
              RELEASE7XROVIDER@DMAS.VIRGINIA.GOV      J    E     YES
 9999999999   RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     M    E     NO
              RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     J    E     NO
 9999999999   DANIELLEADEEBX@DMAS.VIRGINIA.COM        M    E     YES
              DANIELLEADEEBX@DMAS.VIRGINIA.COM        J    E     YES
 9999999999   RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     M    E     YES
              RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     J    E     YES
 9999999999   RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     M    E     YES
              RELEASE72PROVIDER@DMAS.VIRGINIA.GOV     J    E     YES
                                          *** END OF REPORT ***
        * * * * *   C O N F I D E N T I A L    I N F O R M A T I O N   * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider Identifier	DE4700	PS_NPI_XREF
2	Email Address	Email Address	DE4202	PS_EMAIL_ADDR
3	ECOMM Code	Electronic Communication Code - M for letters, J for remittance	DE4656	PS_PROV_ECOMM_ TYPE
4	Remit Print Indicator	Print (P) or Email (E) indicator	DE4083	PS_PROV_ECOMM_ TYPE
5	Update Indicator	Update indicator (YES/NO)		Calculated
6	Begin Date	Begin Date of the Row that was inserted or updated.	DE4537	PS_PROV_ECOMM_ TYPE
7	End Date	End Date of the Row that was inserted or updated.	DE4538	PS_PROV_ECOMM_ TYPE
8	Error message	Error message associated with processing		Derived by program

Output Reports PS-O-177 PS_PROV_SPEC Table Update Report

General Information

This Report lists all the rows in PS_PROV_SPEC for an NPI with a new specialty code in one location that were replicated on all other locations. Sort parameter PSCNVST2 creates this report and PSCNVSPC ensures that within an NPI, all the provider numbers with the same provider type share the same specialties.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	VAP5PR00
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DMAS
Program:	PSCNVST2

PS_PROV_SPEC Table Update Report (PS-O-177)

```
PSR177                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    PS-O-177
 AS OF:11/20/2015                              PS_PROV_SPEC TABLE UPDATE REPORT                        PAGE NUMBER:         1
 RUN DATE: 11/20/2015 14:43:52

  1          2          3          4          5              6          7          8      9      10
   NPI       BASE PROV   PROV ID    PROV       SPEC_SEQ_NO    BEGIN DATE END DATE   SPEC   SPEC   PRIMARY
                                    TYPE                                           RNUM   RVAL   SPEC
----------  ---------  ---------  ----  -----------  ----------  ----------  ----  ----  -------
9999999999  000999999  999999999  999        9999    99/99/9999  12/31/9999  0116  000     Y/N/
9999999999  000999999  999999999  999        9999    99/99/9999  12/31/9999  0116  000     Y/N/
9999999999  000999999  999999999  999        9999    99/99/9999  12/31/9999  0116  000     Y/N/
9999999999  000999999  999999999  999        9999    99/99/9999  12/31/9999  0116  000     Y/N/
9999999999  000999999  999999999  999        9999    99/99/9999  12/31/9999  0116  000     Y/N/

                TOTAL RECORDS UPDATED:         999

                * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider Identifier	DE4700	
2	BASE PROV	Base Provider Number	DE4001	
3	PROV ID	Provider Identifier	DE4002	
4	PROV TYPE	Provider Type	DE4006	
5	SPEC_SEQ_ NO	Specialty Sequence Number	DE4551	
6	BEGIN DATE	Specialty Begin Date	DE4210	
7	END DATE	Specialty End Date	DE4211	
8	SPEC RNUM	Specialty Reason Number	DE0015	
9	SPEC RVAL	Specialty Reason Code	DE4012	
10	PRIMARY SPEC	Primary Specialty Flag	DE4528	

Output Reports PS-O-178 PS_ SPECIALTY Table Update Report

General Information

This Report lists all the rows in PS_SPECIALTY for an NPI with a new specialty code in one location that were replicated on all other locations. Sort parameter PSCNVST1 creates this report and PSCNVSPC ensures that within an NPI, all the provider numbers with the same provider type share the same specialties.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	VAP5PR00
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DMAS
Program:	PSCNVST1

PS_SPECIALTY Table Update Report (PS-O-178)

```
PSR178        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    PS-O-178
AS OF:11/20/2015                          PS_SPECIALTY TABLE UPDATE REPORT                          PAGE NUMBER:         1
RUN DATE: 11/20/2015 14:43:53
                                                                                                 10        11        12
 1          2          3          4          5          6          7          8          9          SPEC      SPEC      SPEC      13
PROV ID     NPI        PROV       BASE PROV  SPEC       SPECIALTY  CERT NUM   BEGIN DATE  END DATE   BOARD     RNUM      RVAL      STATE
---------  ---------- ----       ---------  -----      ---------  ---------  ----------  ----------  -----     ----      ----      -----
999999999  9999999999  999       000999999  9999       999                   99/99/9999  99/99/9999            0121      999        VA
999999999  9999999999  999       000999999  9999       999                   99/99/9999  99/99/9999            0121      999        VA
999999999  9999999999  999       000999999  9999       999                   99/99/9999  99/99/9999            0121      999        VA
999999999  9999999999  999       000999999  9999       999                   99/99/9999  99/99/9999            0121      999        VA
999999999  9999999999  999       000999999  9999       999                   99/99/9999  99/99/9999            0121      999        VA

                TOTAL RECORDS UPDATED:         999

                * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROV ID	Provider Identifier	DE4002	
2	NPI	National Provider Identifier	DE4700	
3	PROV TYPE	Provider Type	DE4006	
4	BASE PROV	Base Provider Number	DE4001	
5	SPEC_SEQ_ NO	Specialty Sequence Number	DE4551	
6	SPECIALTY	Specialty Code	DE4007	
7	CERT NUM	Certification Number	DE4068	
8	BEGIN DATE	Specialty Certification Begin Date	DE4070	
9	END DATE	Specialty Certification End Date	DE4071	
10	SPEC BOARD	Specialty Certification Board Code	DE4069	
11	SPEC RNUM	Specialty Reason Number	DE0015	
12	SPEC RVAL	Specialty Reason Code	DE4012	
13	STATE	Provider Certification State	DE4080	

Output Reports PS-O-252 Blast Hard Bounced Emails - Physical Address Report

General Information

This Report lists the correspondence addresses associated with NPIs that received hard bounces on the PS-F-250 Extract File. This is the same information that is written to the PS-F-252 dataset.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	VA0031
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DMAS
Program:	PSR242
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Blast Hard Bounced Emails - Physical Address Report (PS-O-252)

```
PSR242                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    PS-O-252
AS OF:MM/DD/YYYY                        BLAST BOUNCED EMAILS - PHYSICAL ADDRESS REPORT                  PAGE NUMBER:         1
RUN DATE: MM/DD/YYYY HH:SS

            (1)                    (2)
        NPI         MAILING ADDRESS                                    NPI        MAILING ADDRESS
        ----------  ----------------------------------------        ----------  ----------------------------------------

        XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                  (3)
        999,999 : TOTAL ADDRESSES LISTED

                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider Iden-	DE4700	Provider's NPI that was pulled from the PS-F-250 Bounced Email Extract File.

		tifier		
2	Mailing Address	Mailing Address Fields	DE4097 DE4130 DE4098 DE4099 DE4096 DE4201	Extracted mailing address for the given NPI. It consists of the formatted address (Street, City, State and Zip) and may include the contact name and the attention name if these values exist on the table.
3	Total Addresses Listed	Count	NA	Total number of addresses listed on the report.

Output Reports PS-O-253 Blast Hard Bounced Emails Error Report

General Information

This Report lists the NPIs and the extracted names of individuals that received hard bounces on the PS-F-250 Extract File and, in the process, generated some type of error. The most common errors at present are NPIs that do not have a physical mailing address to be printed.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	VA0031
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DMAS
Program:	PSR242
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Blast Hard Bounced Emails Error Report (PS-O-253)

```
PSR242                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    PS-O-
AS OF:MM/DD/YYYY                               BLAST BOUNCED EMAILS ERROR REPORT                        PAGE NUMBER:
RUN DATE: MM/DD/YYYY HH:SS

                                        NPI (1)     PROVIDER NAME (2)
                                     ----------  ----------------------------------------

                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                     999,999 : TOTAL NPIS LISTED (3)

                                            *** END OF REPORT ***
          * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider	DE4700	Provider's NPI that was pulled from the PS-F-250

		Identifier		Bounced Email Extract File.
2	Provider Name	Provider Name	DE4085	Extracted provider name.
3	Total NPIs Listed	Count	NA	Total number of NPIs listed on the report.

Output Reports PS-O-254 Blast Status Change Emails - Physical Address Report

General Information

This Report lists the correspondence addresses associated with NPIs that received hard bounces on the PS-F-250 Extract File. This is the same information that is written to the PS-F-253 dataset.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	VA0031
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DMAS
Program:	PSR242
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Blast Status Change Emails - Physical Address Report (PS-O-254)

```
PSR242                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    PS-O-
AS OF:MM/DD/YYYY                     BLAST STATUS CHANGE EMAILS - PHYSICAL ADDRESS REPORT              PAGE NUMBER:
RUN DATE: MM/DD/YYYY HH:SS

          NPI (1)      MAILING ADDRESS (2)                                NPI        MAILING ADDRESS
         ----------    ----------------------------------------        ----------   ----------------------------------------

         XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

         999,999 : TOTAL ADDRESSES LISTED (3)

                                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National	DE4700	Provider's NPI that was pulled from the PS-F-250 Bounced Email

		Provider Identifier		Extract File.
2	Mailing Address	Mailing Address Fields	DE4097 DE4130 DE4098 DE4099 DE4096 DE4201	Extracted mailing address for the given NPI. Consists of the formatted address (Street, City, State, Zip) and includes the contact name, and the attention name, if they are in the table.
3	Total Addresses Listed	Count	NA	Total number of addresses listed on the report.

Output Reports PS-O-255 Blast Status Change Emails Error Report

General Information

This Report lists the NPIs and the extracted names of individuals that received hard bounces on the PS-F-250 Extract File and, in the process, generated some type of error. The most common error at present are NPIs that do not have a physical mailing address to be printed.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	VA0031
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DMAS
Program:	PSR242
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Blast Status Change Emails Error Report (PS-O-255)

```
PSR242                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:     PS-O-
AS OF:MM/DD/YYYY                           BLAST STATUS CHANGE EMAILS ERROR REPORT                      PAGE NUMBER:
RUN DATE: MM/DD/YYYY HH:SS

                                        NPI (1)     PROVIDER NAME (2)
                                     ----------  ----------------------------------------

                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                     XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                     999,999 : TOTAL NPIS LISTED (3)

                                            *** END OF REPORT ***
          *  *  *  *  *   C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N   *  *  *  *  *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider	DE4700	Provider's NPI that was pulled from the PS-F-250

		Identifier		Bounced Email Extract File.
2	Provider Name	Provider Name	DE4085	Extracted provider name.
3	Total NPIs Listed	Count	NA	Total number of NPIs listed on the report.

Output Reports PS-O-256 Blast Soft Bounce Emails - Physical Address Report

General Information

This Report lists the correspondence addresses associated with NPIs that received soft bounces on the PS-F-250 Extract File. This is the same information that is written to the PS-F-254 dataset.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	VA0031
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DMAS
Program:	PSR242
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Blast Soft Bounce Emails - Physical Address Report (PS-O-256)

```
PSR242                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    PS-O-
AS OF:MM/DD/YYYY                      BLAST SOFT BOUNCE EMAILS - PHYSICAL ADDRESS REPORT                PAGE NUMBER:
RUN DATE: MM/DD/YYYY HH:SS

          NPI (1)      MAILING ADDRESS (2)                                  NPI        MAILING ADDRESS
         ----------    ----------------------------------------          ----------   ----------------------------------------

         XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

         999,999 : TOTAL ADDRESSES LISTED (3)

                                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	NPI	National Provider Identifier	DE4700	Provider's NPI that was pulled from the PS-F-250 Bounced Email Extract File.
2	Mailing Address	Mailing Address Fields	DE4097 DE4130 DE4098 DE4099 DE4096 DE4201	Extracted mailing address for the given NPI. Consists of the formatted address (Street, City, State, and Zip) and includes the contact name, and the attention name, if they are in the table.
3	Total Addresses Listed	Count	NA	Total number of addresses listed on the report.

Output Reports PS-O-257 Blast Soft Bounce Emails Error Report

General Information

This Report lists the NPIs and the extracted names of individuals that received soft bounces on the PS-F-250 Extract File and, in the process, generated some type of error. The most common error at present is NPIs that do not have a physical mailing address to be printed.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	VA0031
Retention:	7 Years
Distribution:	Provider Enrollment Unit and DMAS
Program:	PSR242
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Blast Soft Bounce Emails Error Report (PS-O-257)

```
PSR242                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:     PS-O-2
AS OF:MM/DD/YYYY                               BLAST SOFT BOUNCE EMAILS ERROR REPORT                          PAGE NUMBER:
RUN DATE: MM/DD/YYYY HH:SS

                                          NPI (1)     PROVIDER NAME (2)
                                        ----------  ----------------------------------------

                                        XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                        XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                        XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                        XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                        XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                        XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                        XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                        999,999 : TOTAL NPIS LISTED (3)

                                                *** END OF REPORT ***
          * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider	DE4700	Provider's NPI that was pulled from the PS-F-250

		Identifier		Bounced Email Extract File.
2	Provider Name	Provider Name	DE4085	Extracted provider name.
3	Total NPIs Listed	Count	NA	Total number of NPIs listed on the report.

Output Reports PS-O-300 Provider Revalidation Completion Letter

This is a letter to the provider informing them that their revalidation process has been completed.

Subsystem:	Provider
Frequency:	Daily
Volume:	2 Pages
Number of Copies:	To Be Determined
Output Form:	Letter
Retention:	7 Years
Distribution:	Providers
Program:	Provider Revalidation Notification (PSD735)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Provider Revalidation Completion Letter (PS-O-300)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE
PROVIDER ENROLLMENT SERVICES

[Month Day & Year]

[Provider/Supplier Name]
NPI:[##########]
[Address]
[City, State Zip Code]

Dear Provider:

REVALIDATION COMPLETE – THANK YOU

Thank you for completing revalidation of your enrollment information with Virginia Medicaid. No further action is required at this time.

A reminder notice will be sent prior to your next revalidation date.

If you have any questions regarding this letter, please call Provider Enrollment Services at 888-829-5373 or 804-270-5105 (local) or visit

Provider Revalidation Completion Letter (PS-O-300)

www.virginiamedicaid.dmas.virginia.gov for additional information regarding the revalidation process.

Thank you,

Provider Enrollment Services

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER/SUPPLIER NAME	Provider Name	DE4085	
2	NPI	National Provider Identifier	DE4700	
3	PROVIDER ADDRESS	Provider Address Line	DE4097	
4	PROVIDER CITY	Provider Address City Name	DE4130	
5	PROVIDER STATE	Provider Address State	DE4098	
6	PROVIDER ZIP CODE	Provider Address Zip Code	DE4099	

Output Reports PS-O-330 Provider Revalidation 30 Day Reminder

This is a letter to the provider reminding them that they must revalidate their enrollment within 30 days.

Subsystem:	Provider
Frequency:	Daily
Volume:	1 Page
Number of Copies:	To Be Determined
Output Form:	Letter
Retention:	90 Days
Distribution:	Providers
Program:	Provider Revalidation Notification (PSD735)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Provider Revalidation 30 Day Reminder (PS-O-330)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE
PROVIDER ENROLLMENT SERVICES

[Month Day & Year]

[Provider/Supplier Name]
NPI:[##########]
[Address]
[City, State Zip Code]

Dear Provider:

This is your final reminder notice for revalidation with Virginia Medicaid.

If you wish to continue your participation as a provider with the Virginia Medicaid Program, you must revalidate no later than [REVALIDATION DATE].

Failure to revalidate with complete enrollment information and all supporting documentation by [REVALIDATION DATE] will result in termination from Virginia Medicaid.

If you have any questions, please call Provider Enrollment Services at 888-829-5373 or 804-270-5105 (local) or visit www.virginiamedicaid.dmas.virginia.gov.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER/SUPPLIER NAME	Provider Name	DE4085	
2	NPI	National Provider Identifier	DE4700	
3	PROVIDER ADDRESS	Provider Address Line	DE4097	
4	PROVIDER CITY	Provider Address City Name	DE4130	

5	PROVIDER STATE	Provider Address State	DE4098	
6	PROVIDER ZIP CODE	Provider Address Zip Code	DE4099	
7	REVALIDATION DATE	Revalidation Due Date	DE4749	

Output Reports PS-O-360 Provider Revalidation 60 Day Reminder

This is a letter to the provider reminding them that they must revalidate their enrollment within 60 days.

Subsystem:	Provider
Frequency:	Daily
Volume:	1 Page
Number of Copies:	To Be Determined
Output Form:	Letter
Retention:	120 Days
Distribution:	Providers
Program:	Provider Revalidation Notification (PSD735)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Provider Revalidation 60 Day Reminder (PS-O-360)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE
PROVIDER ENROLLMENT SERVICES

[Month Day & Year]

[Provider/Supplier Name]
NPI:[##########]
[Address]
[City, State Zip Code]

Dear Provider:

You are receiving this reminder as a follow-up to your Virginia Medicaid Revalidation letter of [REVALIDATION LETTER DATE].

If you wish to continue your participation as a provider with the Virginia Medicaid Program, you must revalidate no later than [REVALIDATION DATE]. Keep in mind that additional time may be needed to gather information not previously provided to Virginia Medicaid. Don't wait – revalidate today.

Failure to revalidate with complete enrollment information and all supporting documentation by [REVALIDATION DATE] will result in termination from Virginia Medicaid.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER/SUPPLIER NAME	Provider Name	DE4085	
2	NPI	National Provider Identifier	DE4700	
3	PROVIDER ADDRESS	Provider Address Line	DE4097	
4	PROVIDER CITY	Provider Address City Name	DE4130	

5	PROVIDER STATE	Provider Address State	DE4098	
6	PROVIDER ZIP CODE	Provider Address Zip Code	DE4099	
7	REVALIDATION DATE	Revalidation Due Date	DE4749	

Output Reports PS-O-390 Provider Revalidation 90 Day Letter

This is a letter to the provider notifying them that they must revalidate their enrollment on a set schedule and that the revalidation information is due in 90 days.

Subsystem:	Provider
Frequency:	Daily
Volume:	3 Pages
Number of Copies:	To Be Determined
Output Form:	Letter
Retention:	150 Days
Distribution:	Providers
Program:	Provider Revalidation Notification (PSD735)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Provider Revalidation 90 day Letter (Page 1) (PS-O-390)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE
PROVIDER ENROLLMENT SERVICES

[Month Day & Year]

[Provider/Supplier Name]
NPI: [##########]
[Address]
[City, State Zip Code]

Dear Provider:

IMMEDIATE RESPONSE REQUESTED

In accordance with the Patient Protection and Affordable Care Act, Section 6401 (a), all new and existing providers must be reevaluated under the new screening guidelines. Virginia Medicaid requires all enrolled providers to revalidate their enrollment information at least once every five years (reference 42 CFR 455.414).

You have 90 days from the date of this letter to revalidate your enrollment information. Your revalidation deadline is [REVALIDATION DATE]. Failure to revalidate with complete enrollment information and all supporting documentation by this date will result in termination of your participation with the Virginia Medicaid Program.

You are required as set forth in section 1866(j) (2) (C) of the act and 42 CFR 455.460 to submit one of the following with your revalidation:

- An application fee of $532.00; or
- Confirmation that an application fee was paid to CMS or another State Medicaid Agency within the past 12 months; or
- Letter and supporting documentation that describes why paying the application fee creates a hardship and why the hardship justifies an exception.

Revalidations are processed only when application fees have cleared or the hardship exception has been granted by CMS.

Virginia Medicaid must also conduct unannounced site visits for providers that have been designated as a "moderate" or "high" categorical risk to the Virginia Medicaid program. Your provider class type has been designated as one of the risk categories that requires a site visit before your revalidation is complete. The site visit is for the purpose of making sure that the application information submitted to Virginia Medicaid is accurate and to determine compliance with Federal and State enrollment requirements.

REVALIDATION INSTRUCTIONS

Revalidation may be completed through the Virginia Medicaid Web Portal. This Internet-based system allows you to review information currently on file and provide new information when appropriate.

To access the Virginia Medicaid Web Portal:

1. Go to www.virginiamedicaid.dmas.virginia.gov
2. Log in using your Provider User ID and Password.
3. Click the **Provider Maintenance** tab at the top of the screen.
4. Click the **Revalidation** option.
5. Validate existing information and add new information where appropriate.
6. Be sure to click the **Submit button** when your revalidation is complete.

See the Frequently Asked Questions below for additional information.

If you have any questions regarding this letter, please call Provider Enrollment Services at 888-829-5373 or 804-270-5105 (local) or visit www.virginiamedicaid.dmas.virginia.gov for additional information regarding the revalidation process.

FREQUENTLY ASKED QUESTIONS:

Q: What does revalidation involve?
A: Information currently on file with Virginia Medicaid must be validated. In addition, new information in accordance with new screening regulations must be supplied. An application fee is required for all providers, excluding physicians, non-physicians practitioners, physician group practices and non-group practices.

Q: When must I revalidate?
A: Revalidation must be completed within the 90 days of the date of this letter. Failure to do so will result in termination from Virginia Medicaid.

Q: What if I have recently revalidated with CMS?
A: You must also revalidate with Virginia Medicaid.

Q: How can I get a User ID/Password for the Virginia Medicaid Web Portal?
A: Go to www.virginiamedicaid.dmas.virginia.gov. In the **Quick Links** area, click **Web Registration Reference Material** for detailed instructions.

Q: What if I cannot access the Internet?
A: You may request a paper revalidation by calling 888-829-5373 or 804-270-5105.

Q: Where can I get additional information?
A: Go to www.virginiamedicaid.dmas.virginia.gov. In the **Quick Links** area or the navigation tabs, click **Provider Resources** and then select **Provider Maintenance** from the drop down for additional information on revalidation.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER/SUPPLIER NAME	Provider Name	DE4085	
2	NPI	National Provider Identifier	DE4700	
3	PROVIDER ADDRESS	Provider Address Line	DE4097	
4	PROVIDER CITY	Provider Address City Name	DE4130	
5	PROVIDER STATE	Provider Address State	DE4098	

6	PROVIDER ZIP CODE	Provider Address Zip Code	DE4099	
7	REVALIDATION DATE	Revalidation Due Date	DE4749	

Output Reports PS-O-400 Hard Bounce Generic Notification

This letter is used to notify Providers that one or more letters have been delivered to the Provider's web portal mail box but that the emailed notification was undeliverable to the Provider's email address. PS-O-400 is created by the print facility vendor based on extract file PS-F-252.

Subsystem:	Provider
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	N/A
Retention:	7 Years
Distribution:	Provider
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Hard Bounce Generic Notification (PS-O-400)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER ENROLLMENT SERVICES

(1)
NPI:

Dear Provider:

We recently sent a notification to the email address listed in our records informing you that correspondence was placed into your Virginia Medicaid Web Portal inbox. The email was returned undeliverable.

To view your correspondence, please sign into the Virginia Medicaid Web Portal at https://wwww.virginiamedicaid.dmas.virginia.gov/wps/portal and select the "Provider Portal Secure Email" tab to gain access. **Please note that correspondence in the Virginia Medicaid Web Portal may be time sensitive and must be checked as soon as possible to protect any rights you may have, including appealing adverse actions.**

As a result of the email being returned as undeliverable, DMAS will send subsequent notifications via U.S. mail as of the date of this letter. Any correspondence prior to this letter is available only through your Virginia Medicaid Web Portal inbox. In order to resume receiving email notifications, please update your correspondence email address by logging on to the Virginia Medicaid Web Portal and clicking the Provider Profile Maintenance tab.

If you have any questions, please call Provider Enrollment Services at 888-829-5373 or 804-270-5105 (local) or visit www.virginiamedicaid.dmas.virginia.gov.

Thank you,

Provider Enrollment Services

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	I_PROV_NPI	DE4700	PS_NPI_XREF Table

Output Reports PS-O-510 Base ID Cleanup Report

General Information

Reports an audit trail of the Base Provider Cleanup Program.

Subsystem:	Provider
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Base ID Change clean up program (PSD510)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Base ID Cleanup Report (PS-O-510)

```
PSD510      99/99/9999 99:99:99          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:99/99/9999                                          BASE ID CLEANUP REPORT                                PAGE NUMBER
RUN DATE: 99/99/9999 99:99

      TABLE                  SEQ#    BASE ID                              KEY FIELD                      STATUS
       NAME                                                               AND VALUE
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS21-T-PROV-NAME
    PS_NAME                  9999    999999999                  XXXXXXXXXXXXXXXX XXXXXXXX   X     XX    DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS21-T-PROV-NAME
    PS_NAME                  9999    999999999                  XXXXXXXXXXXXXXXX XXXXXXXX   X     XX    DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS22-T-ADDR-LINE
    PS_PHYSICAL_ADDR         9999    999999999                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS22-T-ADDR-LINE
    PS_PHYSICAL_ADDR         9999    999999999                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS22-T-ADDR-LINE
    PS_PHYSICAL_ADDR         9999    999999999                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS22-T-ADDR-LINE
    PS_PHYSICAL_ADDR         9999    999999999                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS02-C-ALT-ID-CVA
    PS_ALT_ID                9999    999999999                  X                                      DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS02-C-ALT-ID-CVA
    PS_ALT_ID                9999    999999999                  X                                      DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS02-C-ALT-ID-CVA
    PS_ALT_ID                9999    999999999                  X                                      DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS02-C-ALT-ID-CVA
    PS_ALT_ID                9999    999999999                  X                                      DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS02-C-ALT-ID-CVA
    PS_ALT_ID                9999    999999999                  X                                      DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                         VMPPS19-I-LICENSE
    PS_LCN_STAT              9999    999999999                  XXXXXXXXXXXX                           DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS19-I-LICENSE
    PS_LICENSE               9999    999999999                  XXXXXXXXXXXX                           DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS19-I-LICENSE
    PS_LCN_STAT              9999    999999999                  XXXXXXXXXXXX                           DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                          VMPPS19-I-LICENSE
    PS_LICENSE               9999    999999999                  XXXXXXXXXXXX                           DELETED
-------------------------------------------------------------------------------------------------------------------------
                                                                     VMPPS59-C-SPECIALTY
    PS_SPECIALTY             9999    999999999                  XXX                                    DELETED
-------------------------------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TABLE NAME	Data Element Table	DE0023	
2	SEQ #	Sequence Number Value Identifier	DE0031	
3	BASE ID	Provider Base Identification Number	DE4001	
5	KEY FIELD	Code Value	DE0027	
6	VALUE	Code Value Description	DE0018	
7	STATUS	Status Reason Code	DE10021	

Output Report PS-O-710-01 Provider Rate Maintenance Reports from DMAS Spreadsheet File

General Information

Error and control totals from the PSR710 provider rate update program.

Subsystem:	Provider
Frequency:	On Request
Volume:	N/A
Number of Copies:	n/a
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Provider Rate Maintenance Program (PSR710)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Rate Maintenance Report from DMAS File (PS-O-710-01)

```
PSR710                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO: PS-O-710-01

AS OF:MM/DD/CCYY                                  PROVIDER RATE MAINTENANCE REPORT                      PAGE NUMBER:       999

RUN DATE: MM/DD/CCYY HH:MM        (5)  (6)   (7)                 (9)         (10)       (11)   (12)

    (1)   (2)          (3)  (4)  PROV  RATE  RATE    (8)         BEGIN       END        RSN

  ACTION  NPI         SITE  PGM  TYPE  TYPE  CODE   RATE         DATE        DATE       CODE  ERROR DESCRIPTION / UPDATE DATE/TIME

-----------------------------------------------------------------------------------------------------------------------------------

    X    XXXXXXXXXX   99    99   XXX   DRG   XXXX      999.9999  MM/DD/CCYY  MM/DD/CCYY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    X    XXXXXXXXXX   99    99   XXX   DRG   XXXX      999.9999  MM/DD/CCYY  MM/DD/CCYY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                                                  (13)

                                                TOTAL RECORDS READ :            99999

                                                TOTAL RECORDS ADDED:            99999

                                                TOTAL RECORDS UPDATED:          99999

                                                TOTAL RECORDS DELETED:          99999

                                                TOTAL ERROR RECORDS:            99999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ACTION	Action Code		For future use (add, change, delete)
2	PROV ID	National Provider Identifier	DE4700	
3	SITE NO	NPI XREF Site	DE4143	
4	PGM	Provider Program Code	DE4208	
5	PROV TYPE	Provider Type	DE4006	
6	TYPE	Provider Rate Type	DE4250	
7	CODE	Provider Rate Code	DE4251	
8	RATE	Provider	DE4255	

		Rate		
9	BEGIN DATE	Provider Rate Begin Date	DE4252	
10	END DATE	Provider Rate End Date	DE4253	
11	RSN CODE	Provider Reason Code	DE4012	
12	ERROR DESCRIPTION		DE0000	
13	GRAND TOTAL AMOUNTS		DE0000	Total source records read, total provider specific rates added, total provider rates updated, total provider rates deleted, and total error records.

Output Report PS-O-710-02 Provider Rate Maintenance Reports from DMAS Spreadsheet File

General Information

Error and control totals from the PSR710 provider rate update program.

Subsystem:	Provider
Frequency:	On Request
Volume:	N/A
Number of Copies:	n/a
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Provider Rate Maintenance Program (PSR710)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Rate Maintenance Report from DMAS File (PS-O-710-02)

```
PSR710                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO: PS-O-710-02

AS OF:MM/DD/CCYY                                 PROVIDER RATE MAINTENANCE REPORT                       PAGE NUMBER:       999

RUN DATE: MM/DD/CCYY HH:MM        (5)  (6)   (7)                 (9)         (10)       (11)   (12)

    (1)   (2)          (3)  (4)  PROV  RATE  RATE    (8)         BEGIN       END        RSN

  ACTION  NPI         SITE  PGM  TYPE  TYPE  CODE   RATE         DATE        DATE       CODE  ERROR DESCRIPTION / UPDATE DATE/TIME

-----------------------------------------------------------------------------------------------------------------------------------

    X    XXXXXXXXXX   99    99   XXX   EAPG  XXXX      999.9999  MM/DD/CCYY  MM/DD/CCYY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    X    XXXXXXXXXX   99    99   XXX   EAPG  XXXX      999.9999  MM/DD/CCYY  MM/DD/CCYY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                                                  (13)

                                                TOTAL RECORDS READ :            99999

                                                TOTAL RECORDS ADDED:            99999

                                                TOTAL RECORDS UPDATED:          99999

                                                TOTAL RECORDS DELETED:          99999

                                                TOTAL ERROR RECORDS:            99999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ACTION	Action Code		For future use (add, change, delete)
2	PROV ID	National Provider Identifier	DE4700	
3	SITE NO	NPI XREF Site	DE4143	
4	PGM	Provider Program Code	DE4208	
5	PROV TYPE	Provider Type	DE4006	
6	TYPE	Provider Rate Type	DE4250	
7	CODE	Provider Rate Code	DE4251	
8	RATE	Provider Rate	DE4255	

9	BEGIN DATE	Provider Rate Begin Date	DE4252	
10	END DATE	Provider Rate End Date	DE4253	
11	RSN CODE	Provider Reason Code	DE4012	
12	ERROR DESCRIPTION		DE0000	
13	GRAND TOTAL AMOUNTS		DE0000	Total source records read, total provider specific rates added, total provider rates updated, total provider rates deleted, and total error records.

Output Report PS-O-710-03 Provider Rate Maintenance Reports from DMAS Spreadsheet File

General Information

Error and control totals from the PSR710 provider rate update program.

Subsystem:	Provider
Frequency:	On Request
Volume:	N/A
Number of Copies:	n/a
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Provider Rate Maintenance Program (PSR710)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Rate Maintenance Report from DMAS File (PS-O-710-03)

```
PSR710                              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO: PS-O-710-03

AS OF:MM/DD/CCYY                                PROVIDER RATE MAINTENANCE REPORT                      PAGE NUMBER:       999

RUN DATE: MM/DD/CCYY HH:MM        (5)  (6)   (7)                 (9)         (10)       (11)   (12)

    (1)   (2)          (3)  (4)  PROV  RATE  RATE    (8)         BEGIN       END        RSN

  ACTION  NPI         SITE  PGM  TYPE  TYPE  CODE   RATE         DATE        DATE       CODE  ERROR DESCRIPTION / UPDATE DATE/TIME

-----------------------------------------------------------------------------------------------------------------------------------

    X    XXXXXXXXXX   99    99   XXX   PIRS  XXXX      999.9999  MM/DD/CCYY  MM/DD/CCYY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    X    XXXXXXXXXX   99    99   XXX   PIRS  XXXX      999.9999  MM/DD/CCYY  MM/DD/CCYY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                                                  (13)

                                                TOTAL RECORDS READ :            99999

                                                TOTAL RECORDS ADDED:            99999

                                                TOTAL RECORDS UPDATED:          99999

                                                TOTAL RECORDS DELETED:          99999

                                                TOTAL ERROR RECORDS:            99999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ACTION	Action Code		For future use (add, change, delete)
2	PROV ID	National Provider Identifier	DE4700	
3	SITE NO	NPI XREF Site	DE4143	
4	PGM	Provider Program Code	DE4208	
5	PROV TYPE	Provider Type	DE4006	
6	TYPE	Provider Rate Type	DE4250	
7	CODE	Provider Rate Code	DE4251	
8	RATE	Provider Rate	DE4255	

9	BEGIN DATE	Provider Rate Begin Date	DE4252	
10	END DATE	Provider Rate End Date	DE4253	
11	RSN CODE	Provider Reason Code	DE4012	
12	ERROR DESCRIPTION		DE0000	
13	GRAND TOTAL AMOUNTS		DE0000	Total source records read, total provider specific rates added, total provider rates updated, total provider rates deleted, and total error records.

Output Report PS-O-710-04 Provider Rate Maintenance Reports from DMAS Spreadsheet File

General Information

Error and control totals from the PSR710 provider rate update program.

Subsystem:	Provider
Frequency:	On Request
Volume:	N/A
Number of Copies:	n/a
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Provider Rate Maintenance Program (PSR710)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Rate Maintenance Report from DMAS File (PS-O-710-04)

```
PSR710                              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO: PS-O-710-04

AS OF:MM/DD/CCYY                                PROVIDER RATE MAINTENANCE REPORT                      PAGE NUMBER:       999

RUN DATE: MM/DD/CCYY HH:MM        (5)  (6)   (7)                 (9)         (10)       (11)   (12)

    (1)   (2)          (3)  (4)  PROV  RATE  RATE    (8)         BEGIN       END        RSN

  ACTION  NPI         SITE  PGM  TYPE  TYPE  CODE   RATE         DATE        DATE       CODE  ERROR DESCRIPTION / UPDATE DATE/TIME

-----------------------------------------------------------------------------------------------------------------------------------

    X    XXXXXXXXXX   99    99   XXX   PACE  XXXX      999.9999  MM/DD/CCYY  MM/DD/CCYY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    X    XXXXXXXXXX   99    99   XXX   PACE  XXXX      999.9999  MM/DD/CCYY  MM/DD/CCYY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                                                  (13)

                                                TOTAL RECORDS READ :            99999

                                                TOTAL RECORDS ADDED:            99999

                                                TOTAL RECORDS UPDATED:          99999

                                                TOTAL RECORDS DELETED:          99999

                                                TOTAL ERROR RECORDS:            99999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ACTION	Action Code		For future use (add, change, delete)
2	PROV ID	National Provider Identifier	DE4700	
3	SITE NO	NPI XREF Site	DE4143	
4	PGM	Provider Program Code	DE4208	
5	PROV TYPE	Provider Type	DE4006	
6	TYPE	Provider Rate Type	DE4250	
7	CODE	Provider Rate Code	DE4251	
8	RATE	Provider	DE4255	

		Rate		
9	BEGIN DATE	Provider Rate Begin Date	DE4252	
10	END DATE	Provider Rate End Date	DE4253	
11	RSN CODE	Provider Reason Code	DE4012	
12	ERROR DESCRIPTION		DE0000	
13	GRAND TOTAL AMOUNTS		DE0000	Total source records read, total provider specific rates added, total provider rates updated, total provider rates deleted, and total error records.

Output Report PS-O-710-05 Provider Rate Maintenance Reports from DMAS Spreadsheet File

General Information

Error and control totals from the PSR710 provider rate update program.

Subsystem:	Provider
Frequency:	On Request
Volume:	N/A
Number of Copies:	n/a
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Provider Rate Maintenance Program (PSR710)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Provider Rate Maintenance Report from DMAS File (PS-O-710-05)

```
PSR710                              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO: PS-O-710-05

AS OF:MM/DD/CCYY                                  PROVIDER RATE MAINTENANCE REPORT                     PAGE NUMBER:       999

RUN DATE: MM/DD/CCYY HH:MM        (5)  (6)   (7)                 (9)         (10)       (11)   (12)

    (1)   (2)          (3)  (4)  PROV  RATE  RATE    (8)         BEGIN       END        RSN

  ACTION  NPI         SITE  PGM  TYPE  TYPE  CODE   RATE         DATE        DATE       CODE  ERROR DESCRIPTION / UPDATE DATE/TIME

-------------------------------------------------------------------------------------------------------------------------------------

    X    XXXXXXXXXX   99    99   XXX   RUG   XXXX      999.9999  MM/DD/CCYY  MM/DD/CCYY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    X    XXXXXXXXXX   99    99   XXX   RUG   XXXX      999.9999  MM/DD/CCYY  MM/DD/CCYY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                                                  (13)

                                                TOTAL RECORDS READ :            99999

                                                TOTAL RECORDS ADDED:            99999

                                                TOTAL RECORDS UPDATED:          99999

                                                TOTAL RECORDS DELETED:          99999

                                                TOTAL ERROR RECORDS:            99999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ACTION	Action Code		For future use (add, change, delete)
2	PROV ID	National Provider Identifier	DE4700	
3	SITE NO	NPI XREF Site	DE4143	
4	PGM	Provider Program Code	DE4208	
5	PROV TYPE	Provider Type	DE4006	
6	TYPE	Provider Rate Type	DE4250	
7	CODE	Provider Rate Code	DE4251	
8	RATE	Provider Rate	DE4255	

9	BEGIN DATE	Provider Rate Begin Date	DE4252	
10	END DATE	Provider Rate End Date	DE4253	
11	RSN CODE	Provider Reason Code	DE4012	
12	ERROR DESCRIPTION		DE0000	
13	GRAND TOTAL AMOUNTS		DE0000	Total source records read, total provider specific rates added, total provider rates updated, total provider rates deleted, and total error records.

Output Reports PS-O-730 Provider Screening and Fee Report

This is a report of providers who have enrolled or been screened during the reporting requirement period.

Subsystem:	Provider
Frequency:	Daily
Volume:	Varies
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	90 Days
Distribution:	Provider Enrollment Services
Program:	Provider Screening and Fee Report (PSD730)
Confidential:	No
Sequence:	Provider Name, Screening Case Type
Control Breaks:	N/A

Provider Screening and Fee Report (PS-O-730)

```
PSD730                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:     PS-O-7
AS OF:MM/DD/CCYY                                   XEROX - FISCAL AGENT                                 PAGE NUMBER: Z,ZZZ,
RUN DATE: MM/DD/CCYY HH:MM                   PROVIDER SCREENING AND FEE REPORT
 NPI        NAME                                          DATE SCREENED       DATE FEE PAID
 ---------- ---------------------------------             -------------       -------------
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY          MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY          MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY          MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY          MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY          MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY          MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY          MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY          MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              MM/DD/CCYY          MM/DD/CCYY

                    * * * *  C O N F I D E N T I A L   I N F O R M A T I O N  * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	NPI	National Provider Identifier	DE4700	
2	NAME	Provider Name	DE4085	
3	DATE SCREENED	Screening Date	DE4713	
4	DATE FEE PAID	Application Fee Paid Date	DE4717	

Output Reports PS-O-732 Provider Screening 15 Day Cancellation Notice

This is a report of providers whose revalidation is due within the next 15 days and their revalidation bypass indicator is not 'Y'.

Subsystem:	Provider
Frequency:	Daily
Volume:	Varies
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	90 Days
Distribution:	Provider Enrollment Services
Program:	Provider Screening 15 Day Cancellation Notice (PSD732)
Confidential:	No
Sequence:	Provider Name
Control Breaks:	N/A

Provider Screening and Fee Report (PS-O-732)

```
PSD732                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:     PS-Q-7
AS OF:MM/DD/CCYY                                   XEROX - FISCAL AGENT                                 PAGE NUMBER:        9
RUN DATE: MM/DD/CCYY HH:MM               PROVIDER SCREENING 15 DAY CANCELLATION NOTICE

 NPI        NAME                                          CANCEL DATE
 ---------- ---------------------------------             -------------
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY
 9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY

                  * * * *  C O N F I D E N T I A L   I N F O R M A T I O N  * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider Identifier	DE4700	
2	NAME	Provider Name	DE4085	
3	CANCEL DATE	Revalidation Due Date	DE4749	

Output Reports PS-O-750 NPPES Non-Match Report

Provides details of new matches between the Provider Disclosure table and the NPPES Master File.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Varies
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	7 Years
Distribution:	Provider Enrollment Services
Program:	NPPES Monthly Monitoring (PSM750)
Confidential:	No
Sequence:	NPI
Control Breaks:	N/A

NPPES Non-Match Report (PS-O-750)

```
PSM750                                VIRGINIA DEPARTMENT OF MMEDICAL ASSISTANCE SERVICES                    REPORT NO:    PS-O-7
AS OF:MM/DD/CCYY             NATIONAL PLAN AND PROVIDER ENUMERATION SYSTEM (NPPES) NON-MATCH REPORT           PAGE NUMBER: Z,ZZZ,Z
RUN DATE: MM/DD/CCYY HH:MM

NPI       NAME                                        MATCH LEVEL               DEACTIVATED    RSN CD                      REACTIVATE
-------------------------------------------------------------------------------------------------------------------------------------
9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9 - XXXXXXXXXXXXXXXXXX     MM/DD/CCYY     XX - XXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999

9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9 - XXXXXXXXXXXXXXXXXX     MM/DD/CCYY     XX - XXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999

9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9 - XXXXXXXXXXXXXXXXXX     MM/DD/CCYY     XX - XXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999


TOTAL RECORDS READ FROM NPPES FILE              : Z,ZZZ,ZZ9
TOTAL PROVIDERS READ                            : Z,ZZZ,ZZ9
TOTAL NO OF PROV WITH MATCH CRITERIA            : Z,ZZZ,ZZ9


                                        *** END OF REPORT ***

            * * * * * * * C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N    * * * * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider Identifier	DE4700	
2	NAME	Provider Name	DE4085	
3	MATCH LEVEL	Database Match Level/Search Results	DE4745	
4	DEACTIVATED	NPPES NPI Deactiv-ation Date	DE4877	
5	RSN CD	NPPES NPI Deactiv-ation Reason Code	DE4879	
6	REACTIVATED	NPPES NPI Reactiv-ation Date	DE4878	
7	ADDR	Provider Address Line	DE4097	
8	CITY	Provider Address City Name	DE4130	
9	STATE	Provider Address State	DE4098	
10	ZIP	Provider Address Zip Code	DE4099	
11	TOTAL RECORDS READ FROM NPPES FILE	Calculated	DE0002	Total records read from NPPES File.
12	TOTAL PROVIDERS READ	Calculated	DE0002	Total records read from Provider Disclosure and NPI XREF tables.

13	TOTAL NO OF PROV WITH MATCH CRITERIA	Calculated	DE0002	Total records with matching criteria.

Output Reports PS-O-755 MCSIS Match Report

This program is the monthly monitoring program for provider screening against the MCSIS Master File. Inserts or updates to the FDBC Table with results and produces a report.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Varies
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	7 Years
Distribution:	Provider Enrollment Services
Program:	MCSIS Monthly Monitoring (PSM755)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

MCSIS Match Report (PS-O-755)

```
PSM755                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:    PS-O-
AS OF:MM/DD/CCYY     MEDICAID AND CHILDRENS HEALTH INSURANCE / STATE INFORMATION SHARING(MCSIS) MATCH REPORT  PAGE NUMBER: Z,ZZZ,
RUN DATE: MM/DD/CCYY HH:MM

NPI        IND TYPE              NAME                                          EIN          MATCH LEVEL              TERM DATE
-----------------------------------------------------------------------------------------------------------------------------------
9999999999 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999       9 - XXXXXXXXXXXXXXXXX    MM/DD/CCYY
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999
== MCSIS DATA ==   LNAME: XXXXXXXXXXXXXXXXXX FNAME: XXXXXXXXXXXX REPORTING STATE: XX TERM RSN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

9999999999 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999       9 - XXXXXXXXXXXXXXXXX    MM/DD/CCYY
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999
== MCSIS DATA ==   ONAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX REPORTING STATE: XX TERM RSN: XXXXXXXXXXXXXXXXXXXXXX


TOTAL RECORDS READ FROM MCSIS FILE                : Z,ZZZ,ZZ9
TOTAL NUMBER OF PROVIDERS SCREENED                : Z,ZZZ,ZZ9
TOTAL NO OF PROVIDERS WITH EXACT MATCH CRITERIA   : Z,ZZZ,ZZ9
TOTAL NO OF PROVIDERS WITH LEVEL 1 MATCH          : Z,ZZZ,ZZ9
TOTAL NO OF PROVIDERS WITH LEVEL 2 MATCH          : Z,ZZZ,ZZ9
TOTAL NO OF PROVIDERS SENT TO AUDIG LOG           : Z,ZZZ,ZZ9
TOTAL NO OF PROVIDERS NO LONGER ACTIVE            : Z,ZZZ,ZZ9
TOTAL NO OF PROVIDERS PREVIOUSLY REPORTED         : Z,ZZZ,ZZ9
TOTAL NO OF PROVIDERS WITH OVERRIDES              : Z,ZZZ,ZZ9
TOTAL NO OF PROVIDERS NOT FOUND ON MCSIS          : Z,ZZZ,ZZ9

                                          *** END OF REPORT ***

              * * * * * * * C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N    * * * * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider Identifier	DE4700	
2	IND TYPE		DE0000	Derived from Disclosed Individual/Entity Type (DE4732)
3	NAME	Disclosed Individual/Entity Name	DE4734	
4	EIN	Disclosed Individual/Entity SSN/TIN	DE4742	
5	MATCH LEVEL	Database Match Level/Search Results	DE4745	
6	TERM DATE	MCSIS Provider Termination Date	DE4870	
7	ADDR	Disclosed Individual/Entity Street	DE4752	
8	CITY	Disclosed Individual/Entity City	DE4755	
9	STATE	Disclosed Individual/Entity State	DE4753	
10	ZIP	Disclosed Indi-	DE4754	

		vidual/Entity Zip Code		
11	LNAME or ONAME	Provider Name	DE4085	
12	FNAME	Provider Name	DE4085	
13	REPORTING STATE	Provider Screening Regulations Reporting State	DE4758	
14	TERM RSN	MCSIS Provider Termination Reason	DE4756	
15	TOTAL RECORDS READ FROM MCSIS FILE	Calculated	DE0002	
16	TOTAL NUMBER OF PROVIDERS SCREENED	Calculated	DE0002	
17	TOTAL NO OF PROVIDERS WITH EXACT MATCH CRITERIA	Calculated	DE0002	
18	TOTAL NO OF PROVIDERS WITH LEVEL 1 MATCH	Calculated	DE0002	
19	TOTAL NO OF PROVIDERS WITH LEVEL 2 MATCH	Calculated	DE0002	
20	TOTAL NO OF PROVIDERS SENT TO AUDIG LOG	Calculated	DE0002	
21	TOTAL NO OF PROVIDERS NO LONGER ACTIVE	Calculated	DE0002	
22	TOTAL NO OF PROVIDERS PREVIOUSLY REPORTED	Calculated	DE0002	
23	TOTAL NO OF PROVIDERS WITH OVERRIDES	Calculated	DE0002	
24	TOTAL NO OF PROVIDERS NOT FOUND ON MCSIS	Calculated	DE0002	

Output Reports PS-O-765 LEIE Match Report

Provides details of new matches between the Provider Disclosure table and the LEIE Master File.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Varies
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	7 Years
Distribution:	Provider Enrollment Services
Program:	LEIE Monthly Monitoring (PSM765)
Confidential:	No
Sequence:	NPI
Control Breaks:	N/A

LEIE Match Report (PS-O-765)

```
PSM765                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:    PS-O-7
AS OF:MM/DD/CCYY                    LIST OF EXCLUDED INDIVIDUALS/ENTITIES(LEIE) MATCH REPORT                PAGE NUMBER: Z,ZZZ,Z
RUN DATE: MM/DD/CCYY HH:MM

NPI        IND TYPE                      NAME                                          EIN   MATCH LEVEL        SNCTN     SNCTN EN
-------------------------------------------------------------------------------------------------------------------------------------
9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 9 - XXXXXXXXX    MM/DD/CCYY  MM/DD/CC
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: XXXXXXXXX
==LEIE DATA ==     LEIE LNAME:   XXXXXXXXXXXXXXXXXX LEIE FNAME:   XXXXXXXXXXXX

9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999 9 - XXXXXXXXX    MM/DD/CCYY  MM/DD/CC
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: XXXXXXXXX
==LEIE DATA ==     LEIE BUS NAME: XXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL RECORDS READ FROM LEIE DATABASE            : Z,ZZZ,ZZ9
TOTAL DISCLOSED INDIVIDUALS/ORGANIZATIONS READ   : Z,ZZZ,ZZ9
TOTAL NO OF DISCLOSED WITH EXACT MATCH CRITERIA  : Z,ZZZ,ZZ9

                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element	Element	Source/Calculations

		Name	ID	
1	NPI	National Provider Identifier	DE4700	
2	IND TYPE		DE0002	Literal for DE4732 - Disclosed Individual/Entity Type
3	NAME	Disclosed Individual/Entity Name	DE4734	
4	EIN	Disclosed Individual/Entity SSN/EIN	DE4742	
5	MATCH LEVEL	Database Match Level/Search Results	DE4745	
6	SNCTN	Sanctioned Provider Begin Date	DE4576	
7	SNCTN END	Sanctioned Provider End Date	DE4585	
8	ADDR	Disclosed Individual/Entity Street	DE4752	
9	CITY	Disclosed Individual/Entity City Name	DE4755	
10	STATE	Disclosed Individual/Entity State	DE4753	
12	ZIP	Disclosed Individual/Entity Zip Code	DE4754	
12	LEIE LNAME	Sanctioned Provider Last Name	DE4577	
13	LEIE FNAME	Sanctioned Provider First Name	DE4578	
14	LEIE BUS NAME	Sanctioned Provider Business Name	DE4587	
15	TOTAL RECORDS READ FROM LEIE DATABASE	Calculated	DE0002	Total records read from the LEIE database.
16	TOTAL DISCLOSED INDIVIDUALS/ORGANIZATIONS READ	Calculated	DE0002	Total records read from Provider Disclosure and NPI XREF tables.
17	TOTAL NO OF DISCLOSED WITH EXACT MATCH CRITERIA	Calculated	DE0002	Total records with matching criteria.

Output Reports PS-O-770 SSA Death Master Match Report

Provides details of new matches between the Provider Disclosure table and the SSA-DMF Master File.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Varies
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	7 Years
Distribution:	Provider Enrollment Services
Program:	SSA-DMF Monthly Monitoring (PSM770)
Confidential:	No
Sequence:	NPI
Control Breaks:	N/A

SSA Death Master Match Report (PS-O-770)

```
PSM770                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:    PS-O-7
AS OF:MM/DD/CCYY                               SSA DEATH MASTER MATCH REPORT                              PAGE NUMBER: Z,ZZZ,Z
RUN DATE: MM/DD/CCYY HH:MM

NPI        IND TYPE              NAME                                          SSN         DOB        DOD      MATCH LEVEL
-------------------------------------------------------------------------------------------------------------------------------
9999999999 XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXX
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999
==SSADMF DATA ==   SSADMF LNAME: XXXXXXXXXXXXXXXXXX XXXXXXXXXXXX           SSADMF DOB: MM/DD/CCYY

9999999999 XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXX
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999
==SSADMF DATA ==   SSADMF LNAME: XXXXXXXXXXXXXXXXXX XXXXXXXXXXXX           SSADMF DOB: MM/DD/CCYY

9999999999 XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXX
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999
==SSADMF DATA ==   SSADMF LNAME: XXXXXXXXXXXXXXXXXX XXXXXXXXXXXX           SSADMF DOB: MM/DD/CCYY


TOTAL RECORDS READ FROM SSA-DMF FILE              : Z,ZZZ,ZZ9
TOTAL PROVIDERS/DISCLOSED INDIVIDUALS READ        : Z,ZZZ,ZZ9
TOTAL NO OF PROV/DISC WITH EXACT MATCH CRITERIA   : Z,ZZZ,ZZ9


                                        *** END OF REPORT ***

          * * * * * * * C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N    * * * * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider Identifier	DE4700	
2	IND TYPE		DE0002	Literal based on DE4732 - Disclosed Individual/Entity Type
3	NAME	Disclosed Individual/Entity Name	DE4734	
4	SSN	Disclosed Individual/Entity SSN/EIN	DE4742	
5	DOB	Disclosed Individual Date of Birth	DE4733	
6	DOD	SSA Deceased Date of Death	DE4869	
7	MATCH LEVEL		DE0002	Derived from existence on SSA Death Master File (PS-F-163)
8	ADDR	Disclosed Individual/Entity Street	DE4752	
9	CITY	Disclosed Individual/Entity City Name	DE4755	
10	STATE	Disclosed Indi-	DE4753	

		vidual/Entity State		
11	ZIP	Disclosed Individual/Entity Zip Code	DE4754	
12	SSADMF LNAME	SSA Deceased Last Name	DE4865	
13		SSA Deceased First Name	DE4866	
14	SSADMF DOB	SSA Deceased Date of Birth	DE4876	
15	TOTAL RECORDS READ FROM SSA-DMF FILE	Calculated	DE0002	Total records read from the SSA-DMF file.
16	TOTAL PROVIDERS/DISCLOSED INDIVIDUALS READ	Calculated	DE0002	Total records read from Provider Disclosure and NPI XREF tables.
17	TOTAL NO OF PROV/DISC WITH EXACT MATCH CRITERIA	Calculated	DE0002	Total records with matching criteria.

Output Reports PS-O-780 Excluded Parties List System Match Report

Provides details of new matches between the Provider Disclosure table and the EPLS Master File.

Subsystem:	Provider
Frequency:	Monthly
Volume:	Varies
Number of Copies:	To Be Determined
Output Form:	Standard
Retention:	7 Years
Distribution:	Provider Enrollment Services
Program:	EPLS Monthly Monitoring (PSM780)
Confidential:	No
Sequence:	Disclosed Individual/Entity Name
Control Breaks:	N/A

Excluded Parties List System Match Report (PS-O-780)

```
PSM780                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:    PS-O-78
AS OF:MM/DD/CCYY                          EXCLUDED PARTIES LIST SYSTEM MATCH REPORT                         PAGE NUMBER: Z,ZZZ,ZZ
RUN DATE: MM/DD/CCYY HH:MM

NPI        IND TYPE              NAME                                          EIN     MATCH LEVEL         EXCL TERM DATE EXCL AGENC
-------------------------------------------------------------------------------------------------------------------------------------
9999999999 XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999  9 - XXXXXXXXXXXXXXXXX  MM/DD/CCYY       XXX
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999
==EPLS DATA ==     LNAME: XXXXXXXXXXXXXXXXXX FNAME: XXXXXXXXXXXX STATE: XX

9999999999 XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999  9 - XXXXXXXXXXXXXXXXX  MM/DD/CCYY       XXX
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999
==EPLS DATA ==     ORG NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      STATE: XX

9999999999 XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999  9 - XXXXXXXXXXXXXXXXX  MM/DD/CCYY       XXX
ADDR: XXXXXXXXXXXXXXXXXXXXXXXXX  CITY: XXXXXXXXXXXXXXX  STATE: XX  ZIP: 999999999
==EPLS DATA ==     LNAME: XXXXXXXXXXXXXXXXXX FNAME: XXXXXXXXXXXX STATE: XX


TOTAL RECORDS READ FROM EPLS FILE                : Z,ZZZ,ZZ9
TOTAL PROVIDERS/DISCLOSED INDIVIDUALS READ       : Z,ZZZ,ZZ9
TOTAL NO OF PROV/DISC WITH EXACT MATCH CRITERIA  : Z,ZZZ,ZZ9


                                        *** END OF REPORT ***

              * * * * * * * C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N    * * * * * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NPI	National Provider Identifier	DE4700	
2	IND TYPE		DE0002	Literal based on DE4732 - Disclosed Individual/Entity Type
3	NAME	Disclosed Individual/Entity Name	DE4734	
4	EIN	Disclosed Individual/Entity SSN/EIN	DE4742	
5	MATCH LEVEL		DE0002	Derived from existence on Excluded Parties List System File (PS-F-160)
6	EXCL TERM DATE	Disclosed Individual/Entity Exclusion End Date	DE4857	
7	EXCL AGENCY	EPLS Excluding Agency	DE4863	
8	ADDR	Disclosed Individual/Entity Street	DE4752	
9	CITY	Disclosed Indi-	DE4755	

		vidual/Entity City Name		
10	STATE	Disclosed Individual/Entity State	DE4753	
11	ZIP	Disclosed Individual/Entity Zip Code	DE4754	
12	LNAME	Disclosed Individual/Entity Name	DE4734	
13	FNAME	Disclosed Individual/Entity Name	DE4734	
14	ORG NAME	Disclosed Individual/Entity Name	DE4734	
15	STATE	Disclosed Individual/Entity State	DE4753	
16	TOTAL RECORDS READ FROM EPLS DATABASE	Calculated	DE0002	Total records read from the EPLS Master file.
17	TOTAL PROVIDERS/DISCLOSED INDIVIDUALS READ	Calculated	DE0002	Total records read from Provider Disclosure and NPI XREF tables.
18	TOTAL NO OF PROV/DISC WITH EXACT MATCH CRITERIA	Calculated	DE0002	Total records with matching criteria.

Output Reports PS-O-800 IRP Provider Extract Control Totals

General Information

This program creates the IRP extract files for Provider.

Subsystem:	Provider
Frequency:	Weekly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	IRP Provider Extract (PSW800)
Confidential:	No
Graphics:	ps o-800
Sequence:	N/A
Control Breaks:	N/A

IRP Provider Extract Control Totals (PS-O-800)

```
PSW800                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                             PROVIDER BREAKDOWN EXTRACT CONTROL REPORT                        PA
RUN DATE: MM/DD/CCYY HH:MM

                                                NUMBER OF PROVIDER RECORDS READ:          ZZZ,ZZ9

                                            NUMBER OF PROVIDER EXTRACT RECORDS WRITTEN:   ZZZ,ZZ9

                                        NUMBER OF PROVIDER ELIGIBILITY RECORDS WRITTEN:   ZZZ,ZZ9

                                          NUMBER OF PROVIDER SPECIALTY RECORDS WRITTEN;   ZZZ,ZZ9

                                                   *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	No. of Provider Records Read	Calculated	DE0002	
3	No. of Provider Extract Records Written	Calculated	DE0002	
4	No. Eligibility Records Written	Calculated	DE0002	
5	No. of Provider Specialty Records Written	Calculated	DE0002	

Output Reports PS-O-C10 COBA Medicare Provider Update Report

General Information

This report was produced in response to requirements resulting from the Implementation of COBA. During the testing phase it was discovered that additional Provider Medicare IDs were required on the Provider Cross-Walk Database. To not update the database would result in many Crossover Claims adjudicated with errors, because the Provider IDs on the Claims could not be located on the Provider Database. The purpose of this report is providing a listing of each entry that was added to the Cross-Walk.

Subsystem:	Provider
Frequency:	Once
Volume:	
Number of Copies:	1
Output Form:	JHS
Retention:	N/A
Distribution:	DMAS
Program:	N/A
Confidential:	Yes
Sequence:	Descending 2005 Claim Count Descending Coverage End Date
Control Breaks:	N/A

COBA Medicare Provider Update Report (PS-O-C10)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ORIG MEDICARE#	Provider Alternate ID Value	DE4044	This is the Provider Medicare ID that was on the Cross-Walk, before any updates occurred. This ID consists of a 5 position Carrier ID and the Provider's assigned Medicare ID.
2	COBA MEDICARE #	Provider Alternate ID Value	DE4044	This is the new Provider Medicare ID

				that will be added to the Cross-Walk. This new ID will consist of a 5 position generic Carrier Code (either 9999A or 9999B), the Provider's assigned Medicare ID, plus trailing zeroes. Training zeroes will be added when the new Medicare ID does not consist of 15 positions. The generic Carrier Code, 9999A will be applied when the existing Carrier Code represents a Part A Carrier. 9999B will be applied when the existing Carrier Code represents a Part B Carrier.
3	BASE ID	Provider Base Identification Number	DE4001	
4	MEDICAID ID	Provider Identification Number	DE4002	
5	SEQ NO	Seq Num	DE0016	
6	TAX ID NO	Provider Alternate ID Value	DE4044	
7	2005 CLM CNT	Provider Current Year-to-Date Paid Claims	DE4041	This field applies to the previous year (2005).
8	MCAID COVR DATES (begin)	Provider Code Table Begin Date	DE4503	
9	MCAID COVR DATES (end)	Provider Code Table End Date	DE4504	
10	COMMENTS	Calculated	DE0002	This field states whether or not the entry was added to the Provider Cross-Walk.
11	TOTAL PROVIDER CROSSWALK ROWS READ	Calculated	DE0002	This is the total number of Medicare Provider IDs read during the Conversion Process. All entries read on the Cross-Walk will not necessarily be processed.
12	TOTAL PARTA PROVIDER RECS/ROWS PROCESSED	Calculated	DE0002	This is the total number of Medicare Provider Entries that resulted in creation of another Part A Entry on the Cross-Walk. If the entry creates a duplicate value on the Provider Cross-Walk, it will not be added, but will be reported on the Error Report. Duplicate Entries are included in this count.
13	TOTAL PARTB PROVIDER RECS/ROWS	Calculated	DE0002	This is the total number of Medicare Provider Entries that resulted in cre-

	PROCESSED			ation of another Part B Entry on the Cross-Walk. If the entry creates a duplicate value on the Provider Cross-Walk, it will not be added, but will be reported on the Error Report. Duplicate Entries are included in this count.
14	TOTAL NEW ROWS INSERTED ON PS_ALT_ID	Calculated	DE0002	This is the total number of new Medicare Provider IDs added to or inserted on PS_ALT_ID. The Provider Crosswalk Database consists of 2 tables, they are PS_ALT_ID and PS_PROV_ALT_ID, respectively.
15	TOTAL NEW ROWS INSERTED ON PS_PROV_ALT_ID	Calculated	DE0002	This is the total number of new Medicare Provider IDs added to or inserted on PS_PROV_ALT_ID. The Provider Crosswalk Database consists of 2 tables, they are PS_ALT_ID and PS_PROV_ALT_ID, respectively.
16	TOTAL PROVIDER RECS/ROWS W/INVALID CARRIERS	Calculated	DE0002	This field contains the number of Medicare Provider IDs that contained Carrier IDs that are no longer valid. These Carrier IDs were not found on the GL_CODE_VALUE Table.
17	TOTAL PARTA PROVIDER RECS/ROWS INSERTED	Calculated	DE0002	This is the total number of new Part A Medicare Provider IDs added to or inserted on the Cross-Walk.
18	TOTAL PARTB PROVIDER RECS/ROWS INSERTED	Calculated	DE0002	This is the total number of new Part B Medicare Provider IDs added to or inserted on the Cross-Walk.
19	TOTAL CROSSWALK ROWS NOT PROCESSED	Calculated	DE0002	This is the total number of new Medicare Provider IDs that could not be inserted on the Cross-Walk.
20	TOTAL NEW PROVIDER CROSSWALK ROWS PRINTED	Calculated	DE0002	This is the total number of new Medicare Provider IDs added to or inserted on both tables of the Cross-Walk and as a result will be printed on this report.

Output Reports PS-O-C11 COBA Medicare Provider **Error** Report

General Information

This report was produced in response to requirements resulting from the Implementation of COBA. During the testing phase it was discovered that additional Provider Medicare IDs were required on the Provider Cross-Walk Database. To not update the database would result in many Crossover Claims adjudicated with errors, because the Provider IDs on the Claims could not be located on the Provider Database. It was additionally discovered that a number of the new entries that were created would result in duplication of Provider Medicare IDs. The purpose of this report is provide a listing of each entry that could not be added to the Cross-Walk because doing so would result in posting a duplicate ID.

Subsystem:	Provider
Frequency:	Once
Volume:	Variable
Number of Copies:	1
Output Form:	JHS
Retention:	N/A
Distribution:	DMAS
Program:	N/A
Confidential:	Yes
Sequence:	Descending 2005 Claim Count Descending Coverage End Date
Control Breaks:	N/A

COBA Medicare Provider **Error** Report(PS-O-C11)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(Bypassed/Prior Update)	Calculated	DE0002	This field indicates if the new Provider Medicare ID is a duplicate ID that will be bypassed and if the Provider ID has

				already been added. When the new Provider ID will result in a duplicate ID, this field will contain text, 'BYPASSED-DUP'. The ID that was previously added to Cross-Walk will be listed with text, 'Prior Update'.
2	ORIG MEDICARE #	Provider Alternate ID Value	DE4044	This is the Provider Medicare ID that was on the Cross-Walk, before any updates occurred. This ID consists of a 5 position Carrier ID and the Provider's assigned Medicare ID.
3	COBA MEDICARE #	Provider Alternate ID Value	DE4044	This is the new Provider Medicare ID that will be added to the Cross-Walk. This new ID will consist of a 5 position generic Carrier Code (either 9999A or 9999B) , the Provider's assigned Medicare ID, plus trailing zeroes. Training zeroes will be added when the new Medicare ID does not consist of 15 positions. The generic Carrier Code, 9999A will be applied when the existing Carrier Code represents a Part A Carrier. 9999B will be applied when the existing Carrier Code represents a Part B Carrier.
4	BASE ID	Provider Base Identification Number	DE4001	
5	MEDICAID #	Provider Identification Number	DE4002	
6	SEQ NO	Seq Num	DE0016	
7	TAX ID NO	Provider Alternate ID Value	DE4044	This value represents the Provider's Tax ID and is extracted from the Provider Crosswalk.
8	2005 CLM CNT	Provider Current Year-to-Date Paid Claims	DE4041	
9	MCAID COVR DATES (begin)	Provider Code Table Begin Date	DE4503	
10	MCAID COVR DATES (end)	Provider Code Table End Date	DE4504	
11	COMMENTS	Calculated	DE0002	This field states whether the newly created Medicare ID is identical to an existing entry on the Provider Cross-Walk.
12	TOTAL MEDICARE IDS W/OTHER	Calculated	DE0002	This is the total number of new entries that would create a duplicate IDs. The new entry would be associated with a

	MEDICAID-BASE IDS			Base ID or Medicaid Number that differs from the Base ID or Medicaid Number of the pre-existing Provider ID.
13	TOTAL ENTRIES REJECTED BY DB2 AND NOT ADDED	Calculated	DE0002	This total represents a count of all DB2 errors resulting from attempts to add new Provider Medicare IDs to the table.
14	TOTAL PROVIDER ENTRIES SKIPPED TO AVOID DUPS	Calculated	DE0002	This is the total number of pre-existing Medicare IDs that were bypassed because the Carrier Code/Medicare ID combination would result in a new duplicate ID.
15	TOTAL PROVIDER X-WALK ERROR ENTRIES PRINTED	Calculated	DE0002	This is the total number of new entries that would create a duplicate ID and was printed on the report.