Provider Screens

03/30/2016

Screens PS-S-000 Provider Main Menu

General Information

This screen provides on-line selection of tasks to be performed as functions of the Provider Subsystem. This screen also provides cross-reference inquiry, with the capability to search for a provider by various alternate keys. The Last Name and First Name option can only be used with Provider Name and FEIN search.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST000
MAPSET	PS000VA
TRAN ID	VT00 (Inquiry)

SAMPLE	**Provider Main Menu (PS-S-000)**

Test Environment | Home | Contact Us | Help | Sear

Virginia Medicaid

MMIS

Help | Print | Lo

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

Screen ID: PS-S-000
Trans ID: VT00
Program ID: PST000

VIRGINIA MEDICAID
PROVIDER MAIN MENU

Date: 03/13/20
Time: 13:43

Select Item from Selection or Cross Reference Inquiry Lists

Selection - or - Cross Reference Inquiry

Select Function

Function: Add Change Inquiry

ID Value:

Last Name/Bus Name: First Name:

ENTER A SELECTION.

ENTER | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
3	Selection or Cross Reference Inquiry Screen Functional Selection (DE5854)	Edits: Must be 1 thru 44. Messages:	The type of Selection Inquiry you wish to access. Both fields have a drop-menu. Make a selection from the drop-menu or enter the screen name to be displayed. The type of Selection Inquiry you wish to access. Both fields have a drop-menu. Make a selection from the drop-menu or enter the screen name to be displayed. ADD/UPDATE(R/U) Choose a valid screen from the drop-down menu.
4	Function	Edits:	Radio button to select the type of screen trans-

	Screen Functional Selection (DE5854)	Must be "A" for Add, "C" for Change, or "I" for Inquiry.	action you wish to perform. Select the Inquiry radio button. Radio button to select the type of screen transaction you wish to perform - Add or Update. Must be 'A' for Add, 'C' for Change, or 'I' for Inquiry. ADD/UPDATE (R/U) Select the Add radio button in the Function field.
5	ID Value (DE0000)	Edits: When entered, must be a valid identification.	Enter an ID value (Provider Identification Number, License Number, etc.) or leave blank and enter the ID value on the screen once displayed. For a cross-reference name search, the only value that can be entered in the Value field is the provider FEIN. Enter an ID value (Provider Identification Number, License Number, etc.) or leave blank and enter the ID value on the screen once displayed. For a cross-reference name search, the only value that can be entered in the Value field is the provider FEIN. .ADD/UPDATE (C/U) Enter a valid ID Value.
6	Last/Bus Name Provider Name (DE4085)	Edits: Messages: Enter a Provider name (Last Name for an Individual or Business Name). Wild card character'*' can be used for 0 or multiple characters. Wild card character '?' can be used for 1 character. The user can enter a full or partial value with either one of the wild cards. If a wildcard is not used, the search stops when it encounters a space in the name. This field can only be used with Provider Name and FEIN searches.	Enter a Provider name (Last Name for an Individual or Business Name). Wild card character'*' can be used for 0 or multiple characters. Wild card character '?' can be used for 1 character. The user can enter a full or partial value with either one of the wild cards. If a wildcard is not used, the search stops when it encounters a space in the name. This field can only be used with Provider Name and FEIN searches. N/A

7	First Name Provider Name (DE4085)	Edits: Messages: Enter a Provider's First name to search for a provider. This has to be used in combination with the Last Name field. Wild card character'*' can be used for 0 or multiple characters. Wild card character '?' can be used for 1 character. The user can enter a full or a partial value with either one of the wild card. If a wildcard is not used, the search stops when it encounters a space in the name. This field can only be used with Provider Name and FEIN searches.	Enter a Provider's First name to search for a provider. This has to be used in combination with the Last Name field. Wild card character'*' can be used for 0 or multiple characters. Wild card character '?' can be used for 1 character The user can enter a full or a partial value with either one of the wild card. If a wildcard is not used, the search stops when it encounters a space in the name. This field can only be used with Provider Name and FEIN searches. N/A

NAVIGATION	**Provider Main Menu (PS-S-000)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	This screen will branch to the Provider Information screen.	PS-S-001-03 (B)
ENTER	This screen will branch to the Cancel screen.	PS-S-004 (B)
ENTER	This screen will branch to the Reinstate screen.	PS-S-001-03 (B)
ENTER	This screen will branch to the Restrictions screen.	PS-S-010 (B)
ENTER	This screen will branch to the Group/Provider screen.	PS-S-006 (B)
ENTER	This screen will branch to the Provider/Group screen.	PS-S-005 (B)
ENTER	This screen will branch to the Provider Rates screen.	PS-S-007-01 PS-S-007-02 PS-S-007-03 (B)

ENTER	This screen will branch to the Provider CLIA Update screen.	PS-S-030 (B)
ENTER	This screen will branch to the CLIA Inquiry screen. Only the Inquiry function is valid.	PS-S-014 (B)
ENTER	This screen will branch to the Code Table screen.	PS-S-020-01 PS-S-020-02 PS-S-020-03 PS-S-020-04 (B)
ENTER	This screen will branch to the Application Tracking screen.	PS-S-071 (B)
ENTER	This screen will branch to the Managed Care Enrollment screen.	PS-S-026 (B)
ENTER	This screen will branch to the Managed Care Search/Selection screen.	PS-S-024 (B)
ENTER	This screen will branch to the Affiliation screen.	PS-S-023 (B)
ENTER	This screen will branch to the Financial Information. Only the Inquiry/Change function are valid.	PS-S-013 (B)
ENTER	This screen will branch to the Address screen.	PS-S-022-01 PS-S-022-02 (B)
ENTER	This screen will branch to the MCO Provider/County screen.	PS-S-028 (B)
ENTER	This screen will branch to the Provider Incentive Plan screen.	PS-S-029 (B)
ENTER	This screen will branch to the Cross Reference screen for the following Cross references Base ID CLIA FEIN Licensing Number Medicare Number NPI Provider Name SLH SSN TDO UPIN Provider ID MAC ID Service Center	PS-S-012 (B)
ENTER	This screen will branch to the Service Center screen	PS-S-031 (B)

ENTER	This screen will branch to the Medicare Cross Reference Screen	PS-S-015 (B)
ENTER	This screen will branch to the Provider Managed Care Panel-Size Screen	PS-S-180 (B)
ENTER	This Screen will branch to the Provider Rate Maintenance Screen	PS-S-007-01 PS-S-007-02 PS-S-007-03 (B)
ENTER	This screen will branch to the Provider With Pending Rate screen.	PS-S-034 (B)
ENTER	This screen will branch to the Provider NPI/Legacy Cross Reference Screen.	PS-S-019 (B)
ENTER	This screen will branch to the Provider API Maintenance screen.	PS-S-017 (B)
ENTER	This screen will branch to the Provider NPI Maintenance screen.	PS-S-019 (B)
ENTER	This button will branch out to Provider Information screen 3 in Add mode.	PS-S-001-03 (B)
ENTER	This screen will branch to TAXONOMY DATA MAINTENACE screen.	PS-S-027 (B)
ENTER	This screen will branch to the Provider Service Center Screen	PS-S-033 (B)
ENTER	This screen will branch to the Base ID Maintenance or Inquiry screens. Add or Change = Base ID Maintenance Inquiry = Base ID Inquiry	PS-S-171 (B)
ENTER	This screen will branch to the Base ID Claims Reprocessing Approval screen.	PS-S-172 (B)
SUB MENU	Returns to the Virginia MMIS Main Menu.	RF-S-010 (R)
MAIN MENU	Returns to the Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4694	ADD AND UPDATE NOT ALLOWED	Information message.
4038	BASE ID IS INVALID	Information message.
4675	CAN ONLY SELECT MC ENROLLMENT IN UPDATE AND INQUIRE FUNCTIONS	Information message.
4636	CANNOT ADD ON CANCEL	Information message.
4611	CANNOT ADD OR INQUIRY ON A	Information message.

	REINSTATE TRANSACTION	
10009	CANNOT CHANGE OR INQUIRE ON THIS TRANSACTION.	Informational message
4004	CHOOSE A VALID SELECTION	Choose a selection from the drop-down menu.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
4053	CLIA NUMBER IS INVALID	Information message.
4112	ENTER FOUR-DIGIT SERVICE CENTER NUMBER	Enter valid values according to error message specifications.
4198	ENTER 9-DIGIT FEIN	Enter valid values according to error message specifications.
4194	ENTER 9-DIGIT SSN	Enter valid values according to error message specifications.
4002	ENTER A SELECTION	Enter your selection at the cursor to complete the task.
4620	ENTER VALID VALUE	Enter valid values according to error message specifications.
4989	ENTER 5-DIGIT MAC ID	Enter valid values according to error message specifications.
4990	ENTER 5-DIGIT MMP ID	Enter valid values according to error message specifications.
10063	FIRST 1000 ROWS SATISFYING THE SEARCH CRITERIA ARE DISPLAYED	Informational message
10062	FIRST AND LAST NAME CAN BE USED ONLY WITH NAME AND FEIN SEARCHES	Enter the first name and last name combinations only for Provider Name and FEIN searches.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4977	INVALID FEIN, MAXIMUM KEY LENGTH IS 15 BYTES	Enter a maximum of 15 digits for the FEIN number.
4976	INVALID PROVIDER ID, MAXIMUM KEY LENGTH IS 9 BYTES	Enter only 9 digits for the Provider Id.
4541	MEDICARE NUMBER IS INVALID	Information message.
10061	MINIMUM 1 CHARACTER IS NEEDED ON A LAST NAME SEARCH	Enter 1 character followed by a wild card character on the last name field.
10064	MORE THAN 1000 ROWS SATISFY THE SEARCH CRITERIA	Informational message
4988	NO ID VALUE REQUIRED FOR THIS OPTION	Informational message
4186	NPI IS INVALID	Information message.
4543	PLEASE ENTER AT LEAST 3 CHARACTERS OF THE NAME TO SEARCH	Enter valid data requested and re-process.

4975	PLEASE ENTER MINIMUM 3 BYTE KEY VALUE	Enter at least three numeric values.
4946	PROVIDER ID INVALID	Enter a valid Provider ID
4162	PROVIDER LICENSE NUMBER IS INVALID	Information message.
4003	SELECT A VALID FUNCTION; MUST BE ADD, CHANGE, OR INQUIRY	Information message.
4116	SELECTION NUMBER MUST BE NUMERIC	Enter a numeric selection number.
4542	SLH NUMBER IS INVALID	Information message.
4189	TDO IS INVALID	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
4188	UPIN IS INVALID	Check the UPIN and re-enter the transaction, if necessary.
10065	WILD CARD IS NOT ALLOWED IN THE 1ST POSITION FOR NAME SEARCH	Enter any character followed by the wild card character for a Name search

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider Icon.
2. You see the Provider Main Menu screen (PS-S-000).
Screen Use:
When doing a name search, the following rules apply:
1.An asterisk (*) will be the wildcard used to represent 0-9x characters
2.A question mark (?) will be the wildcard used to represent 1 character
3.A wildcard may not be used in the 1st position
4.Except for the restriction in #3, wildcards may be used in any number or combination
5.If a wildcard is not used, the query will look for an exact match for the characters entered
6.Only one character of the last name will be required for a search
7.With the exception of #3, these standards will be followed in the future throughout the MMIS for name search queries. For applications with large amounts of data, the entry of the first wildcard may be restricted to the 4th position
8.If a wildcard is not used, the search stops when it encounters a space in the name
9.For a business name search of a business with more than one word, a '?' must be used for each space and an * at the end. Otherwise, the system will look for an exact match and stop if no exact match is found
Examples:
Key entered = Data returned
*TH = Not allowed
?MITH = Not allowed

S = S
SMITH = SMITH
SM?TH = SMITH and SMYTH

Screens PS-S-001-01 Provider Billing Information

General Information

This screen is used for maintenance of the Provider Billing Information (Adds, Changes and Updates including Reinstates) or Inquiry.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST001 PST010
MAPSET	PS001VA
TRAN ID	VT01 (Inquiry), VT02 (Update), VT03 (Add)

SAMPLE	Provider Billing Information (PS-S-001-01)

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

Screen ID: PS-S-001-01
Trans ID: VT02
Program ID: PST010

VIRGINIA MEDICAID
PROVIDER BILLING INFORMATION - UPDATE

Date: 11/15/2
Time: 13:26
SCREEN1

Provider ID: [redacted]
Legacy ID:
API Ind:
NPI Type: 2
Business Name: [redacted]
Tracking ID: [redacted]
Individual Name:
Date of Birth:
Last Name | First Name | MI | Suffix | Title

Provider IRS Information

SSN:
FEIN: [redacted]
IRS Name:
IRS Address: [redacted]
Begin Date:
Begin Date: 01012000
End Date:
End Date: 12/31/9999
Reason:
Reason: 000

Provider Fiscal Year Information

Fiscal Month: 12
Begin Date: 01012000
End Date: 12319999
Reason: 000

Provider EFT Information

Institution:
Account Type:
Account Class:
Status:
ABA:
Account Number:
Begin Date:
End Date:
Reason:

Provider Electronic Remit Information

RA Ind: P
Service Center:
Begin Date: 07/12/2007
End Date: 12/31/9999
Reason: 000

RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | SSN Hist | FEIN Hist | FYE Hist | EFT Hist | Return | Sub Menu | Main Menu
ERA Hist | Address | MC Enroll | Affiliation | Service Center | Financial | Restrictions | Group | Ind Rate | Next

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	PROVIDER ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Idenfication Number. The PROV ID will become a protected field during the Add transaction and is always protected in Update and Inquiry. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD (P) System displayed. UPDATE (R/U) Enter a valid Provider ID.
4	LEGACY ID Provider Identification Number (DE4002)	Edits: The Legacy ID will become unprotected field during the Add transaction and is always protected in Update and Inquiry prior to NPI compliance. After NPI compliance Legacy ID is protected in Add transaction also. New type/locations can only be added through Application Tracking after NPI compliance date. Messages: The Legacy ID will become unprotected field during the Add transaction and is always protected in Update and Inquiry prior to NPI compliance. After NPI compliance Legacy ID is protected in Add transaction also. New	This field contains the 9 byte Legacy ID, assigned originally, if it exists. This field contains the 9 byte Legacy ID, assigned originally, if it exists.

		type/locations can only be added through Application Tracking after NPI compliance date.	
5	API Indicator Provider API Indicator (DE4142)	Edits: API Indicator Messages: This field contains a 'Y' when the Provider Number is an Atypical Provider ID.	This field contains a 'Y' when the Provider Number is an Atypical Provider ID. This field contains a 'Y' when the Provider Number is an Atypical Provider ID.
6	NPI Type NPI Type (DE4144)	Edits: NPI type valid values '1' or '2'. Messages: This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation.	This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation. This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation.
7	BUSINESS NAME Provider Name (DE4085)	Edits: If the Provider is an individual, his name will display in the Individual Name field in Last, First, Middle Initial, Suffix and Title order. If the Provider is a business/facility, his name will display in the Business Name field in a 40 position free-formatted field. Messages:	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. 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.
7.1	(INDIVIDUAL) LAST NAME Provider Name (DE4085)	Edits: If the Provider is an individual, his name will display in the Individual Name field in Last, First, Middle Initial, Suffix and Title order. If the Provider	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. The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name

		is a business/facility, his name will display in the Business Name field in a 40 position free-formatted field. Messages:	the field is Last Name, First Name, Middle Initial, Suffix and Title.
7.2	(INDIVIDUAL) FIRST NAME Provider Name (DE4085)	Edits: If the Provider is an individual, his name will display in the Individual Name field in Last, First, Middle Initial, Suffix and Title order. If the Provider is a business/facility, his name will display in the Business Name field in a 40 position free-formatted field. Messages:	The name of the servicing or billing Provider. The name of the servicing or billing Provider. ADD(R/U) Enter a valid Business or Individual Provider Name as appears on the application. UPDATE(C/U) Enter a valid Business or Individual Provider Name as appears on the application.
7.3	MI Provider Name (DE4085)	Edits: Messages: Displays the middle initial of the provider name. The providers last and first name must be populated along with the business name being blank in order for this field to be populated.	Displays middle initial of the 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.
7.4	SUFFIX Provider Name (DE4085)	Edits: Displays the suffix of the provider name. The providers last and first name must be populated along with the business name being blank in order for this field to be populated. Messages:	The name of the provider. The suffix of the provider name. The providers last and first name must be populated along with the business name being blank in order for this field to be populated. ADD(O/U) Enter the provider's suffix, if applicable, as appears on the application. UPDATE(O/U) Enter the provider's suffix, if applicable, as appears on the application.
7.5	TITLE	Edits:	The name of the provider.

	Provider Name (DE4085)	Displays the title of the provider name. The providers last and first name must be populated along with the business name being blank in order for this field to be populated. Messages:	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. ADD(R/U) Enter the provider's title as appears on the application. UPDATE(C/U) Enter the provider's title as appears on the application.
8	TRACKING ID Provider Application Tracking Number (DE4008)	Edits: Application tracking id. Messages: Application tracking id.	Displays the Provider Application Tracking Number associated with the Provider ID. Displays the Provider Application Tracking Number associated with the Provider ID. ADD/UPDATE/INQUIRY (R/P).
9	SSN Provider Alternate ID Value (DE4044)	Edits: Must be unique within NPI ID (DE#4700). Either the SSN or FEIN must be entered. Both may be entered, but at least one must be entered. Messages:	The account number assigned to individuals by the Social Security Administration. The account number assigned to individuals by the Social Security Administration. Must be unique within the Base ID. ADD/UPDATE (C/U) Enter a valid Provider Social Security Number.
9.1	DATE OF BIRTH Disclosed Individual Date of Birth (DE4823)	Edits: Displays the provider date of birth. When updating, it must be a valid date. Messages:	The date of birth of the provider. The date of birth of the provider. ADD/UPDATE (O/U) Must be a valid date.
10	(SSN) BEGIN Provider Alternate ID Begin Date (DE4553)	Edits: Required when SSN is not zeros. Must be a valid date. Default to '01/01/2000'. Messages:	The date on which the Provider Social Security Number (SSN) begins; MM/DD/CCYY format. The date on which the Provider Social Security Number (SSN) begins; MM/DD/CCYY format. Required if there is an entry in the Provider Social Security Number (SSN) field. If there is an entry for Program Code 01 (Medicaid), the SSN Begin Date must be greater

			than or equal to the Program Code 01 (Medicaid) Begin Date. If there is no for Program 01 (Medicaid) and an entry for Program Code 08 (FAMIS), the SSN Begin Date must be greater than or equal to the Program Code 08 (FAMIS) Begin Date. If the only entry in the Program Code field is 06 (TDO-Temporary Detention Order), the SSN Begin Date must be greater than or equal to the Program Code 06 TDO-Temporary Detention Order) Begin Date. ADD/UPDATE (C/U) Enter a valid Provider Social Security Number (SSN) Begin Date.
11	(SSN) END Provider Alternate ID End Date (DE4554)	Edits: Must be a valid date and can not be less than the Provider SSN Begin Date. If entered, it must be greater than the current date. If not entered, system will generate open ended date Messages:	The date on which the Provider Social Security Number (SSN) ends; MM/DD/CCYY format. The date on which the Provider Social Security Number (SSN) ends; MM/DD/CCYY format. Required if there an entry in the Provider Social Security Number (SSN) field. Cannot be less than the Provider Social Security Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (C/U) Enter a valid Provider Social Security Number (SSN) End Date.
12	(SSN) RSN Provider Reason Code (DE4012)	Edits: Required when SSN (DE#4063) is not zeros. Must be a valid Provider Reason Code for SSN. Messages:	A code identifying the reason code for the Provider Social Security of a provider's eligibility status. Use the On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider Social Security of a provider's eligibility status. Required if there is an entry in the Provider Social Security Number field. Provider Reason Code must be valid for the SSN. Refer to Appendix A (Reason Codes by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Reason Code for Provider Social Security Number.
13	FEIN Provider Alternate ID	Edits: Either SSN or FEIN is	A number assigned to employers by the Internal Revenue Service also known as the

	Value (DE4044)	required. Both may be entered, but at least one must be entered FEIN must be unique within NPI for NPI TYPE = 02. Messages:	Federal Employer Identification Number (FEIN) for tax recording purposes. Must be unique within Base ID. A number assigned to employers by the Internal Revenue Service also known as the Federal Employer Identification Number (FEIN) for tax recording purposes. Must be unique within Base ID. If the only SSN is given, the SSN must be entered in the FEIN field. ADD/UPDATE (R/U) Enter a valid Provider FEIN Number.
14	(FEIN) BEGIN Provider Alternate ID Begin Date (DE4553)	Edits: Required when FEIN is not zeros. Must be a valid date. Default to '01/01/2000' Messages:	The date on which the Provider Federal Employer Identification Number (FEIN) begins; MM/DD/CCYY format. The date on which the Provider Federal Employer Identification Number (FEIN) begins; MM/DD/CCYY format. Must be less than or equal to Enrollment date. If a date not is entered, system will default to current date. ADD/UPDATE (C/U) Enter a valid Provider Federal Employer Identification Number (FEIN) Begin Date.
15	(FEIN) END Provider Alternate ID End Date (DE4554)	Edits: Must be a valid date and can not be less than the Provider FEIN Begin Date (DE#4257). If entered, must be greater than the current date. If not entered, open end date will be generated. Messages:	The date on which the Provider Federal Employer Identification Number (FEIN) ends; MM/DD/CCYY format. The date on which the Provider Federal Employer Identification Number (FEIN) ends; MM/DD/CCYY format. Cannot be less than the Provider Federal Employer Identification Number (FEIN) Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (R/U) Enter a valid Provider Federal Employer Identification Number (FEIN) End Date.
16	(FEIN) RSN Provider Reason Code (DE4012)	Edits: Required when FEIN is not zeros. Must be a valid Provider Reason Code for FEIN. Messages:	A code identifying the reason code for the Provider Federal Employer Identification Number (FEIN) cancellation of a provider's eligibility status. Use the On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider Federal Employer Identification Number

			(FEIN) cancellation of a provider's eligibility status. Required if there is an entry in the Provider Federal Employer Identification Number (FEIN) field. Provider FEIN Reason Code must be valid for the FEIN. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE(C/U) Enter a valid Provider Reason Code for Provider Federal Employer's Identification Number.
17	IRS NAME Provider IRS Name (DE4526)	Edits: This is required whenever FEIN is entered . It is 40 bytes free format. Messages:	The name of the Provider as listed with the Internal Revenue Service (IRS) as appears on the W-9 form. The name of the Provider as listed with the Internal Revenue Service (IRS) as appears on the W-9 form. ADD/UPDATE(R/U) Enter a valid Provider IRS Name.
18	IRS ADDRESS Provider Address Line (DE4097)	Edits: Messages: IRS Address	The address of the provider. The address of the provider.
18.1	IRS CITY Provider Address City Name (DE4130)	Edits: Messages: IRS City	The city in the address for the provider. The city in the address for the provider.
18.2	IRS STATE Provider Address State (DE4098)	Edits: Messages: IRS Address State.	The state in the address of the provider. The state in the address of the provider.
18.3	IRS ZIP Provider Address ZIP Code (DE4099)	Edits: Messages: IRS Address Zip.	The ZIP code in the address of the provider. The ZIP code in the address of the provider.
19	(FISCAL YEAR) MONTH Provider Fiscal Year End Month (DE4057)	Edits: The calendar month on which a provider's fiscal year ends. Messages:	The calendar month on which a provider's fiscal year ends; MM format. The calendar month on which a provider's fiscal year ends; MM format. Required for specific provider types; 01, 02, 04, 06, 08, 10, 11, 12, 14, 15, 16, 17, 18, 19, 28, 29, 52, 53, 77, 85. ADD/UPDATE (R/U) Enter a valid Provider Fiscal Year End Month.
20	(FISCAL YEAR) BEGIN	Edits: Required if Fiscal	The date on which the Provider Fiscal Year End begins; MM/DD/CCYY format.

	Provider Fiscal Year End Begin Date (DE4229)	Year End Month (DE 4057) is not zeros or spaces. Must be a valid date.Default to '01/01/2000' Messages:	The date on which the Provider Fiscal Year End begins; MM/DD/CCYY format. Required if there is an entry in the Provider Fiscal Year End field. Must be the first day of the month after the Fiscal Year Month. If a date not is entered, system will default to current date. ADD/UPDATE (C/U) Enter a valid Provider Fiscal Year End Begin Date.
21	(FISCAL YEAR) END Provider Fiscal Year End End Date (DE4230)	Edits: Required if Fiscal Year End Month (DE 4057) is not zeros or spaces. Must be a valid date and can not be greater than the Fiscal Year Begin Date (DE 4229) Messages:	The date on which the Provider Fiscal Year End ends; MM/DD/CCYY format. The date on which the Provider Fiscal Year End ends; MM/DD/CCYY format. Required if Fiscal Year End Month (DE 4057) is not zeros or spaces. Must be a valid date and can not be greater than the Fiscal Year Begin Date (DE 4229) Must be the last day of the month of the Fiscal Year Month. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (C/U) Enter a valid Provider Fiscal Year End Date.
22	(FISCAL YEAR) RSN Provider Reason Code (DE4012)	Edits: Required if Fiscal Year End Month (DE 4057) is not zeros or spaces. Messages:	A code identifying the reason code for the Provider Fiscal Year End of a provider's eligibility status. Use the On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider Fiscal Year End of a provider's eligibility status. Required if there is an entry in the Provider Fiscal Year End field. Must be a valid reason code for the Fiscal Year End. Refer to Appendix A (Reason Codes by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Reason Code for Provider Fiscal Year End.
23	(EFT) INSTITUTION Provider Electronic Funds Transfer (EFT) Institution (DE4133)	Edits: The name of the provider's banking institution that will receive the funds transferred electronically.	The name of the provider's banking institution that will receive the funds transferred electronically. The name of the provider's banking institution that will receive the funds transferred electronically. Required when Provider EFT Indicator is equal to 'Y'. ADD/UPDATE(C/U)

		Messages:	Enter a valid Provider Electronic Funds Transfer Institution.
24	(EFT) ACCT TYPE Provider Electronic Funds Transfer (EFT) Account Type (DE4136)	Edits: Must be a valid Provider EFT Account Type. "C" for Checking or "S" for Savings Messages:	A code indicating the provider's type of bank account to which the EFT is sent. Use the On-line HELP system to find valid codes for this field. A code indicating the provider's type of bank account to which the EFT is sent. Required if there is an entry in the Provider EFT Begin Date field. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE(C/U) Enter a valid Provider Electronic Funds Transfer Funds Account Type.
25	(EFT) ACCT CLASS Provider Electronic Funds Transfer (EFT) Account Class (DE4137)	Edits: Must be a valid Account Class. "I" for Individual or "C" for Commercial Messages:	A code for the class of account to which the EFT is sent. Use the On-line HELP system to find valid codes for this field. A code for the class of account to which the EFT is sent. Required if there is an entry in the Provider EFT Begin Date field. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Electronic Funds (EFT) Account Class.
26	(EFT) STATUS Provider Electronic Funds Transfer (EFT) Status (DE4132)	Edits: Indicates the EFT status: first or second prenote (P1, P2), approved (A1), provider disabled (PD) or blank. Messages:	A code indicating the Electronic Funds Transfer Status. Use the On-line HELP system to find valid values for this code. A code indicating the Electronic Funds Transfer Status. Required if there is an entry in the Provider EFT Begin Date field. Use the On-line HELP system to find valid values for this code. ADD/UPDATE (C/U) Enter a valid Electronic Funds Transfer Status code.
27	(EFT) ABA Provider Electronic Funds Transfer (EFT) Transit ABA Number (DE4134)	Edits: This is the routing or transit number Messages:	A Provider Electronic Fund Transfer ABA Number belonging to the institution receiving the funds transfer. A code indicating the provider's type of bank account to which the EFT is sent. Required if there is an entry in the Provider EFT Begin Date field. Use the On-line HELP system to find valid codes for this field.

			ADD/UPDATE (C/U) Enter a valid Provider Electronic Funds Transfer Funds Account Type.
28	(EFT) ACCT # Provider Electronic Funds Transfer (EFT) Account Number (DE4135)	Edits: Open for entry on ADD and CHANGE functions. Displayed as ********** on INQUIRY. This is the Provider's account number Messages:	The provider account number to receive the transferred funds. A Provider Electronic Fund Transfer Transit ABA Number belonging to the institution receiving the funds transfer. Required if there is an entry in the Provider EFT Begin Date field. ADD/UPDATE (C/U) Enter a valid Provider Electronic Fund Transfer (EFT) Transit ABA Number.
29	(EFT) BEGIN Provider Electronic Funds Transfer (EFT) Begin Date (DE4315)	Edits: Required when Provider has EFT. Must be a valid date.Default to '01/01/2000' Messages:	The date on which the Provider Electronic Funds Transfer (EFT) begins and the date the Provider EFT Account Type was changed to A (Active); MM/DD/CCYY format. The date on which the Provider Electronic Funds Transfer (EFT) begins and the date the Provider EFT Account Type was changed to A (Active); MM/DD/CCYY format. If a date not is entered, system will default to current date. ADD/UPDATE (C/U) Enter a valid Provider Electronic Funds Transfer (EFT) Begin Date.
30	(EFT) END Provider Electronic Funds Transfer (EFT) End Date (DE4522)	Edits: Required when Provider EFT Information is entered. Must be a valid date and can not be less than the Provider EFT Begin Date (DE#4521). Messages:	The date on which the Provider Electronic Funds Transfer (EFT) ends; MM/DD/CCYY format. The date on which the Provider Electronic Funds Transfer (EFT) ends; MM/DD/CCYY format. Required, if there is an entry in the Provider Electronic Funds Transfer (EFT) Begin Date field. Cannot be less than the Provider Electronic Funds Transfer (EFT) Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (C/U) Enter a valid Provider Electronic Funds Transfer (EFT) End Date.
31	(EFT) RSN Provider Reason Code (DE4012)	Edits: Required when Provider EFT Information	A code identifying the reason code for the Provider Electronic Funds Transfer (EFT) of a provider's eligibility status. Use the On-line HELP system to find valid codes for this field.

		is entered. Must be a valid Provider Reason Code for EFT. Messages:	A code identifying the reason code for the Provider Electronic Funds Transfer (EFT) of a provider's eligibility status. Required if there is an entry in the Provider EFT Begin Date field. Provider Reason Code must be valid for EFT. Refer to Appendix A (Reason Codes by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Reason Code for Provider Electronic Funds Transfer.
32	(ELECTRONIC RA) IND Provider Electronic Remittance Advice Indicator (DE4083)	Edits: Must be a valid Provider Electronic RA Indicator.If RA information is entered, must be "1". Messages:	A code designating whether or not the Remittance Advice should be produced electronically for a provider. Use the On-line HELP system to find valid codes for this field. A code designating whether or not the Remittance Advice should be produced electronically for a provider. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Electronic Remittance Advice Indicator. '04' Computer to Computer.
33	(ELECTRONIC RA) BEGIN Provider Electronic Capability Begin Date (DE4537)	Edits: Required when Provider Electronic RA Indicator is not zeros. Must be a valid date. Messages:	The date on which the Provider Electronic Remittance Advice (Electronic RA) begins; MM/DD/CCYY format. The date on which the Provider Electronic Remittance Advice (Electronic RA) begins; MM/DD/CCYY format. Required if there is an entry in the Provider ERA Indicator field. If a date not is entered, system will default to current date. ADD/UPDATE (C/U) Enter a valid Provider Electronic Remittance Advice (Electronic RA) Begin Date
34	(ELECTRONIC RA) END Provider Electronic Capability End Date (DE4538)	Edits: Required when Provider Electronic RA Indicator is not zeros. Must be a valid date and can not be less than the Provider Electronic RA Begin Date. Messages:	The date on which the Provider Electronic Remittance Advice (Electronic RA) ends; MM/DD/CCYY format. The date on which the Provider Electronic Remittance Advice (Electronic RA) ends; MM/DD/CCYY format. Required if there is an entry in the Provider Electronic Remittance Advice (Electronic RA) field. Cannot be less the Provider Electronic Remittance Advice Begin Date. If a date is not entered, the sys-

			tem will default to 12/31/9999. ADD/UPDATE (C/U) Enter a valid Provider Electronic Remittance Advice (Electronic RA) End Date.
35	(ELECTRONIC RA) RSN Provider Reason Code (DE4012)	Edits: Required when Provider Electronic RA Indicator is not zeros. Must be a valid Provider Reason Code for Electronic RA. Messages:	A code identifying the reason for the Provider Electronic Remittance Advice (Electronic RA) on a provider's eligibility status. A code identifying the reason for the Provider Electronic Remittance Advice (Electronic RA) on a provider's eligibility status. Required if there is an entry in the Provider Electronic RA field. Provider ERA Reason Code must be valid for the ERA. Refer to Appendix A (Reason Codes by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Reason Code for Provider Electronic Remittance Advice.
36	(ELECTRONIC RA) SERVICE CENTER Provider Service Center (DE4082)	Edits: Code assigned to each billing service or data center which submits claims to the Fiscal Agent. Messages:	A code assigned to each billing provider, service, or data center which submits claims to the Fiscal Agent. A code assigned to each billing provider, service, or data center which submits claims to the Fiscal Agent. Must be a valid service center (Claims and Remits) for Electronic RA. Required, if there is an entry in the RA indicator field. ADD/UPDATE (C/U) Enter a valid Provider Service Center Code.

NAVIGATION	**Provider Billing Information (PS-S-001-01)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDRESS	Branch to the Provider Billing Address Screen.	PS-S-022-02 (B)
AFFILIATION	Branch to the Managed Care Affiliation Screen	PS-S-023 (B)
RETURN	Returns to the previous transaction (different screen - not PS-S-001) user came from. To go to previous page of the same set of screens (PS-S-001), use Previous Screen button.	N/A

CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
EFT HIST	Branches to the Provider EFT History Screen. Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
ENTER	The Enter button has three functions: - Enter displays the record(s) requested. - Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button on screen 04 of 04 on Provider Information is chosen. - Provider Sanction/Exclusion processing. As of December 2004, the Enter button will initiate a search of the List of Excluded individuals/Entities (LEIE) database after data is entered on PS-S-001-01.	N/A
ERA HIST	Branches to the Provider ERA History Screen. Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
SUB MENU	Returns to the Provider Main Menu.	PS-S-000 (R)
FEIN HIST	Branches to the FEIN History Screen. Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
FINANCIAL	Branch to the Financial Information Screen.	PS-S-013 (B)
FYE HIST	Branches to the Provider Fiscal yearend History Screen Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
MC ENROLL	Branch to the Managed Care Enrollment Screen.	PS-S-026 (B)
NEXT	Displays the screen immediately following the current screen. When in the Update or Add mode, user must have previously pressed enter on each screen to invoke edits prior to pressing NEXT. Pressing Enter prior to NEXT is not required in the Inquiry mode.	N/A
PROVIDER/GROUP	Branch to the Provider Group Screen.	PS-S-005 (B)
IND RATES	Displays Provider Rate Screen.	PS-S-007-01 (B)

REFRESH	Command button to refresh the screen with updated information(if any) from the database.	N/A
RESTRICTIONS	Branch to the Provider Restriction Screen.	PS-S-010 (B)
SERVICE CENTER	Branches to Provider Serviice Center Screen.	PS-S-033 (B)
SSN HISTORY	Branches to the Provider SSN History Screen. Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
MAIN MENU	Returns to the VaMMIS Main system Menu.	RF-S-010 ()
UPDATE	Command button to save edited information entered in an update screen and posts the data to the database. The update function is valid on screens 01, 02, 03 and 04 for Provider Information.	N/A

Error Messages

Error	Description	Resolution
4211	ABA MUST BE NUMERIC	Enter a numeric ABA.
4209	ABA REQUIRED	You must enter an ABA.
4210	ABA REQUIRED	You must enter an ABA.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4221	ACCOUNT CLASS IS INVALID	Information message.
4222	ACCOUNT CLASS REQUIRED	Information message.
4220	ACCOUNT CLASS REQUIRED	Information message.
4218	ACCOUNT REQUIRED	Information message.
4213	ACCOUNT TYPE IS INVALID	Information message.
4214	ACCOUNT TYPE REQUIRED	Information message.
4212	ACCOUNT TYPE REQUIRED	Information message.
4056	ADD DATA AND CHOOSE ENTER	Information message.
9921	ALREADY AT FIRST LOCATION	Information message
9922	ALREADY AT LAST LOCATION	Information message
10020	API INDICATOR MUST BE "Y" OR SPACES.	Enter Y or space
8921	API INVALID	Key in a valid API
4352	BASE ID ALREADY EXISTS	Information message.
4494	BASE ID SYSTEM ERROR CONTACT APPLICATION GROUP.	Information message.
10002	BEGIN DATE IS GREATER THAN CURRENT DATE + 1 YEAR.	Enter a begin date which is less than the current date + 1 year

1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
4671	BEGIN DATE SHOULD BE >= CURRENT DATE	Enter a valid Begin date.
10022	BEGIN DATE, REASON CODE MUST BE CHANGED WITH SSN/FEIN.	Update SSN/FEIN with begin date and reason code together.
10054	BILLING ADDRESS REQUIRED FOR ANY ADD OR UPDATES ON SSN / FEIN.	Enter billing address thru billing address screen.
4544	BLANKS ARE INVALID CHOOSE REFRESH.	Information message.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
4574	CHOOSE REFRESH; ENTER END DATE TO CLOSE RECORD	Information message.
8908	CORRUPTED PROVIDER DATA IS RESET TO ORIGINAL INFORMATION, RE-ENTER CHANGES	Informational message
4616	DATA CHANGED; UNABLE TO GO TO OTHER SCREENS	Information message.
2	DATA NOT CHANGED	Information message. No action needed.
4504	DATA PASSES ALL EDITS	Information message.
68	DATA REFRESHED	Information message.
4475	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Information message.
4923	DISCONTINUE ADD/UPDATE. PROVIDER SANCTIONED. EXIT.	Cannot add the provider, exit the transaction.
4217	EFT ACCOUNT REQUIRED	Information message.
4215	EFT INSTITUTION REQUIRED	Information message.
4216	EFT INSTITUTION REQUIRED	Information message.
4200	EFT REASON CODE IS INVALID	Information message.
4201	EFT REASON CODE REQUIRED	Information message.
4199	EFT REASON CODE REQUIRED	Information message.
4540	EFT STATUS MUST BE 'PD'	Information message.
4539	EFT STATUS NOT REQUIRED	Information message.
4680	END DATE MUST BE GREATER THAN OR EQUAL TO CURRENT DATE	Information message.
4198	ENTER 9-DIGIT FEIN	Enter valid values according to error message specifications.
4194	ENTER 9-DIGIT SSN	Enter valid values according to error message specifications.

4565	ENTER AT LEAST 8 DIGITS FOR ABA	Enter valid values according to error message specifications.
4537	ENTER FUTURE BEGIN DATE WHEN ABA ACCOUNT NUMBER CHANGES	Enter valid values according to error message specifications.
10032	ENTER LEGACY ID TO LINK WITH NPI.	Enter the Legacy Id.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
4037	ENTER NEW PROVIDER NUMBER	Enter valid values according to error message specifications.
4037	ENTER NEW PROVIDER NUMBER	Enter valid values according to error message specifications.
4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
4492	ENTER PROVIDER'S BUSINESS NAME/INDIVIDUAL NAME	Enter valid values according to error message specifications.
4922	ENTER SSN OR FEIN, AND CHOOSE ENTER FOR SANCTION CHECK.	Enter the SSN or FEIN number and press enter.
4620	ENTER VALID VALUE	Enter valid values according to error message specifications.
4629	ERROR IN INPUT DATE	Information message.
4484	FEIN MUST BE UNIQUE WITHIN BASE ID	Information message.
4206	FEIN REASON CODE IS INVALID	Information message.
4207	FEIN REASON CODE REQUIRED	Information message.
4348	FEIN REASON CODE REQUIRED WHEN FEIN EXISTS	Information message.
4243	FISCAL MONTH MUST BE '1' THRU '12'	Information message.
4242	FISCAL REASON CODE IS INVALID	Information message.
4372	FISCAL REASON CODE REQUIRED	Information message.
4241	FISCAL REASON CODE REQUIRED WHEN FISCAL MONTH EXISTS	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4566	INVALID CHECK DIGIT IN ABA	Check field for valid data and re-enter.
10057	INVALID PROVIDER TYPE FOR ATYPICAL PROVIDER.	Information message
3098	INVALID STATE CODE	Check field for valid data and re-enter.
4535	IRS NAME REQUIRED	Information message.
8942	LEGACY ID NOT FOUND	Key in a valid Legacy ID
4541	MEDICARE NUMBER IS INVALID	Information message.
8925	NEW NPI TYPE IS INVALID	Enter 1 or 2 or spaces
10058	NO RESTRICTION FOR THIS ATYPICAL PROVIDER.	information message

10031	NPI ALREADY EXISTS FOR THIS LEGACY ID.	NPI already exists for this Legacy Id. Exit the transaction.
8932	NPI INVALID - CHECK DIGIT ERROR	Key in a valid NPI
10024	NPI TYPE 1 (INDIVIDUAL) HAS BUSINESS NAME.	Enter the individual provider name and not the business name.
10025	NPI TYPE 2 (ORGANIZATION) HAS INDIVIDUAL NAME.	Enter the business name for the provider and not the individual name.
8912	PLEASE ENTER 10 DIGIT NUMERIC PROVIDER ID.	Informational message
4295	PROVIDER EFT BEGIN DATE IS INVALID	Information message.
4296	PROVIDER EFT BEGIN DATE REQUIRED	Information message.
4294	PROVIDER EFT BEGIN DATE REQUIRED	Information message.
4298	PROVIDER EFT END DATE IS INVALID	Information message.
4335	PROVIDER EFT END DATE MUST BE GREATER THAN BEGIN DATE	Information message.
4299	PROVIDER EFT END DATE NOT REQUIRED	Information message.
4297	PROVIDER EFT END DATE REQUIRED	Information message.
4548	PROVIDER FEIN BEGIN DATE IS INVALID	Information message.
4280	PROVIDER FEIN BEGIN DATE REQUIRED	Information message.
4279	PROVIDER FEIN BEGIN DATE REQUIRED WHEN FEIN EXISTS	Information message.
4286	PROVIDER FEIN END DATE IS INVALID	Information message.
4333	PROVIDER FEIN END DATE MUST BE GREATER THAN BEGIN DATE	Information message.
4287	PROVIDER FEIN END DATE REQUIRED WHEN FEIN EXISTS	Information message.
4325	PROVIDER FISCAL BEGIN DATE IS INVALID	Information message.
4318	PROVIDER FISCAL BEGIN DATE REQUIRED	Information message.
4324	PROVIDER FISCAL BEGIN DATE REQUIRED WHEN FISCAL MONTH EXISTS	Information message.
4546	PROVIDER FISCAL DETAILS REQUIRED	Information message.
4322	PROVIDER FISCAL END DATE IS INVALID	Information message.
4339	PROVIDER FISCAL END DATE MUST BE GREATER THAN BEGIN DATE	Information message.
4323	PROVIDER FISCAL END DATE REQUIRED	Information message.

4321	PROVIDER FISCAL END DATE REQUIRED WHEN FISCAL MONTH EXISTS	Information message.
8801	PROVIDER NAME ALREADY EXISTS	The Provider name already exists on the base ID database.
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
4924	PROVIDER NOT SANCTIONED. ADD DATA AND CHOOSE ENTER.	Informational message
4440	PROVIDER NUMBER ALREADY EXITS	Information message.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
4301	PROVIDER RA BEGIN DATE IS INVALID	Research and enter a valid Provider RA Begin date.
4302	PROVIDER RA BEGIN DATE NOT REQUIRED	Information message.
4300	PROVIDER RA BEGIN DATE REQUIRED	Enter a valid Provider RA Begin date.
4304	PROVIDER RA END DATE IS INVALID	Research and enter a valid Provider RA End date.
4336	PROVIDER RA END DATE MUST BE GREATER THAN BEGIN DATE	Information message.
4305	PROVIDER RA END DATE NOT REQUIRED	Information message.
4303	PROVIDER RA END DATE REQUIRED	Enter a valid Provider RA End date.
4285	PROVIDER SSN BEGIN DATE IS INVALID	Enter a valid SSN Begin date.
4277	PROVIDER SSN BEGIN DATE REQUIRED	Information message.
4284	PROVIDER SSN BEGIN DATE REQUIRED WHEN SSN EXISTS	Information message.
4282	PROVIDER SSN END DATE IS INVALID	Information message.
4332	PROVIDER SSN END DATE MUST BE GREATER THAN BEGIN DATE	Enter a Provider SSN End date falling after the Begin date.
4283	PROVIDER SSN END DATE REQUIRED	Enter an SSN End date.
4281	PROVIDER SSN END DATE REQUIRED WHEN SSN EXISTS	Information message.
4223	RA INDICATOR IS INVALID	Enter a valid RA indicator.
4225	RA REASON CODE IS INVALID	Information message.
4226	RA REASON CODE NOT REQUIRED	Information message.
4224	RA REASON CODE REQUIRED	Enter an RA reason code.
4555	RA SERVICE CENTER REQUIRED	Enter an RA service code.
4556	RA SERVICE CENTER REQUIRED WHEN RA INDICATOR EXISTS	Enter a valid RA service center.

4695	REASON CODE MUST BE GREATER THAN 000 IF END DATE IS BEFORE CURRENT DATE	Information message.
4347	RECORD NOT FOUND FOR GENERATING PROVIDER BASE ID	Enter another query, if necessary.
25	RECORD UPDATED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4614	SERVICE CENTER IS INVALID FOR RA	Information message.
4192	SSN MUST BE UNIQUE WITHIN BASE ID	Check base ID requirements if necessary.
4677	SSN OR FEIN BEGIN DATE MUST FALL BEFORE OR ON THE ENROLLMENT DATE	Enter an SSN or FEIN falling before the enrollment date.
4191	SSN OR FEIN REQUIRED	Enter an SSN or FEIN to complete processing.
4196	SSN REASON CODE IS INVALID	Information message.
4195	SSN REASON CODE REQUIRED	Information message.
4197	SSN REASON CODE REQUIRED WHEN SSN EXISTS	Information message.
4538	STATUS DOES NOT CHANGE WHEN ABA OR ACCOUNT NUMBER CHANGES	Information message.
10059	TYPE/LOCATION USED NO LONGER ASSOCIATED WITH THE NPI.	Information message
4430	UNABLE TO ENTER INTO NEXT SCREEN CHOOSE ENTER TO VALIDATE.	Enter a valid Provider ID and choose Enter.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
10033	UPDATE ALLOWED ONLY IN SCREEN 5 FOR ADD FUNCTION.	Press update button in screen 5 only for add function.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.
4486	UPIN MUST BE UNIQUE WITHIN BASE ID	Check the UPIN for the Base ID and re-enter the transaction.
4673	YOU MUST CHOOSE ENTER TO INVOKE EDITS BEFORE ADVANCING TO NEXT PAGE	Choose Enter to invoke the edits.
5123	ZIP CODE DOES NOT EXIST	The ZIP code entered does not exist. Research the Field Definitions to check for valid data/formatting.
4045	ZIP CODE IS INVALID	Enter a valid ZIP code. See the Field Definitions for explanation and formatting require-

		ments.
3037	INVALID DATE OF BIRTH	Enter a valid date

Screen Access

From the VA DMAS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. To Add a new NPI using the Provider Billing Information screen, Application Tracking must be completed through the approval on the Application Tracking Status screen. Placing an "A" for add on the line and pressing the Provider Information button will display screen PS-S-001-01. The Application Tracking information will be filled in on the Provider Billing Information screen.
4 The Change option from Provider Information choice on the Provider Main Menu will also display the Provider Billing Information screen, PS-S-001-01. An SSN or FEIN can be corrected by typing the correct number over the existing number. The IRS name and address will need to be entered. History will show that the incorrect SSN or FEIN was updated with Reason Code '099'. To change an SSN or FEIN for a full or partial year, type over the existing number, enter the new Begin Date and use change in ownership reason code, 070.
5. The Inquiry option from Provider Information choice on the Provider Main Menu will display the Provider Location Information screen, PS-S-001-03.
6. On the Provider Billing Information screen, PS-S-001-01, enter additional provider billing information that was not passed from Application Tracking such as IRS name/address, Fiscal Year information or EFT information or change existing information.
7. Choose Enter.
8. If provider information entered matches sanction information stored in VaMMIS tables, screen PS-S-160 will be displayed.
9. The user has the option to press ENTER to see detailed Sanction information, ACCEPT to continue provider enrollment, or REJECT to discontinue enrollment of the provider.
10. Use the Next Screen Navigation button to advance from Screen 1 through the series of screens to Screen 5 to coninue enrolling the provider.

Screens PS-S-001-02 Provider Billing Information (Address)

General Information

This screen is used for maintenance of the Provider Billing Information for Add and Inquiry only. Changes and Updates to the Provider Billing Information are done through the Provider Billing Screen PS-S-022.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST002 PST010
MAPSET	PS002VA
TRAN ID	VT01 (Inquiry), VT02 (Update), VT03 (Add)

SAMPLE	**Provider Billing Information (Address) (PS-S-001-02)**

VA DMAS Prototype Portal - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-001-02
Tran ID: VT02
Program ID: PST010

VIRGINIA MEDICAID
PROVIDER BILLING INFORMATION - UPDATE

Date: 11/13/2009
Time: 11:54
SCREEN2

Provider ID: [redacted]
Name: [redacted]
Legacy ID: [redacted]
API Ind:
NPI Type: 2
Tracking ID:

Correspondence Address

Attn: [redacted]

Correspondance Phone Number

Office: [redacted] Ext: Fax: [redacted]
TDD: Ext:
Email: [redacted]
Update Date: User ID:

Pay To Address

Attn: [redacted]
Contact:

Pay To Phone Number

Office: [redacted] Ext: Fax: [redacted]
TDD: Ext:
Email: [redacted]
Contact: Ext:
Update Date: User ID:

Remittance Advice Address

Attn:

Remittance Advice Phone Numbers

Office: Ext: Fax:
TDD: Ext:
Email: User ID:
Update Date:

RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | Address | MC Enroll | Return | Sub Menu | Main Menu
Affiliation | Service Center | Financial | Restriction | Group | Ind Rates | Previous | Next

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Idenfication Number. The PROV ID will become a protected field during the Add transaction and is always protected in Update and Inquiry. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD (P) System displayed. UPDATE (R/U) Enter a valid Provider ID.

3	Legacy ID Provider Identification Number (DE4002)	Edits: Messages: This field contains the 9 byte Legacy ID, assigned originally, if it exists.	This field contains the 9 byte Legacy ID, assigned originally, if it exists. This field contains the 9 byte Legacy ID, assigned originally, if it exists.
4	API Ind Provider API Indicator (DE4142)	Edits: Messages: This field contains a 'Y' when the Provider Number is an Atypical Provider ID.	This field contains a 'Y' when the Provider Number is an Atypical Provider ID. This field contains a 'Y' when the Provider Number is an Atypical Provider ID.
5	NPI Type NPI Type (DE4144)	Edits: Messages: This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation.	This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation. This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation.
6	Name Provider Name (DE4085)	Edits: If the Provider is an individual, his name will display in the Individual Name field in Last, First, Middle Initial, Suffix and Title order. If the Provider is a business/facility, his name will display in the Business Name field in a 40 position free-formatted field. Messages:	The name of the servicing or billing Provider. The name of the servicing or billing Provider. ADD(R/U) Enter a valid Business or Individual Provider Name as appears on the application. UPDATE(C/U) Enter a valid Business or Individual Provider Name as appears on the application.
7	Tracking ID Provider Application Tracking Number (DE4008)	Edits: Messages: This is a sequence number assigned to a new provider enrollment application.	Displays the Provider Application Tracking Number associated with the Provider ID. Displays the Provider Application Tracking Number associated with the Provider ID. ADD/UPDATE/INQUIRY (R/P).
8	(Correspondence) Attn Provider Attention	Edits: This is the attention name for the Cor-	The attention line in the address of the provider. The attention line in the address of the pro-

	Name (DE4096)	respondence Address. Messages:	vider. ADD(O/U) Enter a valid attention line address. UPDATE(P) System displayed.
9	(Correspondence: Street Address) Provider Address Line (DE4097)	Edits: This is the address line for the Correspondence Address. Messages:	The street of the servicing address of the provider. Must not be a P.O. Box. The street of the servicing address of the provider. Must not be a P.O. Box. ADD(R/U) Enter a valid servicing street address. UPDATE(P) System displayed.
10	(Correspondence: City) Provider Address City Name (DE4130)	Edits: This is the City for the Correspondence Address. Messages:	The city in the servicing address for the provider. The city in the servicing address for the provider. ADD(R/U) Enter a valid servicing city address. UPDATE(P) System displayed.
11	(Correspondence: State) Provider Address State (DE4098)	Edits: This is the state for the Correspondence Address. Messages:	The state in the servicing address of the provider. Use the On-line HELP system to find valid values for this code. The state in the servicing address of the provider. Use the On-line HELP system to find valid values for this code. ADD(R/U) Enter a valid servicing state address. UPDATE(P) System displayed.
12	(Correspondence: Zip Code) Provider Address ZIP Code (DE4099)	Edits: Must be a valid zip-code. This is the Zip-code for the Correspondence Address. Messages:	The ZIP code of the servicing address of the provider. The ZIP code of the servicing address of the provider. ADD(R/U) Enter a valid servicing ZIP Code with four zeros. UPDATE(P) System-displayed.

13	(Correspondence) Office Provider Phone Number (DE4090)	Edits: Must enter 10 digit numeric phone number including area code Messages:	The providers servicing phone number. (Office, Fax, 24hr, and TDD) The providers servicing phone number. ADD(O/U) Enter a valid provider servicing phone number. UPDATE(P) System displayed.
14	(Correspondence) Ext Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the extension. Can enter 1-4 numerics. Messages:	The phone number extension for a provider. The phone number extension for a provider. ADD(C/U) Enter a valid Provider Phone Extension Number. UPDATE(P) System displayed.
15	(Correspondence) FAX Provider Phone Number (DE4090)	Edits: The provider's FAX phone number. Enter 10 digit numeric phone number including area code. Messages:	The provider's FAX phone number. The provider's FAX phone number. ADD(O/U) Enter the provider's FAX phone number including area code. UPDATE (P) System displayed.
16	(Correspondence) Fax Ext Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the extension. Messages:	The phone number extension for a provider. The phone number extension for a provider. ADD (O/U) Enter 1-4 numerics for the extension. UPDATE (P) System displayed.
17	(Correspondence) TDD Provider Phone Number (DE4090)	Edits: The provider's phone number. Enter 10 digit numeric phone number including area code. Messages:	The provider's TDD phone number. The provider's TDD phone number. ADD(O/U) Enter the provider's phone number including area code. UPDATE (P) System displayed.
18	(Correspondence) Ext	Edits: The phone number	The TDD phone number extension for a provider.

	Provider Phone Extension (DE4506)	extension for a provider. You may enter 1-4 numerics for the extension. Messages:	The phone number extension for a provider. ADD(O/U) You may enter 1-4 numerics for the extension UPDATE (P) System displayed.
19	(Correspondence) E-Mail Provider Email Address (DE4202)	Edits: The Email address of the provider. Messages:	The E-mail address of the provider or contact person of the servicing location. The E-mail address of the provider or contact person of the servicing location. ADD (O/U) Enter a valid E-mail address. UPDATE (P) System displayed.
19.1	(Correspondence) Last Update Row Update Date (DE0011)	Edits: No Edits, display only field. Messages: Last update date for the Correspondence Address.	Last update date for the Correspondence Address. Last update date for the Correspondence Address.
19.2	(Correspondence) User ID User ID (DE4214)	Edits: No Edits, display only field. Messages: The User ID of the person that last updated the Correspondence Address.	The User ID of the person that last updated the Correspondence Address. The User ID of the person that last updated the Correspondence Address.
20	(Pay To) Attn Provider Attention Name (DE4096)	Edits: This is the attention name for the Pay-To Address. Messages:	This is the attention name for the Pay-To Address. This is the attention name for the Pay-To Address.
21	(Pay To: Street Address) Provider Address Line (DE4097)	Edits: This is the address line for the Pay-To Address. Messages:	This is the address line for the Pay-To Address. This is the address line for the Pay-To Address.

21.1	(Pay To) Zip Code Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the Pay-To address. N/A
22	(Pay To: City) Provider Address City Name (DE4130)	Edits: This is the City for the Pay-To Address. Messages:	This is the City for the Pay-To Address. This is the City for the Pay-To Address.
23	(Pay To: State) Provider Address State (DE4098)	Edits: This is the state for the Pay-To Address. Messages:	This is the state for the Pay-To Address. This is the state for the Pay-To Address.
24	(Pay To) Office Provider Phone Number (DE4090)	Edits: Must enter 10 digit numeric phone number including area code Messages:	The provider's phone number. The provider's phone number. ADD(C/U) Enter the provider's phone number including area code. This field is required if the Provider is in Program Code 02 (Medallion). This edit required for add update mode. UPDATE (P) System displayed.
25	(Pay To) Ext Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the extension. Messages:	The phone number extension for a provider. This field is required if the Provider is in Program Code 02 (Medallion). The phone number extension for a provider. ADD(C/U) You may enter 1-4 numerics for the extension. This field is required if the Provider is in Program Code 02 (Medallion). UPDATE (P) System displayed.
26	(Pay To) FAX Provider Phone Number (DE4090)	Edits: The provider's FAX number. Enter 10 digit numeric phone number including area code. Messages:	The provider's FAX number. Enter 10 digit numeric phone number including area code. The provider's FAX number. ADD(O/U) Enter the provider's phone number including area code. UPDATE (P) System displayed.
27	(Pay To) Fax Ext Provider Phone Exten-	Edits:	The phone number extension for a provider. The phone number extension for a provider.

	sion (DE4506)	The phone number extension for a provider. You may enter 1-4 numerics for the extension. Messages:	ADD(O/U) You may enter a 1 to 4 byte numeric number for the extension. UPDATE (P) System displayed.
28	(Pay To) TDD Provider Phone Number (DE4090)	Edits: Must enter 10 digit numeric phone number including area code. Messages:	Must enter 10 digit numeric phone number including area code. Must enter 10 digit numeric phone number including area code.
29	(Pay To) Ext Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the extension. Messages:	The phone number extension for a provider. You may enter 1-4 numerics for the extension The phone number extension for a provider. You may enter 1-4 numerics for the extension
30	(Pay To) E-Mail Provider Email Address (DE4202)	Edits: The Email address of the provider. Messages:	The Email address of the provider. The Email address of the provider.
31	(Pay To) Contact Provider Phone Number (DE4090)	Edits: Must enter 10 digit numeric phone number including area code Messages:	Must enter 10 digit numeric phone number including area code Must enter 10 digit numeric phone number including area code
32	(Pay To) Ext Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the extension. Messages:	The phone number extension for a provider. You may enter 1-4 numerics for the extension. The phone number extension for a provider. You may enter 1-4 numerics for the extension.
33	(Pay To) Contact Provider Contact Name (DE4201)	Edits: This is the contact name for the Pay-To Address. Messages:	This is the contact name for the Pay-To Address. This is the contact name for the Pay-To Address.
33.1	(Pay To) Last Update	Edits:	Last update date for the Pay-To Address.

	Row Update Date (DE0011)	No Edits, display only field. Messages: Last update date for the Pay-To Address.	Last update date for the Pay-To Address.
33.2	(Pay To) User ID User ID (DE4214)	Edits: No Edits, display only field. Messages: The User ID of the person that last updated the Pay-To Address.	The User ID of the person that last updated the Pay-To Address. The User ID of the person that last updated the Pay-To Address.
34	(RA) Attn Provider Attention Name (DE4096)	Edits: Provider RA Attention Name Messages:	Provider RA Attention Name Provider RA Attention Name
35	(RA: Street Address) Provider Address Line (DE4097)	Edits: Provider Address Line Messages:	Provider Address Line Provider Address Line
35.1	(RA) Zip Code Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. N/A
36	(RA: City) Provider Address City Name (DE4130)	Edits: City Messages:	Provider address city. Provider address city.
37	(RA: State) Provider Address State (DE4098)	Edits: State Messages:	State where Provider is located. State where Provider is located.
38	(RA) Office Provider Phone Number (DE4090)	Edits: Must enter 10 digit numeric phone number including area code. Messages:	Must enter 10 digit numeric phone number including area code. Must enter 10 digit numeric phone number including area code.
39	(RA) Ext Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the	The phone number extension for a provider. You may enter 1-4 numerics for the extension. The phone number extension for a provider. You may enter 1-4 numerics for the exten-

		extension. Messages:	sion.
40	(RA) FAX Provider Phone Number (DE4090)	Edits: Must enter 10 digit numeric phone number including area code. Messages:	Must enter 10 digit numeric phone number including area code. Must enter 10 digit numeric phone number including area code.
41	(RA) Fax Ext Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the extension. Messages:	The phone number extension for a provider. You may enter 1-4 numerics for the extension. The phone number extension for a provider. You may enter 1-4 numerics for the extension.
42	(RA) TDD Provider Attention Name (DE4096)	Edits: Must enter 10 digit numeric phone number including area code. Messages:	Must enter 10 digit numeric phone number including area code. Must enter 10 digit numeric phone number including area code.
43	(RA) Ext Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the extension. Messages:	The phone number extension for a provider. You may enter 1-4 numerics for the extension. The phone number extension for a provider. You may enter 1-4 numerics for the extension.
44	(RA) E-Mail Provider Email Address (DE4202)	Edits: Provider Email Address. Messages:	Provider Email Address. Provider Email Address.
45	(RA) Last Update Row Update Date (DE0011)	Edits: No Edits, display only field. Messages: Last update date for the Remittance Advice Address.	Last update date for the Remittance Advice Address. Last update date for the Remittance Advice Address.
46	(RA) User ID User ID (DE4214)	Edits: No Edits, display only	The User ID of the person that last updated the Remittance Advice Address.

		field. Messages: The User ID of the person that last updated the Remittance Advice Address.	The User ID of the person that last updated the Remittance Advice Address.

NAVIGATION	Provider Billing Information (Address) (PS-S-001-02)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDRESS	Branch to the Provider Address Screen.	PS-S-022-02 (B)
AFFILIATION	Branch to the Managed Care Affiliation Screen	PS-S-023 (B)
RETURN	Returns to the previous transaction (different screen - not PS-S-001) user came from. To go to previous page of the same set of screens (PS-S-001), use Previous Screen button.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
ENTER	The Enter button has two functions: - Enter displays the record(s) requested. - Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button on screen 04 of 04 on Provider Information is chosen.	N/A
SUB MENU	Returns to the Provider Main Menu.	PS-S-000 (R)
FINANCIAL	Branch to the Financial Inquiry Screen.	PS-S-013 (B)
MC ENROLL	Branch to the Managed Care Enrollment Screen.	PS-S-026 (B)
NEXT	Displays the screen immediately following the current screen. When in the Update or Add mode, user must have previously pressed enter on each screen to invoke edits prior to pressing NEXT. Pressing Enter prior to NEXT is not required in the Inquiry mode.	N/A
PREVIOUS	Returns to the previous page of the same set of screens. User will remain in PS-S-001 but will return to the previous page of this set of screens	N/A

PROVIDER/GROUP	Branch to the Provider Group Screen.	PS-S-005 (B)
IND RATES	Displays Provider Rate Screen.	PS-S-007-01 (B)
REFRESH	Command button to refresh the screen with updated information(if any) from the database.	N/A
RESTRICTIONS	Branch to the Provider Restriction Screen.	PS-S-010 (B)
SERVICE CENTER	Branch to the Provider Service Center screen	PS-S-033 (B)
MAIN MENU	Returns to the VaMMIS Main system Menu.	RF-S-010 ()
UPDATE	Command button to save edited information entered in an update screen and posts the data to the database. The update function is valid on screens 01, 02, 03 and 04 for Provider Information.	N/A

Error Messages

Error	Description	Resolution
4056	ADD DATA AND CHOOSE ENTER	Informational message.
9921	ALREADY AT FIRST LOCATION	Informational message
9922	ALREADY AT LAST LOCATION	Informational message
2	DATA NOT CHANGED	Informational message. No action needed.
4504	DATA PASSES ALL EDITS	Informational message.
9934	DATA PASSES ALL EDITS. CHOOSE UPDATE TO SAVE CHANGES	Press update button to save the data.
68	DATA REFRESHED	Informational message.
9931	EMAIL ADDRESS IS INVALID	Enter a valid email address.
4622	ENTER A VALID PHONE NUMBER	Enter valid values according to error message specifications.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
4043	EXTN IS INVALID	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3035	INVALID PHONE NUMBER	Check field for valid data and re-enter.
3098	INVALID STATE CODE	Check field for valid data and re-enter.
8439	RECORD HAS BEEN ADDED/UPDATED	Informational message. No action needed.
4463	RECORDS DISPLAYED	Informational message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
10033	UPDATE ALLOWED ONLY IN SCREEN 5	Press update button in screen 5 only for add

	FOR ADD FUNCTION.	function.
4673	YOU MUST CHOOSE ENTER TO INVOKE EDITS BEFORE ADVANCING TO NEXT PAGE	Choose Enter to invoke the edits.
5123	ZIP CODE DOES NOT EXIST	The ZIP code entered does not exist. Research the Field Definitions to check for valid data/formatting.
4045	ZIP CODE IS INVALID	Enter a valid ZIP code. See the Field Definitions for explanation and formatting requirements.

Screen Access

From the VAMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Choose Provider Information from the drop-menu in the Selection field.
4 Choose the Inquiry radio button in the Function field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Provider Information Location/Reinstate Screen (PS-S-001-03).
Note: If no entry is made in the ID Value field, the Provider ID Number must be entered in the Provider ID field. Choose Enter to display the record.
8. Use the Previous Screen Navigation button to advance to Provider Billing Information Screen (PS-S-001-02).

Screens PS-S-001-03 Provider Information Location/Reinstate

General Information

This screen is used for maintenance of the Provider Master File (Adds, Changes and Updates including Reinstates) or Inquiry.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST003 PST010
MAPSET	PS003VA
TRAN ID	VT01 (Inquiry), VT02 (Update), VT03 (Add)

SAMPLE	**Provider Information Location/Reinstate (PS-S-001-03)**

https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd/!ut/p/c5/dY7NDkNAGEUf - Internet Explorer

Virginia Medicaid

Prod | Home | Contact Us | Help

MMIS

Help | Print | Logoff

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

Screen ID: PS-S-001-03
Trans ID: VT01
Program ID: PST003

VIRGINIA MEDICAID
PROVIDER LOCATION INFORMATION - INQUIRY

Date: 01/21/2016
Time: 17:10
Screen: 3

Provider ID: [redacted] B
Name [redacted]
Legacy ID:
FIPS: 740
Tracking ID:
Group Count: 0
Status: ACTIVE
Type/Loc: 002 OF 002

Servicing Address Information

Attn: [redacted]
Address:
Contact:
Office:
24 Hr:
Email:
Contact #: [redacted]
Update Date: 01/13/2016
Ext:
Ext:
Ext: 0000
FAX:
TDD:
Ext:
Site Ind: 02
User ID:

Provider Program Information

Prog	Begin Date	End Date	Rsn	Fee Ind	Prog	Begin Date	End Date	Rsn	Fee Ind
10	12/01/2013	12/31/9999	000						

Provider Type Information

Type	Begin Date	End Date	Rsn	License	Rev Ind	BD	ST	Begin Date	End Date	Rsn
025	12/01/2013	12/31/9999	000		M		VA	12/01/2013	12/31/9999	000

Agreement Ind: I
OED: 12/31/9999

Provider Specialty Information

Spec	Begin Date	End Date	Rsn	Prmy	Spec	Begin Date	End Date	Rsn	Prmy
016	01/01/1987	12/31/9999	000						
128	11/30/2013	12/31/9999	000						

Scroll Up | Scroll Down

RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | Prog Hist | Type Hist | Spec Hist | Return | Screening Info | Sub Menu | Main Menu
Address | MC Enroll | Affiliation | Service Center | Financial | Restrictions | Group | Ind Rates | Previous | Next

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	GROUP COUNT Calculated (DE0002)	Edits: None Messages: This field shows the total number of Group Providers that this Provider belongs to within the Type/Location that is shown on the screen.	This field shows the total number of Group Providers that this Provider belongs to within the Type/Location that is shown on the screen. This count only includes current/non-expired Provider Group Type 01 records, details of which can be viewed on the PS-S-005 Provider/Group screen. If the Provider either 1) does not belong to any Provider Groups within the Type/Location or 2) is a Group Provider, this Group

		This count only includes current/non-expired Provider Group Type 01 records, details of which can be viewed on the PS-S-005 Provider/Group screen. If the Provider either 1) does not belong to any Provider Groups within the Type/Location or 2) is a Group Provider, this Group Count will show zero. This count will be shown in both Inquiry and Update modes and is "not applicable" in Add mode.	Count will show zero. This count will be shown in both Inquiry and Update modes and is "not applicable" in Add mode. This field shows the total number of Group Providers that this Provider belongs to within the Type/Location that is shown on the screen. This count only includes current/non-expired Provider Group Type 01 records, details of which can be viewed on the PS-S-005 Provider/Group screen. If the Provider either 1) does not belong to any Provider Groups within the Type/Location or 2) is a Group Provider, this Group Count will show zero. This count will be shown in both Inquiry and Update modes and is "not applicable" in Add mode.
2	PROVIDER ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Identification Number. The PROV ID will become a protected field during the Add and Update transactions and is always unprotected in Inquiry mode. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD (P) System displayed. UPDATE (R/U) Enter a valid Provider ID.
2b	Enrollment ID Alternate ID Code (DE4544)	Enrollment Indicator stored as an Alternate ID code.	A code assigned for BHSA batch provider enrollment type/locations. B – BHSA enrollment indicator.
3	LEGACY ID Provider Identification Number (DE4002)	Edits: Messages:	This field contains the 9 byte Legacy ID, assigned originally, if it exists. This field contains the 9 byte Legacy ID, assigned originally, if it exists.
4	LOC Provider Locality Code (DE4089)	Edits: The county in which a provider is located. Must be a valid Locality code. Messages:	The locality (city, county) in which a provider is located. Use the On-line HELP system to find valid values for this code. The locality (city, county) in which a provider is located. Use the On-line HELP system to find valid values for this code. ADD(C/U) Enter a valid Locality Code. UPDATE(P)

			System-displayed.
5	TRACKING ID Provider Application Tracking Number (DE4008)	Edits: Displays the Provider Application Tracking Number. Messages:	Displays the Provider Application Tracking Number associated with the Provider ID. Displays the Provider Application Tracking Number associated with the Provider ID. ADD/UPDATE/INQUIRY (R/P).
6	STATUS Screen Informational, Warning or Error Message (DE99999)	Edits: If Provider is active in any program code, display "Active", else display "Inactive" Messages:	A code identifying the application status as Active or Inactive. Identifies the application status as Active or Inactive. ADD/UPDATE(P) System displayed.
7	NAME Provider Name (DE4085)	Edits: Displays the Individual Name or the Business Name of the Provider, as passed by the program PST001. Messages:	The name of the servicing or billing Provider. The name of the servicing or billing Provider. ADD(R/U) Enter a valid Business or Individual Provider Name as appears on the application. UPDATE(C/U) Enter a valid Business or Individual Provider Name as appears on the application.
8	TYPE/LOC (Number) Calculated (DE0002)	Edits: Messages: Current Type/Location number of a servicing provider.	Type/Location number of a servicing provider. Type/Location number of a servicing provider.
9	OF (TYPE/LOC Number) Calculated (DE0002)	Edits: Messages: Total Type/Location number of the Provider.	Total Type/Location number of the Provider. Total Type/Location number of the Provider.
10	ATTN (Provider Additional Address Name) Provider Attention Name (DE4096)	Edits: This holds the attention name for the Servicing Address. For other addresses, go to the Address option from the Provider Main Menu (PS-S-022). P.O. Box is not allowed within the Service Address Field.	The attention line in the address of the provider. The attention line in the address of the provider. ADD(O/U) Enter a valid attention line address. UPDATE(P) System displayed.

		This is protected in inquiry and update modes. Messages:	
11	ADDRESS Provider Address Line (DE4097)	Edits: This is the address line for the Servicing Address. For other addresses, go to the Address option from the Provider Main Menu (PS-S-022). P.O. Box not allowed within service address field. This is protected in inquiry and update modes. Messages:	The street of the servicing address of the provider. Must not be a P.O. Box. The street of the servicing address of the provider. Must not be a P.O. Box. ADD(R/U) Enter a valid servicing street address. UPDATE(P) System displayed.
12	(PROVIDER CITY) Provider Address City Name (DE4130)	Edits: This is the City for the Servicing Address. For other addresses, go to the Address option from the Provider Main Menu (PS-S-022). This is protected in inquiry and update modes. Messages:	The city in the servicing address for the provider. The city in the servicing address for the provider. ADD(R/U) Enter a valid servicing city address. UPDATE(P) System displayed.
13	(PROVIDER STATE) Provider Address State (DE4098)	Edits: Must be a valid state. It should match with license state if exists. This is the state for the Servicing Address. For other addresses, go to the Address option from the Provider Main Menu (PS-S-022). This is protected in inquiry and update modes. Messages:	The state in the servicing address of the provider. Use the On-line HELP system to find valid values for this code. The state in the servicing address of the provider. Use the On-line HELP system to find valid values for this code. ADD(R/U) Enter a valid servicing state address. UPDATE(P) System displayed.

14	(PROVIDER ZIP CODE)) Provider Address ZIP Code (DE4099)	Edits: Must be a valid zipcode. This is the Zipcode for the Servicing Address. For other addresses, go to the Address option from the Provider Main Menu (PS-S-022). This is protected in inquiry and update modes. Messages:	The ZIP code of the servicing address of the provider. The ZIP code of the servicing address of the provider. ADD(R/U) Enter a valid servicing ZIP Code with four zeros. UPDATE(P) System-displayed.
15	CONTACT (Contact Name) Provider Contact Name (DE4201)	Edits: The individual person to contact at the servicing or billing location. This is protected in inquiry and update modes. Messages:	The individual person to contact at the servicing location. The individual person to contact at the servicing location. ADD(O/U) Enter the name as appears on the Provider Contact Person on the Provider Application. UPDATE(P) System displayed.
16	OFFICE (Phone Number) Provider Phone Number (DE4090)	Edits: Must enter 10 digit numeric phone number including area code. This is protected in inquiry and update modes. Messages:	The provider's servicing phone number. The providers servicing phone number. ADD(O/U) Enter a valid provider servicing phone number. UPDATE(P) System displayed.
17	EXT (Office Extension) Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the extension. Can enter 1-4 numerics. This is protected in inquiry and update modes. Messages:	The phone number extension for a provider. The phone number extension for a provider. ADD(C/U) Enter a valid Provider Phone Extension Number. UPDATE(P) System displayed.
18	FAX (Fax Number) Provider Phone Number (DE4090)	Edits: The provider's phone	The provider's FAX phone number. The provider's FAX phone number.

		number. Enter 10 digit numeric phone number including area code. This is protected in inquiry and update modes. Messages:	ADD(O/U) Enter the provider's FAX phone number including area code. UPDATE (P) System displayed.
19	24 HR (Phone Number) Provider Phone Number (DE4090)	Edits: This field is required if the Provider is in Program Code 02 (Medallion) . This edit required for add, update mode. This is protected in inquiry and update modes. Messages:	The provider's phone number. The provider's phone number. ADD(C/U) Enter the provider's phone number including area code. This field is required if the Provider is in Program Code 02 (Medallion). This edit required for add update mode. UPDATE (P) System displayed.
20	EXT (24 Hr Extension) Provider Phone Extension (DE4506)	Edits: This field is required if the Provider is in Program Code 02 (Medallion). This is protected in inquiry and update modes. Messages:	The phone number extension for a provider. This field is required if the Provider is in Program Code 02 (Medallion). The phone number extension for a provider. ADD(C/U) You may enter 1-4 numerics for the extension. This field is required if the Provider is in Program Code 02 (Medallion). UPDATE (P) System displayed.
21	TDD (Phone Number) Provider Phone Number (DE4090)	Edits: The provider's phone number. Enter 10 digit numeric phone number including area code. This is protected in inquiry and update modes. Messages:	The provider's TDD phone number. The provider's phone number. ADD(O/U) Enter the provider's phone number including area code. UPDATE (P) System displayed.
22	EXT (TDD Extension) Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the extension. This is protected in inquiry and update modes.	The TDD phone number extension for a provider. The phone number extension for a provider. ADD(O/U) You may enter 1-4 numerics for the extension

		Messages:	UPDATE (P) System displayed.
23	E-MAIL Provider Email Address (DE4202)	Edits: The Email address of the provider. This is protected in inquiry and update modes. Messages:	The E-mail address of the provider or contact person of the servicing location. The E-mail address of the provider or contact person of the servicing location. ADD (O/U) Enter a valid E-mail address. UPDATE (P) System displayed.
24	CONTACT (Phone Number) Provider Phone Number (DE4090)	Edits: The contact's phone number. Enter 10 digit numeric phone number including area code. This is protected in inquiry and update modes. Messages:	The contact's phone number. Enter 10 digit numeric phone number including area code. The contact's phone number. ADD(O/U) Enter the provider's phone number including area code. UPDATE (P) System displayed.
25	EXT (Contact Extension) Provider Phone Extension (DE4506)	Edits: The phone number extension for a provider. You may enter 1-4 numerics for the extension. This is protected in inquiry and update modes. Messages:	The phone number extension for a provider. The phone number extension for a provider. ADD(O/U) You may enter a 1 to 4 byte numeric number for the extension. UPDATE (P) System displayed.
26	SITE IND NPI XREF Site Number (DE4143)	Edits: This field contains a consecutive number for each unique location, an NPI provider is using for a servicing address. Messages:	This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses.

27	LAST UPDATE Row Update Date (DE0011)	Edits: No Edits, display only field. Messages: Last Update date for the Servicing Address.	Last Update date for the Servicing Address. Last Update date for the Servicing Address.
28	USER ID User ID (DE4214)	Edits: No Edits, display only field. Messages: The User ID of the person that last updated the Servicing Address.	The User ID of the person that last updated the Servicing Address. The User ID of the person that last updated the Servicing Address.
29	PROG Provider Program Code (DE4208)	Edits: Must be a valid Provider Program Code. Required if provider status is Approved. Provider should be enrolled in medicaid program (program code 01) prior to be being enrolled in program code 02 or 03 or 04 or 05 or 06 (provtype not 100 which is TDO Only) or 07 or 09. Can be in 08 (CMSIP) without being in 01. Program Codes are not valid for provider type '088'. The Provider Information Location/Reinstate Screen (PS-S-001-03) has a special edit in place for program code 10 processing (Transportation Encounters). For Program code 10 to be active, it must have a reason code of 000 and have a valid date range. If multiple program codes have been keyed for a single provider entry, program	A code indicating the Provider Program(s) in which a provider participates. Required if provider application is Approved. Provider must enroll in the Medicaid program (Program Code 01) prior to being enrolled in Program Code(s) 02, 03, 04, 05, or 07. Use the On-line HELP system to find valid codes for this field. Refer to Appendix B (Program and Specialties by Provider Type). A code indicating the Provider Program(s) in which a provider participates. Required if provider application is Approved. Provider must enroll in the Medicaid program (Program Code 01) prior to being enrolled in Program Code(s) 02, 03, 04, 05, or 07. Use the On-line HELP system to find valid codes for this field. Refer to Appendix B (Program and Specialties by Provider Type). ADD (C/U) Enter a valid Provider Program Code(s). UPDATE (O/U) Enter a valid Provider Program Code(s).

		code 10 's date range cannot overlap any other program code's date range. Messages:	
30	(PROGRAM CODE) BEGIN DATE Provider Program Code Begin Date (DE4205)	Edits: Must be a valid date. The year must not be less than 1969. Begin Date should be greater than 01/01/1995 for pgmcode 04. Begin Date should be greater than 07/01/1995 for pgmcode 06. Begin Date should be greater than 07/01/1998 for pgmcode 08. Not valid for provider type '088'. Begin date should not be greater than current date + 1 year. Messages:	The date on which the Provider Program Codes begins; MM/DD/CCYY format. The beginning date of eligibility for a provider in a program. Must be a valid date. The year must not be less than 1969. Begin Date should be greater than 01/01/1995 for pgmcode 04. Begin Date should be greater than 07/01/1995 for pgm code 06. Begin Date should be greater than 07/01/1998 for pgmcode 08. Not valid for provider type '088'. ADD (C/U) Enter a valid Provider Program Code Begin Date. UPDATE (O/U) Enter a valid Provider Program Code Begin Date.
31	(PROGRAM CODE) END DATE Provider Program Code End Date (DE4206)	Edits: Must be a valid date and can not be less than the Provider Program Code Begin Date (DE#4205). License End date is required for DHP Provider. For other than DHP and NH prov type, End date should NOT be greater than current date + 5 years. If Program End date is greater than license enddate +90 days/EOM, generate all program end dates to be license end date +90 days/EOM if license enddate exists. Not valid for provider type	The date on which the Provider Program Codes ends; MM/DD/CCYY format. Must be a valid date and can not be less than the Provider Program Code Begin Date (DE#4205). License End date is required for DHP Provider. For other than DHP and NH prov type, End date should NOT be greater than current date + 5 years. If Program End date greater than license end date +90 days/EOM generate all program end dates to be license end date +90 days/EOM if license end date exists. Not valid for provider type '088'. ADD (R/U) Enter a valid Provider Program Code End Date. UPDATE (O/U) Enter a valid Provider Program Code End Date.

		'088'. Messages:	
32	(PROGRAM CODE) RSN Provider Reason Code (DE4012)	Edits: Can only be updated on the Cancel Screen (PS-S-004) and the Reinstate Screen (PS-S-003). Not valid for provider type '088'. Messages:	A code identifying the Provider Program Reason Code. Use the On-line HELP system to find valid codes for this field. Refer to Appendix A (Reason Codes by Valid Values). A code identifying the Provider Program Reason Code. Required if there is an entry in the Provider Program Code, Provider Program Begin Date and End Date. Use the On-line HELP system to find valid codes for this field. Refer to Appendix A (Reason Codes by Valid Values). ADD/UPDATE(P) System displayed.
33	(PROGRAM CODE) FEE IND Provider Program Code Fee Indicator (DE4514)	Edits: Required for specific types of Provider Program Codes (02,05) . Must be "Y" or "N" . Not valid for provider type '088'. Messages:	A code indicating whether the provider receives management fees for participating in this program. Required for specific Program Code types; 02 and 05. A code indicating whether the provider receives management fees for participating in this program. Must be 'Y' (Yes) or 'N' (No). Required for specific Program Code types; 02 (Medallion) and 05 (CMM - Client Medical Management). ADD/UPDATE(C/U) Enter a valid Provider Program Code Fee Indicator.
34	TYPE Provider Type (DE4006)	Edits: Must be a valid Provider Type. The Provider Type must be valid for the Provider Program Code (DE#4208). Provider Type should be unique for a service location. Messages:	A code(s) designating the classification of a provider under the State Plan (e.g., Physician, Dentists Pharmacy, etc.) for the provider type(s). Use the On-line HELP system to find valid codes for this field. A code(s) designating the classification of a provider under the State Plan (e.g., Physician, Dentists Pharmacy, etc.) for the provider types(s). Must be a valid Provider Type for the Provider Program Code. Refer to Appendix B (Program and Specialties by Provider Type). Use the On-line HELP system to find valid codes for this field. ADD(R/U)

			Enter a valid Provider Type. UPDATE(C/U) Enter a valid Provider Type.
35	(TYPE) BEGIN DATE Provider Type Begin Date (DE4010)	Edits: Beginning date for the Provider Type. Begin date should not be greater than current date + 1 year. Is unprotected in Add mode only. Messages:	The date on which the Provider Type begins; MM/DD/CCYY format. The date on which the Provider Type begins; MM/DD/CCYY format. The Begin Date may not be prior to the effective date of the provider's license. If a provider does not request a specific date, assign the 1st day of the month prior to the receipt date. If a date is not entered, system will default to current date. ADD(R/U) Enter a valid Provider Type Begin Date. UPDATE(C/U) Enter a valid Provider Type Begin Date.
36	(TYPE) END DATE Provider Type End Date (DE4011)	Edits: Must be a valid date and must be greater than the Provider Type Begin Date (DE#4010). Is unprotected in Add mode only. Messages:	The date on which the Provider Type ends; MM/DD/CCYY format. The date on which the Provider Type ends; MM/DD/CCYY format. Cannot be greater than the Provider Type Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD(R/U) Enter a valid Provider Type End Date. UPDATE(C/U) Enter a valid Provider Type End Date.
37	(TYPE) RSN Provider Reason Code (DE4012)	Edits: Must be a valid Provider Reason Code . Is unprotected in Add mode only. Messages:	A code identifying the reason code for the Provider Type of a provider's eligibility status. Use the On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider Type of a provider's eligibility status. Required if there is an entry in the Provider Type field and the provider has an Approved Status. Must be a valid reason code for the Provider Type. Refer to Appendix A (Reason Codes by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD(R/U)

			Enter a valid Provider Reason Code for Provider Type. UPDATE(C/U) Enter a valid Provider Reason Code for Provider Type.
38	LICENSE Provider License Number (DE4064)	Edits: Must be unique within a NPI (DE#4700). License is Optional for Billing group providers (Agreement indicator = 'G'). Required for Non-billing group DHP provider type. For Provider Type 105, the License Number must be prefixed with '0129' . Messages: If the Provider Type is 105 (CPM), the License Number must be prefixed with '0129'.	A number assigned by the Virginia licensing agency authorizing a provider to practice within Virginia. Required for provider types; 020, 021, 023, 024, 025, 026, 030, 031, 033, 034, 035, 039, 040, 043, 44, 045, 054, 060, 076, 078 and 102. It's Optional for Billing group Providers (Agreement indicator = 'G'). A number assigned by the medical licensing agency authorizing a provider to practice. Required for provider types 020, 021, 023, 024, 025, 026, 030, 031, 033, 034, 035, 039, 040, 043, 044, 045, 054, 060, 076, 078 and 102. If the provider is licensed in the Commonwealth of Virginia, the license number must be ten digits. All other states must begin with alpha characters in which the provider is practicing. It's Optional for Billing group Providers (Agreement indicator = 'G'). ADD/UPDATE(C/U) Enter a valid Provider License Number.
39	REV IND Provider License Review Code (DE4005)	Edits: For ADD, The value 'M' is Generated. For CHANGE, if end date is changed the value 'M' is generated. Messages:	This code indicates if the License End Date was updated by DHP and if so in which month or if the License End Date was updated manually. Use the On-line HELP system to find valid values for the field. This code indicates if the License End Date was updated by DHP and if so in which month or if the License End Date was updated manually. Use the On-line HELP system to find valid values for the field. ADD/UPDATE(O/U) For Add, the value 'M' is Generated. For Update, if end date is changed the value 'M' is generated.
40	BD	Edits:	A code identifying the type of license

	Provider Licensing Board (DE4075)	Must be a valid Provider Licensing Board code. A code to identify board certifications for licenses. Messages:	and/or certification. Use the On-line HELP system to find valid codes for this field. Required for provider types: 020, 021, 023, 024, 025, 026, 030, 031 033, 034, 035, 039, 040, 043, 044, 045, 054, 060, 076, 078. A code identifying the type of license and/or certification. Use the On-line HELP system to find valid codes for this field. Required for provider types: 020, 021, 023, 024, 025, 026, 030, 031, 033, 034, 035, 039, 040, 043, 044, 045, 054, 060, 076, 078. ADD/UPDATE (C/U) Enter a valid Provider Licensing Code.
41	ST Provider Licensing State (DE4076)	Edits: Must be a valid State code. Required for DHP Provider types.(Optional for other provider types). Messages:	The state code identifying the state in which the provider is licensed to perform Medicaid services. Required if there is an entry in Provider License Number field. Use the On-line HELP system to find valid codes for this field. The state code identifying the state in which the provider is licensed to perform Medicaid services. Required for provider types 020, 021,023, 024,025,026, 030, 031 033, 034, 035, 039, 040,043, 044, 045, 054, 060, 076, 078. Required if there is an entry in Provider License Number field. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE(C/U) Enter a valid Provider Licensing State Code.
42	(LICENSE) BEGIN DATE Provider License Begin Date (DE4066)	Edits: Required if Provider License Number (DE#4064) is not spaces. Must be a valid date. Required for DHP Providers. Begin date should not be greater than current date + 1 year. Messages:	The date on which the Provider License begins; MM/DD/CCYY format. The date on which the Provider License begins; MM/DD/CCYY format. Required if there is an entry in the Provider License Number field. Required for DHP Providers. Enter a valid Provider License Begin Date. ADD/UPDATE(C/U) Enter a valid Provider License Begin Date.

43	(LICENSE) END DATE Provider License End Date (DE4067)	Edits: Required if Provider License Number (DE#4064) is not spaces. Must be a valid date and can not be less than the Provider License Begin Date (DE#4066). Required for DHP Providers. Messages:	The date on which the Provider License ends; MM/DD/CCYY format. The date on which the Provider License ends; MM/DD/CCYY format. Cannot be less the Provider License Begin Date. Required if there is an entry in the Provider License Number and Provider License Begin Date field. Required for DHP Providers. ADD/UPDATE(C/U) Enter a valid Provider License End Date.
44	(LICENSE) RSN Provider Reason Code (DE4012)	Edits: Required if Provider License Number (DE#4064) is not spaces. Must be a valid Provider Reason Code for License Number. Messages:	A code identifying the reason code for the Provider License Number of a provider's eligibility status. Use the On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider License Number of a provider's eligibility status. Must be a valid Provider Reason Code for the License Number. Refer to Appendix A - Reason Code(s) by Valid Value. Required if there is an entry in the Provider License Number field. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE(C/U) Enter a valid Provider Reason Code for Provider License Number.
45	AGREEMENT IND Indefinite agreement value (DE4003)	Edits: A code indicating whether the provider has an Indefinite Agreement or not. This field can have a value of 'G' for only one service location within an NPI. Messages:	A code indicating whether the provider has an Indefinite Agreement or not. Is also being used to indicate that the provider is a Group Billing Owner with a 'G'. Use the On-line HELP system to find valid values for the field. A code indicating whether the provide has an Indefinite Agreement or not. Is also being used to indicate that the provider is a Group Billing Owner when a 'G' is entered. A license is not required when a 'G' is present in this field. Use the On-line HELP system to find valid values for the field. ADD(R/U) Enter a valid Indefinite Agreement Indicator. Must be an I – Indefinite Agreement for the ADD transaction.

			UPDATE(C/U) Enter a change to the Indefinite Agreement Indicator.
46	OED Provider Original License End Date (DE4004)	Edits: Same as License end date (if license end date exists) or it is same as Medicaid program code end date (if Medicaid program code end date exists) Messages:	The Original End Date of the Provider License. MM/DD/CCYY format. The Original End Date of the License, same as License end date (if license end date exists) or it is same as Medicaid program code end date (if Medicaid program code end date exists) and will be updated only after the end of the grace period (three months to the last day of the month from the original end date). MM/DD/CCYY format. ADD/UPDATE(P) System displayed.
47	SPEC Provider Specialty Code (DE4007)	Edits: Must be a valid Provider Specialty Code. The Provider Specialty Code must be valid for the Provider Type (DE#4006). Messages:	A code(s) identifying a provider's certified medical specialty(ies). Use the On-line HELP system to find valid codes for this field. A code(s) identifying a provider's certified medical specialty(ies). Provider Specialty Code must be valid for the Provider Type. Refer to Appendix B (Program and Specialties by Provider Type). If no Specialty is given, You must '000' for no Specialty and the fields regarding the Specialty Type is not required. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE(C/U) Enter a valid Provider Specialty Code.
48	(SPECIALTY) BEGIN DATE Provider Specialty Begin Date (DE4210)	Edits: Required if Provider Specialty (DE#4007) is not zeros. Must be a valid date. Begin date should not be greater than current date + 1 year. Messages:	The date on which the Provider Specialty begins; MM/DD/CCYY format. The date on which the Provider Specialty begins; MM/DD/CCYY format. Required if there is an entry in the Provider Specialty Code field. If a date not is entered, system will default to current date. ADD/UPDATE (C/U) Enter a valid Provider Specialty Begin Date.
49	(SPECIALTY) END DATE	Edits: Required if Provider Spe-	The date on which the Provider Specialty ends; MM/DD/CCYY format.

	Provider Specialty End Date (DE4211)	cialty (DE#4007) is not zeros. Must be a valid date and can not be less than the Provider Specialty Begin Date (DE#4210). Messages:	The date on which the Provider Specialty ends; MM/DD/CCYY format. Required if there is an entry in the Provider Specialty Code field. Cannot be less than the Provider Specialty Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (C/U) Enter a valid Provider Specialty End Date.
50	(SPECIALTY) RSN Provider Reason Code (DE4012)	Edits: Required if Provider Specialty (DE#4007) is not zeros. Must be a valid Provider Reason Code for Provider Specialty. Messages:	A code identifying the reason code for the Provider Specialty Code of a provider's eligibility status of a specific specialty(ies). Use the On-Line Help system to find valid codes for this field. A code identifying the reason code for the Provider Specialty Code of a provider's eligibility status of a specific specialty(ies). Provider Specialty Code must be valid for the Provider Type. Refer to Appendix A (Reason Codes by Valid Values). Required if there is an entry in the Provider Specialty Code field. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Reason Code for the Provider Specialty Code.
51	(SPECIALTY) PRMY Provider Primary Specialty Indicator (DE4528)	Edits: Must be "Y' or "N" or blank. Only one specialty can have the value "Y". Messages:	A code indicating whether the specialty is the primary or not. A code indicating whether the specialty is the primary or not. Must be a Y (Yes - Primary Specialty) or N (No- Not the Primary Specialty). ADD/UPDATE(C/U) Enter a valid Provider Specialty Primary Indicator Code.

NAVIGATION	**Provider Information Location/Reinstate (PS-S-001-03)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)

ADDRESS	Branch to the Provider Billing Address Screen.	PS-S-022-02 (B)
AFFILIATION	Branch to the Managed Care Affiliation Screen	PS-S-023 (B)
RETURN	Returns to the previous transaction (different screen - not PS-S-001) user came from. To go to previous page of the same set of screens (PS-S-001), use Previous Screen button.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
ENTER	The Enter button has two functions: - Enter displays the record(s) requested. - Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button on screen 04 of 04 on Provider Information is chosen.	N/A
SUB MENU	Returns to the Provider Main Menu.	PS-S-000 (R)
FINANCIAL	Branch to the Financial Inquiry Screen.	PS-S-013 (B)
MC ENROLL	Branch to the Managed Care Enrollment Screen.	PS-S-026 (B)
NEXT	Displays the screen immediately following the current screen. When in the Update or Add mode, user must have previously pressed enter on each screen to invoke edits prior to pressing NEXT. Pressing Enter prior to NEXT is not required in the Inquiry mode.	PS-S-001-05 ()
SCROLL DOWN	Displays the next provider type / service location within an NPI.	PS-S-001-03 (B)
PREVIOUS	Returns to the previous page of the same set of screens. User will remain in PS-S-001 but will return to the previous page of this set of screens	PS-S-001-02 ()
SCROLL UP	Displays the previous provider type / service location within an NPI.	PS-S-001-03 (B)
PROGRAM HIST	Branch to the provider program information Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
PROVIDER/GROUP	Branch to the Provider Group Screen.	PS-S-005 (B)
IND RATES	Displays Provider Rate Screen.	PS-S-007-01 (B)
REFRESH	Command button to refresh the screen with updated information(if any) from the database.	N/A

RESTRICTIONS	Branch to the Provider Restriction Screen.	PS-S-010 (B)
SERVICE CENTER	Branch to the Provider Service Center Inquiry Screen.	PS-S-033 ()
SPECIALTY HIST	Branches to the Provider Specialty History Screen. Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
TYPE HIST	Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
MAIN MENU	Returns to the VaMMIS Main system Menu.	RF-S-010 ()
UPDATE	Command button to save edited information entered in an update screen and posts the data to the database. The update function is valid on screens 01, 02, 03 and 04 for Provider Information.	N/A

Error Messages

Error	Description	Resolution
4678	24 HR PHONE NUMBER IS REQUIRED FOR MEDALLION (02) PROGRAM.	Enter a 24-hour phone number.
10007	ADD NEW LOCATION FOR THE PROVIDER AND PRESS ENTER.	Enter Y to add another location for this provider and press enter.
9921	ALREADY AT FIRST LOCATION	Informational message
9922	ALREADY AT LAST LOCATION	Informational message
4352	BASE ID ALREADY EXISTS	Informational message.
4494	BASE ID SYSTEM ERROR CONTACT APPLICATION GROUP.	Informational message.
10002	BEGIN DATE IS GREATER THAN CURRENT DATE + 1 YEAR.	Enter a begin date which is less than the current date + 1 year
4496	CANNOT ADD NEW BEGIN DATE LESS THAN ACTIVE BEGIN DATE	Informational message.
4948	CHOOSE ENTER TO INVOKE EDITS BEFORE SAVING UPDATES	Informational message
46	DATA HAS CHANGED SINCE	Choose the Refresh button to display current data.

	RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	
4504	DATA PASSES ALL EDITS	Informational message.
68	DATA REFRESHED	Informational message.
4475	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Informational message.
4501	DUPLICATE PROVIDER PROGRAM EXISTS	Informational message.
9931	EMAIL ADDRESS IS INVALID	Enter a valid email address.
4658	ENTER 10 DIGIT LICENSE FOR DHP PROVIDERS IN VIRGINIA	Check the On-line HELP system for valid data and re-enter.
4622	ENTER A VALID PHONE NUMBER	Enter valid values according to error message specifications.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
4037	ENTER NEW PROVIDER NUMBER	Enter valid values according to error message specifications.
4353	ENTER PROVIDER DETAILS TO ADD TO DATABASE	Enter valid values according to error message specifications.
4656	ENTER VALID AGREEMENT INDICATOR	Enter valid values according to error message specifications.
4629	ERROR IN INPUT DATE	Informational message.
4043	EXTN IS INVALID	Informational message.
4171	FEE INDICATOR REQUIRED FOR PROGRAMS '05' AND '02'	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
10018	GROUP PROVIDER ALREADY EXISTS FOR THE NPI.	Cannot add another group provider if one already exists for the NPI. Exit the application.
10028	HMO/API PROVIDER MUST HAVE ONE LOCATION.	HMO/API provider already exists for the NPI, cannot add a second one. Exit the application.
4698	INVALID ENTRY FOR SERVICING ADDRESS	Check field for valid data and re-enter.
4093	INVALID LOCALITY CODE	Check field for valid data and re-enter.
10008	INVALID PROVIDER TYPE FOR A GROUP PROVIDER.	Enter I for individual provider in the indefinite agreement field.
10057	INVALID PROVIDER TYPE FOR ATYPICAL PROVIDER.	Informational message
87	INVALID SELECTION	Selection is invalid for this mode, enter another function.
4161	LICENSE BOARD IS INVALID	Informational message.
4493	LICENSE DATES ALREADY EXIST CHOOSE UPDATE TO	Informational message.

	UPDATE.	
8807	LICENSE END DATE MUST MATCH LICENSE ON DATABASE.	Enter the same License End Date as that on the database.
4666	LICENSE ENDDATE CONFLICT WITH MEDICAID PGM ENDDATE	Informational message.
4657	LICENSE IS REQUIRED	Informational message.
9957	LICENSE MUST BE UNIQUE WITHIN THE NPI ID.	This License number is assigned to another NPI or the NPI for the provider(s) having this license is null. Check if the License number is assigned to any other Provider/NPI.
10060	LICENSE NBR IS NOT PREFIXED WITH "0129" FOR CPM PROV TYPE.	Check field for valid data and re-enter.
4176	LICENSE REASON CODE IS INVALID	Informational message.
4167	LICENSE REASON CODE REQUIRED	Informational message.
4561	LICENSE REQUIRED ONLY WHEN CORRESPONDING PROVIDER TYPE EXISTS	Informational message.
4169	LICENSE STATE IS INVALID	Informational message.
4563	LICENSE STATE IS REQUIRED FOR PROVIDER	Information message.
4915	MUST UPDATE EXISTING PROGRAM END DATE IN UPDATE FUNCTION	Change the Program end date in Update mode.
4508	NEW BEGIN DATE MUST BE LESS THAN OR EQUAL TO JANUARY OF NEXT CALENDAR YEAR	Enter valid data and begin process again.
4507	NEW BEGIN DATE MUST BE WITHIN THE CURRENT YEAR	Enter valid data and begin process again.
4910	NEW END DATE MUST BE GREATER THAN ACTUAL END DATE.	Enter an end date which is greater than the actual end date.
10058	NO RESTRICTION FOR THIS ATYPICAL PROVIDER.	informational message
8858	ONLY PROGRAM 10 MAY BE SET UP FOR THIS PROVIDER.	Remove all other Program code segments other than Program code 10.
4584	PGM CODE 04 (OPTIONS) BEG DATE MUST BE GREATER	Informational message.

	THAN OR EQUAL TO 01/01/1995	
4585	PGM CODE 06 (TDO) BEG DATE MUST BE GREATER THAN, OR EQUAL TO, 07/01/1995	Informational message.
4659	PGM ENDDATE MUST BE LESS THAN/EQUAL TO THE CURRENT DATE + 5 YEARS	Informational message.
4586	PGMCODE 08 BEGIN DATE MUST BE GREATER THAN OR EQUAL TO 07/01/1998	Informational message.
4044	PHONE NUMBER IS INVALID	Informational message.
4919	PREVIOUS PROGRAM MUST HAVE A REASON CODE BEFORE IT IS REINSTATED.	Cancel the program before reinstating it.
4632	PRIMARY INDICATOR CANNOT BE 'Y' WHEN SPECIALTY IS '000'	Informational message.
8800	PROGRAM CODE 10 CAN NOT OVERLAP WITH OTHER PROGRAM CODES DATES.	Correct the Program code segments so that Program code 10 does not overlap with other Program codes.
4918	PROGRAM DATES CONFLICTS WITH LICENSE END DATE.	Correct the date(s) in question.
4618	PROVIDER CAN BE REINSTATED FOR THIS PROGRAM WITH REINSTATE FUNCTION	Informational message.
4157	PROVIDER DETAILS ALREADY EXIST	Informational message.
6886	PROVIDER IS ON RESTRICTION	Informational message.
4263	PROVIDER LICENSE BEGIN DATE IS INVALID	Informational message.
4262	PROVIDER LICENSE BEGIN DATE REQUIRED	Informational message.
4661	PROVIDER LICENSE BEGIN/END DATE MUST OVERLAP WITH TYPE BEGIN/END DATE	Informational message.
4266	PROVIDER LICENSE END DATE IS INVALID	Informational message.
4330	PROVIDER LICENSE END	Informational message.

	DATE MUST BE GREATER THAN BEGIN DATE	
4662	PROVIDER LICENSE END DATE MUST BE GREATER THAN OR EQUAL TO CURRENT DATE	Informational message.
4265	PROVIDER LICENSE END DATE REQUIRED	Informational message.
4547	PROVIDER MUST BE ENROLLED IN MEDICAID OR CMSIP WITHIN BEGIN AND END DATES	Informational message.
21	PROVIDER NUMBER NOT FOUND	Informational message. No action needed.
4254	PROVIDER PROGRAM BEGIN DATE IS INVALID	Enter a valid Provider Program Begin date.
4383	PROVIDER PROGRAM BEGIN DATE REQUIRED	Enter a Provider Program Begin date.
4255	PROVIDER PROGRAM BEGIN DATE YEAR MUST BE GREATER THAN 1969	Re-enter the Provider Program Begin date.
4619	PROVIDER PROGRAM CAN BE ADDED WITH ADD FUNCTION	Informational message.
4174	PROVIDER PROGRAM CODE NOT FOUND	Informational message.
4175	PROVIDER PROGRAM CODE REQUIRED	Informational message.
4257	PROVIDER PROGRAM END DATE IS INVALID	Enter a valid Provider Program End date.
4258	PROVIDER PROGRAM END DATE MUST BE GREATER THAN BEGIN DATE	Informational message.
4173	PROVIDER PROGRAM FEE INDICATOR MUST BE 'Y' OR 'N'	Enter a Y or N to complete processing.
4612	PROVIDER PROGRAM IS ALREADY ACTIVE	Informational message.
4699	PROVIDER PROGRAM NOT REQUIRED FOR GROUP PROVIDER	Informational message.
4160	PROVIDER PROGRAM REQUIRED	Enter a valid Provider Program.
4269	PROVIDER SPECIALTY BEGIN DATE IS INVALID	Informational message.

4268	PROVIDER SPECIALTY BEGIN DATE REQUIRED	Informational message.
4270	PROVIDER SPECIALTY BEGIN DATE REQUIRED WHEN NON-ZERO SPECIALTY EXISTS	Informational message.
4272	PROVIDER SPECIALTY END DATE IS INVALID	Enter a valid Specialty End date.
4331	PROVIDER SPECIALTY END DATE MUST BE GREATER THAN BEGIN DATE	Informational message.
4271	PROVIDER SPECIALTY END DATE REQUIRED	Informational message.
4273	PROVIDER SPECIALTY END DATE REQUIRED WHEN NON-ZERO SPECIALTY EXISTS	Informational message.
4573	PROVIDER SPECIALTY REQUIRED	Enter a Provider Specialty.
10019	PROVIDER TYPE ALREADY EXISTS FOR THIS LOCATION.	Cannot have duplicate provider types in the same location. Exit the application.
4259	PROVIDER TYPE BEGIN DATE IS INVALID	Informational message.
4384	PROVIDER TYPE BEGIN DATE REQUIRED	Informational message.
4621	PROVIDER TYPE DOES NOT RECEIVE MANAGEMENT FEE; PROV TYPE IS COST SETTLED	Informational message.
4260	PROVIDER TYPE END DATE IS INVALID	Enter a valid Provider Type End date.
4261	PROVIDER TYPE END DATE MUST BE GREATER THAN BEGIN DATE	Enter a Provider Type End date falling after the current date.
4660	PROVIDER TYPE END DATE MUST BE GREATER THAN OR EQUAL TO CURRENT DATE	Enter a Provider Type End date falling after or on the current date.
4165	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type.
4342	PROVIDER TYPE NOT VALID FOR PROGRAM CODE	Informational message.
4164	PROVIDER TYPE REASON CODE IS INVALID	Research and add a valid Provider Type Reason Code.
4166	PROVIDER TYPE REQUIRED	Enter an RA end date falling before the Service Center End date.
4177	REASON CODE REQUIRED WHEN LICENSE EXISTS	Enter a valid reason code.

25	RECORD UPDATED	Informational message. No action needed.
4529	RECORD UPDATED. WARNING: THE PGM BEGIN DATE IS EARLIER THAN LICENSE DATE.	Check the program eligibility begin date and the license begin dates and correct the begin dates accordingly.
4120	RECORDS DISPLAYED	Informational message. No action needed.
4627	RECORDS UPDATED ALREADY	Informational message.
4441	SPECIALTY '000' ALLOWED ONLY WHEN NO OTHER SPECIALTY EXISTS	Research using the on-line HELP system and re-enter the specialty code.
4179	SPECIALTY CODE IS NOT FOUND	Research using the on-line HELP system and re-enter the specialty code.
4341	SPECIALTY CODE NOT VALID FOR PROVIDER TYPE	Research using the on-line HELP system and re-enter the specialty code.
4178	SPECIALTY CODE REQUIRED	Informational message.
4184	SPECIALTY INDICATOR MUST BE 'Y' OR 'N'	Enter a valid specialty indicator.
4183	SPECIALTY PRIMARY INDICATOR MUST BE ONLY ONE	Informational message.
4181	SPECIALTY REASON CODE IS INVALID	Check the specialty reason code and re-enter, if necessary.
4180	SPECIALTY REASON CODE REQUIRED	Informational message.
4182	SPECIALTY REASON CODE REQUIRED WHEN NON-ZERO SPECIALTY EXISTS	Informational message.
4349	STATE IS INVALID	Informational message.
4696	THIS PROVIDER ON CMM RESTRICTION CANNOT REINSTATE IN CMM PROGRAM.	Informational message.
10059	TYPE/LOCATION USED NO LONGER ASSOCIATED WITH THE NPI.	Informational message
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
10033	UPDATE ALLOWED ONLY IN SCREEN 5 FOR ADD FUNCTION.	Press update button in screen 5 only for add function.

4673	YOU MUST CHOOSE ENTER TO INVOKE EDITS BEFORE ADVANCING TO NEXT PAGE	Choose Enter to invoke the edits.
4679	ZIP CODE AND LOCALITY DO NOT MATCH	Check both the ZIP code and locality.
4667	ZIP CODE HAS MULTIPLE LOCALITY ENTER A LOCALITY.	Enter a locality.
4045	ZIP CODE IS INVALID	Enter a valid ZIP code. See the Field Definitions for explanation and formatting requirements.

Screen Access

From the VAMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Choose Provider Information from the drop-menu in the Selection field.
4 Choose the Add, Change or Update radio button in the Function field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Provider Location Information Screen (PS-S-001-03).
Note: If no entry is made in the ID Value field, the Provider ID Number must be entered in the Provider ID field. Choose Enter to display the record.
8. Use the Next Screen Navigation button to advance to Screen 4 through Screen 5.
9. Use the Previous Screen Navigation button to move from Screen 2 to Screen 1.

Screens PS-S-001-04 Provider Location Information

General Information

This screen is used for maintenance of the Provider Master File for the Managed care and MCO details. (Adds, Changes and Updates including Reinstates) or Inquiry.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST004 PST010
MAPSET	PS004VA
TRAN ID	VT01 (Inquiry), VT02 (Update), VT03 (Add)

SAMPLE	**Provider Location Information (PS-S-001-04)**

Demo - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-001-04
Trans ID: VT02
Program ID: PST010

VIRGINIA MEDICAID
LOCATION INFORMATION - UPDATE

Date: 1/13/2009
Time: 10:02
SCREEN 4

Provider ID: [redacted]
Name:
Address:

Legacy ID:

Tracking ID: 2008340011
Provider Type: 020
Site Ind: 01
Type/Loc: 001 of 001

ENROLLMENT TYPE	PANEL ENROLLMENT SIZE	ENROLLMENT AGE TYPE	SPECIAL SERVICES:
Open	Max Panel Size: 02000	Adults Only	Handicapped Access: Y
History Only	Selected Panel Size: 00300	Children Only	
Existing Members Only	Actual Panel Size: 00124	Adults and Children	
	Slots Remaining: 00176		

MCO FIPS: MCO Begin Date: MCO End Date: MCO Reason: MCO Incent%:
Programs:
Level Pref: Financial Status: CAP Proration Method:

Scroll Up | Scroll Down

RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | Address | MC Enroll | Service Center | Affiliation | Return | Sub Menu | Main Menu
Financial | Restrictions | Group | Ind Rates | Previous | Next

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	PROVIDER ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Idenfication Number (NPI or Legacy Id). The PROV ID will become a protected field during the Add transaction and is always protected in Update	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD (P) System displayed. UPDATE (R/U) Enter a valid Provider ID.

		and Inquiry. Messages:	
3.1	LEGACY ID Provider Identification Number (DE4002)	Edits: Messages: Legacy ID.	This field contains the 9 byte Legacy ID, assigned originally, if it exists. This field contains the 9 byte Legacy ID, assigned originally, if it exists.
4	TRACKING ID Provider Application Tracking Number (DE4008)	Edits: Provider Application tracking id. Messages: Provider Application tracking id.	Displays the Provider Application Tracking Number associated with the Provider ID. Displays the Provider Application Tracking Number associated with the Provider ID. ADD/UPDATE/INQUIRY (R/P).
5	NAME Provider Name (DE4085)	Edits: If the Provider is an individual, his name will display in the Individual Name field in Last, First, Middle Initial, Suffix and Title order. If the Provider is a business/facility, his name will display in the Business Name field in a 40 position free-formatted field. Messages:	The name of the servicing or billing Provider. The name of the servicing or billing Provider. ADD(R/U) Enter a valid Business or Individual Provider Name as appears on the application. UPDATE(C/U) Enter a valid Business or Individual Provider Name as appears on the application.
6	PROV TYPE Provider Type (DE4006)	Edits: Must be a valid Provider Type. Messages: Must be a valid Provider Type.	Must be a valid 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 ADD/UPDATE (R/U) Enter a valid Provider Type.
7	PROVIDER ADDRESS LINE Provider Address Line (DE4097)	Edits: This is the address line for the Servicing Address. For other addresses, go to the Address option from the Provider Main	The street of the servicing address of the provider. Must not be a P.O. Box. The street of the servicing address of the provider. Must not be a P.O. Box. ADD(R/U) Enter a valid servicing street address. UPDATE(P)

		Menu (PS-S-022). P.O. Box not allowed within service address field. Messages:	System displayed.
8	PROVIDER CITY Provider Address City Name (DE4130)	Edits: This is the City for the Servicing Address. For other addresses, go to the Address option from the Provider Main Menu (PS-S-022) Messages:	The city in the servicing address for the provider. The city in the servicing address for the provider. ADD(R/U) Enter a valid servicing city address. UPDATE(P) System displayed.
9	PROVIDER STATE Provider Address State (DE4098)	Edits: Must be a valid state. It should match with license state if exists. This is the state for the Servicing Address. For other addresses, go to the Address option from the Provider Main Menu (PS-S-022) Messages:	The state in the servicing address of the provider. Use the On-line HELP system to find valid values for this code. The state in the servicing address of the provider. Use the On-line HELP system to find valid values for this code. ADD(R/U) Enter a valid servicing state address. UPDATE(P) System displayed.
10	PROVIDER ZIP Provider Address ZIP Code (DE4099)	Edits: Must be a valid zip-code. This is the Zip-code for the Servicing Address. For other addresses, go to the Address option from the Provider Main Menu (PS-S-022) Messages:	The ZIP code of the servicing address of the provider. The ZIP code of the servicing address of the provider. ADD(R/U) Enter a valid servicing ZIP Code with four zeros. UPDATE(P) System-displayed.
11	SITE IND NPI XREF Site Number (DE4143)	Edits: Location site indicator. Messages: Location site indicator.	Location site indicator. Location site indicator. System displayed (P)
11.1	TYPE/LOCATION	Edits:	Current Type/Location number of the ser-

	NUMBER Calculated (DE0002)	Messages: Current Type/Location number of the servicing location.	vicing location. Current Type/Location number of the servicing location.
11.2	TOTAL TYPE/LOCATION NUMBER Calculated (DE0002)	Edits: Messages: Total Type/Location number of the Provider.	Total Type/Location number of the Provider. Total Type/Location number of the Provider.
12	[ENROLLMENT TYPE] OPEN Provider Managed Care Panel Enrollment Type (DE4402)	Edits: Enrollment Type is required for medallion (02) ,optional for (05) Managed Care Providers. Select only one type Messages:	Radio button indicating the Open Enrollment Type of enrollment for the provider's panel. Radio button indicating the Open Enrollment Type of enrollment for the provider's panel. ADD (C/U) Select the radio box for the Provider Managed Care Panel Open Enrollment Type. UPDATE (P) System displayed.
13	[ENROLLMENT TYPE] HISTORY ONLY Provider Managed Care Panel Enrollment Type (DE4402)	Edits: Enrollment Type is required for medallion (02) ,optional for (05) Managed Care Providers. Select only one type Messages:	A code to indicate the type of enrollment for the provider's panel. Enrollment Type is required for Managed Care Providers. A code to indicate the type of enrollment for the provider's panel. Enrollment Type is required for Managed Care Providers. Select only one type. ADD(C/U) Select the radio box for the Provider Managed Care Panel History Only Enrollment Type. UPDATE(P) System displayed.
14	[ENROLLMENT TYPE] EXISTING CLIENTS ONLY Provider Managed Care Panel Enrollment Type (DE4402)	Edits: Enrollment Type is required for medallion (02) ,optional for (05) Managed Care Providers. Select only one type Messages:	A code to indicate the type of enrollment for the provider's panel. Enrollment Type is required for Managed Care Providers. A code to indicate the type of enrollment for the provider's panel. Enrollment Type is required for Managed Care Providers. Select only one type. ADD (C/U) Select the radio box for the Provider Managed Care Panel Existing Clients Only Enrollment Type.

			UPDATE(P) System displayed.
15	[PANEL ENROLLMENT] MAX SIZE Provider Managed Care Maximum Slots (DE4123)	Edits: Messages: Panel max size	The maximum number of enrollees a Primary Care Provider can have assigned. DE 4403 represents the maximum size the provider has elected The maximum number of enrollees a Primary Care Provider can have assigned. DE 4403 represents the maximum size the provider has elected
16	[PANEL ENROLLMENT SIZE] SELECTED PANEL SIZE Provider Managed Care Panel Enrollment Size (DE4403)	Edits: Required only for Medallion (02) and optional for CMM (05) Managed Care Providers. Validated based on the data entered in DE 4123. Cannot be greater than the maximum panel size value and cannot be set to zero. Messages:	The number of clients the provider has agreed to have in his/her panel. The number of clients the provider has agreed to have in his/her panel. ADD (C/U) Enter a valid Selected Panel Size NOT greater than the Max Panel Size and not equal to zero. UPDATE(P) System displayed.
17	(PANEL ENROLLMENT SIZE) ACTUAL SIZE Provider Managed Care Assigned Slots (DE4122)	Edits: Required only for medallion(02) and optional for cmm(05) Managed Care Providers Messages:	The number of enrollees assigned to a Primary Care Provider. The number of enrollees assigned to a Primary Care Provider. ADD(C/U) Required only for Managed Care Providers. UPDATE(P) System displayed.
18	(PANEL ENROLLMENT SIZE) SLOTS REMAINING Provider Managed Care Assigned Slots (DE4122)	Edits: Calculates and displays the open slots remaining as selected panel size minus actual panel size. When the Actual Panel Size is greater than the Selected Panel Size, this field will display a negative	This field will be calculated. It is Selected Panel Size minus Actual Panel Size. When the Actual Panel Size is greater than the Selected panel Size, this field will display a negative value.(P) This field will be calculated. It is Selected Panel Size minus Actual Panel Size. When the Actual Panel Size is greater than the Selected panel Size, this field will display a negative value.(P)

		value. Messages:	
19	[ENROLLMENT AGE TYPE] ADULTS ONLY Provider Managed Care Panel Enrollment Age Type (DE4404)	Edits: Required only for medallion (02) and optional for cmm (05) Managed Care Providers. Select only 1 age type. Messages:	Radio button indicating the age type Adults Only of the client for the provider's panel. Radio button indicating the age type Adults Only of the client for the provider's panel. ADD (C/U) Select the radio box for Adults Only Provider Managed Care Enrollment Age Type. UPDATE(P) System displayed.
20	[ENROLLMENT AGE TYPE] CHILDREN ONLY Provider Managed Care Panel Enrollment Age Type (DE4404)	Edits: Required only for medallion (02) and optional for cmm (05) Managed Care Providers. Select only 1 age type. Messages:	Radio box indicating the age type for Children Only of the client for the provider's panel. Radio box indicating the age type for Children Only of the client for the provider's panel. ADD(C/U) Select the radio box for Children Only Provider Managed Care Panel Enrollment Age Type. UPDATE (P) System displayed.
21	[ENROLLMENT AGE TYPE] ADULTS AND CHILDREN Provider Managed Care Panel Enrollment Age Type (DE4404)	Edits: Required only for medallion (02) and optional for cmm (05) Managed Care Providers. Select only 1 age type. Messages:	Radio button indicating the age type both Adults and Children of enrollment for the provider's panel. Radio button indicating the age type both Adults and Children of enrollment for the provider's panel. ADD (C/U) Select the radio box for Adults and Children for the Provider Managed Care Panel Enrollment Age Type. UPDATE (P) System displayed.
22	HANDICAPPED ACCESS Provider Managed Care Handicap Accessibility Indicator (DE4436)	Edits: A code to indicate whether the provider has handicap accessibility. This is required for medallion (02) and optional for (cmm) .	Radio box indicating whether the provider has handicap accessibility. Radio box indicating whether the provider has handicap accessibility. ADD (R/U) Select the radio box for the Provider Managed Care Handicap Accessibility Indicator.

		Enter "Y" or "N". Messages:	UPDATE (P) System displayed.
23	HMO LOCALITY CODE Provider Locality Code (DE4089)	Edits: In Add mode, when Provider Type is 067 or 087 this field should be unprotected. It is required for these provider types. There is a place to enter 1 locality for this HMO, to enter additional localities go to PST240 (PS-S-028) HMO Provider/County. This field remains protected in update if the value is not equal to spaces. Messages:	A code identifying the county in which a provider is located. Required for program Code 3 or 4 and the Provider Type is 087, 089, 067, or 069. For additional localities, choose HMO Provider/County from the Provider Main Menu. A code identifying the county in which a provider is located. Required for Program Code 3 or 4 and the Provider Type is 087, 089, 067, or 069, if not then system displayed. For additional localities, choose HMO Provider/County from the Provider Main Menu. ADD/UPDATE (C/U) Enter a valid HMO Locality Code.
24	HMO BEGIN DATE Provider HMO County Begin Date (DE4438)	Edits: When Provider Type is 087, 067 this field should be protected. In add mode if the HMO locality code is not equal to spaces, then the begin date value is populated with default value of '01/01/2000' and end date as '12/31/9999' . There is a place to enter 1 locality for this HMO, to enter additional localities go to PST240 (PS-S-028) HMO Provider/County Messages:	The date on which the HMO Locality Code begins; MM/DD/CCYY format. The date on which the HMO Locality Code begins; MM/DD/CCYY format. If a date is not entered, the system will default to current date. Required for Program Code 3 or 4 and the Provider Type is 087, 089, 067, or 069, if not system displayed. ADD/UPDATE (C/U) Enter a valid HMO Locality Code Begin Date.
25	HMO END DATE Provider HMO County End Date (DE4439)	Edits: When Provider Type is 087, 067 this field should be protected.	The date on which the HMO Locality Code ends; MM/DD/CCYY format. The date on which the HMO Locality Code ends; MM/DD/CCYY format. Required for Program Code 3 or 4 and the Provider Type

		In add mode if the HMO locality code is not equal to spaces, then the begin date value is populated with default value '01/01/2000' and end date as '12/31/9999' . There is a place to enter 1 locality for this HMO, to enter additional localities go to PST240 (PS-S-028) HMO Provider/County Messages:	is 087, 089, 067, or 069, if not then system displayed. ADD/UPDATE (C/U) Enter a valid HMO Locality Code End Date.
26	HMO REASON CODE Provider Reason Code (DE4012)	Edits: When Provider Type is 087, 067 or this field should be unprotected. It is required for these provider types. There is a place to enter 1 locality for this HMO, to enter additional localities go to PST240 (PS-S-028) HMO Provider/County Messages:	A code identifying the reason code for the HMO Locality Code of a provider's eligibility status. A code identifying the reason code for the HMO Locality Code of a provider's eligibility status. Required for Program Code 3 or 4 and the Provider Type is 087, 089, 067, or 069, if not then system displayed. Refer to Appendix A (Reason Codes by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid HMO Locality Reason Code.
27	HMO IE % INCENTIVE PERCENTAGE Provider Enrollment Incentive Percentage (DE4507)	Edits: When Provider Type is 087, 067 this field should be unprotected. It is required for these provider types. There is a place to enter 1 locality for this HMO, to enter additional localities go to PST240 (PS-S-028) HMO Provider/County Messages:	The number indicating a percentage by which pre-assignments to an HMO can be increased or decreased for a given locality. The number indicating a percentage by which pre-assignments to an HMO can be increased or decreased for a given locality. Must enter (-) first, if a negative amount Required for Program Code 3 or 4 and the Provider Type is 087, 089, 067, or 069, if not then system displayed. ADD/ UPDATE (C/U) Enter a Provider Enrollment Incentive Percentage.

28	PROVIDER PROGRAM CODE Provider Program Code (DE4208)	Edits: Must be a valid provider program code of the following combinations. Program code 01 with either program code 03 or 04 as one combination and Program code 08 with either program code 03 or 04. Messages:	The program(s) in which a provider participates. Must be a valid provider program code of the following combinations. Program code 01 with either program code 03 or 04 as one combination and Program code 08 with either program code 03 or 04. The program(s) in which a provider participates. Must be a valid provider program code of the following combinations: program code 01 with either program code 03 or 04 as one combination, and Program code 08 with either program code 03 or 04. ADD/UPDATE(O/U) Enter the program code.
29	LEVEL PERF Provider Level of Performance (DE4431)	Edits: Required for specific Provider Types '067' , 087'. Messages: Required for specific Provider Types '067' , 087'.	A code assigned to only HMOs to indicate their performance level. Required by Provider Types 87 and 89. Use On-line HELP system to find valid codes for this field. A code assigned to only HMOs to indicate their performance level. Required by Provider Types; 67, 69, 87 and 89. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE(C/U) Enter a valid Provider Level of Performance Code.
30	FINANCIAL ST Provider Financial Standing (DE4267)	Edits: Must be a valid Provider Financial Standing code. "F" Fair, "G" Good, or "P" Poor. Required for HMO provider types 067, 087. Messages: Provider Financial Standing code. Required for HMO provider types 067, 087.	A code indicating the Provider Financial Standing of HMOs based on financial reviews by DMAS. Use the On-line HELP system to find valid codes for this field. A code indicating the Provider Financial Standing of HMOs based on financial reviews by DMAS. Required for specific Programs; '02, 03, 04, and 05. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (O/U) Enter a valid Provider Financial Standing Code.
31	CAP PRORATION METH Provider Capitation Proration Method	Edits: Required for HMO provider types 067, 087. "D" Daily, "H"	A code determining the prorated calculation for an HMO's capitation rate for partial month recipient enrollment. Required for HMO provider types ; 067, 069, 087, 089. Use the On-line HELP system to find valid codes for this

	(DE4532)	Half Month, or "W" Whole Month Messages:	field. A code determining the prorated calculation for an HMO's capitation rate for partial month recipient enrollment. Required for HMO provider types; 067, 069, 087, and 089. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Capitation Proration Method Code.
32	MSG Error Message Text (DE0026)	Edits: Displays the error / informational messages for the user. Messages:	Displays the error / informational messages for the user. Displays the error / informational messages for the user.

NAVIGATION	**Provider Location Information (PS-S-001-04)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDRESS	Branch to the Provider billing Address Screen.	PS-S-022-02 (B)
AFFILIATION	Branch to the Managed Care Affiliation Screen	PS-S-023 (B)
RETURN	Returns to the previous transaction (different screen - not PS-S-001) user came from. To go to previous page of the same set of screens (PS-S-001), use Previous Screen button.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
ENTER	The Enter button has two functions: - Enter displays the record(s) requested. - Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button on screen 04 of 04 on Provider Information is chosen.	N/A
SUB MENU	Returns to the Provider Main Menu.	PS-S-000 (R)
FINANCIAL	Branch to the Financial Inquiry Screen.	PS-S-013 (B)
MC ENROLLMENT	Branch to the Managed Care Enrollment Screen.	PS-S-026 (B)

NEXT	Displays the screen immediately following the current screen. When in the Update or Add mode, user must have previously pressed enter on each screen to invoke edits prior to pressing NEXT. Pressing Enter prior to NEXT is not required in the Inquiry mode.	N/A
SCROLL DOWN	Displays the next provider type / service location within an NPI.	PS-S-001-04 (B)
PREVIOUS	Returns to the previous page of the same set of screens. User will remain in PS-S-001 but will return to the previous page of this set of screens	N/A
SCROLL UP	Displays the previous provider type / service location within an NPI.	PS-S-001-04 (B)
PROVIDER/GROUP	Branch to the Provider Group Screen.	PS-S-005 (B)
RATES	Displays Provider Rate Screen.	PS-S-007-01 (B)
REFRESH	Command button to refresh the screen with updated information(if any) from the database.	N/A
RESTRICTIONS	Branch to the Provider Restriction Screen.	PS-S-010 (B)
MAIN MENU	Returns to the VaMMIS Main system Menu.	RF-S-010 ()
UPDATE	Command button to save edited information entered in an update screen and posts the data to the database. The update function is valid on screens 01, 02, 03 and 04 for Provider Information.	N/A

Error Messages

Error	Description	Resolution
4927	ACTUAL PANEL SIZE MUST BE GREATER THAN ZERO	Change "ACTUAL PANEL SIZE" to be greater than zero (0)
9921	ALREADY AT FIRST LOCATION	Information message
9922	ALREADY AT LAST LOCATION	Information message
4582	CAP PROR METH IS INVALID	Information message.
4581	CAP PROR METH REQUIRED	Information message.
4580	CAP PROR METH REQUIRED ONLY WHEN PROVIDER TYPE IS 067, 069, 087 OR 089	Information message.
4948	CHOOSE ENTER TO INVOKE EDITS BEFORE SAVING UPDATES	Informational message
2	DATA NOT CHANGED	Information message. No action needed.
4504	DATA PASSES ALL EDITS	Information message.
4503	DATA PASSES ALL EDITS FOR SCREEN 4	Information message.

	CHOOSE UPDATE TO UPDATE.	
68	DATA REFRESHED	Information message.
4501	DUPLICATE PROVIDER PROGRAM EXISTS	Information message.
3	DUPLICATE RECORD; NOT INSERTED	Information message. No action needed.
4626	ENTER ALL SCREEN DETAILS	Enter valid values according to error message specifications.
4078	ENTER AT LEAST ONE VALID VALUE	Enter valid values according to error message specifications.
4083	ENTER ONLY ONE VALID VALUE	Enter valid values according to error message specifications.
4095	ENTER VALID INCENTIVE PERCENTAGE	Enter valid values according to error message specifications.
4087	ENTER 'Y' OR 'N' FOR SPECIAL SERVICES	Enter valid values according to error message specifications.
4238	FINANCIAL STATUS IS INVALID	Information message.
4510	FINANCIAL STATUS REQUIRED	Information message.
4509	FINANCIAL STATUS REQUIRED FOR PROVIDER TYPES '067', '069', '087', OR '089'	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4093	INVALID LOCALITY CODE	Check field for valid data and re-enter.
163	INVALID PROGRAM CODE COMBINATION	Enter the valid Program Code combination.
4382	LEVEL OF PERFORMANCE IS INVALID	Information message.
4380	LEVEL OF PERFORMANCE ONLY ALLOWED FOR PROVIDER TYPES 067, 069, 087, 089	Information message.
4381	LEVEL OF PERFORMANCE REQUIRED	Information message.
4005	PROGRAM CODE IS INVALID	Enter a valid program code. See the Field Definitions for explanation and valid codes.
4175	PROVIDER PROGRAM CODE REQUIRED	Information message.
25	RECORD UPDATED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4926	SELECTED PANEL SIZE CANNOT EXCEED MAX PANEL SIZE	Change "SELECTED PANEL SIZE" to be equal or less than "MAX PANEL SIZE"
4925	SELECTED PANEL SIZE MUST BE GREATER THAN ZERO	Change "SELECTED PANEL SIZE" to be greater than zero (0)
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.

10033	UPDATE ALLOWED ONLY IN SCREEN 5 FOR ADD FUNCTION.	Press update button in screen 5 only for add function.
4673	YOU MUST CHOOSE ENTER TO INVOKE EDITS BEFORE ADVANCING TO NEXT PAGE	Choose Enter to invoke the edits.
4673	YOU MUST CHOOSE ENTER TO INVOKE EDITS BEFORE ADVANCING TO NEXT PAGE	Choose Enter to invoke the edits.

Screen Access

From the VA DMAS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Choose Provider Information from the drop-menu in the Selection field.
4 Choose the Add, Change or Update radio button in the Function field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Provider Billing Information Screen (PS-S-001-01).
Note: If no entry is made in the ID Value field, the Provider ID Number must be entered in the Provider ID field. Choose Enter to display the record.
8. Use the Next Screen Navigation button to advance from Screen 1 through the series of screens to Screen 5.
9. Use the Previous Screen Navigation button to return to the previous screen in the series.

Screens PS-S-001-05 Provider Location Information

General Information

This screen is used for maintenance of the Provider Master File details like bed counts, languages, MCO, EMC, POS, DEA, Admin name, case manager details and all other indicators. (Adds, Changes and Updates including Reinstates) or Inquiry.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST005 PST010
MAPSET	PS005VA
TRAN ID	VT01 (Inquiry), VT02 (Update), VT03 (Add)

SAMPLE	**Provider Location Information (PS-S-001-05)**

VA DMAS Prototype Portal - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-001-05
Tran ID: VT02
Program ID: PST010

VIRGINIA MEDICAID
PROVIDER LOCATION INFORMATION - UPDATE

Date: 11/17/2009
Time: 09:34
Screen: 5

Provider ID: [redacted]
Name:
Address :

Legacy ID: [redacted]

Tracking ID:

Type/Loc: 001 OF 001
Prov Type: 001
Date Added: 02/28/1993
Site Ind: 01

Bypass Label:
Update Date:
User ID:

Provider Information

Practise Type: 13 | Inactive Override: N | PPA Ind: N | Assessment Ind: Y | EPSDT Ind: N
Facility Rating: | Facility Control: | Forms Ind: 2 | Forms Count: 000 | Chg Letter Ind:

Beds

Total:
NF:
SNF-NF:
SNF:
Non-Cert:
ICF-MR:
Spec Care:

Languages

- [x] English
- [ ] Spanish
- [ ] Korean
- [ ] Vietnamese
- [ ] Hindi
- [ ] Farsi
- [ ] Other

EMC

Ind: 1 | Begin Date: 12/19/2005 | End Date: 12/31/9999 | Reason: 000 | Service Center: 1405

MCO

Ind: _ | Begin Date: _____ | End Date: _____ | Reason: ___ | Service Center: ____

POS

Begin Date: | End Date: | Reason:

Case Manager

Type:
Begin Date:
End Date: _____
Reason: ___

Adm Name: [redacted] | DEA:
Comments:

Want to add more locations? _

Scroll Up | Scroll Down

RECORDS DISPLAYED.

Update | Clear Form | Refresh | EMC Hist | MCO Hist | POS Hist | Case Mgr Hist | Address | Return | Sub Menu | Main Menu
MC Enrol | Affiliation | Service Center | Financial | Restrictions | Group | Ind Rates | Previous | Next

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROVIDER ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Idenfication Number (NPI or Legacy Id). The PROV ID will become a protected field during the Add transaction and is always protected in Update and Inquiry.	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD (P) System displayed. UPDATE (R/U) Enter a valid Provider ID.

		Messages:	
2	LEGACY ID Provider Identification Number (DE4002)	Edits: Messages: Legacy ID.	This field contains the 9 byte Legacy ID, assigned originally, if it exists. This field contains the 9 byte Legacy ID, assigned originally, if it exists.
3	TRACKING ID Provider Application Tracking Number (DE4008)	Edits: Messages:	Displays the Provider Application Tracking Number associated with the Provider ID. Displays the Provider Application Tracking Number associated with the Provider ID. ADD/UPDATE/INQUIRY (R/P).
4	TYPE/LOC (NUMBER) Calculated (DE0002)	Edits: Messages: Current Type/Location number of the servicing location.	Current Type/Location number of the servicing location. Current Type/Location number of the servicing location.
5	TYPE/LOC (TOTAL) Calculated (DE0002)	Edits: Messages: Total Type/Location number of the Provider.	Total Type/Location number of the Provider. Total Type/Location number of the Provider.
6	NAME Provider Name (DE4085)	Edits: If the Provider is an individual, his name will display in the Individual Name field in Last, First, Middle Initial, Suffix and Title order. If the Provider is a business/facility, his name will display in the Business Name field in a 40 position free-formatted field. Messages:	The name of the servicing or billing Provider. The name of the servicing or billing Provider. ADD(R/U) Enter a valid Business or Individual Provider Name as appears on the application. UPDATE(C/U) Enter a valid Business or Individual Provider Name as appears on the application.
7	LOC Provider Address Line (DE4097)	Edits: This is the address line for the Servicing Address. Messages: This is the address line for the Servicing Address.	The street of the servicing address of the provider. Must not be a P.O. Box. The street of the servicing address of the provider. Must not be a P.O. Box. ADD(R/U) Enter a valid servicing street address. UPDATE(P) System displayed.
8	(PROVIDER CITY)	Edits:	The city in the servicing address for the pro-

	Provider Address City Name (DE4130)	This is the City for the Servicing Address. Messages:	vider. The city in the servicing address for the provider. ADD(R/U) Enter a valid servicing city address. UPDATE(P) System displayed.
9	(PROVIDER STATE) Provider Address State (DE4098)	Edits: Must be a valid state. It should match with license state if exists. This is the state for the Servicing Address. Messages: This is the state for the Servicing location Address	The state in the servicing address of the provider. Use the On-line HELP system to find valid values for this code. The state in the servicing address of the provider. Use the On-line HELP system to find valid values for this code. ADD(R/U) Enter a valid servicing state address. UPDATE(P) System displayed.
10	(PROVIDER ZIP) Provider Address ZIP Code (DE4099)	Edits: Must be a valid zipcode. This is the Zipcode for the Servicing Address. Messages: This is the Zipcode for the Servicing location Address.	The ZIP code of the servicing address of the provider. The ZIP code of the servicing address of the provider. ADD(R/U) Enter a valid servicing ZIP Code with four zeros. UPDATE(P) System-displayed.
11	PROV TYPE Provider Type (DE4006)	Edits: Must be a valid Provider Type. Messages: Must be a valid Provider Type.	A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). 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
12	DATE ADDED Provider Record Insert Date (DE4061)	Edits: Displays the date the provider was added. Messages:	The initial date the provider enrollment information for a provider was added to one of the state programs in the Provider database; MM/DD/CCYY format. The initial date the provider enrollment information for a provider was added to one

			of the state programs in the Provider database; MM/DD/CCYY format. ADD/UPDATE (P) System displayed.
13	SITE IND NPI XREF Site Number (DE4143)	Edits: Messages: Location site indicator.	This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses.
14	PRACTICE TYPE Provider Type of Practice Organization (DE4009)	Edits: A code which designates the type of organization of the practice or group. Messages:	A code designating the type of organization of the practice or group. Use the On-line HELP system to find valid codes for this field. A code designating the type of organization of the practice or group. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Type of Practice Organization.
15	INACTIVE OVERRIDE Provider Inactive Override Indicator (DE4517)	Edits: A code to indicate whether the provider will be considered as inactive when producing inactive files and reports. Must be "Y" or "N". Messages:	A code indicating whether the provider will be considered as inactive when producing inactive files and reports. A code indicating whether the provider will be considered as inactive when producing inactive files and reports. Must be Y (Yes) or N (No). ADD/UPDATE(O/U) Enter a valid Provider Inactive Override Indicator.
16	PPA IND Preferred Provider Agreement Indicator (DE4295)	Edits: Indicates a provider that has a preferred provider agreement with a third party payer. Messages:	A code indicating a provider that has a preferred provider agreement with a third party payer. A code indicating a provider that has a preferred provider agreement with a third party payer. Must be 'Y' (Yes) or 'N' (No). ADD/UPDATE (O/U) Enter a valid Preferred Provider Agreement

			Indicator.
17	ASSESSMENT IND Provider Assessment Indicator (DE4088)	Edits: A code that designates an assessment is allowed for a provider. Must be a "Y" or "N". Messages:	A code designating an assessment is allowed for a provider. 'Y' (Yes) or 'N' (No). A code designating an assessment is allowed for a provider. Must be Y (Yes) or N (No). Required for specific provider types; 01, 02, 03, 04, 14, 17, 51, 53, 56, 73, 85, 91. ADD/UPDATE (O/U) Enter a valid Provider Assessment Indicator.
18	EPSDT IND Provider EPSDT Indicator (DE4500)	Edits: A code to indicate whether a provider is certified to perform EPSDT services Messages:	A code indicating whether a provider is certified to perform Early Periodic Screening Diagnosis and Testing (EPSDT) services. A code indicating whether a provider is certified to perform Early Periodic Screening Diagnosis and Testing (EPSDT) services. Must be Y (Yes) or N (No). Required if the provider has a Specialty Code of '035' EPSDT. ADD/UPDATE(O/U) Enter a valid Provider EPSDT Indicator.
19	FACILITY RATING Provider Facility Rating Indicator (DE4072)	Edits: Optional for specific Provider Types (001 thru 019,028,029,091,092). Must be a valid Provider Faclilty Rating Indicator. "1" is Profit and "2" is Non-Profit Messages:	A code designating the fiscal classification of a hospital or long-term care facility for tax assessment purposes. Optional for specific Provider Types; 001 thru 019, 028, 029, 091, and 092. Use the On-line HELP system to find valid codes for this field. A code designating the fiscal classification of a hospital or long-term care facility for tax assessment purposes. Optional for specific Provider Types; 001 thru 019, 028, 029, 091, and 092. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Facility Rating Indicator.
20	FACILITY CONTROL Provider Control of Medical Facility Indicator (DE4073)	Edits: Optional for specific Provider Types (001 thru 019,028,029,091,092).. Must be a valid Provider Control of Medical Facility Indicator. Values can be 1-5 Messages:	A code designating the fiscal classification/proprietary nature of the facility. Required for specific Provider Types; 001 thru 019, 028, 029, 091, 092. Use the On-line HELP system to find valid codes for this field. A code designating the fiscal classification/proprietary nature of the facility. Optional for specific Provider Types; 001 thru 019, 028, 029, 091, 092. Use the On-

			line HELP system to find valid codes for this field. ADD/UPDATE(C/U) Enter a valid Provider Facility Rating Indicator.
21	FORMS IND Provider Forms Indicator (DE4341)	Edits: A code used to identify whether forms are sent to a provider because of an Add or Reinstate transaction and to what address the forms will be sent. Messages:	A code identifying whether forms are sent to a provider because of an Add or Reinstate transaction and to what address the forms will be sent. A code identifying whether forms are sent to a provider because of an Add or Reinstate transaction and to what address the forms will be sent. ADD(R/U) Enter a valid Provider Form Indicator. UPDATE(C/U) Enter a valid Provider Forms Indicator.
22	FORMS COUNT Provider Forms Count (DE4224)	Edits: Indicates the number of copies to be sent to a provider related to letters, manuals, etc. Messages:	A code indicating the number of copies to be sent to a provider related to letters, manuals, etc. A code indicating the number of copies to be sent to a provider related to letters, manuals, etc. ADD/UPDATE (R/U) Enter a valid Provider Forms Count Code.
23	CHG LETTER IND Change Letter Indicator (DE4408)	Edits: Change letter indicator. This field is optional and Valid values are 'Y' or 'N'. Messages: Change letter indicator.	User sets the indicator when a change letter should be generated. User sets the indicator when a change letter should be generated. UPDATE (O/U) Enter Y if a change letter should be generated for the change made to the record.
24	(EMC) IND Provider EMC Billing Indicator (DE4081)	Edits: A code indicating the method a provider submits electronic claims. Messages:	A code indicating the method a provider submits electronic claims. Use the On-line HELP system to find valid codes for this field. A code indicating the method a provider submits electronic claims. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (O/U) Enter a valid Provider EMC Billing Indicator.
25	(EMC) BEGIN	Edits:	The date on which the Provider Electronic Media Claims (EMC) begins; MM/DD/CCYY

	Provider Electronic Capability Begin Date (DE4537)	Required when Provider EMC Indicator is not zero or spaces. Must be a valid date.This field is protected in all modes and is auto populated if already exists in database. Messages:	format. The date on which the Provider Electronic Media Claims (EMC) begins; MM/DD/CCYY format. Required if there is an entry in the Provider Electronic Media Claims (EMC) field. If a date not is entered, system will default to current date. ADD/UPDATE (C/U) Enter a valid Provider Electronic Media Claims (EMC) Begin Date.
26	(EMC) END Provider Electronic Capability End Date (DE4538)	Edits: Required when Provider EMC Indicator is not zero or spaces. This field is protected in all modes and is auto populated if already exists in database. Messages: Provider EMC Indicator.	The date on which the Provider Electronic Media Claims (EMC) ends; MM/DD/CCYY format. The date on which the Provider Electronic Media Claims (EMC) ends; MM/DD/CCYY format. Required if there is an entry in the Provider Electronic Media Claims (EMC) field. Cannot be less than the Provider Electronic Media Claims (EMC) Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (C/U) Enter a valid Provider Electronic Media Claims (EMC) End Date.
27	(EMC) REASON Provider Reason Code (DE4012)	Edits: Required when Provider EMC IND is not zero or space. Must be a valid Provider Reason Code for EMC. This field is protected in all modes and is auto populated if already exists in database. Messages:	A code identifying the reason code for the Provider Electronic Media Claims (EMC) of a provider's eligibility status. Use the On-line HELP system to find valid codes for this field. The date on which the Provider Electronic Media Claims (EMC) ends; MM/DD/CCYY format. Required if there is an entry in the Provider Electronic Media Claims (EMC) field. Cannot be less than the Provider Electronic Media Claims (EMC) Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (C/U) Enter a valid Provider Electronic Media Claims (EMC) End Date.
28	(EMC) SERVICE CENTER Provider Service Center (DE4082)	Edits: Code assigned to each billing service or data center which submits claims to the Fiscal	The code assigned to each provider, billing service, or data center which submits claims to the Fiscal Agent. Must be a valid service center (Claims and Remits) for EMC.

		Agent. Messages:	The code assigned to each provider, billing service, or data center which submits claims to the Fiscal Agent. Must be a valid service center (Claims and Remits) for EMC. Required if there is an entry in the EMC Indicator field. ADD/UPDATE (C/U) Enter a valid Service Center Number.
29	ENGLISH Provider Language Type (DE4420)	Edits: Indicates the type of language spoken in the provider's office. Messages:	Radio box indicating the English language is spoken in the provider's office. If a language is not selected, the system will default to the English language. Radio box indicating the English language is spoken in the provider's office. If a language is not selected, the system will default to the English language. ADD/UPDATE (O/U) Select the radio box for the English Language Indicator, if applicable.
30	HINDI Provider Language Type (DE4420)	Edits: Indicates the type of language spoken in the provider's office. Messages:	Radio box indicating the Hindi language is spoken in the provider's office. If a language is not selected, the system will default to the English language. Radio box indicating the Hindi language is spoken in the provider's office. If a language is not selected, the system will default to the English language. ADD/UPDATE (O/U) Select the radio box for the Hindi Language Indicator, if applicable.
31	SPANISH Provider Language Type (DE4420)	Edits: Indicates the type of language spoken in the provider's office. Messages:	Radio box indicating the Spanish language is spoken in the provider's office. If a language is not selected, the system will default to the English language. Radio box indicating the Spanish language is spoken in the provider's office. If a language is not selected, the system will default to the English language. ADD/UPDATE (O/U) Select the radio box for the Spanish Language Indicator, if applicable.
32	FARSI Provider Language	Edits: Indicates the type of lan-	Radio box indicating the Farsi language is spoken in the provider's office. If a language

	Type (DE4420)	guage spoken in the provider's office. Messages:	is not selected, the system will default to the English language. Radio box indicating the Farsi language is spoken in the provider's office. If a language is not selected, the system will default to the English language. ADD/UPDATE (O/U) Select the radio box for the Farsi Language Indicator, if applicable.
33	KOREAN Provider Language Type (DE4420)	Edits: Indicates the type of language spoken in the provider's office. Messages:	Radio box indicating the Korean language is spoken in the provider's office. If a language is not selected, the system will default to the English language. Radio box indicating the Korean language is spoken in the provider's office. If a language is not selected, the system will default to the English language. ADD/UPDATE (O/U) Select the radio box for the Korean Language Indicator, if applicable.
34	VIETNAMESE Provider Language Type (DE4420)	Edits: Indicates the type of language spoken in the provider's office. Messages:	Radio box indicating the Vietnamese language is spoken in the provider's office. If a language is not selected, the system will default to the English language. Radio box indicating the Vietnamese language is spoken in the provider's office. If a language is not selected, the system will default to the English language. ADD/UPDATE (O/U) Select the radio box for the Vietnamese Language Indicator.
35	OTHER Provider Language Type (DE4420)	Edits: Indicates the type of language spoken in the provider's office. Messages:	Radio box indicating other language is spoken in the provider's office. If a language is not selected, the system will default to the English language. Radio box indicating other language is spoken in the provider's office. If a language is not selected, the system will default to the English language. ADD/UPDATE (O/U) Select the radio box for Other Language Indicator. Enter the Other language descrip-

			tion in the Comments field on Page 3 of the Provider Information screen.
36	(HMO) IND Provider EMC Billing Indicator (DE4081)	Edits: Must be a valid provider HMO indicator code. If HMO information in entered, must be "1". HMO information is only allowed if the provider is in an HMO provider type. Messages:	A code designating whether or not the HMO Rosters and Premium Payments should be produced electronically for a provider. Use the On-line HELP system to find valid codes for this field. A code designating whether or not the HMO Rosters and Premium Payments should be produced electronically for a provider. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (O/U) Enter a valid Provider Electronic HMO Indicator. '04' Computer to Computer.
37	(HMO) BEGIN Provider Electronic Capability Begin Date (DE4537)	Edits: Required when provider HMO indicator is not zeroes or spaces.Must be a valid date. Messages:	The date on which the provider may begin to receive electronic HMO Rosters and Premium Payments; MM/DD/CCYY format. The date on which the provider may begin to receive electronic HMO Rosters and Premium Payments; MM/DD/CCYY format. Required if there is an entry in the Provider HMO Indicator field. If a date not is entered, system will default to current date. ADD/UPDATE (C/U) Enter a valid Electronic HMO Begin Date.
38	(HMO) END Provider Electronic Capability End Date (DE4538)	Edits: Required when provider HMO indicator is not zeroes or spaces.Must be a valid date and can not be less than the provider HMO begin date Messages:	The date on which the provider no longer receives electronic HMO Rosters and Premium Payments; MM/DD/CCYY format. The date on which the provider no longer receives electronic HMO Rosters and Premium Payments; MM/DD/CCYY format. Required if there is an entry in the Provider HMO Indicator field. ADD/UPDATE (C/U) Enter a valid Electronic HMO End Date.
39	(HMO) REASON Provider Reason Code (DE4012)	Edits: Identifies the reason code for the provider subsystem. Not all Valid Values listed below for DE 4012 are	A code identifying the reason code for the Provider Electronic Health Maintenance Organization (HMO) of a provider's eligibility status. Use the On-line HELP to find valid codes for this field. A code identifying the reason code for the

		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. Messages:	Provider Electronic Health Maintenance Organization (HMO) of a provider's eligibility status. Required if there is an entry in the Provider Electronic HMO indicator field. Must be a valid Reason Code for the HMO. Refer to Appendix A (Reason Codes by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Reason Code for Provider Electronic HMO.
40	(HMO) SERVICE CENTER Provider Service Center (DE4082)	Edits: Code assigned to each billing service or data center which submits claims to the Fiscal Agent. Messages:	A code assigned to each billing provider, service, or data center which submits claims to the Fiscal Agent. Must be a valid service center (Claims and Remits) for Electronic HMO. A code assigned to each billing provider, service, or data center which submits claims to the Fiscal Agent. Must be a valid service center (Claims and Remits) for Electronic HMO. Required if there is an entry in the HMO indicator field. ADD/UPDATE (C/U) Enter a valid Provider Service Center Code.
41	(POS) BEGIN Provider Electronic Capability Begin Date (DE4537)	Edits: Must be a valid date. Required only for pharmacy(060) providers. Messages:	The date on which the provider is eligible to submit pharmacy claims for Point of Sale (POS) begins; MM/DD/CCYY format. The date on which the provider is eligible to submit pharmacy claims for Point of Sale (POS) begins; MM/DD/CCYY format. Required only for Provider Type 60 (Pharmacy). If a date not is entered, system will default to current date. ADD/UPDATE (C/U) Enter a valid Point of Sale (POS) Begin Date.
42	(POS) END Provider Electronic Capability End Date (DE4538)	Edits: Required when POS begin is not spaces.Must be a valid date and cannot less be than the provider POS BEGIN date. Messages:	The date on which the provider is no longer eligible to submit pharmacy claims for Point of Sale (POS) ends; MM/DD/CCYY format. The date on which the provider is no longer eligible to submit pharmacy claims for Point of Sale (POS) ends; MM/DD/CCYY format. Required only for Provider Type 60 (Pharmacy). ADD/UPDATE (C/U)

			Enter a valid Point of Sale (POS) End Date.
43	(POS) REASON Provider Reason Code (DE4012)	Edits: Required when POS BEGIN is not spaces.Must be a valid provider reason code for POS. Messages:	A code identifying the reason code for the Point of Sale (POS) of a provider's eligibility status. Use On-line HELP system to find valid codes for this field. A code identifying the reason code for the Point of Sale (POS) of a provider's eligibility status. Required if there is an entry in the Point of Sale (POS) Begin Date field. Use the On-line HELP system to find valid codes for this field. Refer to Appendix A (Reason Codes by Valid Values). ADD/UPDATE (C/U) Enter a valid Provider Reason Code for Point of Sale (POS).
44	ADM NAME Provider Administrator's Name (DE4078)	Edits: Required for specific Provider Types (001 thru 019,028,029,091,092). Messages:	The full legal name of the administrator of a nursing home, home health agency, hospital, independent lab, portable X-ray, rehabilitation center, mental health clinic, hemodialysis, substance abuse center, radiation therapy, or family planning facility. Required for specific Provider types; 001, thru 019, 028, 029, 091, 092. The full legal name of the administrator of a nursing home, home health agency, hospital, independent lab, portable X-ray, rehabilitation center, mental health clinic, hemodialysis, substance abuse center, radiation therapy, or family planning facility. Required for specific Provider Types; 001 thru 019, 028, 029, 091, 092. ADD/UPDATE(C/U) Enter a valid Administrator's Name.
45	DEA Provider Alternate ID Numbers (DE4014)	Edits: DEA (Provider Alternate ID). Messages: DEA (Provider Alternate ID).	This field can contain a Provider's SSN, UPIN, or FEIN depending on the Alternate ID Type field value. This field can contain a Provider's SSN, UPIN, or FEIN depending on the Alternate ID Type field value.
46	COMMENTS Provider Comment Field (DE4227)	Edits: A free form field for comments related to the provider.	A free form field for comments related to the provider. A free form field for comments related to the provider.

		Messages:	ADD/UPDATE (O/U) Enter provider related comments.
47	WANT TO ADD MORE LOCATIONS? Code Value (DE0027)	Edits: Valid value 'Y" . Unprotected only after successful insertaion of a Location to facilitate addition of another location. Messages: Want to add more locations flag..	Displays location flag. Want to add more locations? Valid value 'Y" . Unprotected only after successful insertaion of a Location to facilitate addition of another location. ADD/UPDATE (O/U) Enter Y and click Enter if you want to add another location.
48	BYPASS LABEL Provider Bypass Label Indicator (DE4219)	Edits: A code to indicate whether a provider is to have labels printed. Must be "Y" or "N" Messages:	A code indicating whether a provider is to have labels printed. A code indicating whether a provider is to have labels printed. Must be Y (Yes) or N (No). ADD/UPDATE(O/U) Enter a valid Provider Bypass Label Code.
49	LAST UPDATE Row Update Date (DE0011)	Edits: No Edits, display only field. Messages: Last updated date for the Bypass Label.	Last updated date for the Bypass Label. Last updated date for the Bypass Label.
50	USER ID User ID (DE4214)	Edits: No Edits, display only field. Messages: The User ID of the person that last updated the Bypass Label.	The User ID of the person that last updated the Bypass Label. The User ID of the person that last updated the Bypass Label.
51	(BEDS) TOTAL Provider Number of Beds NF (DE4244)	Edits: Required for Provider Types 06, 10, 11, 15, 16, 17, 18, 28 and 29. Must equal the sum of Beds NF, Beds SNF/NF, Beds SNF, Non-Certificed Beds and Beds ICF-MR. Messages:	The number of total beds for a facility. Required for Provider Types; 06, 10, 11, 15, 16, 17, 18, 28, 29. The number of total beds for a facility. Required for Provider Types; 06, 10, 11, 15, 16, 17, 18, 28 and 29. Must equal the sum of Beds NF, Beds SNF/NF, Beds SNF, Non-Certified Beds and Beds ICF-MR. ADD/UPDATE(C/U) Enter the number of Provider Total Beds for

			the Facility.
52	(BEDS) NF Provider Number of Beds NF (DE4244)	Edits: The number of NF beds a provider has, based on the Bed Type (DE 4545). Messages:	The number of Provider Nursing Facility (NF) beds certified by Medicare or DMAS a provider has, based on the Bed Type. The number of Provider Nursing Facility (NF) beds certified by Medicare or DMAS a provider has, based on the Bed Type. ADD/UPDATE(O/U) Enter a valid number for Provider Nursing Facility (NF) Bed Type.
53	(BEDS) SNF-NF Provider Number of Beds NF (DE4244)	Edits: The number of NF beds a provider has, based on the Bed Type (DE 4545). Messages:	The number of Skilled Nursing Facility - Nursing Facility (SNF-NF) beds certified by Medicare or DMAS a provider has, based on the Bed Type. The number of Skilled Nursing Facility - Nursing Facility (SNF-NF) beds certified by Medicare or DMAS a provider has, based on the Bed Type. ADD/UPDATE(O/U) Enter a valid number for Provider Skilled Nursing Facility - Nursing Facility (SNF-NF) Bed Type.
54	(BEDS) SNF Provider Number of Beds NF (DE4244)	Edits: The number of NF beds a provider has, based on the Bed Type (DE 4545). Messages:	The number of Provider Skilled Nursing Facility (SNF) beds certified by Medicare or DMAS a provider has, based on the Bed Type. The number of Provider Skilled Nursing Facility (SNF) beds certified by Medicare or DMAS a provider has, based on the Bed Type. ADD/UPDATE (O/U) Enter a valid number for Provider Skilled Nursing Facility (SNF) Bed Type.
55	(BEDS) NON-CERT Provider Number of Beds NF (DE4244)	Edits: The number of NF beds a provider has, based on the Bed Type (DE 4545). Messages:	The number of Provider Non-Certified beds certified by Medicare or DMAS a provider has, based on the Bed Type. The number of Provider Non-Certified beds certified by Medicare or DMAS a provider has, based on the Bed Type. ADD/UPDATE (O/U) Enter a valid number for Provider Non-Certified Bed Type.
56	(BEDS) ICF-MR	Edits:	The number of Provider ICF-MR beds cer-

	Provider Number of Beds NF (DE4244)	The number of NF beds a provider has, based on the Bed Type (DE 4545). Messages:	tified by Medicare or DMAS a provider has, based on the Bed Type. The number of Provider ICF-MR beds certified by Medicare or DMAS a provider has, based on the Bed Type. ADD/UPDATE (O/U) Enter a valid number for Provider ICR-MR Bed Type.
57	(BEDS) SPEC CARE Provider Number of Beds NF (DE4244)	Edits: The number of NF beds a provider has, based on the Bed Type (DE 4545). Messages:	The number of Provider Specialized Care beds a provider has, based on the Bed Type. The number of Provider Specialized Care beds certified by Medicare or DMAS a provider has, based on the Bed Type. ADD/UPDATE (O/U) Enter a valid number for Provider Specialized Care Bed Type.
58	(CASE MANAGER) TYPE Provider Case Manager Type (DE4433)	Edits: Must be a valid Provider Case Manager Type code. Messages:	A code identifying the type of case manager/case manager program in which a provider participates. Applies only to MEDALLION PCPs, CMM Case Managers, and MICC Case Managers. Use On-line HELP system to find valid codes for this field. A code identifying the type of case manager/case manager program in which a provider participates. Applies only to MEDALLION PCPs, CMM Case Managers, and MICC Case Managers. Required for a Provider enrolled in Program Code(s); 02, 03, 04, and/or 05 with Specialty Type 036. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Case Manager Type code.
59	(CASE MANAGER) BEGIN Provider Case Manager Type Begin Date (DE4434)	Edits: Required if Case Manager Type (DE#4433) is not spaces and in add mode is defaulted with '01/01/2000' Messages:	The date on which the Provider Case Manager Type begins; MM/DD/CCYY format. The date on which the Provider Case Manager Type begins; MM/DD/CCYY format. Required if is an entry in the Provider Case Manager type field. If a date not is entered, system will default to current date. ADD/UPDATE (C/U) Enter a valid Provider Case Manager Type

			Begin Date.
60	(CASE MANAGER) END Provider Case Manager Type End Date (DE4435)	Edits: Required if Case Manager Type (DE#4433) is not spaces, and in add mode it is defaulted with '12/31/9999' . In update mode must be a valid date and can not be less than the Provider Case Manager Type Begin Date (DE#4434). Messages:	The date on which the Provider Case Manager Type ends; MM/DD/CCYY format. The date on which the Provider Case Manager Type ends; MM/DD/CCYY format. Required if there is an entry in the Provider Case Manager Type field. Cannot be greater than the Provider Case Manager Type Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (C/U) Enter a valid Provider Case Manger Type End Date.
61	(CASE MANAGER) REASON Provider Reason Code (DE4012)	Edits: Required if Case Manager Type (DE#4433) is not spaces. Must be a valid Provider Reason Code for Case Manager. Messages:	A code identifying the reason for the Provider Case Manager's eligibility status. Use On-line HELP system to find valid codes for this field. A code identifying the reason for the Provider Case Manager's eligibility status. Required if the Provider Case Manager Type field is entered. Must a valid reason code for the Case Manager Reason. Refer to Appendix A (Reason Code by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Reason Code for Provider Case Manager Type.

NAVIGATION	**Provider Location Information (PS-S-001-05)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDRESS	Branch to the Provider Billing Address Screen.	PS-S-022-02 (B)
AFFILIATION	Branch to the Managed Care Affiliation Screen	PS-S-023 (B)
RETURN	Returns to the previous transaction (different screen - not PS-S-001) user came from. To go to previous page of the same set of screens (PS-S-001), use Previous Screen button.	N/A
CASE MGR HIST	Branches to the Provider Case Manager History	PS-S-032 (B)

	Screen. Branching to History is available in Inquiry, Update, and Reinstate	
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
EMC HIST	Branches to the Provider EMC History Screen. Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
ENTER	The Enter button has two functions: - Enter displays the record(s) requested. - Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button on screen 04 of 04 on Provider Information is chosen.	N/A
SUB MENU	Returns to the Provider Main Menu.	PS-S-000 (R)
FINANCIAL	Branch to the Financial Inquiry Screen.	PS-S-013 (B)
MCO HIST	Branches to the Provider MCO History Screen. Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
MC ENROLL	Branch to the Managed Care Enrollment Screen.	PS-S-026 (B)
NEXT	Branches to Provider Billing Information screen.	PS-S-001-01 PS-S-001-02 PS-S-001-03 PS-S-001-04 (B)
SCROLL UP	Displays the previous provider type / service location within an NPI.	N/A
SCROLL DOWN	Displays the next provider type / service location within an NPI.	PS-S-001-05 (B)
POS HIST	Branches to the Provider POS History Screen Branching to History is available in Inquiry, Update, and Reinstate	PS-S-032 (B)
PREVIOUS	Returns to the previous page of the same set of screens. User will remain in PS-S-001 but will return to the previous page of this set of screens	N/A
PROVIDER/GROUP	Branch to the Provider Group Screen.	PS-S-005 (B)
IND RATES	Displays Provider Rate Screen.	PS-S-007-01 (B)
REFRESH	Command button to refresh the screen with updated information(if any) from the database.	N/A

RESTRICTIONS	Branch to the Provider Restriction Screen.	PS-S-010 (B)
SERVICE CENTER	Branch to the Provider Service Center Inquiry Screen.	PS-S-033 ()
MAIN MENU	Returns to the VaMMIS Main system Menu.	RF-S-010 ()
UPDATE	Command button to save edited information entered in an update screen and posts the data to the database. The update function is valid on screens 01, 02, 03 and 04 for Provider Information.	N/A

Error Messages

Error	Description	Resolution
4458	ADDRESS NOT FOUND FOR THIS PROVIDER	Informational message.
4253	ADMN NAME REQUIRED	Add an Admin name.
4252	ADMN NAME REQUIRED FOR PROVIDER TYPE '001' THRU '019' , '091', AND '092'	Informational message.
9921	ALREADY AT FIRST LOCATION	Informational message
9922	ALREADY AT LAST LOCATION	Informational message
4233	ASSESSMENT INDICATOR MUST BE 'Y' OR 'N'	Change assessment indicator to Y or N.
4247	BED COUNTS ALLOWED FOR NURSING FACILITIES ONLY	Informational message.
4512	BED COUNTS REQUIRED FOR NURSING FACILITIES ONLY	Informational message.
10002	BEGIN DATE IS GREATER THAN CURRENT DATE + 1 YEAR.	Enter a begin date which is less than the current date + 1 year
4234	BYPASS LABEL MUST BE A/B/I/H/N/Y	Informational message.
4245	CASE MANAGER REASON CODE IS INVALID	Informational message.
4244	CASE MANAGER REASON CODE REQUIRED WHEN CASE MANAGER TYPE EXISTS	Enter a Case Manager Reason Code.
4246	CASE MANAGER REQUIRED	Enter a Case Manager.
4250	CASE MANAGER TYPE IS INVALID	Enter a valid Case Manager Type.
4630	CASE MANAGER VALID ONLY WHEN MC SLOT INFORMATION IS ENTERED	Informational message.
4624	CHANGE LETTER INDICATOR MUST BE 'N' FOR 1099 GROUPS	Informational message.
4567	CHANGE LETTER INDICATOR MUST BE 'Y' OR 'N'	Informational message.

4948	CHOOSE ENTER TO INVOKE EDITS BEFORE SAVING UPDATES	Informational message
4574	CHOOSE REFRESH; ENTER END DATE TO CLOSE RECORD	Informational message.
2	DATA NOT CHANGED	Informational message. No action needed.
9934	DATA PASSES ALL EDITS. CHOOSE UPDATE TO SAVE CHANGES	Press update button to save the data.
68	DATA REFRESHED	Informational message.
4475	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Informational message.
9946	DEA MUST BE UNIQUE WITHIN NPI.	A DEA number should be assigned to one and only one NPI. Check the DEA number.
4626	ENTER ALL SCREEN DETAILS	Enter valid values according to error message specifications.
4236	EPSDT INDICATOR MUST BE 'Y' OR 'N'	Enter valid values according to error message specifications.
4629	ERROR IN INPUT DATE	Informational message.
4232	FACILITY CNTL IS INVALID	Informational message.
4345	FACILITY CNTL REQUIRED WHEN PROVIDER TYPE '001' THRU '019','091' AND '092'	Informational message.
4231	FACILITY RATE IS INVALID	Informational message.
4343	FACILITY RATE REQUIRED WHEN PROVIDER TYPE '001' THRU '019','091' AND '092'	Informational message.
4488	FORMS COUNT MUST BE NUMERIC	Informational message.
4235	FORMS INDICATOR MUST BE '1' THRU '4'	Informational message.
4487	FORMS INDICATOR REQUIRED	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4600	HMO DETAILS REQUIRED ONLY FOR HMO PROVIDER	Informational message.
4587	HMO INDICATOR IS INVALID	Informational message.
4596	HMO REASON CODE IS INVALID	Informational message.
4597	HMO REASON CODE NOT REQUIRED	Informational message.
4595	HMO REASON CODE REQUIRED	Informational message.
4598	HMO SERVICE CENTER REQUIRED	Informational message.
4599	HMO SERVICE CENTER REQUIRED WHEN HMO INDICATOR EXISTS	Informational message.
4378	ICFMR IS INVALID	Informational message.

4237	INACTIVE OVR MUST BE 'Y' OR 'N'	Informational message.
9933	INVALID ADD LOCATION VALUE. VALID VALUE IS "Y" .	Enter Y to add another location.
4354	MISMATCHES IN TOTAL BEDS	Informational message.
4374	NF IS INVALID	Informational message.
4377	NON-CERTIFICATION IS INVALID	Informational message.
4608	POS REASON CODE IS INVALID	Informational message.
4609	POS REASON CODE NOT REQUIRED	Informational message.
4607	POS REASON CODE REQUIRED	Informational message.
4491	PPA INDICATOR MUST BE 'Y' OR 'N'	Informational message.
4230	PRACTICE TYPE IS INVALID	Informational message.
4313	PROVIDER CASE MANAGER BEGIN DATE IS INVALID	Informational message.
4312	PROVIDER CASE MANAGER BEGIN DATE REQUIRED	Informational message.
4314	PROVIDER CASE MANAGER BEGIN DATE REQUIRED WHEN CASE TYPE EXISTS	Informational message.
4338	PROVIDER CASE MANAGER END DATE MUST BE GREATER THAN BEGIN DATE	Informational message.
4315	PROVIDER CASE MANAGER END DATE REQUIRED	Informational message.
4317	PROVIDER CASE MANAGER END DATE REQUIRED WHEN CASE TYPE EXISTS	Informational message.
4316	PROVIDER CASE MANGER END DATE IS INVALID	Informational message.
4601	PROVIDER POS BEGIN DATE IS INVALID	Enter a valid Provider POS Begin date.
4602	PROVIDER POS BEGIN DATE REQUIRED ONLY FOR PROVIDER TYPE '060'	Informational message.
4604	PROVIDER POS END DATE IS INVALID	Enter a valid POS End date.
4606	PROVIDER POS END DATE MUST BE GREATER THAN BEGIN DATE	Enter a Provider POS End date falling after the begin date.
4605	PROVIDER POS END DATE NOT REQUIRED	Informational message.
4603	PROVIDER POS END DATE REQUIRED	Informational message.
10010	RECORD INSERTED. CHOOSE "Y" AND PRESS ENTER TO ADD ANOTHER LOCATION.	Informational message
25	RECORD UPDATED	Informational message. No action needed.
4687	RECORD UPDATED GO TO PROVIDER INCENTIVE PLAN SCREEN.	Informational message. No action needed.
4120	RECORDS DISPLAYED	Informational message. No action

		needed.
4120	RECORDS DISPLAYED	Informational message. No action needed.
4615	SERVICE CENTER IS INVALID FOR HMO	Informational message.
4067	SERVICE CENTER RECORD ALREADY EXISTS	Informational message.
4376	SNF IS INVALID	Informational message.
4375	SNF-NF IS INVALID	Informational message.
4379	SPECARE IS INVALID	Informational message.
4513	TOTAL BED COUNTS MUST BE GREATER THAN ZERO	Add a bed count greater than zero.
4373	TOTAL BED IS INVALID	Add a valid total bed count.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
4673	YOU MUST CHOOSE ENTER TO INVOKE EDITS BEFORE ADVANCING TO NEXT PAGE	Choose Enter to invoke the edits.
4673	YOU MUST CHOOSE ENTER TO INVOKE EDITS BEFORE ADVANCING TO NEXT PAGE	Choose Enter to invoke the edits.

Screen Access

From the VAMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Choose Provider Information from the drop-menu in the Selection field.
4 Choose the Add, Change or Update radio button in the Function field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Provider Billing Information Screen (PS-S-001-01).
Note: If no entry is made in the ID Value field, the Provider ID Number must be entered in the Provider ID field. Choose Enter to display the record.
8. Use the Next Screen Navigation button to advance from Screen 1 through the series of screens to Screen 5.
9. Use the Previous Screen Navigation button to return to the previous screen in the series.

Screens PS-S-004 Provider Cancel / Un-Cancel

General Information

This screen allows the immediate on-line cancellation of an active provider. This screen can be used for Un-Cancel request (change Reason Code 008 to 000) of providers having received notice of cancel (generated by program PSM045 - Provider File Clean Up).

SOURCE/ORIGINATOR	To Be Determined
USAGE	Inquiry, Update
PROGRAM	PST020
MAPSET	PS020VA
TRAN ID	VT13 (Inquiry), VT14 (Update), VT15 (Add)

SAMPLE	**Provider Cancel / Un-Cancel (PS-S-004)**

Demo - Windows Internet Explorer

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

MMIS

Screen Id: PS-S-004
Trans ID: VT14
Program ID: PST020

VIRGINIA MEDICAID
PROVIDER CANCEL - UPDATE

Date: 1/12/2009
Time: 1:19
Type/LOC: 001 of 001

Provider ID: [redacted]
Name:
Address:

Site Ind: 01

	Program Code	Provider Type	Begin Date	End Date	Reason Code	Cancel Notify Date	Cancel Entire NPI
	====	=======	=========>	12/31/9999	000	12/31/9999	N
1.	01	001	01/01/1990	12/31/9999	000	12/31/9999	
2.	07	001	09/26/2001	12/31/9999	000	12/31/9999	
3.	08	001	07/01/1998	12/31/9999	000	12/31/9999	
4.	07	001	01/01/1990	03/31/1997	089		
5.							
6.							
7.							
8.							
9.							
10.							

Scroll Up | Scroll Down

RECENT INFORMATION FOR PROVIDER/PROGRAM CODE.

Enter | Update | Clear Form | Refresh | Address | MC Enroll | Provider | X-Ref | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROV ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Identification Number. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. UPDATE (R/U) Enter a valid Provider ID Number.
3	NAME Provider Name (DE4085)	Edits: Displays the provider's name.	The name of the servicing or billing Provider. The name of the servicing or billing Provider. UPDATE (P)

			System displayed.
4	PROG CODE Provider Program Code (DE4208)	Edits: Must be a valid Provider Program Code. If Program Code 01 (Medicaid) is cancelled, Provider CAN BE cancelled from all program codes that he is currently enrolled in.	A code identifying the Program of a Provider under the State Plan. Use the On-line HELP system to find valid codes for this field. A code identifying the Program of a Provider under the State Plan. Use the On-line HELP system to find valid codes for this field. If Program 01 (Medicaid) is cancelled, all other all programs except 08 (TDO -Temporary Detention Order) will be cancelled as well. UPDATE (P) System displayed.
5	PROV TYPE Provider Type (DE4006)	Edits: Displays the Provider Type.	A code designating the classification of a Provider under the State Plan. Use the On-line HELP system to find valid codes for this field. A code designating the classification of a Provider under the State Plan. Use the On-line HELP system to find valid codes for this field. UPDATE (P) System displayed.
6	BEGIN DATE Provider Program Code Begin Date (DE4205)	Edits: Displays the Provider Program Code Begin Date.	The date on which the Provider Program Code begins; MM/DD/CCYY format. The date on which the Provider Program Code begins; MM/DD/CCYY format. Must be greater than the previous Provider Program Code End Date. If a date not is entered, system will default to current date. UPDATE (P) System-displayed.
7	END DATE Provider Program Code End Date (DE4206)	Edits: Must be a valid date, can not be less than Provider Program Code Begin Date and must be at least 30 day after the Provider Cancellation Notification Date .	The date on which the Provider Program Code ends; MM/DD/CCYY format. The date on which the Provider Program Code ends; MM/DD/CCYY format. UPDATE (R/U) Must be a valid date, can not be less than Provider Program Code Begin Date and must be at least 30 day after the Provider Cancellation Notification Date . If a date is not entered, the system will default to 12/31/9999.
8	REASON CODE Provider Reason	Edits: Must be a valid	A code identifying the Provider Cancel Reason Code of the provider's eligibility.

	Code (DE4012)	Cancel Reason Code.	A code identifying the Provider Cancel Reason Code of the provider's eligibility. Must be a valid Reason Code for the Program Code. Refer to Appendix A (Reason Code by Valid Values). Use the On-line HELP system to find valid codes for this field. UPDATE (R/U) Enter a valid Provider Cancel Reason Code.
9	CANCEL NOTIFY DATE Provider Cancellation Notification Date (DE4502)	Edits: This field is optional. If entered, must be a valid date. The user may enter the date that he cancelled the Provider. When a Cancel Reason Code is entered for a Provider, a Cancel Letter will be sent to the Provider that day stating that the Provider will be cancelled effective as of the Cancel Begin Date entered on the Cancel Screen.	The date on which the Cancel Notification Date begins; MM/DD/CCYY format. The date on which the Cancel Notification Date begins; MM/DD/CCYY format. Must be greater than the Provider Program Code Begin Date. Can be up to one (1) month greater than the Provider Cancel End Date. If a date not is entered, system will default to current date. UPDATE (C/U) Enter a valid Cancel Notification Begin Date.
11	CANCEL ENTIRE NPI Provider Restriction NPI Indicator (DE4286)	Edits: Must be a "Y" or "N". "Y" means cancel all programs for every Provider Number who has the NPI number entered. "N" means no action will occur. Messages: This field can only be used when a NPI number is entered into the PROV ID field.	Must be a "Y" or "N". "Y" means cancel all programs for every Provider Number who has the NPI number entered. "N" means no action will occur. Must be a "Y" or "N". "Y" means cancel all programs for every Provider Number who has the NPI number entered. "N" means no action will occur.
12	NPI XREF SITE NUMBER	Edits: Displays the NPI Xref	This field contains a consecutive number for each unique location an NPI provider is using

	NPI XREF Site Number (DE4143)	Site Number. Messages:	for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. INQUIRY [P] System displayed. No data can be entered in this field. This field contains a consecutive number for each unique provider type and location combination an NPI provider is using An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site. UPDATE (P) System displayed.
13	PROVIDER ADDRESS LINE Provider Address Line (DE4097)	Edits: Displays the PROVIDER ADDRESS LINE Messages:	INQUIRY [P]. The address of the provider.System displayed. No data can be entered in this field. The first line of the address of the provider.System displayed. UPDATE [P]
14	PROVIDER ADDRESS CITY NAME Provider Address City Name (DE4130)	Edits: Displays the PROVIDER ADDRESS CITY NAME Messages:	INQUIRY [P] The city in the address for the provider.System displayed. No data can be entered in this field. The city in the address for the provider. System displayed. UPDATE [P]
15	PROVIDER ADDRESS STATE Provider Address State (DE4098)	Edits: Displays the PROVIDER ADDRESS STATE Messages:	INQUIRY [P] The state in the address of the provider. System displayed. No data can be entered in this field. The state in the address of the provider. System displayed. UPDATE [P]
16	PROVIDER ADDRESS ZIP CODE Provider Address ZIP Code (DE4099)	Edits: Displays the PROVIDER ADDRESS ZIP CODE Messages:	INQUIRY [P] The ZIP code in the address of the provider. System displayed. No data can be entered in this field. The ZIP code in the address of the provider. System displayed. UPDATE [P]
17	TYPE/LOCATION NUMBER Calculated (DE0002)	Edits: Messages: Current Type/Location number of the ser-	INQUIRY [P] System displayed. No data can be entered in this field. Indicates the Siter number of the site displayed.

		vicing location.	UPDATE [P] System displayed.
18	TOTAL TYPE/LOCATION NUMBER Calculated (DE0002)	Edits: Messages: Total Type/Location number of the Provider.	INQUIRY [P] System displayed. No data can be entered in this field. Shows the number of Sites on file for this NPI. UPDATE [P] System displayed.

NAVIGATION	**Provider Cancel / Un-Cancel (PS-S-004)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDRESS	Branch to the Provider Address Screen.	PS-S-022-02 (B)
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
X- REF	Branch to the Provider Cross Reference screen.	PS-S-012 (B)
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Returns to the Provider Main Menu.	PS-S-000 (R)
MC ENROLL	Branch to the Provider Managed Care Enrollment Screen.	PS-S-026 (B)
SCROLL UP	Returns to the previous type/location for the provider entered.	N/A
SCROLL DOWN	Returns to the next type/location for the provider entered.	N/A
PROVIDER	Branch to the Provider Information Screen.	PS-S-001-03 (B)
REFRESH	Refresh the screen with no update	N/A
MAIN MENU	Returns user to the VaMMIS Main System Menu.	RF-S-010 ()
UPDATE	Command button to save edited information entered in an update screen, including edited data that contains errors. If any errors are found, message is sent to the screen. The data can be updated even with errors by confirming the acceptance.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4408	ACTIVE PROVIDER; REINSTATE NOT ALLOWED	Information message.
4654	ALL PROGRAMS EXCEPT 08 FOR THE BASE WILL BE CLOSED CHOOSE UPDATE	Information message.
4653	ALL PROGRAMS EXCEPT 08 WILL BE CLOSED CHOOSE UPDATE.	Information message.
4159	BASE ID NOT FOUND FOR EXISTING PROVIDER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
4397	BEGIN DATE MUST BE GREATER THAN PREVIOUS END DATE	Enter a Begin date falling after the Previous End date.
4425	BEGIN DATE MUST BE LESS THAN THE CURRENT DATE	Enter a valid Begin date.
4400	CANCEL DATE IS INVALID	Enter a valid Cancel date.
4403	CANCEL DATE MUST BE GREATER THAN BEGIN DATE	Enter a Cancel date falling after Current date.
4395	CANCEL ENTIRE NPI MUST BE "Y" OR "N"	Change the data specified.
4617	CANCEL REASON CODE '009' IS FOR AUTOMATIC CANCEL ONLY	Information message.
4655	CANCELING MEDICAID PROGRAM UNABLE TO CANCEL OTHER PROGRAMS.	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
4527	DATE CONFLICT WITH APPLY TO BASE PROVIDER RECORD UPDATED.	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
4401	END DATE MUST BE AT LEAST 30 DAYS AFTER CANCEL DATE	Enter a valid End date.
5	END DATE MUST BE GREATER THAN BEGIN DATE	Enter an End Date that falls after the begin date. See the Field Definitions for valid end/begin date specifications.

4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
4406	ERROR WHEN READING THE FILE	Information message.
4407	ERROR WHEN UPDATING THE FILE	Information message.
4669	ERROR WHILE CALLING CPD200 PROGRAM	Information message.
4668	ERROR WHILE WRITING TO CPF015 FILE	Information message.
4552	ESTABLISH TAX GROUP RELATIONSHIP BEFORE REINSTATING THE PROVIDER	Information message.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
4396	FORM INDICATOR MUST BE '0', '1', '2', '3', OR '4'	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5557	INVALID REASON CODE FOR UN-CANCEL	Screen in Un-cancel mode – only Reason Code = 000 accepted
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
4476	PROVIDER CANCELLED; CANCEL NOT ALLOWED	Information message.
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
4258	PROVIDER PROGRAM END DATE MUST BE GREATER THAN BEGIN DATE	Information message.
4663	PROVIDER PROGRAM END DATE SHOULD BE CHANGED WHEN REASON CODE CHANGED	Information message.
4399	REASON CODE CANNOT BE '000' FOR CANCEL	Information message.
4398	REASON CODE CANNOT BE '000' FOR PAST END DATE	Information message.
4021	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.

4008	RECENT INFORMATION FOR PROVIDER/PROGRAM CODE	Information message.
4404	RECORD ALREADY CANCELLED	Information message.
24	RECORD FOR UPDATE NOT FOUND	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
4670	VACPF015 FILE NOT OPEN	If necessary, contact Network Control for assistance.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Cancel from the drop-menu in the Selection Field.
4. Select the Change radio button in the Function Field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Provider Cancel Screen (PS-S-004).
Note: If no entry is made in the ID Field, enter the Provider ID number on the Cancel screen and choose Enter to display the record(s). Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

Screens PS-S-005 Provider/Group Maintenance

General Information

This screen allows the immediate on-line update of provider group information, which includes group ads and changes. The Provider Group record will also be updated for the associated group members. This screen displays the groups associated with an individual provider.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST040
MAPSET	PS040VA
TRAN ID	VT17 (Inquiry), VT18 (Update), VT19 (Add)

SAMPLE	**Provider/Group Maintenance (PS-S-005)**

New - Windows Internet Explorer

Virginia Fiscal Agent Services

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

MMIS

Print

Screen ID: PS-S-005
Tran ID: VT17
Program ID: PST040

VIRGINIA MEDICAID
PROVIDER / GROUP - INQUIRY

Date: 11/12/2009
Time: 09:48
Page: 001 of 001

Provider Name: [redacted]

Prov Type: 020
Type/Loc: 001 of 001

Specialty: 056 100

Street: [redacted]
City:
State:
Zip:

Scroll Up | Scroll Down

Sel	S	Group ID	Begin Date	End Date	Reason Code	Group Type	Group Assoc	FEIN
○	1.	[redacted]	02/01/2009	12/31/2009	000	01		[redacted]
		ACCESS HEALTH CARE						
○	2.	[redacted]	02/01/2008	12/31/2008	000	01		
		ACCESS HEALTH CARE						
○	3.	[redacted]	02/01/2007	12/31/2007	000	01		
		ACCESS HEALTH CARE						
○	4.	[redacted]	10/01/2005	12/31/2006	100	01		
		ACCESS HEALTH CARE						
○	5.	[redacted]	01/01/2002	12/31/9999	000	04		
		ACCESS HEALTHCARE						

Scroll Up | Scroll Down

RECORDS DISPLAYED.

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

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROVIDER ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Identification Number Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE (R/U) Enter a valid Provider ID Number.
2	PROV TYPE Provider Type (DE4006)	Edits: A code that des-	A code designating the classification of a provider under the State plan (e.g., Physicians, Dentist, Pharmacy, etc.). Use the On-line

		ignates 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 Messages:	HELP system to find valid codes for this field. A code designating the classification of a provider under the State plan (e.g., Physicians, Dentist, Pharmacy, etc.). Use the On-line HELP system to find valid codes for this field.
3	SPECIALTY Provider Specialty Code (DE4007)	Edits: Messages:	The provider's certified medical specialty(ies). The provider's certified medical specialty(ies). System displayed. UPDATE (P)
4	NAME Provider Name (DE4085)	Edits: The provider's name.	The name of the servicing or billing Provider. The name of the servicing or billing Provider. ADD/UPDATE (P) System displayed.
5	TYPE/LOCATION NUMBER Calculated (DE0002)	Edits: Messages: Current Type/Location number of the servicing location.	Current Type/Location number of the servicing location. Current Type/Location number of the servicing location.
6	TOTAL TYPE/LOCATION NUMBER Calculated (DE0002)	Edits: Messages: Total Type/Location number of the Provider.	Total Type/Location number of the Provider. Total Type/Location number of the Provider.
7	Provider Address Provider Address Line (DE4097)	Edits: Messages:	The address of the provider. The first line of the provider's address. System displayed. UPDATE (P)
8	Provider Address City Provider Address City Name (DE4130)	Edits: Messages:	The city in the address for the provider. The city of the provider's address. System displayed. UPDATE (P)
9	Provider Address State Provider Address	Edits: Messages:	The state in the address of the provider. The state of the provider's address. System displayed.

	State (DE4098)		UPDATE (P)
10	Provider Address Zip Code Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. The zip code of the provider's address. System displayed. UPDATE (P)
11	GROUP ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Identification Number. These are the Groups that this Provider is a participant of. Messages:	The unique provider identification number assigned to a group. The group number displayed identifies the group(s) to which the individual is assigned. The unique provider identification number assigned to a group. The group number displayed identifies the group(s) to which the individual is assigned. ADD (R/U) Enter the Group Provider Number of the group to which the individual provider is being added. UPDATE (P) System displayed.
12	BEGIN DATE Provider Relation Begin Date (DE4539)	Edits: Must be a valid date. Messages:	The date on which the individual Provider Group participation begins; MM/DD/CCYY format. The date on which the individual Provider Group participation begins; MM/DD/CCYY format. Must be greater than the previous Provider Group End Date. If a date is not entered, system will default to current date. ADD/UPDATE (R/U) Enter a valid Provider Group Begin Date.
13	END DATE Provider Relation End Date (DE4540)	Edits: Must be a valid date and can not be greater than the Provider Group Begin Date. Messages:	The date on which the individual Provider Group participation ends; MM/DD/CCYY format. The date on which the individual Provider Group participation ends; MM/DD/CCYY format. Must be greater than the Provider Group Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (R/U) Enter a valid Provider Group End Date.
14	REASON CODE Provider Reason Code (DE4012)	Edits: Must be a valid Group Reason Code.	A code identifying the Provider Group Reason Code for the provider's eligibility. Use the On-line HELP system to find valid codes

		Messages:	for this field. A code identifying the Provider Group Reason Code for the provider's eligibility. Must be a valid Reason Code for the Provider/Group Type. Refer to Appendix A (Reason Code by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Group Reason Code.
15	GROUP TYPE Provider Group Type (DE4247)	Edits: Must be 01 for Group Practice and 04 for Tax Group. Messages:	A code identifying the type of group in which a provider belongs. Use the On-line HELP system to find valid codes for this field. A code identifying the type of group in which a provider belongs. Must be 01 Group only. ADD (R/U) Enter a valid Provider Group Type. UPDATE (P) System displayed.
16	GROUP ASSOC Provider Group Association Role (DE4246)	Edits: Must be spaces/blanks when Group Type is '01' or '04'. Messages:	A code indicating whether a provider is a Primary Care Physician within a group practice or HMO. Use On-line HELP system to find valid codes for this field. A code indicating whether a provider is a Primary Care Physician within a group practice or HMO. Must be blank when Group Type is 01. System displayed.
17	FEIN HIPP SSN/FEIN Number (DE9517)	Edits: Messages:	N/A Displays the Group Provider's FEIN. This field is protected and cannot be updated on this screen.
18	Group Name Provider Name (DE4085)	Edits: Messages:	N/A The name of the Group Provider. This field is protected and cannot be updated on this screen.

NAVIGATION	**Provider/Group Maintenance (PS-S-005)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)

RETURN	Returns to the previous screen accessed.	PS-S-000 ()
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Return to Provider Main Menu.	PS-S-000 (R)
SCROLL DOWN	Returns to the next type/location for the provider entered.	N/A
SCROLL DOWN	Page forward if more Individual Providers are to be displayed. When the key is depressed, the next page of Individual Providers are read and moved to the screen for display. After all Individual Providers have been displayed, a message will appear on the screen.	N/A
SCROLL UP	To page backward. If there are no more Individual Providers for the displayed Provider Group on file, a message will appear on the screen.	N/A
SCROLL UP	Returns to the previous type/location for the provider entered.	N/A
PROVIDER	Navigates to the Provider Information screen 3 (PS-S-001-03).	PS-S-001-03 (B)
REFRESH	Refresh Data with no update	N/A
MAIN MENU	Returns to the VaMMIS Main System Menu.	RF-S-010 ()
UPDATE	Command button to save edited information entered in an update screen, including edited data that contains errors. If any errors are found, message is sent to the screen.	N/A

Error Messages

Error	Description	Resolution
9921	ALREADY AT FIRST LOCATION	Information message
9922	ALREADY AT LAST LOCATION	Information message
4530	ASSIGN GROUP TYPE '03' ON AFFILIATION SCREEN	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
1	BEGIN DATE MUST BE LESS THAN	Correct field value if keyed incorrectly. Otherwise,

	END DATE	accept transaction with errors to generate TAD.
4496	CANNOT ADD NEW BEGIN DATE LESS THAN ACTIVE BEGIN DATE	Information message.
8960	CANNOT SELECT MORE THAN ONE CHECKBOX.	An attempt has been made to navigate on more than one line item. Only one line item can be checked / selected for navigation.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
70	CURRENT PAGE NUMBER IS	Information message, no action needed.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.
4475	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Information message.
9928	DB2 ERROR IN PSXREFVA	Contact ACS Services
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
4	END OF THE PAGE	Information message, no action needed.
66	ENTER A VALID DATE	Enter a valid date. Enter a two digit month, two digit day and a four digit year.
4429	ENTER ASSOCIATION NUMBER	Enter valid values according to error message specifications.
4037	ENTER NEW PROVIDER NUMBER	Enter valid values according to error message specifications.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
4497	ENTER VALID PROVIDER NUMBER FOR PROCESSING	Enter valid values according to error message specifications.
4620	ENTER VALID VALUE	Enter valid values according to error message specifications.
4041	ENTER VALUE FOR CLIA NUMBER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
91	FUNCTION MODE IS INVALID; MUST BE ADD, CHANGE, OR INQUIRY	Choose either Add, change or inquiry function.
4014	GROUP ASSOCIATION ENTERED IS	Information message.

	INVALID	
4623	GROUP ASSOCIATION ROLE MUST BE BLANK FOR TAX GROUPS AND BILLING GROUPS	Information message.
4633	GROUP ID FOR '02' MUST HAVE HMO PROVIDER TYPE '067', '069', '087', OR '089	Enter a valid Group ID for the HMO Provider type.
4634	GROUP ID FOR '04' MUST HAVE 1099 PROVIDER TYPE '088'	Information message.
4015	GROUP ID IS INVALID	Information message.
4426	GROUP ID NOT FOUND IN RELATION TABLE	Information message.
10017	GROUP PROVIDER MUST BE A GROUP BILLING OWNER FOR GROUP TYPE'01'	Enter valid values according to error message specification
4071	GROUP PROVIDER NUMBER NOT FOUND	Information message.
4020	GROUP TYPE IS INVALID	Information message.
8848	INVALID FUNCTION FOR THIS SELECTION	Informational message
10023	LEGACY ID IS NOT ACCEPTED WHEN THE NPI IS AVAILABLE	Enter NPI instead of Legacy
10056	LEGACY ID NOT ALLOWED FOR BILLING GROUPS.	Information message
10026	MULTIPLE GROUP BILLING OWNERS FOUND	Enter valid values according to error message specification
9965	NEXT LOCATION IS DISPLAYED	Information message
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
8874	NPI NOT FOUND	NPI not on database
9964	PREVIOUS LOCATION IS DISPLAYED	Information message
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4117	PROVIDER BASE ID NOT FOUND	Information message.
4682	PROVIDER BEING ADDED IS MANAGED CARE, GROUP ASSOCIATION MUST BE 1	Information message.
4683	PROVIDER BEING ADDED IS NOT IN MANAGED CARE, GROUP ASSOCIATION MUST BE 0	Information message.
4635	PROVIDER FEIN DOES NOT MATCH 1099 GROUP FEIN	Information message.

9924	PROVIDER ID IS NOT NUMERIC.	Enter a numeric Provider Id.
8873	PROVIDER ID NOT FOUND	Informational message
10027	PROVIDER IS SANCTIONED. CANNOT BE ADDED TO A GROUP	Enter valid values according to error message specification
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
4021	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.
4474	REASON CODE MUST BE CHANGED WHEN END DATE IS CHANGED	Information message.
4695	REASON CODE MUST BE GREATER THAN 000 IF END DATE IS BEFORE CURRENT DATE	Information message.
23	RECORD INSERTED	Information message.
25	RECORD UPDATED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4685	THIS PROVIDER TYPE CANNOT BE PART OF ANOTHER HMO GROUP	Information message.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Provider/Group from the drop-menu in the Selection Field.
4.Select the Add or Change radio button in the Function Field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Provider/Group Screen (PS-S-005).
Note: If no entry is made in the ID Field, enter the Provider ID number on the Provider/Group screen and choose Enter to display the record(s). Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.
8. Select the appropriate Provider Service Address if there are more than one.
Note: For the Legacy Provider ID only one Service Address exists. For the NPI a multiple Service Addresses could exist. The Type/Loc field (DE 0002) displays the current Service Address of the total Type/Loc address were found (DE 0002). Use the Page Up and Page Down arrow buttons to scroll through all existing Service Addresses. The corresponding to the selected Service Address Provider Specialties indicates in the Specialty field (max. 5 specialties separated by space).

Screens PS-S-006 Group/Provider Maintenance

General Information

This screen allows the immediate on-line update of provider group information, which includes group adds and changes. The Provider Group record will also be updated for the associated group members. This screen displays the individual providers associated with a group.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST050
MAPSET	PS050VA
TRAN ID	VT21 (Inquiry), VT22 (Update) , VT23 (Add)

SAMPLE	**Group/Provider Maintenance (PS-S-006)**

New - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-006
Tran ID: VT21
Program ID: PST050

VIRGINIA MEDICAID
GROUP/PROVIDER MAINTENANCE - INQUIRY

Date: 12/07/2009
Time: 11:03
Page: 001 of 048

Group ID: [redacted]
Name: [redacted]

Group Type: 01

Total in Group: 0236

Sel	S	Provider ID	Begin Date	End Date	Rsn Code	Group Assoc	Speciality	Provider Type
○	1	[redacted]	07/01/2008	12/31/9999	000		060 072	
			[redacted]	[redacted]	27360-3428			020
○	2		07/01/2008	12/31/9999	000		060 072	
			[redacted]	[redacted]	27030-5322			020
○	3		11/01/2005	12/31/9999	000		072	
			[redacted]	[redacted]	27360-3428			095
○	4		11/01/2005	12/31/9999	000		072	
			[redacted]	[redacted]	27030-5322			095
○	5		11/01/2005	12/31/9999	000		072	
			[redacted]	[redacted]	27103-3912			095

Scroll Up | Scroll Down

RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | Provider | Prov Loc | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	GROUP ID National Provider Identifier (DE4700)	Edits: If entered, must exist on the Provider Relationship Table. If the record is found, the data is displayed on the screen. This field is used only to retrieve records from the Provider Group and Pro-	A unique provider identification number assigned to a group. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE(R/U) Enter a valid Group ID Number. PS-S-006 Group Provider program/screen, to include new group type 21 for network

		vider Tables. It is not used to change the value of a Group ID that exists on the file. This is the Head Group Provider Id. Messages: Group ID does not exist on the Provider Relationship Tables	encounter group. Each MMP will have a group type 20 set of providers for their intelligent assignment group and group type 21 set of providers for encounter processing.
2	GROUP TYPE Provider Group Type (DE4247)	Edits: Must be a valid group type. "01" Groups (Billing Groups) for Add/Update/Inquiry or "04" Tax Groups for only Inquiry. Messages:	A code identifying the type of group a provider belongs. Use the On-line Help system to find valid codes for this field. A code identifying the type of group a provider belongs. Must be a valid group type. "01" Groups (Billing Groups) for Add/Update/Inquiry or "04" Tax Groups for only Inquiry. Enter a valid Provider Group Type.
3	TOTAL IN GROUP Provider Number Providers in Group (DE4105)	Edits: This number tells you the number of individual providers in a group. Up to 5 digits Messages:	The number of individual providers for a group. The number of individual providers for a group. ADD/UPDATE(P) System displayed.
4	(GROUP ID) NAME Provider Name (DE4085)	Edits: Messages:	N/A
5	(GROUP ID) SPECIALTY Provider Specialty Code (DE4007)	Edits: Provider Specialty Messages:	The provider's certified medical specialty(ies). The provider's certified medical specialty(ies).
6	(GROUP ID) ADDRESS LINE Provider Address Line (DE4097)	Edits: Group Provider ID Address Line Messages:	The address of the provider. The address of the provider.
7	(GROUP ID) CITY Provider Address City Name (DE4130)	Edits: City Messages:	The city in the address for the provider. The city in the address for the provider.
8	(GROUP ID) STATE Provider Address State (DE4098)	Edits: State Messages:	The state in the address of the provider. The state in the address of the provider.

9	(GROUP ID) ZIP Provider Address ZIP Code (DE4099)	Edits: Zip Code Messages:	The ZIP code in the address of the provider. The ZIP code in the address of the provider.
10	PROVIDER ID National Provider Identifier (DE4700)	Edits: This field is used to display providers associated with the group. It is also used to add a provider to a group. This field occurs multiple times on the screen. If a provider is being added to the Group listed on the screen, the Provider ID entered in this field must exist on the Provider Master Tables. This is the Provider ID that is a participant of this Group. Messages: Invalid data, please correct highlighted fields	The unique identification number assigned to the servicing provider associated with the group. It is also used to add a provider to a group. This field occurs multiple times on the screen. If a provider is being added to the Group listed on the screen, the Provider ID entered in this field must exist on the Provider Information database. The unique identification number assigned to the servicing provider associated with the group. It is also used to add a provider to a group. This field occurs multiple times on the screen. If a provider is being added to the Group listed on the screen, the Provider ID entered in this field must exist on the Provider Information database. ADD(R/U) Enter a valid Provider ID Number. UPDATE(P) System displayed.
11	BEGIN DATE Provider Relation Begin Date (DE4539)	Edits: If entered, must be a valid date. If entered, (INDIVIDUAL PROVIDER ID), END, and REASON fields must also be entered If entered, must be less than END date field Messages: Missing/Invalid data, please correct highlighted fields	The date of the individual provider began effective with the provider group. MM/DD/CCYY format. The date of the individual provider began effective with the provider group; MM/DD/CCYY format. If entered, (Individual Provider ID), End Date, and Reason fields must also be entered. If entered, must be less than End Date field. ADD/UPDATE (C/U) Enter a valid Provider Group Begin Date. .
12	END DATE Provider Relation End	Edits: f entered, must be a	The date of the individual provider ended with the provider group; MM/DD/CCYY format.

	Date (DE4540)	valid date If entered, (INDIVIDUAL PROVIDER ID), BEGIN, and REASON fields must also be entered If entered, must be greater than BEGIN date field Messages: Missing/Invalid data, please correct high-lighted fields	The date of the individual provider ended with the provider group; MM/DD/CCYY format. If entered, (Individual Provider ID), Begin Date, and Reason fields must also be entered. If entered, must be greater than Begin Date field. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE(C/U) Enter a valid Provider Group End Date.
13	REASON CODE Provider Reason Code (DE4012)	Edits: If entered, must be a valid Provider Reason Code. Refer to Data Element Dictionary for valid domain of val-ues. If entered, (INDIVIDUAL PROVIDER ID), END, and BEGIN fields must also be entered Messages: Missing/Invalid data, please correct high-lighted fields	A code identifying the Provider Reason Code for the individual provider being added to a Group/Provider. Use the On-line HELP sys-tem to find valid codes for this field. A code identifying the Provider Reason Code for the individual provider being added to a Group/Provider. Use the On-line HELP sys-tem to find valid codes for this field. If entered, (Individual Provider ID), End and Begin Dates must be entered. ADD/UPDATE(R/U) Enter a valid Provider Reason Code.
14	GROUP ASSOCIATION Provider Group Asso-ciation Role (DE4246)	Edits: If entered, must be a "0" or "1". If entered, move '1' to the asso-ciated Provider Group File field. If not entered and (INDIVIDUAL PROVIDER ID), BEGIN, END and REASON CODES are entered, move '0' to the associated Pro-	A code indicating whether a provider is a PCP within a group practice or HMO. Use the On-line HELP system for valid codes for this field. A code indicating whether a provider is a PCP within a group practice or HMO. Use the On-line HELP system for valid codes for this field. If entered, (Individual Provider ID), End, Begin And Reason fields must also be entered. Must be blank when Group Type is 01 or 04 . Must be 0 or 1 when Group Type is 02 (HMO). ADD(R/U)

		vider Group File field. If entered, (INDIVIDUAL PROVIDER ID), END, BEGIN and REASON fields must also be entered. Must be spaces/b-lanks when Group Type is '01' or '04' and must be '0' or '1' when Group Type is '02' (HMO). Messages: Missing/Invalid data, please correct high-lighted fields	Enter a valid Provider Group Association Role. UPDATE(P) System displayed.
15	PROVIDER SPECIALTY Provider Specialty Code (DE4007)	Edits: Messages:	N/A The provider's certified medical specialty(ies).
16	PROVIDER NAME Provider Name (DE4085)	Edits: Messages:	N/A Displays the Provider Name. Not updatable on this screen.
17	ADDRESS LINE Provider Address Line (DE4097)	Edits: Messages:	N/A The address of the provider.
18	CITY Provider Address City Name (DE4130)	Edits: Messages:	N/A The city in the address for the provider.
19	STATE Provider Address State (DE4098)	Edits: Messages:	N/A The state in the address of the provider.
20	ZIP Provider Address ZIP Code (DE4099)	Edits: Messages:	N/A The ZIP code in the address of the provider.
21	PROVIDER TYPE Provider Type (DE4006)	Edits: Messages:	N/A A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). As of 03/31/99 the following Pro-vider Types were end dated: 069 - HMO Options -Immunization

			089 - HMO Options

NAVIGATION	Group/Provider Maintenance (PS-S-006)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	PS-S-009 ()
SUB MENU	Return to Provider Main Menu.	PS-S-000 (R)
SCROLL DOWN	This key is used to page forward if more Individual Providers are to be displayed. When the key is depressed, the next page of Individual Providers are read and moved to the screen for display. After all Individual Provider records have been displayed, a message will appear on the screen.	N/A
SCROLL UP	This key is used to page backward if the FRWD key was invoked. If there are no more Individual Providers for the displayed Group Provider on file a message will appear on the screen.	N/A
PROVIDER	Navigates to the Provider Information screen 3 (PS-S-001-03).	PS-S-001-03 (B)
REFRESH	Refresh Data with no update	N/A
PROV LOC	Branch to Service Address Screen (PS-S-018).	PS-S-018 (B)
MAIN MENU	Returns to the VaMMIS Main System Menu.	RF-S-010 ()
UPDATE	Command button to save edited information entered in an update screen, including edited data that contains errors. If any errors are found, message is sent to the screen.	N/A

Error Messages

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

4056	ADD DATA AND CHOOSE ENTER	Information message.
4433	ASSOCIATION NUMBER IS INVALID	Information message.
4352	BASE ID ALREADY EXISTS	Information message.
4159	BASE ID NOT FOUND FOR EXISTING PROVIDER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
8960	CANNOT SELECT MORE THAN ONE CHECKBOX.	An attempt has been made to navigate on more than one line item. Only one line item can be checked / selected for navigation.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
70	CURRENT PAGE NUMBER IS	Information message, no action needed.
4616	DATA CHANGED; UNABLE TO GO TO OTHER SCREENS	Information message.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
4475	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
4	END OF THE PAGE	Information message, no action needed.
4090	ENTER A VALID BEGIN DATE	Enter a Valid Begin Date. See the Field Definitions for formatting and requirements for this field.
4631	ENTER GROUP TYPE TO BE DISPLAYED	Enter valid values according to error message specifications.
4037	ENTER NEW PROVIDER NUMBER	Enter valid values according to error message specifications.
4353	ENTER PROVIDER DETAILS TO ADD TO DATABASE	Enter valid values according to error message specifications.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
4497	ENTER VALID PROVIDER NUMBER FOR PROCESSING	Enter valid values according to error message specifications.
4620	ENTER VALID VALUE	Enter valid values according to error message specifications.

4629	ERROR IN INPUT DATE	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
81	FUNCTION KEY IS NOT ACTIVE IN THIS MODE	Change mode to complete the transaction. Use the On-line HELP system for instructions, if necessary.
4623	GROUP ASSOCIATION ROLE MUST BE BLANK FOR TAX GROUPS AND BILLING GROUPS	Information message.
4633	GROUP ID FOR '02' MUST HAVE HMO PROVIDER TYPE '067', '069', '087', OR '089	Enter a valid Group ID for the HMO Provider type.
4634	GROUP ID FOR '04' MUST HAVE 1099 PROVIDER TYPE '088'	Information message.
4426	GROUP ID NOT FOUND IN RELATION TABLE	Information message.
4020	GROUP TYPE IS INVALID	Information message.
10023	LEGACY ID IS NOT ACCEPTED WHEN THE NPI IS AVAILABLE	Enter NPI instead of Legacy
10056	LEGACY ID NOT ALLOWED FOR BILLING GROUPS.	Information message
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4682	PROVIDER BEING ADDED IS MANAGED CARE, GROUP ASSOCIATION MUST BE 1	Information message.
4683	PROVIDER BEING ADDED IS NOT IN MANAGED CARE, GROUP ASSOCIATION MUST BE 0	Information message.
10015	PROVIDER HAS MULTIPLE SRVC LOCS, PRESS "SERV ADDR" KEY TO SELECT AN ADDR	Informational message
10016	PROVIDER HAS ONLY ONE SERVICE ADDRESS;"SERV ADDR" KEY IS NOT ACTIVE	Informational message
9924	PROVIDER ID IS NOT NUMERIC.	Enter a numeric Provider Id.
8873	PROVIDER ID NOT FOUND	Informational message
4511	PROVIDER IS NOT A GROUP PROVIDER	Information message.
10027	PROVIDER IS SANCTIONED. CANNOT BE ADDED TO A GROUP	Enter valid values according to error message specification
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise,

		accept transaction with errors to generate TAD.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
4410	PROVIDER RATE BEGIN DATE REQUIRED	Information message.
4140	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type.
4021	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.
23	RECORD INSERTED	Information message.
25	RECORD UPDATED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4685	THIS PROVIDER TYPE CANNOT BE PART OF ANOTHER HMO GROUP	Information message.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu Screen (PS-S-000).
3. Select Group/Provider from the drop-menu in the Selection Field.
4. Select the Add or Change radio button in the Function Field.
5. Enter the Group Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Group/Provider Screen (PS-S-006).
Note: If no entry is made in the ID Field, enter the Group ID number on the Group/Provider Screen and choose Enter to display the record(s). Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

Screens PS-S-007-01 Provider Rate Maintenance (Individual)

General Information

This screen allows inquiry and update of all Provider Rates and Fiscal Year-end updates.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST080
MAPSET	PS080VA
TRAN ID	VT25 (Inquiry), VT26 (Update), VT27 (Add)

SAMPLE	**Provider Rate Maintenance (Individual) (PS-S-007-01)**

VA DMAS Prototype Portal - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-007-01
Tran ID: VT26
Program ID: PST080

VIRGINIA MEDICAID
PROVIDER RATES - INDIVIDUAL - UPDATE

Date: 12/09/2009
Time: 16:47
Screen: 1 Page: 001 of 006

Provider ID: [redacted]
Name:
Address:

Provider Type: 002 Type/Loc: 001 OF 003

Fiscal Year End Month: 12 Begin Date: 10/01/1991 End Date: 12/31/9999 Reason: 000

Scroll Up Scroll Down

Program Code	Rate Type	Rate Code	Begin Date	End Date	Rate	Reason	Total
01	PD	RH	07/01/2008	12319999	643.4300	000	
	PD	RH	07/01/2008	12319999	546.0000	099	
	PD	RH	07/01/2008	12319999	586.0000	099	
	PD	RH	07/01/2007	12319999	632.4800	099	
	PD	RH	07/01/2007	12319999	632.4800	099	
	PD	RH	07/01/2007	12319999	586.0000	099	586.0000
	PDA	DSRH	07/01/1994	12319999	0.0000	000	
	PD	RH	07/01/2007	06302008	586.0000	100	
	PD	RH	07/01/2006	06302007	606.4200	100	
	PD	RH	07/01/2006	06302007	586.0000	099	

Scroll Up Scroll Down

RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | Address | Proc Rates | Prov Type | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	PROV ID National Provider Identifier (DE4700)	Edits: A unique identification number assigned to a provider. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE (R/U) Enter a valid Provider ID Number.
4	PROV TYPE Provider Type (DE4006)	Edits: On Screens PS-S-007-1 and PS-S-007-	The code(s) designating the classification of a provider under the State Plan (e.g., Physician, Dentists, Pharmacy, etc.) for the pro-

		3 Provider Type is protected. On screen PS-S-007-2 Provider Type is unprotected and required. Must be a valid Provider Type.	vider type(s). Use the On-line Help system to find valid codes for this field. The code(s) designating the classification of a provider under the State Plan (e.g., Physician, Dentists, Pharmacy, etc.) for the provider types(s). Use the On-line Help system to find valid codes for this field. Must be one of the following Provider Types: 1-19, 27, 28, 29, 52, 53, 57 85, and 91. ADD/UPDATE (P) System-displayed.
4.5	TYPE/LOCATION NUMBER Calculated (DE0002)	Edits: Messages: Current Type/Location number of the servicing location.	This field displays the number of the site that is currently displayed, and the number of sites on the data base for the NPI. This field displays the number of the site that is currently displayed, and the number of sites on the data base for the NPI. ADD/UPDATE (P) System displayed.
4.6	TOTAL TYPE/LOCATION NUMBER Calculated (DE0002)	Edits: Messages: Total Type/Location number of the Provider.	Total Type/Location number of the Provider. Total Type/Location number of the Provider.
6	NAME Provider Name (DE4085)	Edits: 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.	The name of the provider. If a Business. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. The name of the provider. If a Business If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. ADD/UPDATE (P) System displayed.
6.1	Provider street address Provider Address Line (DE4097)	Edits: Provider street address is protected Messages: Provider street address	The address of the provider. The street address of the provider. ADD/UPDATE (P) System displayed.
6.2	Provider city	Edits:	The city in the address for the provider.

	Provider Address City Name (DE4130)	Provider city is protected Messages: Provider city	The city in the address for the provider. ADD/UPDATE (P) System displayed.
6.3	Provider State Provider Address State (DE4098)	Edits: Provider State is protected Messages: Provider State	The state in the address of the provider. The state in the address of the provider. ADD/UPDATE (P) System displayed.
6.4	Provider zipcode Provider Address ZIP Code (DE4099)	Edits: Provider zipcode is protected Messages: Provider zipcode	The ZIP code in the address of the provider. The ZIP code in the address of the provider. ADD/UPDATE (P) System displayed.
7	(FISCAL YEAR END) MONTH Provider Fiscal Year End Month (DE4057)	Edits: The calendar month on which a provider's fiscal year ends.	The calendar month on which a provider's fiscal year ends. MM format. The calendar month on which a provider's fiscal year ends. MM format. ADD/UPDATE (P) System displayed.
8	(FISCAL YEAR END) BEGIN Provider Fiscal Year End Begin Date (DE4229)	Edits: The begin date of the provider's fiscal year.	The begin date of the provider's fiscal year. The begin date of the provider's fiscal year. ADD/UPDATE (P) System displayed.
9	(FISCAL YEAR END) END Provider Fiscal Year End End Date (DE4230)	Edits: The end date on which the provider's fiscal year ends.	The date on which the Provider Fiscal Year End begins; MM/DD/YYYY format. The date on which the Provider Fiscal Year ends. ADD/UPDATE (P) System displayed.
10	(FISCAL YEAR END) RSN Provider Reason Code (DE4012)	Edits: 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 Main-	Identifies the fiscal year 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. Identifies the fiscal year 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

		tenance Screen (Option Reason Code) to see which values are applicable for which tables.	(Option Reason Code) to see which values are applicable for which tables. ADD/UPDATE (P) System displayed.
11	PROG CODE Provider Program Code (DE4208)	Edits: The program(s) in which a provider participates.	A code that indicates the Provider Program (s) in which a provider participates. Use the On-line HELP system to find valid codes for this field. A code that indicates the Provider Program (s) in which a provider participates. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Program Code(s).
12	RATE TYPE Provider Rate Type (DE4250)	Edits: A code indicating the type of rate associated with this occurrence of Rate Data.	A code indicating the type of rate associated with this occurrence of Rate Data. Use the On-line Help system to find valid codes for this field. A code indicating the type of rate associated with this occurrence of Rate Data. Use the On-line Help system to find valid codes for this field. ADD (R/U) Enter a valid Provider Rate Type. UPDATE (P) System displayed.
13	RATE CODE Provider Rate Code (DE4251)	Edits: A code indicating the kind of rate associated with this occurrence of Rate Data.	A code indicating the kind of rate associated with this occurrence of Rate Data. A code indicating the kind of rate associated with this occurrence of Rate Data. Use the On-line Help system to find valid codes for this field. ADD(R/U) Enter a valid Provider Rate Code. UPDATE(P) System displayed.
14	BEGIN DATE Provider Rate Begin Date (DE4252)	Edits: The begin date of the rate for the provider.	The date on which the individual Provider Rate begins; MM/DD/CCYY format. The date on which the individual Provider Rate begins; MM/DD/CCYY format. ADD (R/U)

			Enter a valid Program Rate Begin Date. UPDATE(P) System displayed.
15	END DATE Provider Rate End Date (DE4253)	Edits: Must be a valid date and can not be less than the Provider Rate Begin Date.	The date on which the individual Provider Rate ends; MM/DD/CCYY format. The date on which the individual Provider Rate ends; MM/DD/CCYY format. ADD/UPDATE (R/U) Enter a valid Program Rate End Date.
16	RATE Provider Rate (DE4255)	Edits: The amount or percentage of the particular rate.	The amount or percentage of the particular rate. The amount or percentage of the particular rate. ADD/UPDATE (R/U) Enter a valid Provider Rate amount or percentage.
17	RSN Provider Reason Code (DE4012)	Edits: 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.	A code identifying the reason code for the Provider Rate cancellation of a provider's eligibility. Use the On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider Rate cancellation of a provider's eligibility. Must be a valid reason code for the Individual Rate code. Refer to Appendix A (Reason Codes by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Rate Reason Code.
18	TOTAL (DE0000)		The total amount or percentage of the particular rate when multiple components are added together. (Examples, PD includes PDI, PD + PDA = TOTAL) The total amount or percentage of the particular rate when multiple components are added together. Examples, PD includes PDI, PD + PDA = TOTAL) ADD/UPDATE (P) System-displayed.

NAVIGATION	Provider Rate Maintenance (Individual) (PS-S-007-01)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDRESS	Branch to the Provider Address Screen.	PS-S-022-02 (B)
RETURN	Returns to previous screen	N/A
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	RS-S-000 ()
ENTER	Enter will display the data requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen	N/A
SUB MENU	Return to Provider Main Menu.	PS-S-000 (R)
SCROLL DOWN	Displays the next provider type / service location within an NPI.	PS-S-007-01 ()
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL ;UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Displays the previous provider type / service location within an NPI.	PS-S-007-01 ()
PROC RATE	Go To Procedure Rate Screen	PS-S-007-03 (B)
PROV TYPE	Go To Provider Type Rate Screen	PS-S-007-02 (B)
REFRESH	Refresh data with no update	N/A
UPDATE	Command button to save edited information entered in an update screen, including edited data that contains errors. If any errors are found, message is sent to the screen	N/A

Error Messages

Error	Description	Resolution
4829	ADDRESS NOT FOUND OR NONE	Choose the update button to save the changes.

	SELECTED FOR THIS PROVIDER.	
9921	ALREADY AT FIRST LOCATION	Information message
9922	ALREADY AT LAST LOCATION	Information message
4838	APIN INDICATOR MUST BE Y FOR PROVIDER TYPE 107	Enter a valid End Date. See the Field Definitions for valid formatting/data for this field.
4839	APPLICATION CAN NOT BE APPROVED. FEIN IS MANDATORY FOR PROV TYPE 107.	Information message. No action needed.
4352	BASE ID ALREADY EXISTS	Information message.
4830	CLAIMS PROCEDURE CODE MODIFIER IS INVALID	Enter a valid Modifier for the Procedure Code entered. See the Field Definitions for valid formatting/ data for this field.
4831	CURRENT PAGE NUMBER IS	Information message. No action needed.
4832	DATA CHANGED; UNABLE TO GO TO OTHER SCREENS	Information message. No action needed.
4833	DATA NOT CHANGED	Information message. No action needed.
4834	DATA REFRESHED	Information message. No action needed.
4835	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Enter valid date. See the Field Definitions for valid formatting/data for this field.
4837	DOLLAR AMOUNT EXCEEDS 6 DIGITS	Enter the valid number of digits for Dollar Amount. See the Field Definitions for valid formatting/data for this field.
4840	ENTER NEW PROVIDER NUMBER	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4841	ENTER NEW PROVIDER TYPE	Enter a valid Provider Type. See the Field Definitions for formatting/ requirements for this field.
4842	ENTER PROVIDER DETAILS TO ADD TO DATABASE	Enter a valid Provider Information. See the Field Definitions for formatting/requirements for this field.
4843	ENTER PROVIDER NUMBER	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4844	ENTER PROVIDER TYPE FOR PROCESSING	Enter a valid Provider Type. See the Field Definitions for formatting/ requirements for this field.
4845	ENTER VALID PROVIDER NUMBER FOR PROCESSING	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4846	ENTER VALID VALUE	Enter a valid value. See the Field Definitions for formatting/ requirements for this field.
4847	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
4848	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
4849	FUNCTION CHOSEN IS INVALID	The button chosen cannot complete the task.

		Choose another Function.
4824	FUNCTION SELECTED IS NOT VALID FOR THE LEGACY PROVIDER ID.	Information message. No action needed.
4836	INVALID DATA - VALID VALUES ARE 0, 1 OR 2.	Enter the valid number of digits for the Dollar Amount. See the Field Definitions for valid formatting/data for this field.
4850	NEW BEGIN DATE CANNOT EQUAL PRIOR/EXISTING BEGIN DATE	Enter a new date that is not equal to the begin date. See the Field Definitions for valid values for the field.
4851	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4826	PLEASE ENTER ALL THE DATA.	Enter a valid Base ID. See the Field Definitions for valid formatting/data for this field.
4828	PRESS "SERV ADDR" BUTTON TO SELECT PROVIDER LOCATIONS.	Enter the valid number of digits for Cents. See the Field Definitions for valid formatting/data for this field.
4852	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4853	PROCEDURE CODE REQUIRED	Enter a valid Procedure Code. See the Field Definitions for valid end date specifications.
4854	PROCEDURE CODE TYPE IS INVALID	Enter a valid Procedure Code. See the Field Definitions for valid end date specifications.
4645	PROCEDURE CODE TYPE IS INVALID	Information message.
4855	PROCEDURE CODE TYPE REQUIRED	Enter a valid Procedure Code Type. See the Field Definitions for valid end date specifications.
4856	PROGRAM CODE IS INVALID	Enter a valid Program Code. See the Field Definitions for valid end date specifications.
4857	PROGRAM CODE NOT MATCHED WITH PROVIDER TYPE	Enter a valid Procedure Type. See the Field Definitions for valid end date specifications.
4495	PROVIDER BASE ID NOT FOUND	Information message.
4827	PROVIDER LOCATIONS REQUESTED UNSUCCESSFUL.	Enter a valid Begin Date. See the Field Definitions for valid formatting/ data for this field.
4858	PROVIDER NUMBER IS INVALID	Enter a valid Provider Number. See the Field Definitions for valid formatting/data for this field.
4859	PROVIDER NUMBER NOT FOUND	Enter a valid Provider Number. See the Field Definitions for valid formatting/data for this field.
4860	PROVIDER PROCEDURE CODE IS INVALID	Enter a valid Provider Procedure Code. See the Field Definitions for valid formatting/data for this field.
4861	PROVIDER RATE BEGIN DATE REQUIRED	Enter a valid Provider Rate Begin Date. See the Field Definitions for valid formatting/data for this field.
4862	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type. See the Field Defin-

		itions for valid end date specifications.
4863	RATE ENTERED IS INVALID	Enter a valid Rate. See the Field Definitions for valid end date specifications.
4864	RATE REQUIRED	Enter a valid Rate. See the Field Definitions for valid end date specifications.
4865	RATE TYPE/RATE CODE NOT MATCHED FOR PROVIDER TYPE	Enter a Rate Type/Rate Code that matches the Provider Type. See the Field Definitions for valid end date specifications.
4866	RATES CAN BE ADDED FOR PROVIDER TYPE '085' AND '091' IN PROVIDER TYPE RATE	Information message. No action needed.
4867	RECORD UPDATED	Information message. No action needed.
4868	RECORDS DISPLAYED	Information message. No action needed.
4823	REQUEST IS ALREADY PROCESSED.	Information message. No action needed.
4869	TOP OF THE PAGE	Information message. No action needed.
4870	UNABLE TO RETURN TO PREVIOUS SCREEN, CHOOSE EXIT TO GO BACK TO MENU	Choose the Exit button to go back to the Main Menu.
4825	VALID NPI MUST BE ENTERED TO SELECT PROVIDER LOCATION.	Information message. No action needed.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu Screen (PS-S-000).
3. Select Provider Rates from the drop-menu in the Selection field.
4. Choose the Add or Change radio button in the Function Field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You will see individual providers displayed on the Individual Rates Screen (PS-S-007-01).
Note: If no entry is made in the ID Field, enter the Provider ID number on the Provider Rates screen and choose Enter to display the record(s). After entering data for an Add or Update, choose Update to post the data. Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

Screens PS-S-007-02 Provider Rates Maintenance (Provider Type)

General Information

Provider Type Rate Maintenance

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST080
MAPSET	PSM080VA
TRAN ID	VT25 (Inquiry), VT26 (Update), VT27 (Add)

SAMPLE	**Provider Rates Maintenance (Provider Type) (PS-S-007-02)**

VA DMAS Prototype Portal - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-007-02
Tran ID: VT26
Program ID: PST080

VIRGINIA MEDICAID
PROVIDER RATES - PROVIDER TYPE - UPDATE

Date: 12/09/2009
Time: 16:58
Screen: 2 Page: 001 of 012

Provider Type: 001 Description: [redacted]

Program Code	Rate Type	Rate Code	Begin Date	End Date	Rate	Reason
01	DRG	OADJ	07/01/2008	12319999	0.8000	000
	DRG	OADJ	07/01/2007	06302008	0.8000	100
	DRG	OADJ	07/01/2006	06302007	0.8000	100
	DRG	OADJ	07/01/2005	06302006	0.8000	100
	DRG	OADJ	07/01/2004	06302005	0.8000	100
	DRG	OADJ	07/01/2003	06302004	0.8000	100
	DRG	OADJ	07/01/2002	06302003	0.8000	100
	DRG	OADJ	07/01/2001	06302002	0.8000	100
	DRG	OADJ	07/01/2000	06302001	0.8000	100
	DRG	OADJ	07/01/1999	06302000	0.8000	100

Scroll Up | Scroll Down

DATA NOT CHANGED.

Enter | Update | Clear Form | Refresh | Address | Ind Rates | Proc Rates | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	PROV TYPE Provider Type (DE4006)	Edits: Must be a valid provider type Messages: Invalid Provider Type - correct and hit ENTER, or PF3 to EXIT	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. Edit Must be a valid provider type A code designating the classification of a provider under the State plan (e.g., Physicians,

			Dentist, Pharmacy, etc.). Refer to Appendix C for combinations of Rate Types and Rate Codes by Provider Type. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Type.
3	PROVIDER TYPE DESC Provider Type Description (DE4296)	Edits: The description of the Provider Type.	The description of the Provider Type. The description of the Provider Type. ADD/UPDATE (P) System displayed.
4	PROGRAM CODE Provider Program Code (DE4208)	Edits: The program(s) in which a provider participates. Messages: Invalid program code, correct and hit ENTER, or PF3 to EXIT	A code identifying the Provider Reason Code of the provider's eligibility. Use the On-line HELP system to find valid codes for this field. A code identifying the Provider Reason Code of the provider's eligibility. Use the On-line HELP system to find valid codes for this field. ADD(R/U) Enter a valid Provider Reason Code. UPDATE(P) System-displayed.
5	RATE TYPE Provider Rate Type (DE4250)	Edits: A code indicating the type of rate associated with this occurrence of Rate Data. Messages: Invalid Rate Type/Rate Code, correct and hit ENTER, or PF3 to EXIT	A code indicating the type of rate associated with this occurrence of Rate Data. Use the On-line HELP system to find valid codes for this field. A code indicating the type of rate associated with this occurrence of Rate Data. Use the On-line HELP system to find valid codes for this field. ADD(R/U) Enter a valid Provider Rate Type. UPDATE(P) System displayed.
6	RATE CODE Provider Rate Code (DE4251)	Edits: A code indicating the kind of rate associated with this occurrence of Rate Data. Messages: Invalid Rate Type/Rate Code, correct and hit ENTER,	A code indicating the kind of rate associated with this occurrence of Rate Data. Use the On-line HELP system to find valid codes for this field. A code indicating the kind/type of rate associated with this occurrence of Rate Data. Use the On-line HELP system to find valid codes for this field. ADD(R/U)

		or PF3 to EXIT	Enter a valid Provider Rate Code. UPDATE(P) System displayed.
7	BEGIN DATE Provider Rate Begin Date (DE4252)	Edits: The begin date of the rate for the provider. Must be valid month/day/year. CMSIP Program code Begin date should be greater than or equal to 07/01/1998 Messages: Invalid date, correct and hit ENTER, or PF3 to EXIT	The begin date of the rate for the provider. MM/DD/CCYY format. The begin date of the rate for the provider. Must be valid month/day/year. CMSIP Program code Begin date should be greater than or equal to 07/01/1998 The begin date of the rate for the provider. MM/DD/CCYY format. CMSIP Program code Begin date should be greater than or equal to 07/01/1998 ADD (R/U) Enter a valid Provider Rate Code Begin Date. UPDATE(P) System displayed.
8	END DATE Provider Rate End Date (DE4253)	Edits: The end date of the rate for the provider. Messages: Invalid date, correct and hit ENTER, or PF3 to EXIT	The date on which the individual Provider Rate ends; MM/DD/CCYY format. The date on which the individual Provider Rate ends; MM/DD/CCYY format. Must be greater than the previous Provider Rate Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (O/U) Enter a valid Provider Rate End Date.
9	RATE Provider Rate (DE4255)	Edits: The amount or percentage of the particular rate.	The number indicating the amount or percentage of the particular rate. A number indicating the amount or percentage of the particular rate. ADD/UPDATE(R/U) Enter a valid Provider Rate.
10	RSN Provider Reason Code (DE4012)	Edits: 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,	A code identifying the reason code for the Provider Rate cancellation of a provider's eligibility. Use the On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider Rate Code cancellation of a provider's eligibility. Use On-line HELP system to find valid codes for this field. ADD/UPDATE (O/U) Enter a valid Provider Reason Code for Pro-

		Code Table Maintenance Screen (Option Reason Code) to see which values are applicable for which tables. Messages: Invalid reason code, correct and hit ENTER or PF3 to EXIT	vider Rate Code.

NAVIGATION	**Provider Rates Maintenance (Provider Type) (PS-S-007-02)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDRESS	Branches to the Provider Address screen.	RF-S-010 (B)
RETURN	Returns to the previous screen accessed.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Return to Provider Main Menu or SUB MENU	RF-S-010 (B)
IND RATES	Displays provider rates by Individual.	PS-S-007-01 (B)
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
PROC RATES	Branch to the Procedure Rate Screen	PS-S-007-03 (B)
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	N/A
UPDATE	Command button to save edited information	N/A

	entered in an update screen, including edited data that contains errors. If any errors are found, message is sent to the screen.	

Error Messages

Error	Description	Resolution
4829	ADDRESS NOT FOUND OR NONE SELECTED FOR THIS PROVIDER.	Choose the update button to save the changes.
4838	APIN INDICATOR MUST BE Y FOR PROVIDER TYPE 107	Enter a valid End Date. See the Field Definitions for valid formatting/data for this field.
4839	APPLICATION CAN NOT BE APPROVED. FEIN IS MANDATORY FOR PROV TYPE 107.	Information message. No action needed.
4830	CLAIMS PROCEDURE CODE MODIFIER IS INVALID	Enter a valid Modifier for the Procedure Code entered. See the Field Definitions for valid formatting/ data for this field.
4831	CURRENT PAGE NUMBER IS	Information message. No action needed.
4832	DATA CHANGED; UNABLE TO GO TO OTHER SCREENS	Information message. No action needed.
4833	DATA NOT CHANGED	Information message. No action needed.
4834	DATA REFRESHED	Information message. No action needed.
4835	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Enter valid date. See the Field Definitions for valid formatting/data for this field.
4837	DOLLAR AMOUNT EXCEEDS 6 DIGITS	Enter the valid number of digits for Dollar Amount. See the Field Definitions for valid formatting/data for this field.
4840	ENTER NEW PROVIDER NUMBER	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4841	ENTER NEW PROVIDER TYPE	Enter a valid Provider Type. See the Field Definitions for formatting/ requirements for this field.
4842	ENTER PROVIDER DETAILS TO ADD TO DATABASE	Enter a valid Provider Information. See the Field Definitions for formatting/requirements for this field.
4843	ENTER PROVIDER NUMBER	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4844	ENTER PROVIDER TYPE FOR PROCESSING	Enter a valid Provider Type. See the Field Definitions for formatting/ requirements for this field.
4845	ENTER VALID PROVIDER NUMBER FOR PROCESSING	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4846	ENTER VALID VALUE	Enter a valid value. See the Field Definitions for formatting/ requirements for this field.

4847	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
4848	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
4849	FUNCTION CHOSEN IS INVALID	The button chosen cannot complete the task. Choose another Function.
4824	FUNCTION SELECTED IS NOT VALID FOR THE LEGACY PROVIDER ID.	Information message. No action needed.
4836	INVALID DATA - VALID VALUES ARE 0, 1 OR 2.	Enter the valid number of digits for the Dollar Amount. See the Field Definitions for valid formatting/data for this field.
4850	NEW BEGIN DATE CANNOT EQUAL PRIOR/EXISTING BEGIN DATE	Enter a new date that is not equal to the begin date. See the Field Definitions for valid values for the field.
4851	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4826	PLEASE ENTER ALL THE DATA.	Enter a valid Base ID. See the Field Definitions for valid formatting/data for this field.
4828	PRESS "SERV ADDR" BUTTON TO SELECT PROVIDER LOCATIONS.	Enter the valid number of digits for Cents. See the Field Definitions for valid formatting/data for this field.
4852	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4853	PROCEDURE CODE REQUIRED	Enter a valid Procedure Code. See the Field Definitions for valid end date specifications.
4854	PROCEDURE CODE TYPE IS INVALID	Enter a valid Procedure Code. See the Field Definitions for valid end date specifications.
4855	PROCEDURE CODE TYPE REQUIRED	Enter a valid Procedure Code Type. See the Field Definitions for valid end date specifications.
4856	PROGRAM CODE IS INVALID	Enter a valid Program Code. See the Field Definitions for valid end date specifications.
4857	PROGRAM CODE NOT MATCHED WITH PROVIDER TYPE	Enter a valid Procedure Type. See the Field Definitions for valid end date specifications.
4827	PROVIDER LOCATIONS REQUESTED UNSUCCESSFUL.	Enter a valid Begin Date. See the Field Definitions for valid formatting/ data for this field.
4858	PROVIDER NUMBER IS INVALID	Enter a valid Provider Number. See the Field Definitions for valid formatting/data for this field.
4859	PROVIDER NUMBER NOT FOUND	Enter a valid Provider Number. See the Field Definitions for valid formatting/data for this field.
4860	PROVIDER PROCEDURE CODE IS INVALID	Enter a valid Provider Procedure Code. See the Field Definitions for valid formatting/data for this field.
4861	PROVIDER RATE BEGIN DATE REQUIRED	Enter a valid Provider Rate Begin Date. See the Field Definitions for valid formatting/data for this

		field.
4862	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type. See the Field Definitions for valid end date specifications.
4863	RATE ENTERED IS INVALID	Enter a valid Rate. See the Field Definitions for valid end date specifications.
4864	RATE REQUIRED	Enter a valid Rate. See the Field Definitions for valid end date specifications.
4865	RATE TYPE/RATE CODE NOT MATCHED FOR PROVIDER TYPE	Enter a Rate Type/Rate Code that matches the Provider Type. See the Field Definitions for valid end date specifications.
4866	RATES CAN BE ADDED FOR PROVIDER TYPE '085' AND '091' IN PROVIDER TYPE RATE	Information message. No action needed.
4867	RECORD UPDATED	Information message. No action needed.
4868	RECORDS DISPLAYED	Information message. No action needed.
4823	REQUEST IS ALREADY PROCESSED.	Information message. No action needed.
4869	TOP OF THE PAGE	Information message. No action needed.
4870	UNABLE TO RETURN TO PREVIOUS SCREEN, CHOOSE EXIT TO GO BACK TO MENU	Choose the Exit button to go back to the Main Menu.
4825	VALID NPI MUST BE ENTERED TO SELECT PROVIDER LOCATION.	Information message. No action needed.

Screen Access

From the VaMMIS Main System Menu:
1. On the Provider Main Menu Screen, choose Provider Rates from the drop-down menu in the Selection Field.
2. Select the Add or Change radio button in the Function Field.
3. Choose enter.
4. You see the Provider Rate - Individual Screen, (PS-S-007-01).
5. Enter the Provider ID in the Provider ID Value Field.
6. Choose Enter.
7. Choose the Provider Type button on the bottom of the screen.
8. You see the Provider Rate Provider Type - Inquiry screen, (PS-S-007-02).
9. Enter the provider type in the Provider Type Field.
10.Choose Enter.
11. You see the Provider record.
Note: If no entry is made in the ID Field, enter the Provider ID number on the Provider Rates screen and choose Enter to display the record(s). Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

Screens PS-S-007-03 Provider Rates Maintenance (Procedure)

General Information

Provider Rates by Procedure Maintenance

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Add
PROGRAM	PST080
MAPSET	PSM080VA
TRAN ID	VT25 (Inquiry), VT26 (Update), VT27 (Add)

SAMPLE	**Provider Rates Maintenance (Procedure) (PS-S-007-03)**

VA_MMIS - Windows Internet Explorer

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

MMIS

Print

Screen ID: PS-S-007-03
Trans ID: VT27
Program ID: PST080

VIRGINIA MEDICAID
PROVIDER RATES - PROCEDURES - ADD

Date: 12/21/2009
Time: 14:31
Screen: 3 Page: 001 of 002

Provider ID: [redacted]
Name:
Address:

Provider Type: 061 Type/Loc: 001 OF 002

Scroll Up | Scroll Down

Program Code	Procedure Type	Procedure Code	Procedure Mod	Begin Date	End Date	Rate	Reason
01	I	H2023		07/01/2008	12/31/9999	58.9600	000
	I	H2023		07/01/2008	07/01/2008	57.1900	099
	I	H2024		07/01/2008	12/31/9999	58.9600	000
	I	H2024		07/01/2008	07/01/2008	57.1900	099
	M	H2023		07/01/2008	12/31/9999	58.9600	000
	M	H2024		07/01/2008	12/31/9999	58.9600	000
08	I	H2023		07/01/2008	12/31/9999	58.9600	000
	I	H2023		07/01/2008	07/01/2008	57.1900	099
	I	H2024		07/01/2008	12/31/9999	58.9600	000

Scroll Up | Scroll Down

RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | Address | Ind Rates | Prov Type | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
4	PROV TYPE Provider Type (DE4006)	Edits: 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:	A code designating the classification of a provider under the State plan (e.g., Physicians, Dentist, Pharmacy, etc.). Use the On-line HELP system to find valid codes for this field. 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

		069 - HMO Options - Immunization; 089 - HMO Options	codes for this field. ADD(P) System displayed.
5.1	Provider street address Provider Address Line (DE4097)	Edits: Provider street address is protected Messages: Provider street address	The address of the provider. The street address of the provider. ADD/UPDATE (P) System displayed.
5.2	Provider city Provider Address City Name (DE4130)	Edits: Provider city is protected Messages: Provider city	The city in the address for the provider. The city in the address for the provider. ADD/UPDATE (P) System displayed.
5.3	Provider State Provider Address State (DE4098)	Edits: Provider State is protected Messages: Provider State	The state in the address of the provider. The state in the address of the provider. ADD/UPDATE (P) System displayed.
5.4	Provider zipcode Provider Address ZIP Code (DE4099)	Edits: Provider zipcode is protected Messages: Provider zipcode	The ZIP code in the address of the provider. The ZIP code in the address of the provider. ADD/UPDATE (P) System displayed.
6	PROGRAM CODE Provider Program Code (DE4208)	Edits: The program(s) in which a provider participates. Required on ADD and must be a valid code. Messages: Must be a valid code, correct and hit ENTER	A code indicating the Provider Program(s) in which a provider participates. Use the On-line HELP system to find valid codes for this field. A code indicating the Provider Program(s) in which a provider participates. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter a valid Provider Program Code(s).
7	PROCEDURE TYPE Procedure Code Type (DE5001)	Edits: Identifies a record on the Procedure File as being dental, medical, revenue or ICD procedure.Must be '0', '1', '2', '4', '5', 'A', 'B', 'C',	A code identifying the Procedure Type as being dental, medical, revenue or ICD procedure. Use the On-line HELP system to find valid codes for this field. A code identifying the Procedure Type as being dental, medical, revenue or ICD procedure. Use the On-line HELP system to find

		'F', 'H', 'I ', 'M', 'R', 'S', 'T', or 'E '. . Messages:	valid codes for this field. ADD (R/U) Enter a valid Procedure Type Code.
8	PROCEDURE CODE Procedure Code (DE5002)	Edits: Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure.Required on ADD and must be a valid Procedure Code Messages: Must be a valid Procedure, correct and hit ENTER	A code identifying a specific dental, medical, revenue or ICD diagnosis/surgical procedure. Use the On-line HELP system to find valid codes for this field. A code identifying a specific dental (CDT - Common Dental Terminology), medical CPT - Common Procedure Terminology, revenue (DRG - Diagnose Related Groups), or ICD (International Classification of Diseases) diagnosis/surgical procedure. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter a valid Procedure Code.
9	PROCEDURE MODIFIER Claims Procedure Code Modifier (DE2171)	Edits: Must be spaces, ‘01’ thru ‘18’, ‘20’, ‘22’ thru ‘26’, ‘47’, ‘50’, ‘51’, ‘52’, ‘54’, ‘55’, ‘56’, ‘62’, ‘66’, ‘75’ thru ‘82’, ‘99’, ‘GT’, ‘H ‘, ‘K ‘, ‘RR’, ‘T ‘, ‘TC’, ‘U ‘, ‘W ‘, ‘Y ‘, or, ‘Z’	A code indicating the reporting of a service or procedure has been performed has been altered by some specific circumstance by not changes the definition or code. The judicious application of modifiers obviates the necessity for the separate procedure listing that may describe the modifying circumstance. Use the On-line HELP system to find valid values for this field. A code (HCPCS (pronounced 'hick-picks') Health Care Common Procedure Coding System) indicating the reporting of a service or procedure has been performed has been altered by some specific circumstance by not changes the definition or code. The judicious application of modifiers obviates the necessity for the separate procedure listing that may describe the modifying circumstance. Use the On-line HELP system to find valid values for this field. ADD (R/U) Enter a valid Procedure Modifier Code.
10	BEGIN DATE Provider Rate Begin Date (DE4252)	Edits: Required on ADD and if not entered, could default to current date. CMSIP Program code	The date on which the Provider Rate begins; MM/DD/CCYY format. The date on which the Provider Rate begins; MM/DD/CCYY format. If a date not is entered, system will default to current date.

		Begin date should be greater than or equal to 07/01/1998 Messages: Begin date not entered. Default is current date, accept or correct and hit ENTER	ADD (R/U) Enter a valid Provider Rate Begin Date.
11	END DATE Provider Rate End Date (DE4253)	Edits: End Date must not be prior to Begin Date Messages: End Date must be after Begin Date, correct and hit ENTER	The date on which the Procedure Rate ends; MM/DD/CCYY format. The date on which the Procedure Rate ends; MM/DD/CCYY format. The End Date must not be prior to Begin Date. ADD (R/U) Enter a valid Procedure Rate End Date.
12	RATE Provider Rate (DE4255)	Edits: Must be numeric.	The amount or percentage of the particular rate. The amount or percentage of the particular rate. ADD (R/U) Enter a valid Provider Rate.
13	RSN Provider Reason Code (DE4012)	Edits: If entered, must be a valid code Messages: Reason Code not found, correct and hit ENTER	A code identifying the reason code for the Procedure Rate Code of a provider's eligibility. Use On-line HELP system to find valid codes for this field. A code identifying the reason code for the Procedure Rate Code of a provider's eligibility. Must be a valid reason code for the Procedure. Refer to Appendix A Reason Code by Valid Value. Use On-line HELP system to find valid codes for this field. ADD (R/U) Enter a valid Procedure Reason Code for Procedure Rate Code.
14	TYPE/LOCATION NUMBER Calculated (DE0002)	Edits: Messages: Type/Location number of the servicing location.	Type/Location number of the servicing location. Type/Location number of the servicing location.
15	TOTAL	Edits:	Total Type/Location number of the Provider.

	TYPE/LOCATION NUMBER Calculated (DE0002)	Messages: Total Type/Location number of the Provider.	Total Type/Location number of the Provider.

NAVIGATION	**Provider Rates Maintenance (Procedure) (PS-S-007-03)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDRESS	Branch to the Provider Address Screen	PS-S-022-02 (B)
RETURN	Returns to the previous screen accessed.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
ENTER	Command to select another Provider	POS-S-000 ()
SUB MENU	Return to the Main Menu or SUB MENU	PS-S-000 (B)
IND RATES	Displays provider rates by Individual	PS-S-007-01 (B)
SCROLL DOWN	Displays the next provider type / service location within an NPI.	N/A
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Displays the previous provider type / service location within an NPI.	N/A
PROV TYPE	Branch to Provider Type Rate Maintenance screen	PS-S-007-02 (B)
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the VaMMIS Main System Menu.	RF-S-010 ()
UPDATE	Command button to save edited information entered in an update screen, including edited data that contains errors. If any errors are found, message is sent to the screen.	N/A

Error Messages

Error	Description	Resolution
4829	ADDRESS NOT FOUND OR NONE SELECTED FOR THIS PROVIDER.	Choose the update button to save the changes.
9921	ALREADY AT FIRST LOCATION	Information message
9922	ALREADY AT LAST LOCATION	Information message
4838	APIN INDICATOR MUST BE Y FOR PROVIDER TYPE 107	Enter a valid End Date. See the Field Definitions for valid formatting/data for this field.
4839	APPLICATION CAN NOT BE APPROVED. FEIN IS MANDATORY FOR PROV TYPE 107.	Information message. No action needed.
4830	CLAIMS PROCEDURE CODE MODIFIER IS INVALID	Enter a valid Modifier for the Procedure Code entered. See the Field Definitions for valid formatting/ data for this field.
4831	CURRENT PAGE NUMBER IS	Information message. No action needed.
4832	DATA CHANGED; UNABLE TO GO TO OTHER SCREENS	Information message. No action needed.
4833	DATA NOT CHANGED	Information message. No action needed.
4834	DATA REFRESHED	Information message. No action needed.
4835	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Enter valid date. See the Field Definitions for valid formatting/data for this field.
4837	DOLLAR AMOUNT EXCEEDS 6 DIGITS	Enter the valid number of digits for Dollar Amount. See the Field Definitions for valid formatting/data for this field.
4840	ENTER NEW PROVIDER NUMBER	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4841	ENTER NEW PROVIDER TYPE	Enter a valid Provider Type. See the Field Definitions for formatting/ requirements for this field.
4842	ENTER PROVIDER DETAILS TO ADD TO DATABASE	Enter a valid Provider Information. See the Field Definitions for formatting/requirements for this field.
4843	ENTER PROVIDER NUMBER	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4844	ENTER PROVIDER TYPE FOR PROCESSING	Enter a valid Provider Type. See the Field Definitions for formatting/ requirements for this field.
4845	ENTER VALID PROVIDER NUMBER FOR PROCESSING	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4846	ENTER VALID VALUE	Enter a valid value. See the Field Definitions for formatting/ requirements for this field.
4847	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Contact ACS Operations for assistance.

4848	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
4849	FUNCTION CHOSEN IS INVALID	The button chosen cannot complete the task. Choose another Function.
4824	FUNCTION SELECTED IS NOT VALID FOR THE LEGACY PROVIDER ID.	Information message. No action needed.
4836	INVALID DATA - VALID VALUES ARE 0, 1 OR 2.	Enter the valid number of digits for the Dollar Amount. See the Field Definitions for valid formatting/data for this field.
4905	INVALID INDICATOR THE VALID VALUES ARE 'B', 'E'OR 'P'	Enter the valid value B, E, or P to complete the transaction.
4902	INVALID SERVICE CENTER INDICATOR	Check field for valid data and re-enter.
4903	INVALID SERVICE CENTER NUMBER	Check field for valid data and re-enter.
4901	INVALID SERVICE CENTER TYPE	Check field for valid data and re-enter.
4850	NEW BEGIN DATE CANNOT EQUAL PRIOR/EXISTING BEGIN DATE	Enter a new date that is not equal to the begin date. See the Field Definitions for valid values for the field.
4851	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4904	NO SVC CENTER RECORDS FOUND TO DISPLAY	Information message.
4826	PLEASE ENTER ALL THE DATA.	Enter a valid Base ID. See the Field Definitions for valid formatting/data for this field.
4828	PRESS "SERV ADDR" BUTTON TO SELECT PROVIDER LOCATIONS.	Enter the valid number of digits for Cents. See the Field Definitions for valid formatting/data for this field.
4852	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4853	PROCEDURE CODE REQUIRED	Enter a valid Procedure Code. See the Field Definitions for valid end date specifications.
4854	PROCEDURE CODE TYPE IS INVALID	Enter a valid Procedure Code. See the Field Definitions for valid end date specifications.
4855	PROCEDURE CODE TYPE REQUIRED	Enter a valid Procedure Code Type. See the Field Definitions for valid end date specifications.
4856	PROGRAM CODE IS INVALID	Enter a valid Program Code. See the Field Definitions for valid end date specifications.
4857	PROGRAM CODE NOT MATCHED WITH PROVIDER TYPE	Enter a valid Procedure Type. See the Field Definitions for valid end date specifications.
4827	PROVIDER LOCATIONS REQUESTED UNSUCCESSFUL.	Enter a valid Begin Date. See the Field Definitions for valid formatting/ data for this field.
4858	PROVIDER NUMBER IS INVALID	Enter a valid Provider Number. See the Field Defin-

		itions for valid formatting/data for this field.
4859	PROVIDER NUMBER NOT FOUND	Enter a valid Provider Number. See the Field Definitions for valid formatting/data for this field.
4860	PROVIDER PROCEDURE CODE IS INVALID	Enter a valid Provider Procedure Code. See the Field Definitions for valid formatting/data for this field.
4861	PROVIDER RATE BEGIN DATE REQUIRED	Enter a valid Provider Rate Begin Date. See the Field Definitions for valid formatting/data for this field.
4862	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type. See the Field Definitions for valid end date specifications.
4863	RATE ENTERED IS INVALID	Enter a valid Rate. See the Field Definitions for valid end date specifications.
4864	RATE REQUIRED	Enter a valid Rate. See the Field Definitions for valid end date specifications.
4865	RATE TYPE/RATE CODE NOT MATCHED FOR PROVIDER TYPE	Enter a Rate Type/Rate Code that matches the Provider Type. See the Field Definitions for valid end date specifications.
4866	RATES CAN BE ADDED FOR PROVIDER TYPE '085' AND '091' IN PROVIDER TYPE RATE	Information message. No action needed.
4867	RECORD UPDATED	Information message. No action needed.
4868	RECORDS DISPLAYED	Information message. No action needed.
4823	REQUEST IS ALREADY PROCESSED.	Information message. No action needed.
4906	SERVICE CENTER NOT REQUIRED FOR TYPES 'P' AND 'V'	Delete the service center code.
4900	SERVICE CENTER RECORDS DISPLAYED	Information message.
4869	TOP OF THE PAGE	Information message. No action needed.
4870	UNABLE TO RETURN TO PREVIOUS SCREEN, CHOOSE EXIT TO GO BACK TO MENU	Choose the Exit button to go back to the Main Menu.
4825	VALID NPI MUST BE ENTERED TO SELECT PROVIDER LOCATION.	Information message. No action needed.

Screen Access

From the VaMMIS Main System Menu:
1.On the Provider Main Menu, choose Provider Rates from the drop-down menu in the Selection Field.
2. Select the Add radio button.
3. Enter the Provider Identification Number in the ID Value Field.

4. Choose Enter.
5. Select the Procedures button on the bottom of the screen.
6. You see the Provider Rate by Procedures Maintenance Screen, PS-S-007-3.
Note: If no entry is made in the ID Field, enter the Provider ID number on the Provider Rates screen and choose Enter to display the record(s). Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

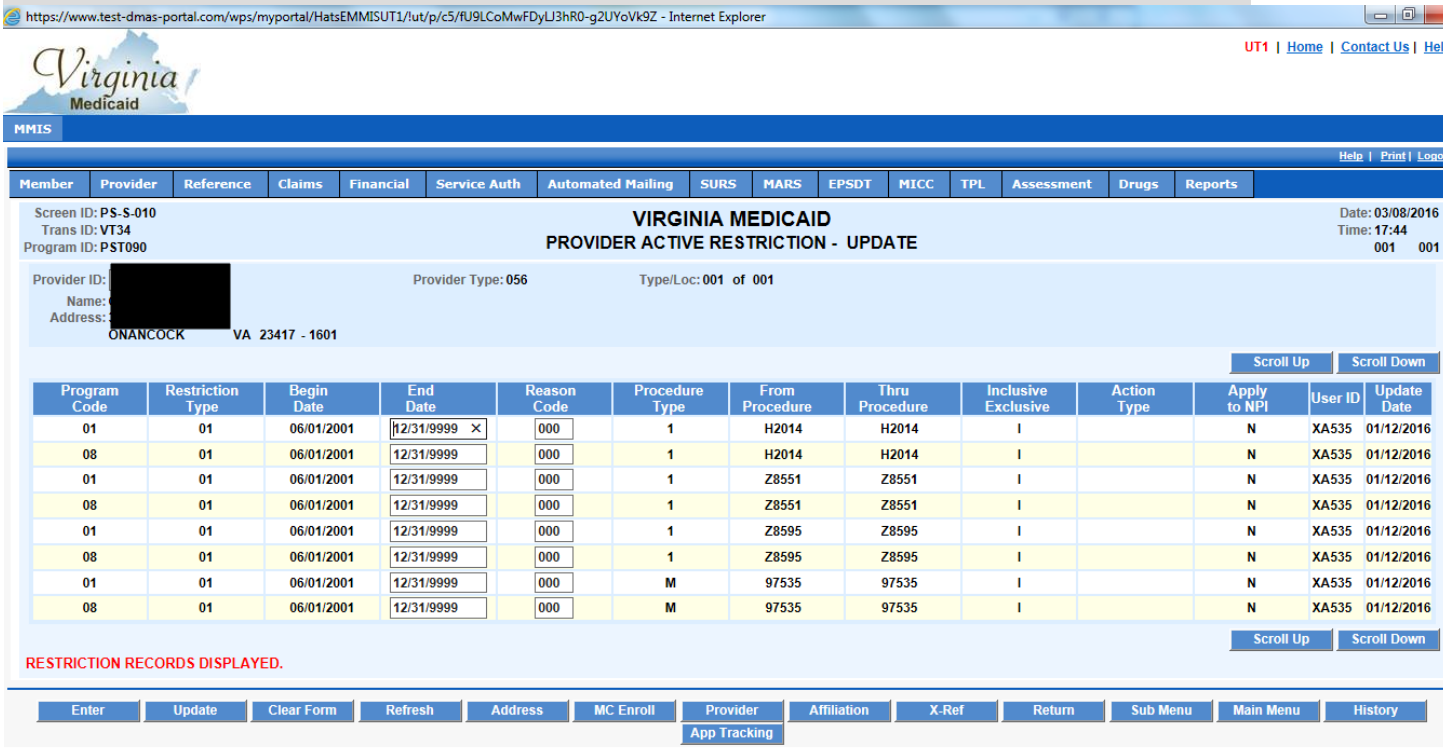
Screens PS-S-010 Provider Restriction Update

General Information

This screen allows on-line update of Restriction, Exception, and On-review information for a provider.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST090
MAPSET	PS090VA
TRAN ID	VT33 (Inquiry), VT34 (Update), VT35 (Add)

SAMPLE	**Provider Restriction Update (PS-S-010)**



Program Code	Restriction Type	Begin Date	End Date	Reason Code	Procedure Type	From Procedure	Thru Procedure	Inclusive Exclusive	Action Type	Apply to NPI	User ID	Update Date
01	01	06/01/2001	12/31/9999	000	1	H2014	H2014	I		N	XA535	01/12/2016
08	01	06/01/2001	12/31/9999	000	1	H2014	H2014	I		N	XA535	01/12/2016
01	01	06/01/2001	12/31/9999	000	1	Z8551	Z8551	I		N	XA535	01/12/2016
08	01	06/01/2001	12/31/9999	000	1	Z8551	Z8551	I		N	XA535	01/12/2016
01	01	06/01/2001	12/31/9999	000	1	Z8595	Z8595	I		N	XA535	01/12/2016
08	01	06/01/2001	12/31/9999	000	1	Z8595	Z8595	I		N	XA535	01/12/2016
01	01	06/01/2001	12/31/9999	000	M	97535	97535	I		N	XA535	01/12/2016
08	01	06/01/2001	12/31/9999	000	M	97535	97535	I		N	XA535	01/12/2016

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROV ID National Provider Identifier (DE4700)	Edits: A unique identification number assigned to a provider. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE (R/U) Enter a valid Provider ID Number.
2	NAME Provider Name (DE4085)	Edits: Displays the Provider Name. Messages:	The name of the servicing or billing Provider. The name of the servicing or billing Provider. ADD/UPDATE(P) System displayed.
3	PROG CODE Provider Program Code (DE4208)	Edits: Must be a valid Provider Program Code.This will set a restriction for this Provider for this Program Code. Messages:	A code indicating the Provider Program(s) in which a provider participates. Use the On-line HELP system to find valid codes for this field. A code indicating the Provider Program(s) in which a provider participates. Use the On-line HELP system to find valid codes for this field. ADD(R/U) Enter a valid Provider Restriction Program Code. UPDATE(P) System displayed.
6	REST TYPE Provider Restriction Type (DE4024)	Edits: The type of restriction placed on the provider. Must be a valid Provider Restriction Type.	A code identifying the type of restriction placed on the provider. Use the On-line HELP system to find valid values for this field. A code identifying the type of restriction placed on the provider. Use the On-line HELP system to find valid values for this field. ADD/UPDATE (R/U) Enter a valid Provider Restriction Type.
7	BEGIN DATE Provider Restriction Begin Date (DE4020)	Edits: The beginning date of a restriction for a provider.	The date on which the Provider Restriction begins; MM/DD/CCYY format. The date on which the Provider Restriction begins; MM/DD/CCYY format. Must be greater than the previous Provider Restriction Type End Date. ADD ((R/U)

			Enter a valid Provider Restriction Begin Date. UPDATE (P) System displayed.
8	END DATE Provider Restriction End Date (DE4021)	Edits: Must be a valid date and can not be less than the Provider Restriction Begin Date.	The date on which the Provider Restriction ends; MM/DD/CCYY format. The date on which the Provider Restriction ends; MM/DD/CCYY format. Must be greater than the previous Provider Restriction Begin Date. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (R/U) Enter a valid Provider Restriction Type.
9	RSN CODE Provider Reason Code (DE4012)	Edits: Must be a valid Provider Reason Code. Not all Valid Values 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.	A code identifying the reason code for the Provider Restriction Code cancellation of a provider's eligibility. Use On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider Restriction Code cancellation of a provider's eligibility. Must be a valid reason code for the Provider Restriction. Refer to Appendix A Reason Code by Valid Value. Use On-line HELP system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Reason Code for Provider Restriction Code.
10	PROCEDURE TYPE Provider Restriction Procedure Type (DE4287)	Edits: Must be a valid Provider Restriction Procedure Type. This will set a restriction for the Procedure Code.	A code indicating the type of procedure on which the restriction is placed. Use the On-line HELP system to find valid codes for this field. A code indicating the type of procedure on which the restriction is placed. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (O/U) Enter a valid Provider Restriction Procedure Type Code.
11	FROM PROC Provider Restriction From Procedure Code (DE4025)	Edits: The beginning of the procedure range for which the provider is on restriction. Must be	The number beginning of the procedure range for which the provider is on restriction. Use the On-line HELP system to find valid codes for this field. The first number of the procedure range for

		a valid Procedure Code or Revenue Code.	which the provider is on restriction. 5 Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (O/U) Enter a valid Procedure Code.
12	THRU PROC Provider Restriction Thru Procedure Code (DE4026)	Edits: Must be a valid Procedure Code or Revenue Code and can not be less than the Provider Restriction From Procedure Code.	The number end of the procedure range for which the provider is on restriction. Use the On-line HELP system to find valid codes for this field. The last number of the procedure range for which the provider is on restriction. Cannot be less than the Provider Restriction From Procedure Code. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (O/U) Enter a valid Procedure Code.
13	INCLUSIVE EXCLUSIVE Provider Restriction Inclusive/Exclusive Indicator (DE4289)	Edits: A code to indicate if the range of procedures for the restriction is to be the only one the provider is allowed to perform (Include) or the only one the provider is not allowed to perform (Exclude). Must be an "I" (Inclusive) or "E" (Exclusive).	A code indicating the range of procedures for the restriction to be the only ones the provider is allowed to perform (I -Include) or the only ones the provider is not allowed to perform (E -Exclude). A code indicating the range of procedures for the restriction to be the only ones the provider is allowed to perform (I -Include) or the only ones the provider is not allowed to perform (E -Exclude). ADD/UPDATE (O/U) Enter a valid Provider Restriction Inclusive/Exclusive Indicator Code.
14	ACTION TYPE Provider Restriction Action Type (DE4288)	Edits: The action taken on the claim for the restriction. Must be a valid Provider Restriction Action Type.	A code indicating the action taken on the claim for the restriction. Use On-line HELP system to find valid codes for this field. A code indicating the action taken on the claim for the restriction. Must be a valid Provider Restriction Action Type. Use On-line HELP system to find valid codes for this field. ADD/UPDATE(O/U) Enter a valid Action Type Code.
15	APPLY TO NPI Provider Restriction NPI Indicator (DE4286)	Edits: Must be a "Y" or "N". "Y" means apply this change to all Provider Numbers within the	A code indicating to cancel all provider numbers associated with the Base ID. A code indicating to cancel all provider numbers associated with the Base ID. Must be Y (Yes) or N (No).

		NPI or "N" only apply this change to this specific Provider Number. Messages:	ADD/UPDATE (O/U) Enter a valid Apply to Base Code.
16	PROVIDER TYPE Provider Type (DE4006)	Edits: Messages:	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 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
17	PROVIDER STREET Provider Address Line (DE4097)	Edits: Messages:	The address of the provider. The street address of the provider. ADD/UPDATE (P) System displayed.
18	PROVIDER CITY Provider Address City Name (DE4130)	Edits: Messages:	The city in the address for the provider. The city in the address for the provider. ADD/UPDATE (P) System displayed.
19	PROVIDER STATE Provider Address State (DE4098)	Edits: Messages:	The state in the address of the provider. The state in the address of the provider. ADD/UPDATE (P) System displayed.
20	PROVIDER ZIP Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. The ZIP code in the address of the provider. ADD/UPDATE (P) System displayed.
21	TYPE/LOCATION NUMBER Calculated (DE0002)	Edits: Messages: Current Type/Location number of the servicing location.	Displays the number of types and localities. Displays the Type/location (Site) number currently displayed and the number of Sites on the data base for the NPI. ADD/UPDATE (P) System displayed.
22	TOTAL	Edits:	Total Type/Location number of the Provider.

	TYPE/LOCATION NUMBER Calculated (DE0002)	Messages: Total Type/Location number of the Provider.	Total Type/Location number of the Provider.
23	User ID (DE0012)	Edits: User ID last updated this row. Messages:	User ID that system determined inserted or updated the data in the row being displayed. ADD/UPDATE(P) System displayed.
24	Update Date (DE0011)	Edits: Last update date of this row. Messages:	Date that system determined the data in the row being displayed was inserted or updated. ADD/UPDATE(P) System displayed.

NAVIGATION	**Provider Restriction Update (PS-S-010)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDRESS	Branch to the Address Screen.	PS-S-022-02 (B)
AFFILIATION	Branch to the Managed Care Affiliation Screen.	PS-S-023 (B)
APP TRACKING	Branch to the Application Tracking Screen.	PS-S-074 (B)
RETURN	Returns to the previous screen accessed.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows user to enter new data.	N/A
X- REF	Branch to provider cross reference, Base ID option	PS-S-012 (B)
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Return to the Provider Main Menu.	PS-S-000 (R)
HISTORY	From "Active" Restrictions Update or Inquiry screens, switches to Restriction History Update or Inquiry screen for this provider; shows restrictions having End Dates less than current date, and/or having Reason Code '098', '099' or '101'.	N/A

MC ENROLL	Branch to the Managed Care Affiliation Screen.	PS-S-026 (B)
SCROLL DOWN	Scrolls to next Type/Location	N/A
SCROLL DOWN	Scrolls one page forward to display additional data (if any)	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any).	N/A
SCROLL UP	Scrolls to previous Type/Location	N/A
PROVIDER	Branch to the Provider Information Screen	N/A
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	POS-S-003 ()
MAIN MENU	Returns to the Main System Menu.	RF-S-010 (R)
UPDATE	Posts the data to the database. If any errors are found, message is sent to the screen.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4028	ACTION INDICATOR ENTERED IS INVALID	Information message.
4025	APPLY TO NPI MUST BE 'Y' OR 'N'.	Change the data specified.
4496	CANNOT ADD NEW BEGIN DATE LESS THAN ACTIVE BEGIN DATE	Information message.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
4948	CHOOSE ENTER TO INVOKE EDITS BEFORE SAVING UPDATES	Informational message
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
26	DATA ADDED	Information message. No action needed.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
27	DATA UPDATED	Information message. No action needed.
4475	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Information message.
4527	DATE CONFLICT WITH APPLY TO BASE PROVIDER RECORD UPDATED.	Information message.

4521	DATE OVERLAP CONFLICT ON OTHER BASE RECORD	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5	END DATE MUST BE GREATER THAN BEGIN DATE	Enter an End Date that falls after the begin date. See the Field Definitions for valid end/begin date specifications.
4	END OF THE PAGE	Information message, no action needed.
4090	ENTER A VALID BEGIN DATE	Enter a Valid Begin Date. See the Field Definitions for formatting and requirements for this field.
66	ENTER A VALID DATE	Enter a valid date. Enter a two digit month, two digit day and a four digit year.
4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
18	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
4620	ENTER VALID VALUE	Enter valid values according to error message specifications.
4029	FROM PROCEDURE REQUIRED	Information message.
4520	FROM/THRU PROCEDURE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4027	INCLUDE/EXCLUDE INDICATOR MUST BE 'I' OR 'E'	Information message.
4522	INCLUDE/EXCLUDE INDICATOR REQUIRED	Information message.
10034	INVALID PROCEDURE FOR ATYPICAL PROVIDER.	Informational message
10035	INVALID PROCEDURE FOR TYPICAL PROVIDER.	Informational message
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4033	NO RESTRICTION RECORDS FOR THIS PROVIDER	Information message.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4030	PROCEDURE TYPE ENTERED IS INVALID	Enter a valid Procedure Code Type. See the Field Definitions for valid data.
4523	PROCEDURE TYPE REQUIRED	Information message.
4031	PROGRAM CODE IS INVALID	Enter a valid program code. See the Field Definitions for explanation and valid codes.

4498	PROVIDER ADDRESS DOES NOT EXIST	Information message.
4117	PROVIDER BASE ID NOT FOUND	Information message.
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
4462	PROVIDER NOT ENROLLED IN THE PROGRAM	Information message.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
4122	PROVIDER NUMBER NOT FOUND TO CLOSE CMM LOCKOUT	Information message.
4434	PROVIDER PROCEDURE CODE IS INVALID	Information message.
4021	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.
4499	REASON CODE UPDATE REQUIRED	Update the reason code.
4032	REST TYPE ENTERED IS INVALID	Information message.
4034	RESTRICTION RECORDS DISPLAYED	Information message.
4517	THRU PROCEDURE MUST BE GREATER THAN, OR EQUAL TO, FROM PROCEDURE	Enter a valid thru procedure. Must be larger than or equal to From procedure.
4035	THRU PROCEDURE REQUIRED	Enter a valid thru procedure.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main System Menu:
1. On the Provider Main Menu Screen, choose Restrictions from the drop-down menu in the Selection Field.
2. Select the Inquiry radio button in the Function Field.
3. Enter the Provider Identification Number or Provider Name in the ID Value Field.
4. Choose Enter.
5. You see the Provider Active Restriction Inquiry Screen, PS-S-010.
6. To access Provider Restriction History Inquiry Screen, press "History" button.
Note: If no entry is made in the ID Field, enter the Provider ID number on the Provider Restrictions screen and choose Enter to display the record(s). Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.
Note: To add a CMM Provider Restriction(05), for Program Code(05), the only fields required are Program Code, Restriction Type, Restriction Begin Date, Restriction End Date, Restriction

Reason Code (which can be 000), and Apply To NPI Indicator.

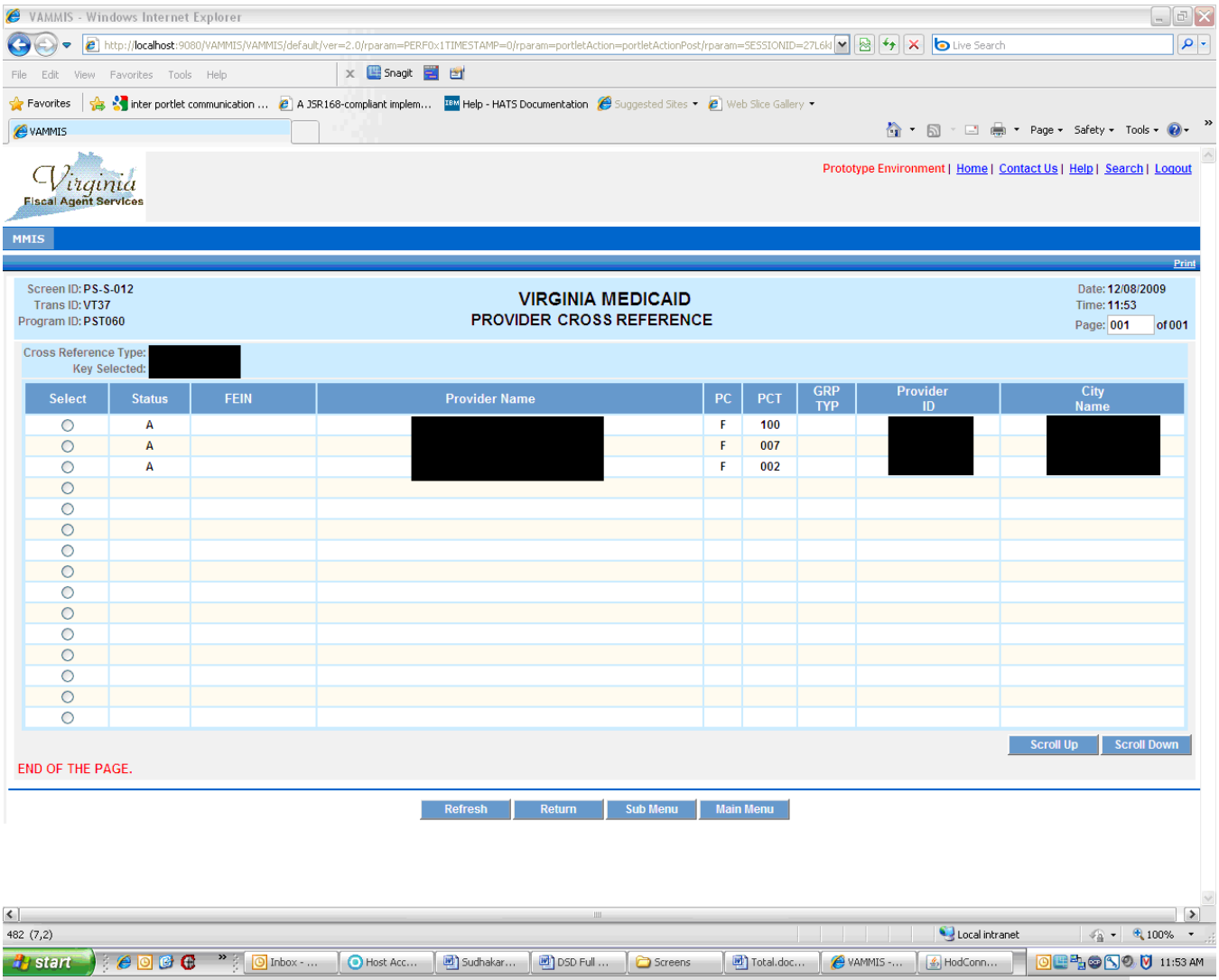
Screens PS-S-012 Provider Cross-Reference

General Information

This screen will be displayed when the cross-reference inquiry field is selected from the Main Menu (PS-S-000), allowing for selection of the record(s) to be viewed by alternative values.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST060
MAPSET	PS060VA
TRAN ID	VT37 (Inquiry)

SAMPLE	**Provider Cross-Reference (PS-S-012)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Cross Reference Type (DE0000)	Edits: Passed to this program via the communications area from the Provider Main Menu. Messages:	This is the selection from the Provider Cross Reference on the Provider Main Menu. Provider Cross Reference Screen PS-S-012 – to include navigation to Group/Provider screen when Service Center is chosen and automatically transfer to PS-S-006, Group Provider Screen.

2	Key Selected (DE0000)	Edits: Passed to this program via the communications area from the Provider Main Menu Messages:	The ID value you entered in the Provider Main Menu screen.
3	STATUS (DE0000)	Edits: Messages: Status of the provider. Active and Cancelled are the valid values for the status.	Status of the provider. Active and Cancelled are the valid values for the status. N/A
4	FEIN Provider Alternate ID Value (DE4044)	Edits: Messages: Provider's FEIN is displayed. If FEIN exists for a provider, then the provider's FEIN is displayed. If provider does not have a FEIN and the provider has a NPI, then the NPI's FEIN is displayed. If the NPI also does not have a FEIN, then the FEIN of the latest group to which the Provider belongs is displayed.	Provider's FEIN is displayed. If FEIN exists for a provider, then the provider's FEIN is displayed. If provider does not have a FEIN and the provider has a NPI, then the NPI's FEIN is displayed. If the NPI also does not have a FEIN, then the FEIN of the latest group to which the Provider belongs is displayed. N/A
5	PROVIDER NAME Provider Name (DE4085)	Edits: Obtained from the Provider Name Tables. This is the 40 position name field. Can be a business type name or individual name. Messages:	The name of the servicing or billing Provider. N/A
6	PC Provider Classification (DE4542)	Edits: This is the classification for the provider. Messages:	Provider Class. A code identifying the classification type of provider. Use the On-line HELP system to find valid codes for this field. N/A

7	PCT Provider Type (DE4006)	Edits: Messages: A code that designates the classification of a provider under the State Plan. Use the On-line HELP system to find valid codes for this field.	Provider Type. A code that designates the classification of a provider under the State Plan. Use the On-line HELP system to find valid codes for this field. N/A
8	GRP TYP Provider Group Type (DE4247)	Edits: Messages: A code to identify the type of group to which a Provider belongs.	Group Type. A code to identify the type of group to which a Provider belongs. N/A
9	PROVIDER ID National Provider Identifier (DE4700)	Edits: This is the Provider ID. Messages:	A unique identification number assigned to the servicing or billing provider. N/A
10	CITY NAME Provider Address City Name (DE4130)	Edits: Messages: The city in the address for the Provider	The city in the address for the Provider. N/A

NAVIGATION	**Provider Cross-Reference (PS-S-012)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
ENTER	Displays data of selected page number.	N/A
SUB MENU	Return to the Provider Main Menu.	PS-S-000 (R)
SCROLL DOWN	This key is used to page forward if more than 15 Provider Cross Reference records are to be displayed. When the key is depressed, the next 15 Provider Cross Reference records are read and moved to the screen for display. If less than 15 records remain for display, the remaining are displayed. The 16th Provider Cross Reference record key is stored as the starting point for the next FRWD key function. After all Provider Cross Reference records have been displayed, a message will appear on the screen.	N/A

SCROLL UP	This key is used to page backward if the FRWD key was invoked.. If there are less than 15 Provider Cross Reference records and this key is depressed, a message will appear on the screen.	N/A
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the VaMMIS Main System Menu.	RF-S-010 ()

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
68	DATA REFRESHED	Information message.
4	END OF THE PAGE	Information message, no action needed.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
4119	GET THE KEY VALUE FROM THE MAIN MENU	Information message.
164	MAXIMUM ROW-LIMIT EXCEEDED PLEASE CHANGE THE SELECTION CRITERION.	Informational message.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4121	NO RECORDS FOUND FOR THE KEY	Information message.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4457	SELECT ONLY ONE RECORD	Information message.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Provider Cross Reference from the drop-menu in the Cross Reference Inquiry Field.
4. Select the Inquiry radio button in Function Field (the Add and Change radio buttons will only display the Inquiry screen).
5. Enter the compatible value to search for Cross Reference type selected (FEIN, Provider Name, etc.) in the ID Value Field.
6. Provider Last Name and First Name can be entered only for Provider Name and FEIN searches.
7. Choose Enter.
8. You see the Provider Cross Reference Screen (PS-S-012).

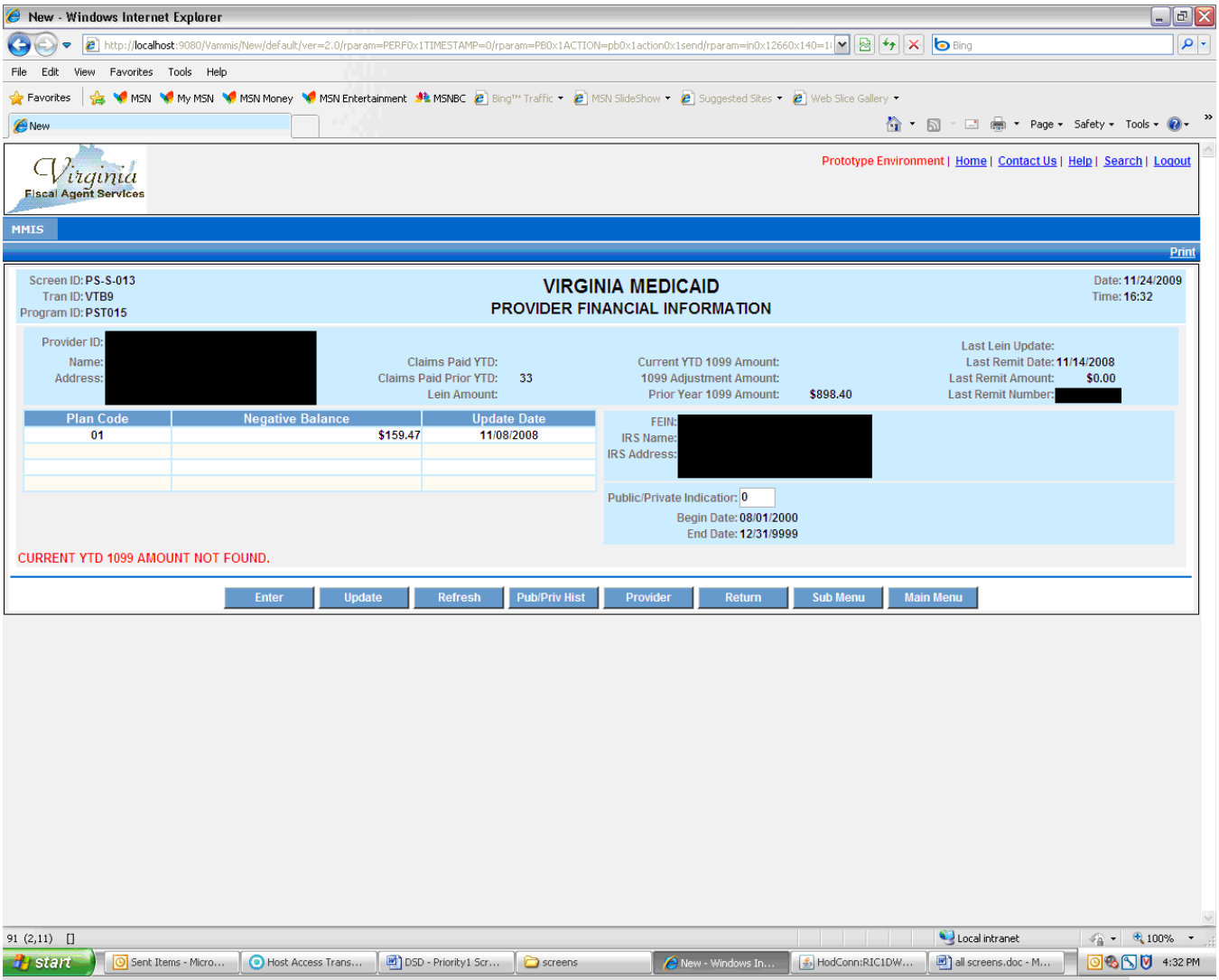
Screens PS-S-013 Provider Financial Information

General Information

This screen displays financial information for providers.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	PST015
MAPSET	PS015VA
TRAN ID	VT38 (Inquiry), VTB9 (Update)

SAMPLE	**Provider Financial Information (PS-S-013)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROVIDER ID National Provider Identifier (DE4700)	Edits: If entered, must exist on the Provider Tables. If the record is found, the data from the table is displayed on the screen. Messages: Provider ID not found	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider.

		on Provider Tables.	
2	NAME Provider Name (DE4085)	Edits: 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. Messages:	The name of the servicing or billing Provider. N/A
3	ADDRESS (STREET) Provider Address Line (DE4097)	Edits: Messages: Street address of the provider	The address of the provider. N/A
4	(ADDRESS: CITY) Provider Address City Name (DE4130)	Edits: Messages: The city in the address for the provider.	The city in the address for the provider. N/A
5	(ADDRESS: STATE) Provider Address State (DE4098)	Edits: Messages: Provider State	The state in the address of the provider. N/A
6	(ADDRESS: ZIPCODE) Provider Address ZIP Code (DE4099)	Edits: Messages: Provider zipcode value	The ZIP code in the address of the provider. N/A
7	FEIN HIPP SSN/FEIN Number (DE9517)	Edits: Messages: Federal Tax ID	The social security number of the employee or the federal employer identification number for the insurance carrier, employer, or other entity. N/A
8	CLAIMS PAID YTD Provider Current Year-to-Date Paid Claims (DE4041)	Edits: This is a cumulative YTD Amount Messages:	The total number of paid claims for a provider within current calendar year. N/A
9	CLAIMS PAID PRIOR YTD Provider Current	Edits: This is a cumulative YTD Amount.	The total number of paid claims for a provider in the prior calendar year. N/A

	Year-to-Date Paid Claims (DE4041)	Messages:	
10	CURRENT YTD 1099 AMT Provider Current Year-to-Date Total 1099 Amount (DE4155)	Edits: The total dollar amount of paid claims that is reported on the provider's 1099 form in the current year-to-date. Messages:	The total dollar amount of paid claims that is reported on the provider's 1099 form in the current year-to-date. N/A
11	1099 ADJUSTMENT AMT Provider 1099 Adjustment Amount (DE4199)	Edits: The total dollar amount of 1099 adjustments for a provider. Messages:	The total dollar amount of 1099 adjustments for a provider. N/A
12	PRIOR YEAR 1099 AMT Provider Current Year-to-Date Total 1099 Amount (DE4155)	Edits: The total dollar amount of paid claims that is reported on the provider's 1099 form in the current year-to-date. Messages:	The total dollar amount of payments to the provider in the previous calendar year that is reported to the IRS. N/A
13	LAST REMIT DATE Remittance Payment Date (DE9578)	Edits: This is the date of the last remittance payment. Messages:	The date of the last Remittance Advice generated for a provider. MM/DD/CCYY format. N/A
14	LAST REMIT AMT Remittance Check Amount (DE9577)	Edits: This is the amount paid to the provider on the last remittance date Messages:	The check amount of the last Remittance Advice generated for a provider. N/A
15	LAST REMIT NBR Remittance Advice Number (DE9580)	Edits: This is the number of the remittance paid to the provider on the last remittance date. Messages:	The number of the last Remittance Advice generated for a provider. N/A
16	LIEN AMOUNT	Edits:	The amount of the Lien left to be satisfied.

	Provider Lien Amount (DE4446)	The amount of the Lien left to be satisfied. Messages:	N/A
17	LAST LIEN UPDATE Provider Lien Update Date (DE4447)	Edits: The date the Lien Amount was updated. Messages:	The date the Lien Amount was updated; MM/DD/CCYY format. N/A
18	PLAN CODE Benefit Definition Plan Program Code (DE3551)	Edits: The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Messages:	A code identifying the first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Use the On-line Help system to find valid codes for this field. N/A
19	NEGATIVE BALANCE Provider Negative Balance Amount (DE4036)	Edits: The total amount of money currently owed to the program by a provider. Messages:	The total amount of money currently owed to the program by a provider. N/A
20	LAST UPDATE DATE Provider Negative Balance Update Date (DE4448)	Edits: The last date the negative balance was updated for a provider in a specific benefit plan. Messages:	The last date the negative balance was updated for a provider in a specific benefit plan. MM/DD/CCYY format. N/A
21	IRS NAME Provider IRS Name (DE4526)	Edits: This is the IRS Name field Messages:	The name the provider uses to file tax returns to the IRS. N/A
22	(IRS Street Name) Provider Address Line (DE4097)	Edits: Messages: The address of the provider.	The street address of the Provider. The street address of the Provider.
23	(IRS: CITY)	Edits:	The city in the IRS servicing address for the

	Provider Address City Name (DE4130)	This is the City field for the IRS Address Messages:	provider. N/A
24	(IRS: STATE) Provider Address State (DE4098)	Edits: This is the State field for the IRS Address Messages:	The state in the IRS servicing address of the provider. N/A
25	(IRS: ZIP CODE) Provider Address ZIP Code (DE4099)	Edits: This is the Zip Code field for the IRS Address Messages:	The ZIP code of the IRS servicing address of the provider. N/A
26	PUBLIC/PRIVATE INDICATOR Public Private Indicator (DE4160)	Edits: Valid values are '0' - default, '1' - public, '2' - private. Messages: INVALID DATA - VALID VALUES ARE 0, 1 OR 2.	Indicates if the facility or business is owned publicly or privately. The value of Public/Private Indicator.
27	BEGIN DATE Public Private Begin Date (DE4161)	Edits: Messages:	The effective date of the public/private indicator. Begin date of the Public/Private Indicator value.
28	END DATE Public Private End Date (DE4162)	Edits: If the end date is null display '12/31/9999'. Messages:	The effective end date of the public/private indicator. End date of the Public/Private indicator.

NAVIGATION	**Provider Financial Information (PS-S-013)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A

SUB MENU	Return to the Provider Main Menu.	PS-S-000 (R)
PUB/PROV HIST	Transfers control to the Public/Private History Screen(PS-S-035).	PS-S-035 (B)
PROVIDER	Branch to screen 1 of Provider Information.	PS-S-001-03 (B)
Refresh	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()
UPDATE	Triggers the update to retain the change.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4159	BASE ID NOT FOUND FOR EXISTING PROVIDER	Information message.
4106	CURRENT YTD 1099 AMOUNT NOT FOUND	Information message.
9934	DATA PASSES ALL EDITS. CHOOSE UPDATE TO SAVE CHANGES	Press update button to save the data.
4104	ENTER PROVIDER NUMBER FOR FINANCIAL INFORMATION	Enter valid values according to error message specifications.
5423	ERROR IN DATE ROUTINE	Information message.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
81	FUNCTION KEY IS NOT ACTIVE IN THIS MODE	Change mode to complete the transaction. Use the On-line HELP system for instructions, if necessary.
4836	INVALID DATA - VALID VALUES ARE 0, 1 OR 2.	Enter 1 for Public or 2 for Private.
4107	PRIOR YTD 1099 AMOUNT NOT FOUND	Information message.
4105	PROVIDER FINANCIAL INFORMATION DISPLAYED	Information message.
4946	PROVIDER ID INVALID	Enter a valid Provider ID
4108	PROVIDER LAST RA DETAILS NOT FOUND	Information message.
4109	PROVIDER LIEN AMOUNT NOT FOUND	Information message.

22	PROVIDER NAME NOT FOUND	Information message. No action needed.
4110	PROVIDER NEGATIVE BALANCE NOT FOUND	Information message.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You will see the Provider Main Menu screen (PS-S-000).
3. Select Financial Information from the drop-menu in the Selection Field.
4. Choose the Update radio button in the Function Field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You will see the Provider Financial Information screen (PS-S-013). NOTE: If no entry is made in the ID Field, enter the Provider ID number on the Provider Financial Information Screen and choose Enter to display the record(s). Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

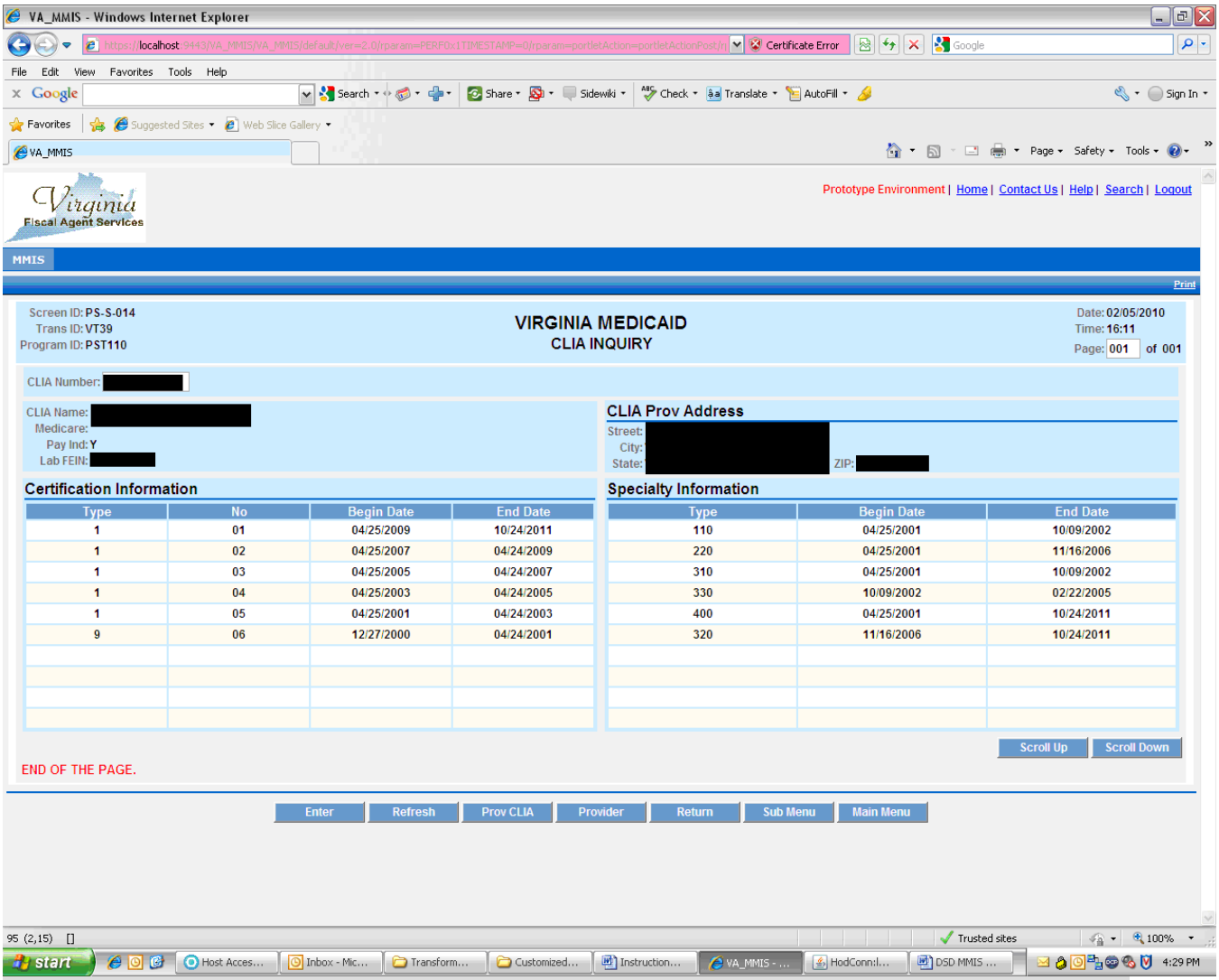
Screens PS-S-014 CLIA Inquiry

General Information

This screen is used to display the information from the CLIA table.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST110
MAPSET	PS110VA
TRAN ID	VT39 (Inquiry)

SAMPLE	**CLIA Inquiry (PS-S-014)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	CLIA NUMBER Clinical Laboratory Improvement Amendment (CLIA) Number (DE4310)	Edits: This is the CLIA number from HCFA / CMS.	A number that the fiscal agent must have on file for the provider for laboratory charges to be paid. This number is issued by CMS.
3	(PROVIDER) NAME CLIA Laboratory Provider Name (DE4327)	Edits: The name associated with thew CLIA Laboratory Provider	The name of the servicing or billing Provider.

4	MEDICARE CLIA Medical Provider Number (DE4330)	Edits: The Medicare number associated with a CLIA Laboratory Provider	The Medicare number associated with a CLIA Laboratory Provider.
5	PAY IND CLIA Payment Indicator (DE4336)	Edits: Must be "Y" or "N" if entered.	The Payment indicator for a CLIA Laboratory Provider.
6	LAB FEIN CLIA Laboratory Employer Identification Number (EIN) (DE4325)	Edits: This is the FEIN of the CLIA Lab.	The Federal Employer's Identification Number for the CLIA Laboratory.
7	STREET CLIA Laboratory Provider Street Address (DE4337)	Edits: This is the Street field for the CLIA Lab Address	The physical street address of the CLIA Laboratory Provider.
8	CITY CLIA Laboratory Provider City (DE4338)	Edits: This is the City field for the CLIA Lab Address	The physical address city name for the CLIA Laboratory Provider.
9	STATE CLIA Laboratory Provider State (DE4339)	Edits: This is the State field for the CLIA Lab Address	A code identifying the physical address state code for the CLIA Laboratory Provider.
10	ZIP CLIA Laboratory Provider Zip (DE4340)	Edits: This is the Zip Code field for the CLIA Lab Address	A code identifying the physical address zip code for the CLIA Laboratory Provider.
11	(CERTIFICATION INFO) TYPE CLIA Certification Type (DE4319)	Edits: This is the type of CLIA certification	A code identifying the type of CLIA Certification. Use the On-line HELP system to find valid codes for this system.
12	(CERTIFICATION INFO) NO CLIA Certification Number (DE4318)	Edits: This is the CLIA certification number	A code identifying the type of CLIA Certification Number. Use the On-line HELP system to find valid codes for this system.
13	(CERTIFICATION INFO) BEG DATE CLIA Certification Begin Date (DE4316)	Edits: This is the Begin Date for the CLIA Certification period	The date on which the Provider CLIA Certification begins; MM/DD/CCYY format.
14	(CERTIFICATION	Edits:	The date on which the Provider CLIA Cer-

	INFO) END DATE CLIA Certification End Date (DE4317)	This is the End Date for the CLIA Certification period	tification ends; MM/DD/CCYY format.
15	(SPECIALTY INFO) TYPE CLIA Specialty Type (DE4335)	Edits: This is the type of Specialty	A code identifying the type of certificates for this CLIA Laboratory Provider. Use the On-line HELP system to find valid codes of this field.
16	(SPECIALTY INFO) BEG DATE CLIA Specialty Begin Date (DE4333)	Edits: This is the Begin Date for a Specialty	The date on which the Provider CLIA Specialty begins; MM/DD/CCYY format.
17	(SPECIALTY INFO) END DATE CLIA Specialty End Date (DE4334)	Edits: This is the End Date for this CLIA Specialty	The date on which the Provider CLIA Specialty ends; MM/DD/CCYY format.

NAVIGATION	**CLIA Inquiry (PS-S-014)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
CLIA UPDATE	Branch to the CLIA Update Screen.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	PS-S-000 ()
SUB MENU	Return to the Provider Main Menu.	N/A
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
PROVIDER	Displays to the Provider Information screen.	N/A
Refresh	Command button to refresh the screen with updated information(if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4360	CERTIFICATION AND SPECIALTY INFORMATION NOT FOUND FOR THIS CLIA NUMBER	Information message.
4361	CERTIFICATION INFORMATION NOT FOUND FOR THIS CLIA NUMBER	Information message.
4048	CLIA NUMBER NOT FOUND	Information message.
70	CURRENT PAGE NUMBER IS	Information message, no action needed.
68	DATA REFRESHED	Information message.
4	END OF THE PAGE	Information message, no action needed.
4041	ENTER VALUE FOR CLIA NUMBER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4362	SPECIALTY INFORMATION NOT FOUND FOR THIS CLIA NUMBER	Research using the on-line HELP system and re-enter the specialty code.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

1. On the Provider Main Menu, choose CLIA Inquiry from the drop down menu in the Selection Field.
2. Choose the Inquiry radio button in the Function Field.
3. Enter the Provider Identification Number in the ID Value Field.
4. Choose Enter.
5. You see the CLIA Inquiry screen (PS-S-014).
Note: If no entry is made on the ID Value Field, enter the CLIA number on the CLIA Inquiry screen and choose Enter to display the record(s).

6. Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through additional pages of data.

Screens PS-S-015 Provider Medicare Cross-Reference

General Information

This screen allows immediate update of the Medicare Cross-Reference tables. It allows you to assign a Medicare Carrier Code and Carrier Type

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST030
MAPSET	PS030VA
TRAN ID	VT40 (Inquiry), VT41 (Update), VT42 (Add)

SAMPLE	**Provider Medicare Cross-Reference (PS-S-015)**

VA_MMIS - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-015
Trans ID: VT40
Program ID: PST030

VIRGINIA MEDICAID
PROVIDER MEDICARE CROSS REFERENCE-INQUIRY

Date: 02/03/2010
Time: 15:24

Provider ID: [redacted]
Name:

	Carrier Code	Medicare Number	Carrier Type		Carrier Code	Medicare Number	Carrier Type		Carrier Code	Medicare Number	Carrier Type
1.	00453	[redacted]	A	2.	00453	[redacted]	A	3.	00904	[redacted]	B
4.	9999A	[redacted]	A	5.	9999A	[redacted]	A	6.	9999B	[redacted]	B
7.				8.				9.			
10.				11.				12.			
13.				14.				15.			
16.				17.				18.			
19.				20.				21.			
22.				23.				24.			
25.				26.				27.			
28.				29.				30.			

RECORDS DISPLAYED.

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

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(CICS TRANSACTION ID) (DE0000)		N/A
2	PROV ID Provider Identification Number (DE4002)	Edits: If entered, must exist on the Provider Tables. The program will read the Provider Tables using the	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE (R/U) Enter a valid Provider ID Number.

		value entered. If the record is found, the data from the file is displayed on the screen. Messages: Provider ID not found.	
3	BASE ID Provider Base Identification Number (DE4001)	Edits: A unique identification number used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned.	The unique identification number assigned to each provider to associate multiple provider ID numbers with a single provider. The unique identification number assigned to each provider to associate multiple provider ID numbers with a single provider. ADD/UPDATE (P) System displayed.
4	NAME Provider Name (DE4085)	Edits: The name of the provider. If a Business Type Provider Name the field if 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title.	The name of the servicing or billing Provider. The name of the servicing or billing Provider. ADD/UPDATE (P) System displayed.
5	CARRIER CODE Provider Carrier Code (DE4222)	Edits: If entered, must be a valid value. Refer to Data Element Dictionary for valid domain of values Messages: Missing/Invalid data, please correct highlighted fields	A number assigned to each Medicare carrier/intermediary by the Medicare Processing Agency. Use the On-line HELP system to find valid codes for this field. A number assigned to each Medicare carrier/intermediary by the Medicare Processing Agency. Use the On-line HELP system to find valid codes for this field. ADD/UPDATEO/U) Enter a valid Provider Carrier Code.
6	MEDICARE NUMBER Provider Vendor Number (DE4516)	Edits: The Medicare Number (Combination of Carrier Code and Vendor Number) must be tied to only one Provider Number	The number that Medicare Fiscal Agent has assigned to the provider. The Provider Vendor Number along with the Provider Carrier Code is used in converting the Medicaid Provider ID. The Medicare Number (Combination of Carrier Code and Vendor Number) must be tied to only one Provider Number.

		Zero fill on the right, if all positions not entered Messages: Missing/Invalid data, please correct highlighted fields	The number that Medicare Fiscal Agent has assigned to the provider. The Provider Vendor Number along with the Provider Carrier Code is used in converting the Medicaid Provider ID. The Medicare Number (Combination of Carrier Code and Vendor Number) must be tied to only one Provider Number. ADD/UPDATE (O/U) Enter a valid Provider Vendor Number.
7	CARRIER TYPE Provider Carrier Type (DE4294)	Edits: If entered, must be a valid value. Refer to Data Element Dictionary for valid domain of values. Messages: Missing/Invalid data, please correct highlighted fields	A code indicating whether the insurance carrier is a Part A or Part B insurer. A code indicating whether the insurance carrier is a Part A or Part B insurer. If A is entered, Carrier Code must be equal to 00080, 00423, 00424, or 52280. If B is entered, Carrier Code must be equal to 00380, 00580, 10071, or 10490. ADD/UPDATE (O/U) Enter a valid Provider Carrier Type Code.

NAVIGATION	**Provider Medicare Cross-Reference (PS-S-015)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
Clear Form	Clears all the data entered in the screen and allows user to enter new data.	N/A
Enter	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Return to the Provider Main Menu.	N/A
Refresh	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	N/A
Update	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
4056	ADD DATA AND CHOOSE ENTER	Information message.
4159	BASE ID NOT FOUND FOR EXISTING PROVIDER	Information message.
4689	CARRIER CODE AND MEDICARE NUMBER CLOSED	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
4012	DUPLICATE RECORD EXISTS	Information message.
3	DUPLICATE RECORD; NOT INSERTED	Information message. No action needed.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
4620	ENTER VALID VALUE	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4471	MEDICARE CROSS REFERENCE RECORDS NOT FOUND FOR THE PROVIDER	Information message.
4531	MEDICARE NUMBER CAN ONLY BE ASSOCIATED WITH ONE PROVIDER NUMBER	Information message.
4470	MISSING/INVALID DATA CORRECT HIGHLIGHTED FIELD(S).	Information message.
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
23	RECORD INSERTED	Information message.
25	RECORD UPDATED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.

Screen Access

From the VaMMIS Main System Menu:
1. On the Provider Main Menu Screen, choose Provider Medicare Cross Reference from the drop-down menu in the Selection Field.
2. Select the Add or Change radio button.
3. Enter the Provider Identification Number in the ID Value Field.
4. Choose Enter.
5. You see the Provider Medicare Cross- Reference Maintenance Screen, (PS-S-015).
Note: If no entry is made in the ID Field, enter the Provider ID number on the Medicare Cross-Reference
screen and choose to display the record(s). Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through additional pages of data.

Screens PS-S-016 Provider NPI Cross Reference

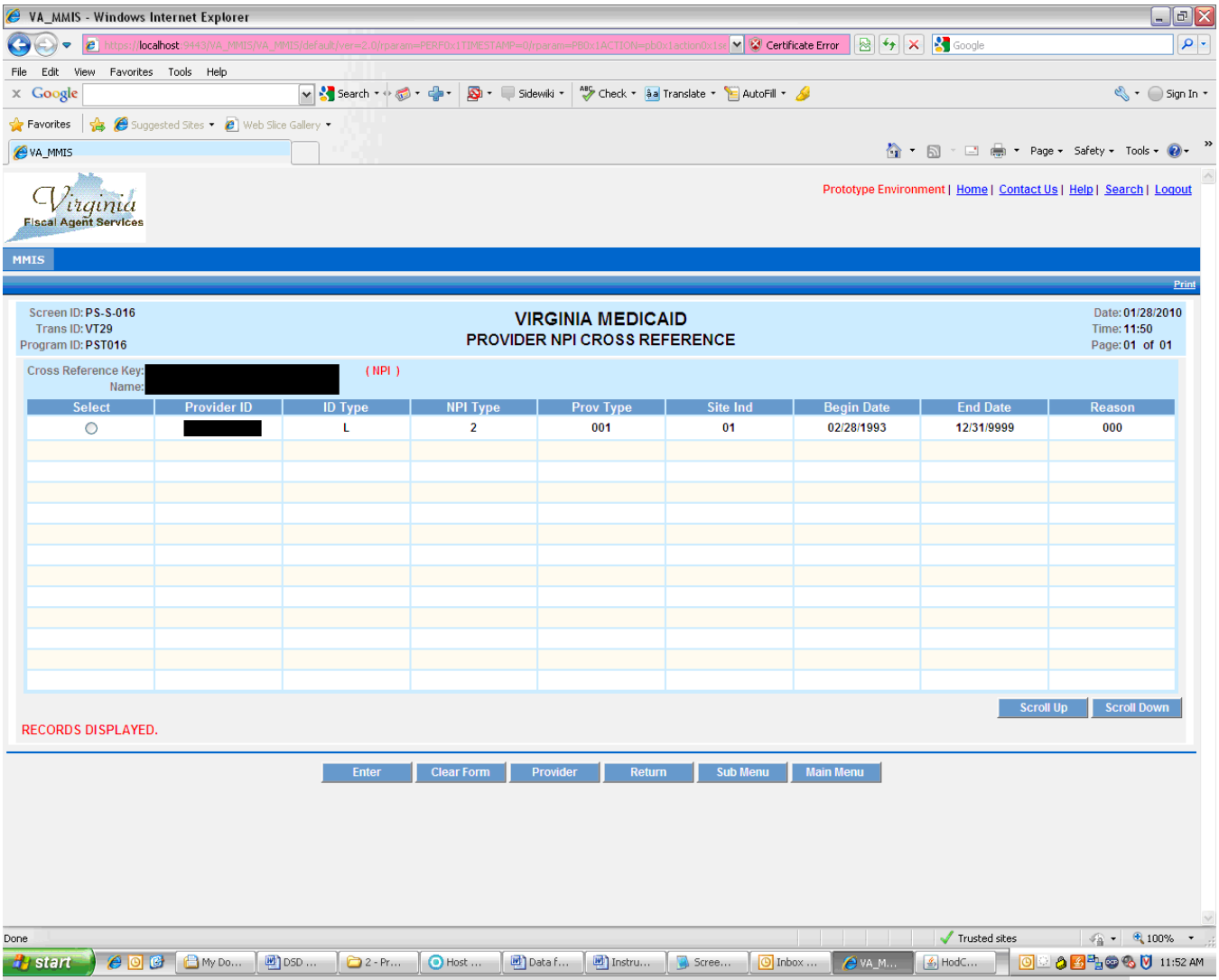
General Information

This screen accepts an NPI, API, or Legacy ID from the user and displays its corresponding information that resides on the Provider NPI Cross Reference table. History lines are also displayed on this screen.

A link is available to obtain additional information for a specific Provider ID.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST016
MAPSET	PS016VA
TRAN ID	VT29

SAMPLE	**Provider NPI Cross Reference (PS-S-016)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
0	Sel Calculated (DE0002)	Edits: If entered, must be S. Messages:	To select a Provider ID for inquiry of Provider Information screens, enter S in the Sel field beside the record you wish to select and click Provider Info. To view Provider Information for the number shown in the Cross-Reference Key field, click Provider Info without making a selection. To select a Provider ID for inquiry of Provider Information screens, enter S in the Sel field beside the record you wish to select and click

			Provider Info. To view Provider Information for the number shown in the Cross-Reference Key field, click Provider Info without making a selection.
1	Cross Reference Key / Provider ID National Provider Identifier (DE4700)	Edits: Messages:	This field holds either a Legacy ID, an NPI or an API, as entered on the Provider Main Menu. If an NPI or API is entered, the Provider ID field will display all Legacy IDs associated with the NPI or API. If a Legacy ID is entered, the Provider ID field will display the NPI or API associated with the Legacy ID. NA
2	Name Provider Name (DE4085)	Edits: Messages:	The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. N/A
3	ID Type Provider Number ID Type (DE4016)	Edits: N/A Messages: This value of this field is determined from the Provider ID displayed next to it.	This field identifies the type of identifier displayed. L = Legacy, N = NPI, A = API N/A
4	NPI Type NPI Type (DE4144)	Edits: Messages:	This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation. N/A
5	Prov Type Provider Type (DE4006)	Edits: Messages:	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 N/A
7	Site NPI XREF Site Number (DE4143)	Edits: Messages:	This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. N/A

8	Begin Date NPI XREF Begin Date (DE4146)	Edits: Messages:	This field contains the date that the cross reference row was established on the table. It is updated programmically. N/A
9	End Date NPI XREF End Date (DE4147)	Edits: Messages:	This field contains a date if the cross reference row is replaced with a more current row of data. The date is updated programmically. Once a date is entered in this field, the data will not be selected, to avoid duplicate rows with same key. N/A
10	Base ID Provider Base Identification Number (DE4001)	Edits: Messages:	A unique identification number assigned to each provider to associate multiple Provider ID Numbers with a single provider. N/A
11	RSN NPI XREF Reason Code (DE4149)	Edits: Messages:	Reason code value describing the action or status of a Provider NPI XREF record. N/A
12	MSG Error Message Text (DE0026)	Edits: Messages:	This is the text to be displayed corresponding to the error code (C_ERROR_MSG). N/A

NAVIGATION	**Provider NPI Cross Reference (PS-S-016)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Clearform	Clears all information from the screen and unprotects the Key.	N/A
Enter	Edits and processes the Key entered.	N/A
SUB MENU	Transfers control to the Provider Menu screen, PS-S-000.	PS-S-000 (R)
Return	Transfers control to the previous screen.	N/A
SCROLL DOWN	Scrolls to the NEXT of details if they exist.	N/A
SCROLL UP	Scrolls to the previous screen of details if they exist.	N/A
Provider	Transfer control to the Provider Information screen, PS-S-010.	PS-S-001-03 (B)
MAIN MENU	Returns the user to the VaMMIS main system menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
7012	ENTER KEY AND CHOOSE ENTER	Entry in this field is required. Enter valid data and choose Enter to continue.
8881	ENTER ONLY ONE SELECTION	Multiple selections not valid, key only one.
8887	ENTER SELECTION CRITERIA OR PRESS "CLEARFORM"	Choose refresh for new inquiry or make selection
15	FUNCTION CHOSEN IS INVALID	Choose another function.
64	NO DATA TO SCROLL	Information message. No action needed.
8951	NO LEGACY ID LINKED TO NPI. PRESS "CLEARFORM" TO CONTINUE	Informative message. Use refresh for next task
4121	NO RECORDS FOUND FOR THE KEY	Information message.
4455	NOT A VALID KEY VALUE	Information message.
4120	RECORDS DISPLAYED	Information message. No action needed.

Screen Access

From the VaMMIS Main System Menu choose the Provider Sub-system;
1. On the Provider Main Menu Screen, choose NPI from the Cross Reference Inquiry drop-down menu.
2. Select the Inquiry radio button in the Function Field.
3. Enter the Provider Identification Number in the ID Value Field. This can be an NPI, API, or Legacy ID.
4. Choose Enter.
5. You see the Provider NPI/Legacy Cross Reference Inquiry Screen, PS-S-016.
6. To inquire a different Provider, choose Refresh to clear the screen and reposition the cursor.
7. To view additional Provider information for the Key, choose Provider Info.
8. To view additional Provider Information for the Details, select that line and choose Provider Info.

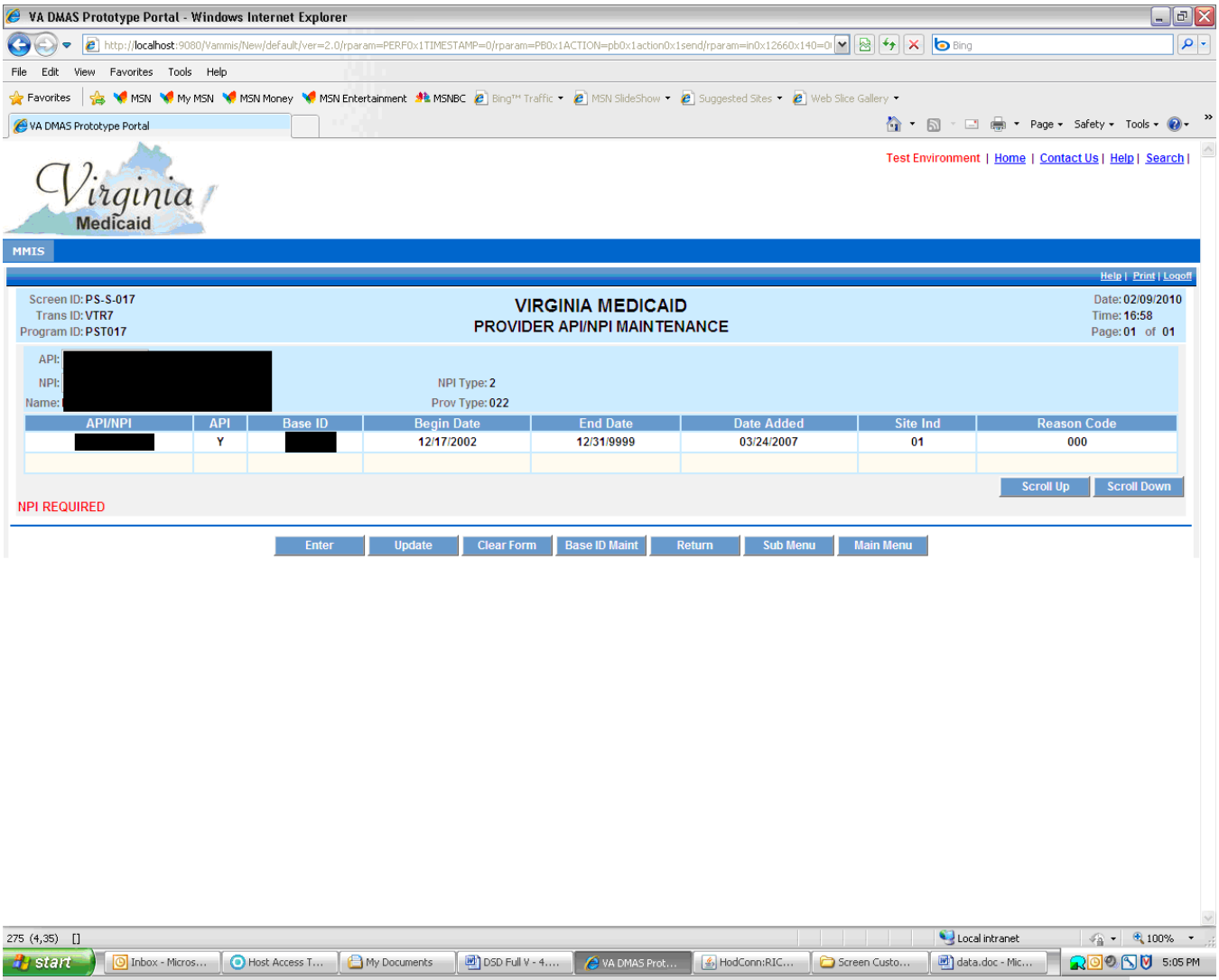
Screens PS-S-017 API/NPI Maintenance

General Information

An update screen to move all servicing locations from an API to a NPI. If the NPI does not exist, all attributes of the API are retained. If the NPI does exist, the API must have the same Base ID and the Primary ID from the NPI will be used.

SOURCE/ORIGINATOR	Operator
USAGE	Update
PROGRAM	PST017
MAPSET	PS017VA
TRAN ID	VTR7

SAMPLE	**API/NPI Maintenance (PS-S-017)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	API - NPI National Provider Identifier (DE4700)	Edits: Messages: A unique identification number assigned to a provider.	A unique identification number assigned to a provider. N/A
2	Provider Name Provider Name (DE4085)	Edits: Messages: The name of the pro-	N/A The name of the provider. If a Business Type Provider Name the field is 40 bytes free format. If an Individual Type Provider Name

		vider. 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.	the field is Last Name, First Name, Middle Initial, Suffix and Title.
3	NPI Type NPI Type (DE4144)	Edits: Messages: This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation.	N/A This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation.
4	Prov Type Provider Type (DE4006)	Edits: Messages: 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	N/A A code that designates the classification of a provider under the State plan.
5	API Provider API Indicator (DE4142)	Edits: Messages: This field contains a 'Y' when the Provider Number is an Atypical Provider ID.	N/A This field contains a 'Y' when the Provider Number is an Atypical Provider ID.
6	Base ID Provider Base Identification Number (DE4001)	Edits: Messages: A unique identification number used to associate multiple provider identification numbers	N/A A unique identification number used to associate multiple provider identification numbers to a single provider.

		to a single provider. Every provider has a Base ID assigned.	
7	Begin Date NPI XREF Begin Date (DE4146)	Edits: Messages: This field contains the date that the cross reference row was establishsed on the table. It is updated programmically.	N/A This field contains the date that the cross reference row was establishsed on the table. It is updated programmically.
8	End Date NPI XREF End Date (DE4147)	Edits: Messages: This field contains a date if the cross reference row is replaced with a more current row of data. The date is updated programmically. Once a date is entered in this field, the data will not be selected, to avoid duplicate rows with same key.	N/A This field contains a date if the cross reference row is replaced with a more current row of data. The date is updated programmically. Once a date is entered in this field, the data will not be selected, to avoid duplicate rows with same key.
9	Date Added NPI XREF Date Added (DE4148)	Edits: Messages: This is the date that the NPI was added to the MMIS. If the NPI is entered after conversion has been performed, this is the date the NPI was entered on-line.	N/A This is the date that the NPI was added to the MMIS. If the NPI is entered after conversion has been performed, this is the date the NPI was entered on-line.
10	Site No NPI XREF Site Number (DE4143)	Edits: Messages: This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider	N/A This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses.

		types that share the same servicing address. They also may have multiple servicing addresses.	
11	RSN Code NPI XREF Reason Code (DE4149)	Edits: Messages: Reason code value describing the action or status of a Provider NPI XREF record.	N/A Reason code value describing the action or status of a Provider NPI XREF record.
12	MSG Error Message Text (DE0026)	Edits: Messages: This is the text to be displayed corresponding to the error code (C_ERROR_MSG).	N/A This is the text to be displayed corresponding to the error code (C_ERROR_MSG).

NAVIGATION	API/NPI Maintenance (PS-S-017)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Base ID Maint	Transfer control to the Base Id Maintenance screen, PS-S-170.	PS-S-170 (B)
Clearform	Clears the screen and repositions the cursor to the API key field.	N/A
Enter	Processes the screen by editting the API and NPI keys and displaying detail information for each.	N/A
SUB MENU	Returns control to the Provider Menu.	PS-S-000 (R)
Return	Returns control to the previous screen.	N/A
MAIN MENU	Returns the user to the VaMMIS Main System Menu.	RF-S-010 (R)
Update	Triggers the update to retain the change.	N/A

Error Messages

Error	Description	Resolution
8921	API INVALID	Key in a valid API
8931	API IS ALREADY CHANGED TO NPI, FUNCTION IS NOT	Number keyed is an inactive

	VALID	API already updated
8953	API NOT FOUND	Key in a valid API
8923	API NOT VALID FOR THIS PROCESS	Key in an NPI instead of an API
8952	API REQUIRED	Key in a valid API
8954	BASE ID ALREADY LINKED TO NPI XXXXXXXXXX. UPDATE NOT PERMITTED.	Cannot have 2 NPIs with the same Base ID
8930	BASE ID MISMATCH - USE BASE ID MAINTENANCE.	NPI move invalid, Base ID mis-match.
8928	CHANGE SUCCESSFUL - PRESS "CLEARFORM" TO CONTINUE	Change completed, press refresh for next task
2190	EDITS MUST BE VALIDATED BEFORE THIS FUNCTION CAN BE USED CHOOSE ENTER.	Information message.
8932	NPI INVALID - CHECK DIGIT ERROR	Key in a valid NPI
4186	NPI IS INVALID	Information message.
8922	NPI REQUIRED	Key in a valid NPI
8927	PRESS "UPDATE" TO CONFIRM CHANGES OR PRESS "CLEARFORM"	Press update to keep change or refresh screen

Screen Access

From the VaMMIS Main System Menu choose the Provider Sub-system;
1. On the Provider Main Menu Screen, choose API Maintenance from the Selection drop-down menu.
2. Select the Change radio button in the Function Field.
3. Enter the Provider Identification Number in the ID Value Field. This can be an API only.
4. Choose Enter.

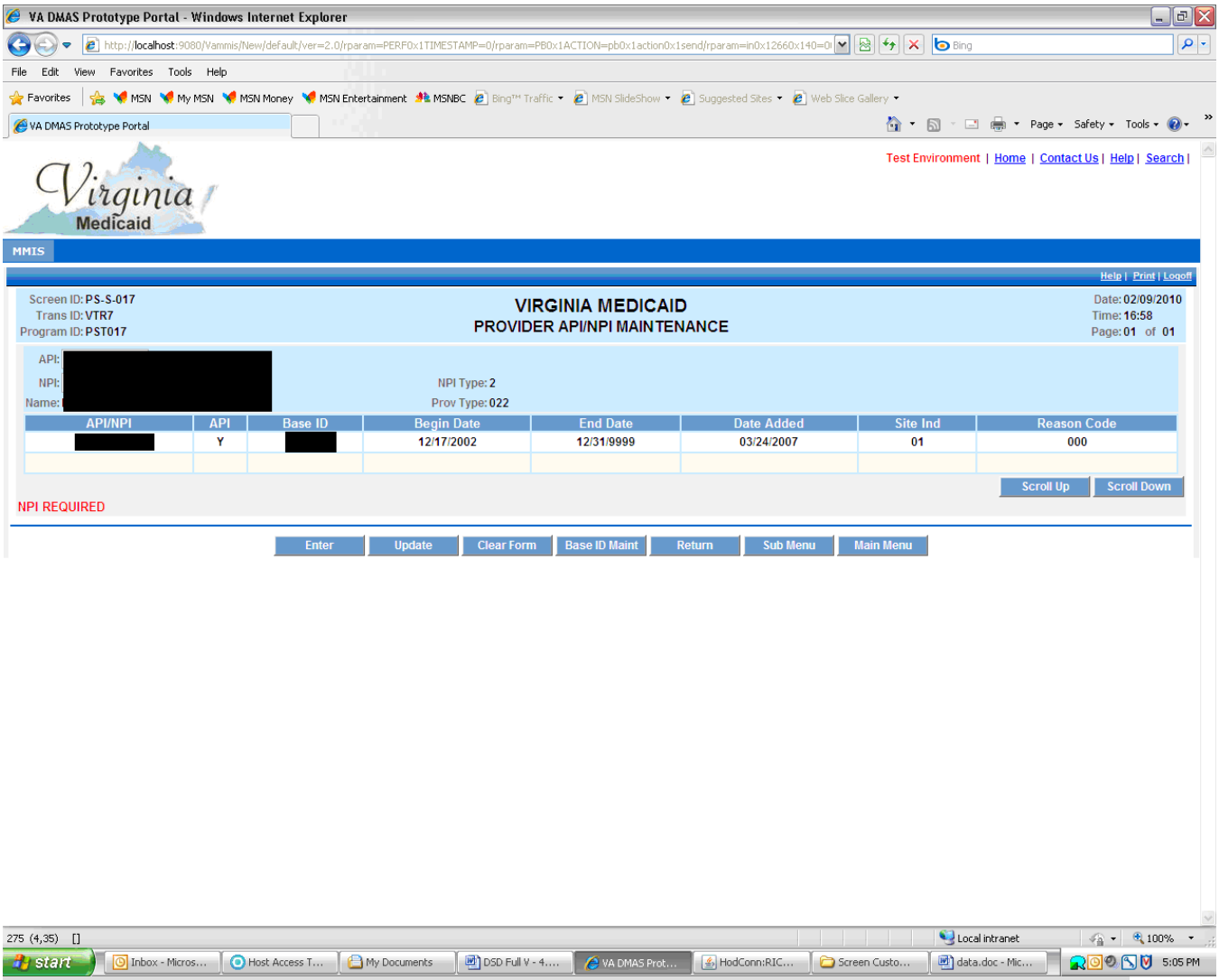
Screens PS-S-018 Provider Location

General Information

This screen displays provider servicing address and provider class type associated with an NPI or API, based on selection criteria passed by a calling program. For selections, a choice can be made to retrieve specific Type/address (Site) information for return to the calling program.

SOURCE/ORIGINATOR	PST018VA
USAGE	Inquiry
PROGRAM	PST018
MAPSET	PS018VA
TRAN ID	VT99

SAMPLE	**Provider Location (PS-S-018)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
0	Selection Code Calculated (DE0002)	Edits: If entered, must be S Messages:	To select a type/location, enter S beside the location row you wish to select and click Return. To select a type/location, enter S beside the location row you wish to select and click Return.
1	Provider Number National Provider Identifier (DE4700)	Edits: Messages: Provider NPI	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VaMMIS today.

			N/A
2	Provider Name Provider Name (DE4085)	Edits: Messages: 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. N/A
3	Provider Street Provider Address Line (DE4097)	Edits: Messages: Provider street address	The street address of the provider. N/A
4	Provider City Provider Address City Name (DE4130)	Edits: Messages: Provider city	The city in the address for the provider. N/A
5	Provider State Provider Address State (DE4098)	Edits: Messages: Provider State	The state in the address of the provider. N/A
6	Provider Zipcode Provider Address ZIP Code (DE4099)	Edits: Messages: Provider zipcode	The ZIP code in the address of the provider. N/A
7	Provider Address Begin Date Provider Address Begin Date (DE4683)	Edits: Messages: The beginning date for the Provider address.	The beginning date for the Provider address. N/A
8	Provider Address End Date Provider Address End Date (DE4684)	Edits: Messages: The ending date for the Provider address.	The ending date for the Provider address. N/A
9	Provider Type Provider Type (DE4006)	Edits: Messages:	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 N/A
10	Provider Location Code Provider Locality Code (DE4089)	Edits: Messages: The county in which a provider is located.	The county in which a provider is located. N/A

11	Provider Site Code NPI XREF Site Number (DE4143)	Edits: Messages: This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses.	This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. N/A
12	Provider Address Type Provider Address Type (DE4200)	Edits: Messages: Displays a mnemonic for the Provider Address Type value	A code indicating the type of address. N/A

NAVIGATION	Provider Location (PS-S-018)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed	N/A
ENTER	Enter displays the record(s) requested.	N/A
SUB MENU	Return to the Provider Main Menu	PS-S-000 (B)
SCROLL DOWN	Scrolls one page forward to display additional data (if any)	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any)	N/A
REFRESH	Displays the UPDATE DATEd information (if any) from the database	N/A
PREVIOIUS	Pass program control back the module that called Provider Location.	N/A
MAIN MENU	Returns to Main System Menu.	RF-S-010 (B)

Error Messages

Error	Description	Resolution

42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4	END OF THE PAGE	Information message, no action needed.
8881	ENTER ONLY ONE SELECTION	Multiple selections not valid, key only one.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
29	TOP OF THE PAGE	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the trans-action.
8926	VALID SELECTION VALUES ARE "S" OR SPACE	Enter S or space

Screen Access

This screen can only be accessed from certain other screens throughout the MMIS by choosing the Prov Loc navigation button.

Screens PS-S-019 NPI Legacy Maintenance

General Information

This maintenance screen permits 3 types of maintenance for an NPI.

1. You can move all servicing locations from an existing NPI to a new NPI.
2. You can link a Legacy ID to an existing NPI as long as it is not already linked.
3. You can unlink a Legacy ID from an NPI.

A link is available to transfer to the NPI Cross reference screen.

SOURCE/ORIGINATOR	Operator
USAGE	Update
PROGRAM	PST019
MAPSET	PS019VA
TRAN ID	VTR8

SAMPLE	**NPI Legacy Maintenance (PS-S-019)**

There is no Sample

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Old NPI / New NPI / Legacy ID National Provider Identifier (DE4700)	Edits: Messages: A unique identification number assigned to a provider.	A unique identification number assigned to a provider. A unique identification number assigned to a provider. ADD/UPDATE (R/U) To change an existing NPI to a new NPI, enter the existing NPI in the Old NPI field and the new NPI in the New NPI field. To link a Legacy ID to an NPI, enter the NPI in the Old NPI field and enter the Legacy ID to

			be linked in the Legacy ID field. Click Enter to apply the link and to obtain a new line for another Legacy ID if you need to add more.
2	Provider Name Provider Name (DE4085)	Edits: Messages: 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.	Provider Name for the associated Provider ID. ADD/UPDATE (P) N/A
3	NPI Type NPI Type (DE4144)	Edits: Messages: This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation.	This field contains the value of '1' if the NPI/API provider is an individual and it is a '2' if the NPI provider is a corporation. ADD/UPDATE (P) System displayed. N/A
4	Prov Type Provider Type (DE4006)	Edits: Messages: 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	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 ADD/UPDATE (P) System displayed. N/A
5	Site Ind NPI XREF Site Number (DE4143)	Edits: Messages: This field contains a consecutive number for each unique provider type and loc-	This field contains a consecutive number for each unique provider type and location combination an NPI provider is using An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider

		ation combination an NPI provider is using An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate Site.	type, there is a separate Site. ADD/UPDATE (P) System displayed. N/A
6	Date Added NPI XREF Date Added (DE4148)	Edits: Messages: This is the date that the NPI was added to the MMIS. If the NPI is entered after conversion has been performed, this is the date the NPI was entered on-line.	This is the date that the NPI was added to the MMIS. If the NPI is entered after conversion has been performed, this is the date the NPI was entered on-line. ADD/UPDATE (P) System displayed. N/A
7	Base ID Provider Base Identification Number (DE4001)	Edits: Messages: A unique identification number used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned.	A unique identification number used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned. ADD/UPDATE (P) System displayed. N/A
8	MSG Error Message Text (DE0026)	Edits: Messages: This is the text to be displayed corresponding to the error code (C_ ERROR_MSG).	This is the text to be displayed corresponding to the error code ADD/UPDATE (P) System displayed. N/A

NAVIGATION	NPI Legacy Maintenance (PS-S-019)	
Function	Action	Branch To (B) or

(B) or (M)		Return To (R)
RETURN	Transfers control to the previous screen.	N/A
Clearform	Clears the screen and repositions the cursor to the Old NPI field.	N/A
Enter	Edits the screen and displays detail information.	N/A
SUB MENU	Transfers control to the Provider Menu.	PS-S-000 (R)
NPI XREF	Transfer control to the NPI Cross-Reference screen, PS-S-016.	PS-S-016 (B)
SCROLL DOWN Arrow	Scrolls to the NEXT of detail information.	N/A
Page MAIN MENU	Scrolls to the previous screen of detail inform-ation.	N/A
MAIN MENU	Returns the user to the VaMMIS Main Menu.	RF-S-010 (R)
Update	Retains the changes made on the screen.	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
8923	API NOT VALID FOR THIS PROCESS	Key in an NPI instead of an API
8930	BASE ID MISMATCH - USE BASE ID MAINTENANCE.	NPI move invalid, Base ID mis-match.
8939	BASE ID MISMATCH. LEGACY ID CANNOT BE LINKED.	Link failed because Legacy has different Base Id
8936	CANNOT PERFORM NPI MOVE AND LEGACY/NPI UNLINK TOGETHER. DO SEPARATELY.	Must perform tasks separately
8928	CHANGE SUCCESSFUL - PRESS "CLEARFORM" TO CONTINUE	Change completed, press refresh for next task
2190	EDITS MUST BE VALIDATED BEFORE THIS FUNCTION CAN BE USED CHOOSE ENTER.	Information message.
8935	EITHER NEW NPI OR LEGACY ID REQUIRED	New NPI or Legacy ID required on this screen
15	FUNCTION CHOSEN IS INVALID	Choose another function.
8949	LEGACY ID ALREADY LINKED TO API XXXXXXXXXX. UPDATE NOT PERMITTED.	Use API maintenance for this task.
8938	LEGACY ID ALREADY LINKED TO NPI XXXXXXXXXX.	Link failed because Legacy

	UPDATE NOT PERMITTED.	linked to other NPI
8941	LEGACY ID INVALID	Key in a valid Legacy ID
8942	LEGACY ID NOT FOUND	Key in a valid Legacy ID
8937	LEGACY ID NOT LINKED TO NPI XXXXXXXXXX	Unlink failed because Legacy not linked to NPI
8940	LEGACY ID REQUIRED	Key in a Legacy ID
8948	LEGACY LINK TO NPI SUCCESSFUL, ENTER NEXT LEGACY.	Update completed. Key in next task.
8946	LEGACY UNLINK FROM NPI SUCCESSFUL. ENTER NEW NPI OR NEXT LEGACY.	Update completed. Key in next task.
8929	NEW NPI CANNOT MATCH OLD NPI	Old NPI and New NPI cannot be the same nbr
8933	NEW NPI EXISTS - MUST UNLINK LEGACYS FROM OLD NPI AND LINK TO NEW NPI.	Must use link/unlink function instead of move
64	NO DATA TO SCROLL	Information message. No action needed.
8932	NPI INVALID - CHECK DIGIT ERROR	Key in a valid NPI
4186	NPI IS INVALID	Information message.
8947	NPI MOVE SUCCESSFUL. PRESS "CLEARFORM" TO CONTINUE	Update completed. Choose Refresh for next task.
8874	NPI NOT FOUND	NPI not on database
8922	NPI REQUIRED	Key in a valid NPI
8943	NPI TYPE MISMATCH. LEGACY ID CANNOT BE LINKED.	Cannot mix NPI types on the same NPI
8927	PRESS "UPDATE" TO CONFIRM CHANGES OR PRESS "CLEARFORM"	Press update to keep change or refresh screen
4120	RECORDS DISPLAYED	Information message. No action needed.
8944	SYSTEM ERROR. NPI SELECT FROM PS_NPI_XREF RETURNED -811 SQLCODE.	System Error -811. Notify IS Department

Screen Access

From the VaMMIS Main System Menu choose the Provider Sub-system;
1. On the Provider Main Menu Screen, choose NPI Maintenance from the Selection drop-down menu.
2. Select the Update radio button in the Function Field for NPI Moves and Legacy Link deletes.
3. Select the Add radio button in the Function Field for Legacy Link adds.
4. Enter the Provider Identification number in the Old NPI field. This must be an NPI.
5. For an NPI Move, enter the Provider Identification number in the New NPI field. This must be an NPI.
6. For Legacy Link/Un-link maintenance, leave the New NPI blank, and enter a Provider ID into the

Legacy ID field. Legacy ID only.
7. Then choose ENTER.
8. When all edits are passed successfully, choose UPDATE to retain the change.

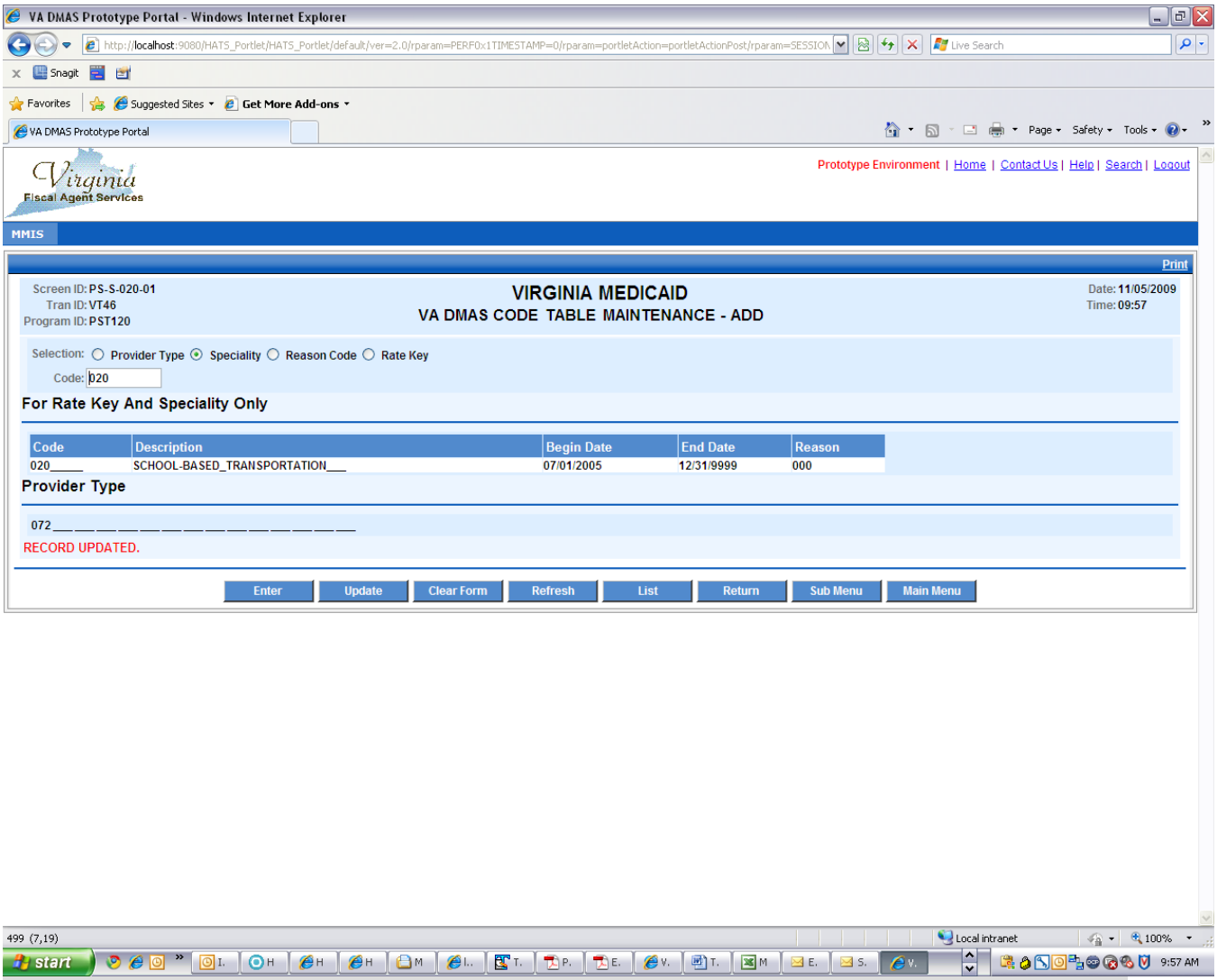
Screens PS-S-020-01 Code Table Maintenance (Rate Key/Specialty)

General Information

This screen allows maintenance of the provider types, provider specialties, reason codes, and rate key tables. A new code can be added or the code description changed by selecting the desired table and code.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST120
MAPSET	PS120VA
TRAN ID	VT44 (Inquiry), VT45 (Update), VT46 (Add)

SAMPLE	**Code Table Maintenance (Rate Key/Specialty) (PS-S-020-01)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(CICS TRANSACTION ID) (DE0000)	Edits: The CICS transaction ID.	N/A
2	SELECTION (DE0000)	Edits: Click on the Radio Button for either Provider Type, Specialty, Reason Code or Rate Key	A radio button for selecting the type of code you wish to Add, Change or List. Provider Type, Specialty, Reason Code or Rate Key. A radio button for selecting the type of code you wish to access - Provider Type, Specialty, Reason Code or Rate Key.

			ADD(R/U) Select a radio button for selecting the type of code you wish to access. UPDATE(R/U) Select a radio button for selecting the type of code you wish to access.
3.1	CODE (PROVIDER TYPE) Provider Type (DE4006)	Edits: 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 Messages: Must be a valid provider type.	A code(s) designating the classification of a provider under the State Plan (e.g. Physician, Dentists Pharmacy, etc.) for the provider type(s). Use the On-line HELP system to find valid codes for this field. A code(s) designating the classification of a provider under the State Plan (e.g. Physician, Dentists Pharmacy, etc.) for the provider types(s). Must be a valid Provider Type for the Provider Program Code. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter a valid Provider Type Code. Update (R/U) Enter a change to the Provider Type Code.
3.2	CODE (SPECIALTY) Provider Specialty Code (DE4007)	Edits: The provider's certified medical specialty(ies).	A code identifying a provider's certified medical specialty(ies). Use the On-line HELP system to find valid codes for this field. A codes identifying a provider's certified medical specialty(ies). Use the On-line HELP system to find valid codes for this field. ADD(R/U) Enter a valid Provider Specialty. UPDATE(R/U) Enter a change to the Provider Specialty.
3.3	CODE (REASON CODE) Provider Reason Code (DE4012)	Edits: 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,	A code identifying the Provider Program Reason Code. Use the On-line HELP system to find valid codes for this field. A code identifying the Provider Program Reason Code. Required if there is an entry in the Provider Program Code, Provider Program Begin Date and End Date. Use the On-line HELP system to find valid codes for this field. Refer to Appendix A (Reason Codes by Valid Values).

		Code Table Maintenance Screen (Option Reason Code) to see which values are applicable for which tables.	ADD(R/U) Enter a valid Reason Code. UPDATE(R/U) Enter a change to the Reason Code.
3.4	CODE (RATE KEY) Provider Rate Key (DE4271)	Edits: Combination of Provider Rate Type and Provider Rate Code. Must be a valid rate key. Messages: Must be a valid rate key.	The number of a combination of Provider Rate Type and Provider Rate Code. Use the On line-HELP system to find valid values for this field. The number of a combination of Provider Rate Type and Provider Rate Code. Use the On line-HELP system to find valid values for this field. ADD(R/U) Enter a valid Rate Key Code. Update(R/U) Enter a change to the Rate Key Code.
4	CODE - (Rate Key) Provider Rate Key (DE4271)	Edits: Combination of Provider Rate Type and Provider Rate Code. Must be a valid Rate Key	The number of a combination of Provider Rate Type and Provider Rate Code. Refer to Appendix C for the Provider Rate Type and Provider Rate Code Cross Reference. Use the On-line HELP system to find valid codes for this field. The number of a combination of Provider Rate Type (DE4250) and Provider Rate Code (DE4251). Use the On line-HELP system to find valid values for this field. ADD(R/U) Enter a valid Rate Key Code. Update(R/U) Enter a change to the Rate Key Code.
4	CODE - (Specialty) Provider Specialty Code (DE4007)	Edits: The provider's certified medical specialty(ies). Messages: Must be a valide Provider Speciality	A code(s) identifying a provider's certified medical specialty(ies). Use the On-line HELP system to find valid codes for this field. A code(s) identifying a provider's certified medical specialty(ies). Provider Specialty Code must be valid for the Provider Type. Use the On-line HELP system to find valid codes for this field. ADD(R/U) Enter a valid Provider Specialty Code. UPDATE(R/U)

			Enter a change to the Provider Specialty Code.
5	DESCRIPTION - (Rate Key) Provider Rate Type Code Description (DE4260)	Edits: The description of the provider rate type. Messages: The description of the provider rate type.	The free form text describing the Provider/Specialty Rate Key. The free form text describing the Provider Rate Key. ADD (R/U) Enter a valid Rate Key Description. UPDATE (R/U) Enter a change to the Rate Key Description.
5	DESCRIPTION - (Specialty) Provider Specialty Code Description (DE4298)	Edits: The description of the Specialty Code. Messages: The description of the Specialty Code.	The free form text describing the Provider Specialty. The free form text describing the Provider Specialty. ADD (R/U) Enter a valid Specialty Description. UPDATE (R/U) Enter a change to the Specialty Description.
6	BEGIN DATE Provider Code Table Begin Date (DE4503)	Edits: Must be a valid date. Will be the Begin Date for either the Specialty or Rate Key depending on which selection was made.	The date on which the Provider Type, Specialty, Reason Code, or Rate Key Code Table begins; MM/DD/CCYY format. The date on which the Provider Type, Specialty, Reason Code, or Rate Key Code Table begins; MM/DD/CCYY format. Must be greater than the previous Provider Code Table End Date. ADD(R/U) Enter a valid Provider Code Table Begin Date. UPDATE(R/U) Enter a change to the Provider Code Table Begin Date.
7	END DATE Provider Code Table End Date (DE4504)	Edits: Must be a valid date. Must be greater than or equal to Begin Date. Will be the End Date for either the Specialty or Rate Key depending on the selection made.	The date on which the Provider Type, Specialty, Reason Code, or Rate Key Code Table ends; MM/DD/CCYY format. The date on which the Provider Type, Specialty, Reason Code, or Rate Key Code Table ends; MM/DD/CCYY format. Must be greater than the previous Provider Code Table End Date. If a date is not entered, the system will default to 12/31/9999. ADD(R/U)

			Enter a valid Provider Code Table End Date. UPDATE(R/U) Enter a change to the Provider Code Table End Date.
8	REASON Provider Reason Code (DE4012)	Edits: 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.	A code identifying the reason code for the Provider Type of a provider's eligibility status. Use the On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider Type of a provider's eligibility status. Required if there is an entry in the Provider Type field. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter a valid Provider Reason Code for Provider Type. UPDATE (R/U) Enter a change to the Provider Reason Code for Provider Type.
9	PROV TYPE Provider Type (DE4006)	Edits: Will display Provider Types associated with either the Specialty or the Rate Key depending on which Selection was made by user	A code(s) designating the classification of a provider under the State Plan (e.g. Physician, Dentists Pharmacy, etc.) for the provider type(s). Use the On-line HELP system to find valid codes for this field. A code(s) designating the classification of a provider under the State Plan (e.g. Physician, Dentists Pharmacy, etc.) for the provider types(s). Use the On-line HELP system to find valid codes for this field. ADD(R/U) Enter a valid Provider Type Code. UPDATE(R/U) Enter a change to the Provider Type Code.

NAVIGATION	**Code Table Maintenance (Rate Key/Specialty) (PS-S-020-01)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
CLEAR	Clears all the data entered in the screen and	N/A

FORM	allows user to enter new data.	
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	PS-S-001 (B)
LIST	Displays a browse. If a Code is entered, then the LIST will begin with that Code. If no Code is entered, then the LIST will begin at the top (with the first available value for that Selection). The LIST is will only be on the Main Screen PS-S-020-01.	N/A
SUB MENU	Returns to the Provider Main Menu.	N/A
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	N/A
UPDT	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
4642	BEGIN DATE MUST NOT BE LESS THAN 07/01/1969	Enter a valid Begin date.
44	CHOOSE UPDATE TO ADD THE RECORD	Choose the Update button.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
3	DUPLICATE RECORD; NOT INSERTED	Information message. No action needed.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
4532	END DATE MUST BE GREATER THAN BEGIN DATE	Enter an End Date that falls after the begin date. See the Field Definitions for valid end/begin date specifications.
4467	ENTER CODE VALUE AND CHOOSE ENTER	Enter valid values according to error message specifications.
4468	ENTER DESCRIPTION	Enter valid values according to error message specifications.

4432	ENTER REASON CODE	Enter valid values according to error message specifications.
4442	ENTER SELECTION VALUE AND CODE	Enter valid values according to error message specifications.
4017	ENTER VALID DATE	Enter valid values according to error message specifications.
4130	ENTER VALUE FOR PROVIDER TYPE	Enter valid values according to error message specifications.
4242	FISCAL REASON CODE IS INVALID	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4465	INVALID FORMS	Check field for valid data and re-enter.
4693	INVALID PROVIDER TYPE	Check field for valid data and re-enter.
77	MUST BE NUMERIC	Data must be only numeric. See the Field Definitions for valid data/formatting this field.
4131	PROVIDER IS NOT ENROLLED AS HMO PROVIDER	Information message.
4431	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.
4456	RECORD DOES NOT EXIST	Information message. No action needed.
79	RECORD EXISTS; UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.
24	RECORD FOR UPDATE NOT FOUND	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4473	SELECT FUNCTION; MUST BE ADD, CHANGE, OR LIST	Information message.
4524	SELECTION OPTION REQUIRED	Choose a selection option.
4132	SEX INDICATOR IS INVALID; MUST BE 'M', 'F', OR 'U'	Enter a valid sex code.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Code Table from the drop-menu in the Selection Field.

4. Choose the Add or Change radio button in the Function Field.
5. Leave the ID Value Field blank.
6. Choose Enter.
7. You see the Table Maintenance Screen (PS-S-020-01).
8. Choose the radio button in the Selection Field for the Rate Key or Speciality display.
10. Enter a valid code for the type of selection you have selected in the Code Field.
11. Choose Enter.
12. Create or update record(s).
13. Choose Update.

Screens PS-S-020-02 Code Table Maintenance(Reason Code)

General Information

This screen allows maintenance of the Reason Code(s). A new Reason Code can be added. The code description can be changed. Begin and End Dates can be added to associate the Reason Code with that particular table. End Dates and Reason Codes can be entered to disassociate a Reason Code with a particular table.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST120
MAPSET	PS120VA
TRAN ID	VT44 (Inquiry), VT45 (Update), VT46 (Add)

SAMPLE	**Code Table Maintenance(Reason Code) (PS-S-020-02)**

VA DMAS Prototype Portal - Windows Internet Explorer

Virginia Fiscal Agent Services

MMIS

Print Logoff

Screen ID: PS-S-020-02
Trans ID: VT44
Program ID: PST120

VIRGINIA MEDICAID
CODE TABLE MAINTENANCE - UPDATE

Date: 02/09/2010
Time: 09:22

Code	Description
100	DATA UPDATED

	Begin Date	End Date		Begin Date	End Date
Restriction:	05092000	12312010	Speciality Description:	05092000	12319999
License:	06142000	12319999	Provider Type Description:	05092000	12319999
Degree:	05092000	12319999	ECOMM Type:	06262000	12319999
Alternate ID:	05092000	12319999	Provider Type:	05092000	12319999
Fiscal Year End:	06262000	12319999	Rate Type Description:	05092000	12319999
Case Manager:	05092000	12319999	Program Code:	05092000	12319999
EFT:	05092000	12319999	Program Description:	06122000	12319999
Group Affiliation:	05092000	12319999	Rate:	06262000	12319999
Specialty:	05092000	12319999	Application Tracking:	05092000	12319999

UPDATE DATA AND CHOOSE ENTER.

Enter | Update | Clear Form | Refresh | Code Table | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(CICS Transaction) (DE0000)		N/A
2	CODE (Reason Code) Provider Reason Code (DE4012)	Edits: Identifies the reason code for the provider subsystem. Not all Valid Values listed below for DE 4012 are applicable for	A code identifying the reason code for the Provider Type of a provider's eligibility status. Use the On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider Type of a provider's eligibility status. Must be a valid reason code for the Reason

		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.	Code. Refer to Appendix A (Reason Codes by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Reason Code for Provider Type.
3	DESCRIPTION (Reason Code) Provider Reason Code Description (DE4297)	Edits: This is the description of a valid reason code. The description can be updated.	The free form text describing the reason code for the Provider Type of a provider's eligibility status. The free form text describing the reason code for the Provider Type of a provider's eligibility status. ADD/UPDATE (R/U) Enter a valid description for the Provider Reason Code.
4	BEGIN DATE Provider Code Table Begin Date (DE4503)	Edits: Must be a valid Date This will associate this Reason Code with this particular table.	The date on which the Provider Restriction Reason Code begins; MM/DD/CCYY format. The date on which the Provider Restriction Reason Code begins; MM/DD/CCYY format. If a date is not entered, the system will default to the current date. ADD/UPDATE (R/U) Enter a valid Provider Restriction Reason Code Begin Date.
5	END DATE Provider Code Table End Date (DE4504)	Edits: Must be a valid Date. Must be greater than or equal to the Begin Date. This will disassociate / end this Reason Code iwith this particular table. It will not end the Reason Code as a valid Reason Code associated with other tables.	The date on which the Provider Restriction Reason Code ends; MM/DD/CCYY format. The date on which the Provider Restriction Reason Code ends; MM/DD/CCYY format. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (C/U) Enter a valid Provider Restriction Reason Code End Date.

NAVIGATION	Code Table Maintenance(Reason Code) (PS-S-020-02)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows user to enter new data.	N/A
CODE TABLE	Displays the Code Table Maintenance List Screen depending on the code selected on the code you wish to view.	N/A
ENTER	The Enter button has two functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Displays the Provider Main Menu.	N/A
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the VaMMIS Main System Menu.	N/A
UPDT	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
4642	BEGIN DATE MUST NOT BE LESS THAN 07/01/1969	Enter a valid Begin date.
4446	CHOOSE FUNCTION TO GO TO SCREEN 1	Information message.
44	CHOOSE UPDATE TO ADD THE RECORD	Choose the Update button.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
26	DATA ADDED	Information message. No action needed.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO	Choose the Refresh button to display current data.

	RE-DISPLAY.	
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
27	DATA UPDATED	Information message. No action needed.
3	DUPLICATE RECORD; NOT INSERTED	Information message. No action needed.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
4532	END DATE MUST BE GREATER THAN BEGIN DATE	Enter an End Date that falls after the begin date. See the Field Definitions for valid end/begin date specifications.
4	END OF THE PAGE	Information message, no action needed.
4467	ENTER CODE VALUE AND CHOOSE ENTER	Enter valid values according to error message specifications.
132	ENTER DATA AND CHOOSE UPDATE TO SAVE	Enter data and choose Update to save
4468	ENTER DESCRIPTION	Enter valid values according to error message specifications.
4432	ENTER REASON CODE	Enter valid values according to error message specifications.
4442	ENTER SELECTION VALUE AND CODE	Enter valid values according to error message specifications.
4017	ENTER VALID DATE	Enter valid values according to error message specifications.
4130	ENTER VALUE FOR PROVIDER TYPE	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
81	FUNCTION KEY IS NOT ACTIVE IN THIS MODE	Change mode to complete the transaction. Use the On-line HELP system for instructions, if necessary.
4465	INVALID FORMS	Check field for valid data and re-enter.
4569	INVALID KEY USE CODE TABLE MENU TO GO TO PROVIDER TYPE SCREEN.	Check field for valid data and re-enter.
4568	INVALID KEY USE CODE TABLE MENU TO GO TO REASON CODE SCREEN.	Check field for valid data and re-enter.
4693	INVALID PROVIDER TYPE	Check field for valid data and re-enter.
4525	LAST FIELD NOT USED; ADDITIONAL ENTRIES NOT AVAILABLE	Information message.
4466	MANUAL IS INVALID	Information message.
77	MUST BE NUMERIC	Data must be only numeric. See the Field Definitions for valid data/formatting this field.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.

20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4005	PROGRAM CODE IS INVALID	Enter a valid program code. See the Field Definitions for explanation and valid codes.
4142	PROVIDER SPECIALTY NOT FOUND	Information message.
4140	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type.
4665	REASON CODE ALREADY EXISTS ENTER NEW REASON CODE TO ADD.	Information message.
4431	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.
4456	RECORD DOES NOT EXIST	Information message. No action needed.
4460	RECORD DOES NOT EXIST ENTER VALUES.	Information message. No action needed.
4461	RECORD EXISTS UPDATE AND CHOOSE ENTER.	Update data, then choose the Enter button.
79	RECORD EXISTS; UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.
24	RECORD FOR UPDATE NOT FOUND	Information message. No action needed.
23	RECORD INSERTED	Information message.
125	RECORD NOT FOUND	Information message.
25	RECORD UPDATED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4473	SELECT FUNCTION; MUST BE ADD, CHANGE, OR LIST	Information message.
4457	SELECT ONLY ONE RECORD	Information message.
4524	SELECTION OPTION REQUIRED	Choose a selection option.
4133	SPECIALTY CODE IS INVALID	Research using the on-line HELP system and re-enter the specialty code.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

From the VaMMIS Main System Menu:
1. On the Provider Main Menu, choose Code Table from the drop-down menu in the Selection Field.
2. Select the Add or Change radio button in the Function Field.
3. Choose Enter.
4. You see the main Code Table Maintenance screen (PS-S-020-01).

5. Select the Reason Code radio button.
6. Enter a vaild reason code in the Code Field.
7. Choose Enter.
8. You see the Code Table Maintenance Screen, (PS-S-020-02).
9. Create new or update existing Reason Code record(s).
10. Choose Update.

Screens PS-S-020-03 Code Table Maintenance (Provider Type)

General Information

This screen allows maintenance of the Provider Type Code(s). A new Provider Type Code can be added or the code description changed by selecting the desired table and code.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST120
MAPSET	PS120VA
TRAN ID	VT44(Inquiry), VT45 (Update), VT46 (Add)

SAMPLE	**Code Table Maintenance (Provider Type) (PS-S-020-03)**

Demo - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-020-03
Trans ID: VT44
Program ID: PST120

VIRGINIA MEDICAID
CODE TABLE MAINTENANCE - UPDATE
PROVIDER TYPE MAINTENANCE

Date: 11/12/2009
Time: 11:33

Provider Type	Description	Begin Date	End Date	Reason
b01	HOSPITAL, IN-STATE, GENERAL	01/01/1969	12/31/9999	000

Specialties

000	036	037	038	039	052	053	100	106

Program Codes

01	06	07	08	10

Forms

MRMI	0016	0017	0020	0030	0031	0050	0051
0052	0053	0054	0095	0097	0098	0123	0230
0300	0660	0663	0665	1000	3004	3005	3006

Manuals

8001	8008	8018	8030

Scroll Up | Scroll Down

UPDATE DATA AND CHOOSE ENTER.

Enter | Update | Clear Form | Refresh | Code Table | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROVIDER TYPE Provider Type (DE4006)	Edits: 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	A code(s) designating the classification of a provider under the State Plan (e.g., Physician, Dentists Pharmacy, etc.) for the provider type(s). Use the On-line HELP system to find valid codes for this field. Refer to Appendix B for Valid Values for the Provider Program, Provider Type and Provider Specialty Cross-Reference. A code(s) designating the classification of a

		Options -Immunization; 089 - HMO Options	provider under the State Plan (e.g., Physician, Dentists Pharmacy, etc.) for the provider types(s). Must be a valid Provider Type for the Provider Program Code. Use the Online HELP system to find valid codes for this field. Refer to Appendix B for Valid Values for the Provider Program, Provider Type and Provider Specialty Cross- Reference. ADD/UPDATE (R/U) Enter a valid Provider Type Code.
2	DESCRIPTION Provider Type Description (DE4296)	Edits: The description of the Provider Type.	The free form text describing the classification of a provider under the State Plan (e.g., Physician, Dentists Pharmacy, etc.) for the provider type(s). The free form text describing the classification of a provider under the State Plan (e.g., Physician, Dentists Pharmacy, etc.) for the provider types(s). ADD/UPDATE (R/U) Enter a valid Provider Type Description.
3	BEGIN DATE Provider Code Table Begin Date (DE4503)	Edits: This is the Begin Date for this particular Type code. Messages:	The date on which the Provider begins; MM/DD/CCYY format. The date on which the Provider begins; MM/DD/CCYY format. If a date is not entered, the system will default to the current date. ADD/UPDATE (R/U) Enter a valid Provider Type Begin Date.
4	END DATE Provider Code Table End Date (DE4504)	Edits: Ending date for the Provider Type code. Must be greater than or equal to the Begin Date. Messages:	The date on which the Provider Type ends; MM/DD/CCYY format. The date on which the Provider Type ends; MM/DD/CCYY format. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (C/U) Enter a valid Provider Type End Date.
5	REASON CODE Provider Reason Code (DE4012)	Edits: Identifies the reason code for the provider subsystem.Not all Valid Values listed below for DE 4012	A code identifying the reason code for the Provider Type of a provider's eligibility status. Refer to Appendix A for Valid Values by Reason Code. A code identifying the reason code for the Provider Type of a provider's eligibility status. Required if there is an entry in the Provider

		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.	Type field. Refer to Appendix A for Valid Values by Reason Code. Use the Online HELP system to find valid codes for this field. ADD/UPDATE (C/U) Enter a valid Provider Reason Code for Provider Type.
6	SPECIALTIES Provider Specialty Code (DE4007)	Edits: Must be a valid Provider Specialty. This is a list of Specialty Codes that are valid for the particular Provider Type.	A code indicating the provider's certified medical specialty(ies). Refer to Appendix B for the Provider Program, Provider Type and Provider Specialty Cross-Reference. A code indicating the provider's certified medical specialty(ies). Refer to Appendix B for the Provider Program, Provider Type and Provider Specialty Cross-Reference. ADD/UPDATE (C/U) Enter a valid Provider Specialty(ies) Code.
7	PROGRAM CODE Provider Program Code (DE4208)	Edits: Must be a valid Program Code. This is a list of valid Program Codes for this particular Provider Type.	A code indicating the Provider Program(s) in which a provider participates. Up to 26 Programs can be displayed. Use the Online HELP system to find valid codes for this field. Refer to Appendix B for the Provider Program, Provider Type and Provider Specialty Cross-Reference. A code indicating the Provider Program(s) in which a provider participates. Up to 26 Programs can be entered. Use the Online-Help system to find valid codes for this field. Refer to Appendix B for the Provider Program, Provider Type and Provider Specialty Cross-Reference. ADD/UPDATE (C/U) Enter a valid Provider Program Code(s).
8	PROVIDER FORM NUMBER Provider Form/Manual Number (DE4541)	Edits: Must be a valid Form. This is a list of valid forms for this particular Provider Type.	The number of the form number to be sent to the provider, based on Provider Type. Refer to Appendix D for the Forms By Provider Types. The number of the form number to be sent to the provider, based on Provider Type. Up to 32 Forms Types can be entered. Refer to Appendix D for the Forms By Provider Types.

			ADD/UPDATE (C/U) Enter a valid Provider Form Number.
9	PROVIDER MANUAL NUMBER Provider Form/Manual Number (DE4541)	Edits: Must be a valid manual. This is a list of valid manuals for this particular Provider Type.	The number of the manual number to be sent to the provider, based on Provider Type. Refer to Appendix E for the Manuals by Provider Type. The number of the manual number to be sent to the provider, based on Provider Type. Refer to Appendix E for the Manuals by Provider Type. ADD/UPDATE (C/U) Enter a valid Provider Manual Number.

NAVIGATION	**Code Table Maintenance (Provider Type) (PS-S-020-03)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the Provider Main Menu.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows user to enter new data.	N/A
CODE TABLE	Branches to the Code Table Maintenance Screen	N/A
ENTER	The Enter button has two functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Returns to the Provider Main Menu.	N/A
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Provider Main Menu.	N/A
UPDATE	Posts the data to the database.	N/A

Error Messages

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

	NOT AUTHORIZED	
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
27	DATA UPDATED	Information message. No action needed.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
4532	END DATE MUST BE GREATER THAN BEGIN DATE	Enter an End Date that falls after the begin date. See the Field Definitions for valid end/begin date specifications.
4467	ENTER CODE VALUE AND CHOOSE ENTER	Enter valid values according to error message specifications.
132	ENTER DATA AND CHOOSE UPDATE TO SAVE	Enter data and choose Update to save
4468	ENTER DESCRIPTION	Enter valid values according to error message specifications.
4432	ENTER REASON CODE	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
81	FUNCTION KEY IS NOT ACTIVE IN THIS MODE	Change mode to complete the transaction. Use the On-line HELP system for instructions, if necessary.
77	MUST BE NUMERIC	Data must be only numeric. See the Field Definitions for valid data/formatting this field.
4665	REASON CODE ALREADY EXISTS ENTER NEW REASON CODE TO ADD.	Information message.
24	RECORD FOR UPDATE NOT FOUND	Information message. No action needed.
125	RECORD NOT FOUND	Information message.
4120	RECORDS DISPLAYED	Information message. No action needed.
4473	SELECT FUNCTION; MUST BE ADD, CHANGE, OR LIST	Information message.
4524	SELECTION OPTION REQUIRED	Choose a selection option.
4132	SEX INDICATOR IS INVALID; MUST BE 'M', 'F', OR 'U'	Enter a valid sex code.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

From the VaMMIS Main System Menu:
1. On the Provider Main Menu, choose CodeTable from the drop-down menu in the Selection Field.
2. Select the Add or Update radio button in the Function Field.
3. Choose Enter.
4. You see the Code Table Screen (PS-S-020-01).
5. Choose the Provider Type radio button.
6. Enter a vaild reason code in the Code Field.
7. Choose Enter.
8. You will see the Code Table Maintenance - Provider Type (PS-S-020-3) Screen.
9. Create new or update existing Provider Type record(s).
10. Choose Update.

Screens PS-S-020-04 Code Table Maintenance (List)

General Information

This screen will display a list of either Provider Type, Specialty, Reason Code or Rate Key. The user may either enter a CODE (value) to begin the list or enter no CODE (value) and all values will be displayed

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST120
MAPSET	PS120VA
TRAN ID	VT44 (inquiry), VT45 (Update), VT46 (Add

SAMPLE	**Code Table Maintenance (List) (PS-S-020-04)**

VA DMAS Prototype Portal - Windows Internet Explorer

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

Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: PS-S-020-04
Trans ID: VT44
Program ID: PST120

VIRGINIA MEDICAID
CODE TABLE MAINTENANCE
PROVIDER TYPE LIST

Date: 02/11/2010
Time: 11:19
Page: 001 of 007

Code	Description	Begin Date	End Date	Reason
001	HOSPITAL, IN-STATE, GENERAL	01/01/1969	12/31/9999	000
002	STATE MENTAL HOSPITAL (AGED)	01/01/1969	12/31/9999	000
003	PRIVATE MENTAL HOSPITAL (INPAT	01/01/1969	12/31/9999	000
004	LONG STAY HOSPITAL	01/01/1969	12/31/9999	000
005	TB HOSPITAL	01/01/1969	12/31/9999	000
006	SKILLED NURSING HOME MENTAL HE	01/01/1969	12/31/9999	000
007	STATE MENTAL HOSPITAL (LESS TH	01/01/1969	12/31/9999	000
008	STATE MENTAL HOSPITAL (MED-SUR	01/01/1969	12/31/9999	000
009	MEDICAL SURGERY - MENTALLY RET	01/01/1969	12/31/9999	000
010	SKILLED NURSING HOME NON MENTA	01/01/1969	12/31/9999	000
011	SKILLED NURSING FACILITY - MEN	01/01/1969	12/31/9999	000
012	LONG STAY INPATIENT HOSPITAL -	01/01/1969	12/31/9999	000
013	MED-SURG MENTAL HEALTH RETARDA	01/01/1969	12/31/9999	000
014	REHAB HOSPITAL	01/01/1969	12/31/9999	000
015	INTERMEDIATE CARE FACILITY	01/01/1969	12/31/9999	000
016	INTERMEDIATE CARE FACILITY - M	01/01/1969	12/31/9999	000

Scroll Up | Scroll Down

RECORDS DISPLAYED.

Enter | Code Table | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CODE (PROVIDER RATE KEY) Provider Rate Key (DE4271)	Edits: List of valid provider Rate Keys	Combination of Provider Rate Type and Provider Rate Code
1	CODE (PROVIDER SPECIALTY) Provider Specialty Code (DE4007)	Edits: List of valid Provider Specialties	The provider's certified medical specialty(ies).
1	CODE (PROVIDER	Edits:	A code(s) designating the classification of a

	TYPE) Provider Type (DE4006)	List of valid Provider Types	provider under the State Plan (e.g., Physician, Dentists Pharmacy, etc.) for the provider type(s). Use the On-line HELP system to find valid codes for this field. Refer to Appendix B for the Provider Program, Provider Type and Provider Specialty Cross-Reference. N/A
1	CODE (REASON CODE) Provider Reason Code (DE4012)	Edits: List of valid Reason Codes	(Provider Type Reason Code) Reason 4012 A code identifying the reason code for the Provider Type of a provider's eligibility status. Refer to Appendix A for Valid Values by Reason Code. Use the On-line HELP system to find valid codes for this field. N/A
2	DESCRIPTION (PROVIDER SPECIALTY) Provider Specialty Code Description (DE4298)	Edits: Description of valid Provider Specialties	The description of the Specialty Code.
2	DESCRIPTION (PROVIDER TYPE) Provider Type Description (DE4296)	Edits: Description of valid Provider Types	The free form text describing the classification of a provider under the State Plan (e.g., Physician, Dentists Pharmacy, etc.) for the provider type(s). N/A
2	DESCRIPTION (RATE KEY) Provider Rate Type Code Description (DE4260)	Edits: Description of valid rate keys.	The description of the provider rate type.
2	DESCRIPTION (REASON CODE) Provider Reason Code Description (DE4297)	Edits: Description of valid Reason Codes	The description of the reason code.
3	BEGIN DATE (PROVIDER CODE TABLE) Provider Code Table Begin Date (DE4503)	Edits: The beginning date of the code in the provider code table. Must be a valid date.	(Provider Type) Begin Date 4503 The date on which the Provider Type Reason begins; MM/DD/CCYY format.
4	END DATE (PROVIDER CODE TABLE)	Edits: Must be a valid date.	The date on which the Provider Type Reason Code ends; MM/DD/CCYY format.

	Provider Code Table End Date (DE4504)	Must be greater than or equal to the Begin Date.	N/A
5	RSN (PROVIDER CODE TABLE) Provider Reason Code (DE4012)	Edits: 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.	(Provider Type Reason Code) Reason 4012 A code identifying the reason code for the Provider Type of a provider's eligibility status. Refer to Appendix A for Valid Values by Reason Code. Use the On-Line Help system to find valid codes for this field. N/A

NAVIGATION	**Code Table Maintenance (List) (PS-S-020-04)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
CODE TABLE	Displays the Code Table Maintenance Screen.	N/A
ENTER	The Enter button has two functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Returns to the Provider Main Menu.	N/A
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
MAIN MENU	Returns to the Main System Menu.	N/A

Error Messages

Error	Description	Resolution
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
44	CHOOSE UPDATE TO ADD THE RECORD	Choose the Update button.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
3	DUPLICATE RECORD; NOT INSERTED	Information message. No action needed.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
4532	END DATE MUST BE GREATER THAN BEGIN DATE	Enter an End Date that falls after the begin date. See the Field Definitions for valid end/begin date specifications.
4468	ENTER DESCRIPTION	Enter valid values according to error message specifications.
4442	ENTER SELECTION VALUE AND CODE	Enter valid values according to error message specifications.
4130	ENTER VALUE FOR PROVIDER TYPE	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4465	INVALID FORMS	Check field for valid data and re-enter.
4693	INVALID PROVIDER TYPE	Check field for valid data and re-enter.
4525	LAST FIELD NOT USED; ADDITIONAL ENTRIES NOT AVAILABLE	Information message.
4466	MANUAL IS INVALID	Information message.
4005	PROGRAM CODE IS INVALID	Enter a valid program code. See the Field Definitions for explanation and valid codes.
4031	PROGRAM CODE IS INVALID	Enter a valid program code. See the Field Definitions for explanation and valid codes.
4140	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type.
4431	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.

24	RECORD FOR UPDATE NOT FOUND	Information message. No action needed.
23	RECORD INSERTED	Information message.
25	RECORD UPDATED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4473	SELECT FUNCTION; MUST BE ADD, CHANGE, OR LIST	Information message.
4524	SELECTION OPTION REQUIRED	Choose a selection option.
4133	SPECIALTY CODE IS INVALID	Research using the on-line HELP system and re-enter the specialty code.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

From the VaMMIS Main System Menu:
1. On the Provider Main Menu, choose Table Maintenance from the drop-down menu in the Selection Field.
2. Select the Inquiry radio button in the Function Field.
3. Choose Enter.
4. You see the main Code Table Maintenance screen (PS-S-020-01).
5. Select desired radio button.
6. Enter a valid Code (value) in the Code field.
7. Choose List.
8. You see the Code Table List - Inquiry Screen for your choice (PS-S-020-04).

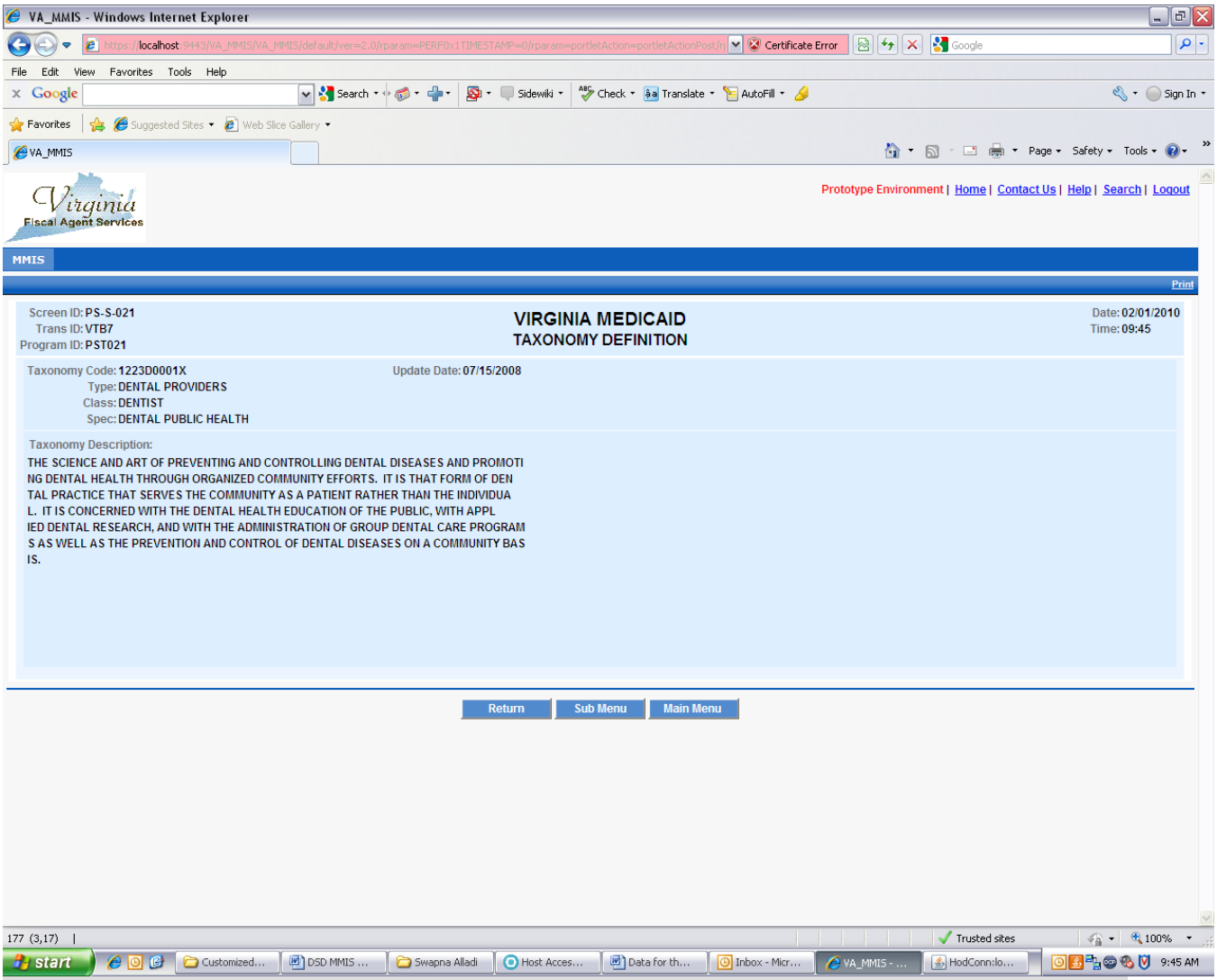
Screens PS-S-021 Provider Taxonomy Definition

General Information

This screen displays for a taxonomy code corresponding taxonomy data for inquiry only.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST021
MAPSET	PS021VA
TRAN ID	VTB7

SAMPLE	**Provider Taxonomy Definition (PS-S-021)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider Taxonomy Code Provider Taxonomy Code (DE4391)	Edits: Messages: The Health Care Provider Taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three dis-	The Health Care Provider Taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization. N/A

		tinct "Levels" including Provider Type, Classification, and Area of Specialization.	
2	Provider Taxonomy Type Description Provider Taxonomy Type Description (DE4392)	Edits: Messages:	3-character code(s) identifying a provider's certified medical speciality(ies). Provider Specialty Code must be valid for the Provider Type. Use the On-line HELP system to find valid codes for this field. N/A
3	Provider Taxonomy Class Description Provider Taxonomy Class Description (DE4393)	Edits: Messages:	Up to 30-character(s) describing the classification of a provider under the State Plan (e.g. Physician, Dentists Pharmacy, etc.) for the provider type(s). ADD (R/U) Enter a valid Provider Type Description. Update (R/U) Enter a valid Provider Type Description. N/A
4	Provider Taxonomy Specialty Description Provider Taxonomy Specialty Description (DE4394)	Edits: Messages:	3-digit code identifying the reason code for the Provider Type of a provider's eligibility status. Use the On-line HELP system to find valid codes for this field. N/A
5	Provider Taxonomy Description Provider Taxonomy Description (DE4395)	Edits: Messages:	Up to 30-character(s) describing the reason code for the Provider Type of a provider's eligibility status. N/A
6	Provider Taxonomy Date Row Update Date (DE0011)	Edits: Messages:	Date on which the Provider Type, Specialty, Reason, or Rate Key Code begins in the provider code table; MM/DD/CCYY. N/A

NAVIGATION	Provider Taxonomy Definition (PS-S-021)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the Previous screen.	PS-S-027 (R)
MAIN MENU	Returns to the Main System Menu.	RF-S-010 (B)

Error Messages

Error	Description	Resolution

42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
92	NO RECORD FOUND	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

The user accesses this screen by invoking a selection option of a calling program.

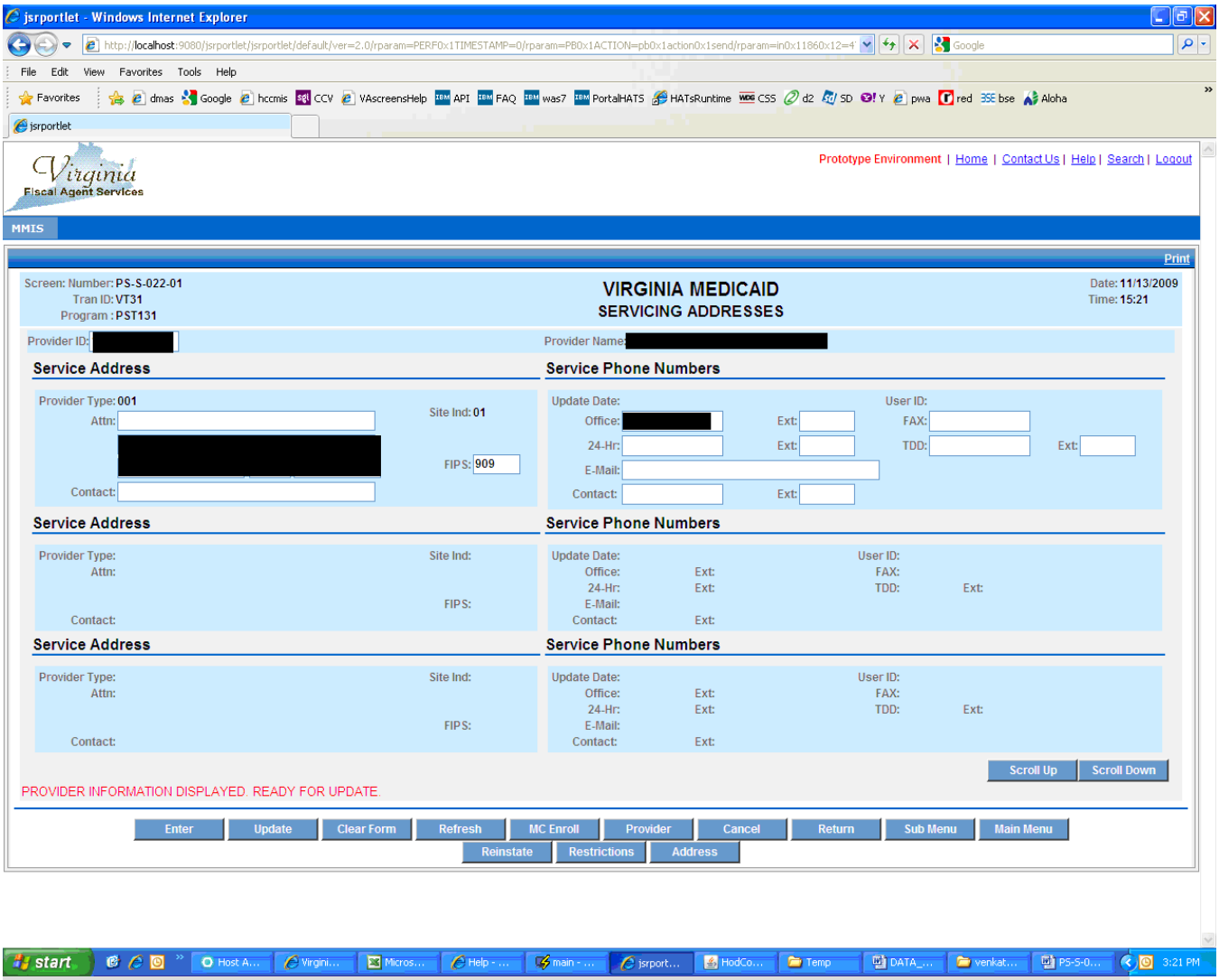
Screens PS-S-022-01 Provider Servicing Addresses

General Information

This screen allows you to update the Servicing Addresses for a Provider

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	PST131
MAPSET	PS131VA, PS131LS
TRAN ID	VT30(Inquiry), VT31(Update)

SAMPLE	**Provider Servicing Addresses (PS-S-022-01)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider ID National Provider Identifier (DE4700)	Edits: Provider Number can be NPI/API or Legacy. Messages: Used to navigate the screen	A unique identification number assigned to a provider. A unique identification number assigned to a provider.
2	Provider Name Provider Name	Edits: No Edits , Display only	The name of the provider. The name of the provider. If a Business Type

	(DE4085)	field Messages:	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	Type Provider Type (DE4006)	Edits: No Edits Messages: The field is to display the Type and site number combination existing today	A code that designates the classification of a provider. A code that designates the classification of a provider.
4	Site Ind NPI XREF Site Number (DE4143)	Edits: No Edits Messages: The site Number distinguishes the multiple locations to which the provider practices.	This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses.
5	Attn Provider Attention Name (DE4096)	Edits: Attention name. The person to which the mail is sent, cannot be a post office box. Messages: The name is used instead of the Provider Name when a communication is done to this address.	The attention line in the address of the provider. The attention line in the address of the provider.
6	Contact Provider Contact Name (DE4201)	Edits: Messages: The Contact Name is used to contact the provider over the phone	The individual person to contact at the servicing or billing location. The individual person to contact at the servicing or billing location.
7	Office (Phone Number) Provider Phone Num-	Edits: Must be in the format 999-999-9999. Other-	The office phone number. The office phone number.

	ber (DE4090)	wise error message will be displayed. Messages:	
8	(Office) Ext Provider Phone Extension (DE4506)	Edits: The extension should be numeric and should only be entered when there is a Office phone number Messages: The extension number for office phone	The office phone number extension. You may enter 1-4 numerics for the extension. The office phone number extension. You may enter 1-4 numerics for the extension.
9	FAX Provider Phone Number (DE4090)	Edits: Should be a 10 digit phone number - 999-999-9999 Messages:	The provider's FAX number. The provider's FAX number. Enter 10 digit numeric phone number including area code.
11	24 Hr (Phone Number) Provider Phone Number (DE4090)	Edits: The number must be numeric and format 999-999-9999. Messages:	The 24 hour phone number for the provider. Enter 10 digit numeric phone number including area code. The 24 hour phone number for the provider. Enter 10 digit numeric phone number including area code.
12	(24 Hrs) Ext Provider Phone Extension (DE4506)	Edits: The number should be numeric and should only be populated if there is a 24 Hr Phone Number. Messages:	The 24 hour phone number extension for a provider. You may enter 1-4 numerics for the extension. The 24 hour phone number extension for a provider. You may enter 1-4 numerics for the extension.
13	TDD (Phone Number) Provider Phone Number (DE4090)	Edits: Should be of format 999-999-9999. Messages:	The TDD provider's phone number. Enter 10 digit numeric phone number including area code. The TDD provider's phone number. Enter 10 digit numeric phone number including area code.
14	(TDD) Ext Provider Phone Extension (DE4506)	Edits: The Extension can only be there if there is a TDD Phone Number. Must be numeric. Messages:	The TDD phone number extension for a provider. You may enter 1-4 numerics for the extension. The TDD phone number extension for a provider. You may enter 1-4 numerics for the extension.

15	Contact # Provider Phone Number (DE4090)	Edits: Should be of format 999-999-9999. Messages:	The contact phone number. The provider's phone number. Enter 10 digit numeric phone number including area code.
16	(Contact) Ext Provider Phone Extension (DE4506)	Edits: Must be number and can only be there if there is a Contact Phone Number. Messages:	The contact phone number extension. You may enter 1-4 numerics for the extension. The contact phone number extension. You may enter 1-4 numerics for the extension.
17	(Address Line) Provider Address Line (DE4097)	Edits: Must be populated, cannot be blank and cannot be a post office box. Messages:	The address of the provider. The street address of the provider.
18	(City) Provider Address City Name (DE4130)	Edits: The City has to be populated. Messages:	The city in the address for the provider. The city in the address for the provider.
19	(State) Provider Address State (DE4098)	Edits: A valid state is necessary. Messages:	The state in the address of the provider. The state in the address of the provider.
20	(ZIP) Provider Address ZIP Code (DE4099)	Edits: Is Required , Must be 5 digits or 9 digits (99999-9999). Messages:	The ZIP code in the address of the provider. The ZIP code in the address of the provider.
21	Email Provider Email Address (DE4202)	Edits: Optional, should be a valid email address. Messages:	The Email address of the provider. The Email address of the provider.
22	(Loc) Provider Locality Code (DE4089)	Edits: The location code depends on the zip code. If multiple zip codes are found then user needs to enter 1. Messages:	The code for the county in which a provider is located. The code for the county in which a provider is located.
23	Last Update	Edits:	Last Update date for the Servicing Address.

	Change Value (DE4216)	No Edits, display only field. Messages:	Last Update date for the Servicing Address.
24	User ID User ID (DE4214)	Edits: No Edits, display only field. Messages:	The User ID of the person that last updated the Servicing Address. The User ID of the person that last updated the Servicing Address.

NAVIGATION	Provider Servicing Addresses (PS-S-022-01)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Branches to Previous screen	N/A
Address	Branches to Provider Billing Address screen.	PS-S-022-02 (B)
Cancel	Branches to Provider Cancel Screen.	PS-S-004 (B)
Clear	Clears the screen for fresh entry.	N/A
ENTER	Enter Displays the record(s) requested Edits the data on the screen for correctness and displays the appropriate error message is necessary. Data is not updated until the update button is pressed.	PS-S-022-01 ()
SUB MENU	Branches to Provider Main Menu.	PS-S-000 (B)
MC ENROLL	Branches to the Managed Care Enrollment screen	PS-S-026 (B)
Provider	Branches to the Provider Information screen.	PS-S-001-03 (B)
Refresh	Refresh the screen data.	N/A
Reinstate	Branches to Provider Information screen for reinstate.	PS-S-001-03 (B)
Restrictions	Branches to Provider Restriction Update screen.	PS-S-010 (B)
Scroll Down	Scrolls down	N/A
Scroll Up	Scrolls up	N/A
MAIN MENU	Displays Main System Menu.	RF-S-010 (B)
Update	Updates data.	N/A

Error Messages

Error	Description	Resolution

42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Informational message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Informational message.
4611	CANNOT ADD OR INQUIRY ON A REINSTATE TRANSACTION	Informational message.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
9865	CHOOSE ENTER TO DISPLAY	Informational message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Informational message. No action needed.
68	DATA REFRESHED	Informational message.
9931	EMAIL ADDRESS IS INVALID	Enter a valid email address.
4622	ENTER A VALID PHONE NUMBER	Enter valid values according to error message specifications.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
4043	EXTN IS INVALID	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4698	INVALID ENTRY FOR SERVICING ADDRESS	Check field for valid data and re-enter.
4093	INVALID LOCALITY CODE	Check field for valid data and re-enter.
4044	PHONE NUMBER IS INVALID	Informational message.
9919	PLEASE ENTER THE NPI/API OF THE PROVIDER TO CHANGE SERVICE ADDRESS	Use the NPI/API of the provider instead.
4498	PROVIDER ADDRESS DOES NOT EXIST	Informational message.
4098	PROVIDER INFORMATION DISPLAYED	Informational message.

4100	PROVIDER INFORMATION DISPLAYED READY FOR UPDATE.	Informational message.
6	PROVIDER NUMBER NOT FOUND	Informational message. No action needed.
25	RECORD UPDATED	Informational message. No action needed.
4349	STATE IS INVALID	Informational message.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
4679	ZIP CODE AND LOCALITY DO NOT MATCH	Check both the ZIP code and locality.
4045	ZIP CODE IS INVALID	Enter a valid ZIP code. See the Field Definitions for explanation and formatting requirements.

Screen Access

From the VaMMIS Main Menu Screen (RF-S-010):
1. Choose Provider Icon.
2. You see the Provider Main Menu Screen (PS-S-000).
3. Select the Provider Servicing Address from the selection drop down menu.
4. Choose the Add or Change radio button.
5. Enter a Provider Identification Number in the ID Value Field.
6. Choose the Enter button.
7. You see the Service Addresses Inquiry Screen (PS-S-022-01).
Note: If you did not enter a Provider Identification Number in the ID Value Field, type a Provider Number and choose the Enter button.

Screens PS-S-022-02 Provider Billing Addresses

General Information

This screen allows a user to update the Provider Billing Address data elements.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST130
MAPSET	PS130VA
TRAN ID	VT52 (Inquiry), VT53 (Update), VT54 (Add)

SAMPLE	**Provider Billing Addresses (PS-S-022-02)**

jsrportlet - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen: Number: PS-S-022-02
Tran ID: VT53
Program : PST130

VIRGINIA MEDICAID
BILLING ADDRESSES - UPDATE

Date: 11/13/2009
Time: 15:19

Provider ID: [redacted]
Provider Name: [redacted]

Correspondance Address

Attn: [redacted]

Correspondance Phone Numbers

Office: [redacted] Ext: FAX: [redacted]
TDD: Ext:
E-Mail:
Update Date: User ID:

Pay To Address

Attn: [redacted]
Contact:

Pay To Phone Numbers

Office: Ext: FAX:
TDD: Ext:
E-Mail:
Contact: Ext: User ID:
Update Date:

Remittance Advice Address

Attn:

Remittance Advice Phone Numbers

Office: Ext: FAX:
TDD: Ext:
E-Mail:
Update Date: User ID:

IRS Information

FEIN: [redacted]
Address:
SSN:
Name: [redacted]

PROVIDER INFORMATION DISPLAYED. READY FOR UPDATE.

Enter | Update | Clear Form | Refresh | MC Enroll | Provider | Cancel | Return | Sub Menu | Main Menu
Reinstate | Restrictions | Serv Addr

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROVIDER ID National Provider Identifier (DE4700)	Edits: The provider iden-tification number. Can be a NPI/API or a Legacy Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. Can be a NPI/API or a Legacy ADD/UPDATE (R/U) Enter a valid Provider ID Number.
2	PROVIDER NAME Provider Name	Edits: The provider name.	The name of the servicing or billing Provider. The name of the provider. If an Individual

	(DE4085)	Messages:	Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. ADD/UPDATE (P) System displayed.
3	ATTN Provider Attention Name (DE4096)	Edits: This is the Additional Address line for each of the three types of addresses (Correspondence, Pay-To and Remittance Advice). Messages:	The Attention Line in the address of the provider. The Attention Line in the address of the provider. ADD/UPDATE(O/U) Enter a valid Provider Address Additional Name.
4	(ADDRESS LINE) Provider Address Line (DE4097)	Edits: This is the required Address line for each of the Five addresses. Correspondence Address is required. Other types of addresses are optional.(Correspondence, Pay-To, Remittance Advice, FEIN IRS Address and SSN IRS Address) Messages:	The delivery (street or delivery) address line of the servicing or billing provider. The delivery (street or delivery) address line of the servicing or billing provider. Must be a street address for servicing location, can not be a P O Box. Required for the Servicing Address. ADD/UPDATE (R/U Enter a valid Provider Address.
5	(CITY) Provider Address City Name (DE4130)	Edits: This is the City field for each of the five types of addresses. Correspondence Address is required. Other types of addresses are optional.(Correspondence, Pay-To, Remittance Advice, FEIN IRS Address and SSN IRS Address) Messages:	The city delivery address line of the servicing or billing provider. The city delivery address line of the servicing or billing provider. Required for the Servicing Address. ADD/UPDATE (R/U) Enter a valid Provider City Delivery Address.
6	(STATE) Provider Address	Edits:	The state delivery address line of the servicing or billing provider. Use the On-line Help

	State (DE4098)	This is the required Address Field for each of the Five addresses. Correspondence Address is required. Other types of addresses are optional.(Correspondence, Pay-To, Remittance Advice, FEIN IRS Address and SSN IRS Address). The State should be a valid state code Messages:	system to find valid codes for this field. The state delivery address line of the servicing or billing provider. Required for the Servicing Address. Use the On-line Help system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Address.
7	(ZIP CODE) Provider Address ZIP Code (DE4099)	Edits: This is the Zip Code field for each of the types of addresses. Must be numeric. This is the required Address Field for each of the Five addresses. Correspondence Address is required. Other types of addresses are optional.(Correspondence, Pay-To, Remittance Advice, FEIN IRS Address and SSN IRS Address). Messages:	The ZIP Code delivery address line of the servicing or billing provider. The ZIP Code delivery address line of the servicing or billing provider. Required for the Servicing Address. ADD/UPDATE (R/U) Enter a valid Provider ZIP CODE.
8	CONTACT Provider Contact Name (DE4201)	Edits: This is the Contact Name for Pay-to Addresses Only. Messages:	The individual person to contact at the servicing or billing location. The individual person to contact at the servicing or billing location. ADD/UPDATE (O/U) Enter a valid Provider Contact Name.
9	OFFICE (PHONE NUMBER)	Edits: When entered, must	The number indicating the phone number of the provider.

	Provider Phone Number (DE4090)	be numeric. Messages:	The number indicating the phone number of the provider. Office phone required for the Servicing Address only. ADD/UPDATE (O/U) Enter a valid Phone Number.
10	(OFFICE) EXT Provider Phone Extension (DE4506)	Edits: When entered, must be numeric. Can be 1-4 positions. Messages:	The phone number extension for a provider. The phone number extension for a provider. ADD/UPDATE (O/U) Enter a valid Provider Phone Extension Number.
11	FAX Provider Phone Number (DE4090)	Edits: This is the Fax Phone number for the Provider. When entered, must be numeric. Messages:	The number indicating the fax phone number of the provider. The number indicating the fax phone number of the provider. Office phone required for the Servicing Address only. ADD/UPDATE (O/U) Enter a valid Phone Number.
13	TDD (PHONE NUMBER) Provider Phone Number (DE4090)	Edits: When entered, must be numeric. Messages:	The number indicating the TDD phone number of the provider. The number indicating the TDD phone number of the provider. Office phone required for the Servicing Address only. ADD/UPDATE (O/U) Enter a valid Phone Number.
14	(TDD) EXT Provider Phone Extension (DE4506)	Edits: When entered, must be numeric. Can be 1-4 positions Messages:	The TDD phone number extension for a provider. The TDD phone number extension for a provider. Required for the Servicing Address. ADD/UPDATE (O/U) Enter a valid Provider Phone Extension Number.
15	E-MAIL Provider Email Address (DE4202)	Edits: The Email address of the provider. Messages:	The E-mail address of the provider. The E-mail address of the provider. ADD/UPDATE (O/U) Enter a valid Provider E-mail address.
16	CONTACT (PHONE NUMBER) Provider Phone Number (DE4090)	Edits: When entered, must be numeric Messages:	The number indicating the phone number of the contact person for the provider. The number indicating the phone number of the contact provider. Office phone required for the Servicing Address only. ADD/UPDATE (O/U)

			Enter a valid Phone Number.
17	(CONTACT) EXT Provider Phone Extension (DE4506)	Edits: When entered, must be numeric. Can be 1-4 positions. Messages:	The phone number extension for the contact person for a provider. The phone number extension for the contact person for a provider. Required for the Servicing Address. ADD/UPDATE O/U) Enter a valid Provider Phone Extension Number.
18	FEIN Provider Alternate ID Numbers (DE4014)	Edits: Messages: Displays the providers FEIN and SSN.	Displays the providers FEIN and SSN. N/A
19	SSN Provider Alternate ID Numbers (DE4014)	Edits: Messages: Displays Provider's SSN.	Displays Provider's SSN. N/A
20	(IRS) NAME Provider IRS Name (DE4526)	Edits: The Field needs to be populated when there is a IRS address (Used for FEIN IRS name and SSN IRS name). Messages:	The IRS name of the provider that is printed on 1099s. The IRS name of the provider that is printed on 1099s. ADD/UPDATE (R/U) Enter the provider IRS name.
21	(IRS INFORMATION) ADDRESS Provider Address Line (DE4097)	Edits: Messages: IRS Street Address	IRS street address. IRS Street Address
22	(IRS ADDRESS CITY NAME) Provider Address City Name (DE4130)	Edits: Messages: IRS Address City name	IRS addresss city name. IRS address city name.
23	(IRS STATE CODE) Provider Address State (DE4098)	Edits: Messages: IRS State Code	IRS state code. IRS state code.
24	(IRS ZIP CODE) Provider Address ZIP Code (DE4099)	Edits: Messages: IRS Zip Code	IRS zip code. IRS zip code.
25	LAST UPDATE	Edits:	Last Update date for the Billing Address.

	Change Value (DE4216)	No Edits, display only field. Messages:	Last Update date for the Billing Address.
26	USER ID User ID (DE4214)	Edits: No Edits, display only field. Messages:	The User ID of the person that last updated the Billing Address. The User ID of the person that last updated the Billing Address.

NAVIGATION	Provider Billing Addresses (PS-S-022-02)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CANCEL	Branch to the Cancel Screen.	PS-S-004 (B)
Clear Form	Clears all the data entered in the screen and allows user to enter new data.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	PS-S-022-02 ()
SUB MENU	Return to the Provider Main Menu.	PS-S-000 (R)
Return	Returns to the previous screen accessed.	N/A
MC ENROLL	Branch to the Managed Care Enrollment Screen.	PS-S-026 (B)
PROVIDER	Return to the Provider Information Screen.	PS-S-001-03 (R)
Refresh	Displays the UPDATE DATEd information (if any) from the database.	N/A
REINSTATE	Branch to the Reinstate Screen.	PS-S-001-03 (B)
RESTRICTIONS	Branch to the Restrictions Screen.	N/A
Serv Addr	Branches to the Service Address Screen	PS-S-022-01 (B)
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()
Update	Posts the data to the database.	N/A

Error Messages

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

	AUTHORIZED	chosen.
4611	CANNOT ADD OR INQUIRY ON A REINSTATE TRANSACTION	Informational message.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Informational message. No action needed.
68	DATA REFRESHED	Informational message.
4916	DELETING REMITTANCE ADDRESS, CHOOSE UPDATE TO SAVE CHANGES	Informational message.
9931	EMAIL ADDRESS IS INVALID	Enter a valid email address.
4622	ENTER A VALID PHONE NUMBER	Enter valid values according to error message specifications.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
4043	EXTN IS INVALID	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4698	INVALID ENTRY FOR SERVICING ADDRESS	Check field for valid data and re-enter.
4093	INVALID LOCALITY CODE	Check field for valid data and re-enter.
4044	PHONE NUMBER IS INVALID	Informational message.
4498	PROVIDER ADDRESS DOES NOT EXIST	Informational message.
4098	PROVIDER INFORMATION DISPLAYED	Informational message.
4100	PROVIDER INFORMATION DISPLAYED READY FOR UPDATE.	Informational message.
6	PROVIDER NUMBER NOT FOUND	Informational message. No action needed.
25	RECORD UPDATED	Informational message. No action needed.
4349	STATE IS INVALID	Informational message.
67	UNABLE TO RETURN TO PREVIOUS	Choose the EXIT button to continue pro-

	PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	cessing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
9923	UPDATING THE INFORMATION WILL UPDATE FOR ALL SHARING THE EIN	Press Update for accepting the changes or cancel to discard the changes.
4679	ZIP CODE AND LOCALITY DO NOT MATCH	Check both the ZIP code and locality.
4045	ZIP CODE IS INVALID	Enter a valid ZIP code. See the Field Definitions for explanation and formatting requirements.

Screen Access

From the VaMMIS Main System Menu (RF-S-010):
1. Choose the Provider Icon.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Billing Addresses from the Selection drop-menu.
4. Choose the Add or Change radio button.
5. Enter a Provider Identification Number in the ID Value Field
6. Choose Enter.
7. You see the Provider Address screen (PS-S-022-02).
Note: If you do not enter a Provider ID in the ID Value Field on the Provider Main Menu screen, enter a Provider ID number on the Provider Address screen (PS-S-022). Then, choose Enter to display the record.

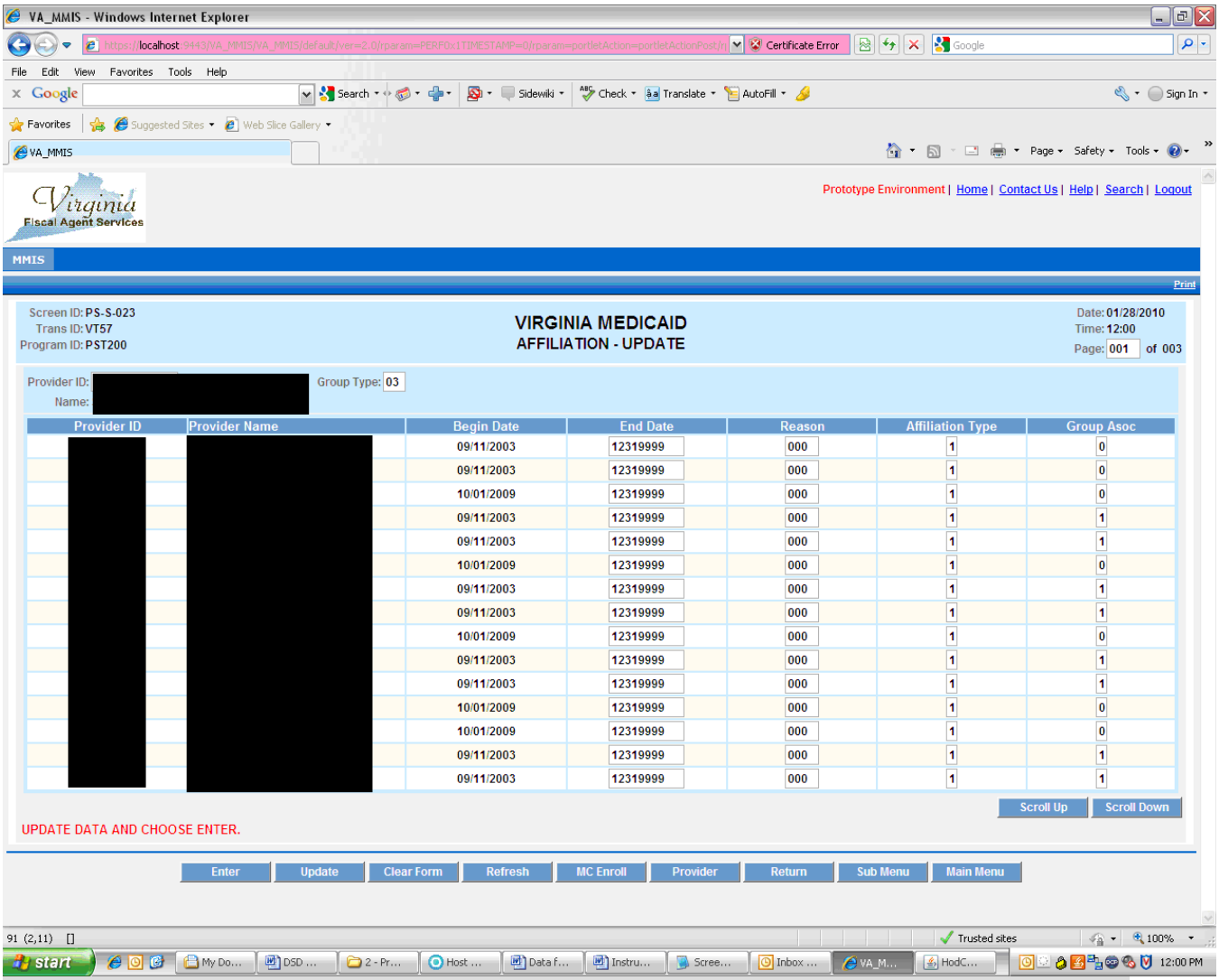
Screens PS-S-023 Affiliation

General Information

This screen allows access to affiliated provider data.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST200
MAPSET	PS200VA
TRAN ID	VT56 (Inquiry), VT57 (Update), VT58 (Add)

SAMPLE	**Affiliation (PS-S-023)**



Provider ID	Provider Name	Begin Date	End Date	Reason	Affiliation Type	Group Asoc
[redacted]	[redacted]	09/11/2003	12319999	000	1	0
		09/11/2003	12319999	000	1	0
		10/01/2009	12319999	000	1	0
		09/11/2003	12319999	000	1	1
		09/11/2003	12319999	000	1	1
		10/01/2009	12319999	000	1	0
		09/11/2003	12319999	000	1	1
		09/11/2003	12319999	000	1	1
		10/01/2009	12319999	000	1	0
		09/11/2003	12319999	000	1	1
		09/11/2003	12319999	000	1	1
		10/01/2009	12319999	000	1	0
		10/01/2009	12319999	000	1	0
		09/11/2003	12319999	000	1	1
		09/11/2003	12319999	000	1	1

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	HEADER PROV ID National Provider Identifier (DE4700)	Edits: The provider iden-tification number. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE ((R/U) Enter a valid Provider ID Number.
2	HEADER NAME Provider Name (DE4085)	Edits: The provider name. Messages:	The name of the servicing or billing Provider. N/A

3	HEADER PROVIDER GROUP TYPE Provider Group Type (DE4247)	Edits: Values 02, 03, 05, or 06 Messages:	A code to identify the type of group to which a provider belongs. A code to identify the type of group to which a provider belongs.
4	PROVIDER ID National Provider Identifier (DE4700)	Edits: Messages:	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today. This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VaMMIS today.
5	PROVIDER NAME Provider Name (DE4085)	Edits: The name of the affiliated provider. Messages:	The name of the servicing or billing Provider. N/A
6	BEGIN DATE Provider Relation Begin Date (DE4539)	Edits: The relationship begin date between two providers. Will be Affiliation Begin Date or HMO Begin Date. Messages:	The date on which the Provider Managed Care Affiliation begins; MM/DD/CCYY format. The date on which the Provider Managed Care Affiliation begins; MM/DD/CCYY format. ADD/UPDATE (R/U) Enter a valid Provider Managed Care Affiliation Begin Date.
7	END DATE Provider Relation End Date (DE4540)	Edits: Must be a valid date. Must be greater than or equal to the Begin Date. Messages:	The date on which the Provider Managed Care Affiliation ends; MM/DD/CCYY format. If a date is not entered, the system will default to 12/31/9999. The date on which the Provider Managed Care Affiliation ends; MM/DD/CCYY format. If a date is not entered, the system will default to 12/31/9999. ADD/UPDATE (R/U) Enter a valid Provider Managed Care Affiliation End Date.
8	RSN Provider Reason Code (DE4012)	Edits: Must be a valid affiliation reason code. Messages:	A code identifying the reason to end the affiliation of a provider's eligibility status. Use the On-line Help system to find valid codes for this field. A code identifying the reason to end the affiliation of a provider's eligibility status. Use the

			On-line Help system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Reason Code for Provider Type.
9	AFF TYPE Provider Affiliation Type (DE4248)	Edits: Must be a valid code. "1" is Medallion and "2" is CMM. Messages:	A code indicating the program in which a provider has affiliation. Use the On-line Help system to find valid codes for this field. A code indicating the program in which a provider has affiliation. Use the On-line Help system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Affiliation Type Code.
10	GROUP ASSOCIATION ROLE Provider Group Association Role (DE4246)	Edits: Must be '0' or '1' when Group Type is '03' (Affiliation). Messages:	A code to indicate whether a provider is a PCP within a group practice or HMO. A code indicating the program in which a provider has affiliation. Use the On-line Help system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Affiliation Type Code.

NAVIGATION	**Affiliation (PS-S-023)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
Clear Form	Clears all the data entered in the screen and allows user to enter new data.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	PS-S-023 ()
SUB MENU	Return to the Provider Main Menu.	PS-S-000 (B)
MC ENROLL	Branch to the Managed Care Enrollment Screen.	PS-S-026 (B)
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a	N/A

	message will appear on the screen.	
PROVIDER	Return to the Provider Information Screen.	PS-S-001-03 (B)
Refresh	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()
Update	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
4435	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
4691	CAN ONLY ESTABLISH CMM AFFILIATION FOR CMM GROUP	Information message.
4690	CAN ONLY ESTABLISH MEDALLION AFFILIATION FOR MEDALLION GROUP	Information message.
4496	CANNOT ADD NEW BEGIN DATE LESS THAN ACTIVE BEGIN DATE	Information message.
4516	CANNOT AFFILIATE PROVIDER WITH ITSELF	Information message.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
44	CHOOSE UPDATE TO ADD THE RECORD	Choose the Update button.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
27	DATA UPDATED	Information message. No action needed.
4475	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Information message.
3	DUPLICATE RECORD; NOT INSERTED	Information message. No action needed.
14	END DATE IS INVALID	Choose another function. See the On-line

		HELP system for valid formatting/date range.
4680	END DATE MUST BE GREATER THAN OR EQUAL TO CURRENT DATE	Information message.
4	END OF THE PAGE	Information message, no action needed.
66	ENTER A VALID DATE	Enter a valid date. Enter a two digit month, two digit day and a four digit year.
4472	ENTER AFFILIATION TYPE '1' OR '2'	Enter valid values according to error message specifications.
4429	ENTER ASSOCIATION NUMBER	Enter valid values according to error message specifications.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
4432	ENTER REASON CODE	Enter valid values according to error message specifications.
4017	ENTER VALID DATE	Enter valid values according to error message specifications.
4672	ENTER VALID GROUP TYPE	Enter valid values according to error message specifications.
4016	ENTER VALUE FOR GROUP ID	Enter a valid group identification number. See the Field Definitions for explanation and format-ting requirements.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4014	GROUP ASSOCIATION ENTERED IS INVALID	Information message.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4075	NO RECORDS FOR THIS PROVIDER	Information message.
8922	NPI REQUIRED	Key in a valid NPI
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4682	PROVIDER BEING ADDED IS MANAGED CARE, GROUP ASSOCIATION MUST BE 1	Information message.
4683	PROVIDER BEING ADDED IS NOT IN MANAGED CARE, GROUP ASSOCIATION MUST BE 0	Information message.
8873	PROVIDER ID NOT FOUND	Informational message
10027	PROVIDER IS SANCTIONED. CANNOT BE ADDED TO A GROUP	Enter valid values according to error message specification
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
6	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
9970	PROVIDER TYPE MAY NOT BE 67 OR	Check the Program code/Provider Type com-

	87	bination being entered.
9969	PROVIDER TYPE REQUIRES PROGRAM 02 OR 05	Check the Program code/Provider Type combination being entered.
4431	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.
4499	REASON CODE UPDATE REQUIRED	Update the reason code.
25	RECORD UPDATED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Affiliations from the drop-menu in the Selection Field.
4. Choose the Add or Change radio button in the Function Field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Managed Care Affiliation screen (PS-S-023).
Note: If no entry is made in the ID Field, enter the Provider ID number and Group Type on the Managed Care Affiliation
screen and choose Enter to display the record(s). Use the Page Up and Page Down arrow buttons to scroll
through additional pages of data.

Screens PS-S-024 Managed Care Provider Search/Selection

General Information

This screen allows a user to search and select a Managed Care provider based on various criteria.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST210
MAPSET	PS210VA
TRAN ID	VT60 (Inquiry)

SAMPLE	**Managed Care Provider Search/Selection (PS-S-024)**

VA DMAS Prototype Portal - Windows Internet Explorer

Virginia Fiscal Agent Services

MMIS

Print Logoff

Screen ID: PS-S-024
Trans ID: VT60
Program ID: PST210

VIRGINIA MEDICAID
MANAGED CARE PROVIDER SEARCH SELECTION

Date: 01/29/2010
Time: 10:04

Member Information

Name: Member ID:
FIPS: Gender: Age: DOB:

Provider Information

Primary Search
Program Code: FIPS: Provider Type: Specialty:
HCAP Access: EPSDT Ind:
Language: Spanish Korean Vietnamese Other
Hindi Farsi English

ENTER PROGRAM CODE.

Enter | Clear Form | Refresh | List | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	NAME Enrollee Full Name (DE3003)	Edits: Obtained from the Recipient System, if this program is called by a Recipient Program; otherwise, this field is blank	The name of the individual eligible for DMAS-administered programs. N/A
3	ENROLLEE ID Enrollee Identification	Edits: Obtained from the	(R) Enter the number uniquely identifying an individual enrollee in a DMAS administered

	Number (DE3001)	Recipient System, if this program is called by a Recipient Program; otherwise, this field is blank	program. This can be any enrollee ID other than the permanent ID.
4	LOC Enrollee FIPS Code (DE3008)	Edits: Must be a valid value.If entered, move the value to the Locality Code search criteria.	A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a sub-division within the Commonwealth of Virginia. Use the Federal Standard County Codes (FIPS Pub. 6-1). Use the On-line Help system to find valid codes for this field. ADD/UPDATE (O/U) Enter the valid code indicating the geographic or geopolitical statistical reporting area.
5	SEX Enrollee Sex Code (DE3007)	Edits: A code indicating the sex of the enrollee.	A code indicating the sex of the enrollee. A code indicating the sex of the enrollee. Enter a code indicating the sex of the enrollee. Use the On-line Help system to find valid codes for this field. ADD/UPDATE (O/U) Enter a code indicating the sex of the enrollee.
6	AGE (DE0000)	Edits: If the Age is less than 18, set the Panel Age Type (DE 4404) search criteria to Childern Only (C) and Adult and Childeren (B). If the Age is 18 or greater, set the Panel Age Type (DE 4404) search criteria to Adults Only (A) and Adult and Childeren (B). If the Age is blank, set the Panel	If the Age is less than 18, set the Panel Age Type (DE 4404) search criteria to Children Only (C) and Adult and Children (B). If the Age is 18 or greater, set the Panel Age Type (DE 4404) search criteria to Adults Only (A) and Adult and Children (B). If the Age is blank, set the Panel Age Type (DE 4404) search criteria to include all values. If the Age is less than 18, set the Panel Age Type (DE 4404) search criteria to Children Only (C) and Adult and Children (B). If the Age is 18 or greater, set the Panel Age Type (DE 4404) search criteria to Adults Only (A) and Adult and Children (B). If the Age is blank, set the Panel Age Type (DE 4404) search criteria to include all values.

		Age Type (DE 4404) search criteria to include all values.	ADD/UPDATE (O/U) Enter the number identifying the age of the enrollee.
7	BIRTH Enrollee Birth Date (DE3005)	Edits: The enrollee's date of birth. Must be a valid date. Messages: The enrollee's date of birth.	The enrollee's date of birth. The enrollee's date of birth. Must be a valid date. ADD/UPDATE (O/U) Enter a valid date of birth for the enrollee.
8	PROGRAM CODE Provider Program Code (DE4208)	Edits: Must be a valid value. If entered, move this field to the Program Code search criteria. If not enterd, set the Program Code search criteria to include all values. Messages: The program(s) in which a provider participates.	The program(s) in which a provider participates. The program(s) in which a provider participates. Must be a valid value. If entered, move this field to the Program Code search criteria. If not entered, set the Program Code search criteria to include all values. Use the On-line Help system to find valid codes for this field. ADD/UPDATE (O/U) Enter a valid Program Code.
9	LOCATION Provider Locality Code (DE4089)	Edits: Must be a valid value. If entered, move this field to the Locality search criteria. If not enterd and Enrollee Locality not entered, set the Locality search criteria to include all values.	The county in which a provider is located. The county in which a provider is located. Must be a valid value. If entered, move this field to the Locality search criteria. If not entered and Enrollee Locality not entered, set the Locality search criteria to include all values. Use the On-line Help system to find valid codes for this field. ADD/UPDATE (O/U) Enter a valid Location code.
10	PROVIDER TYPE Provider Type (DE4006)	Edits: Must be a valid value. If entered, move this field to the Provider Type search criteria. If not enterd, set the Provider Type search criteria to include all values.	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 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. Must be a

			valid value. If entered, move this field to the Provider Type search criteria. If not entered, set the Provider Type search criteria to include all values. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE(O/U) Enter the code(s) designating the classification of a provider under the State Plan for the provider types(s).
11	SPECIALTY Provider Specialty Code (DE4007)	Edits: Must be a valid value. If entered, move this field to the Specialty Code search criteria. If not enterd, set the Specialty Code search criteria to include all values.	The provider's certified medical specialty(ies). The provider's certified medical specialty(ies). Must be a valid value. If entered, move this field to the Specialty Code search criteria. If not entered, set the Specialty Code search criteria to include all values. ADD/UPDATE (O/U) Enter the number identifying the provider's certified medical specialty.
12	HCAP ACCESS Provider Managed Care Handicap Accessibility Indicator (DE4436)	Edits: Must be a valid value. ('X', 'Y' or 'N'). If "Y' is entered, move this field to the Handicap search criteria. If 'X; is entered, move 'Y' to the Handicap search criteria. If not enterd or 'N' is entered, set the Handicap search criteria to include all values.	A code to indicate whether the provider has handicap accessibility. A code to indicate whether the provider has handicap accessibility. Must be a valid value. ('X', 'Y' or 'N'). If 'Y' is entered, move this field to the Handicap search criteria. If 'X; is entered, move 'Y' to the Handicap search criteria. If not entered or 'N' is entered, set the Handicap search criteria to include all values. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (O/U) Enter the valid value indicating the Handicap accessibility.
13	EPSDT IND Provider EPSDT Indicator (DE4500)	Edits: Must be a valid value. ('X', 'Y' or 'N'). If "Y' is entered, move this field to the EPSDT search criteria. If 'X; is entered, move 'Y' to the EPSDT search criteria. If not enterd or 'N' is entered, set the EPSDT search cri-	A code to indicate whether a provider is certified to perform EPSDT services. A code to indicate whether a provider is certified to perform EPSDT services Must be a valid value. ('X', 'Y' or 'N'). If 'Y' is entered, move this field to the EPSDT search criteria. If 'X; is entered, move 'Y' to the EPSDT search criteria. If not entered or 'N' is entered, set the EPSDT search criteria to include all values.

		teria to include all values. Messages:	ADD/UPDATE (O/U) Enter a valid EPSDT indicator value.
14	SPANISH Provider Language Type (DE4420)	Edits: Must be a valid value. ('X', 'Y' or 'N'). If "Y' or 'X' is entered, move Spainish to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values.	Indicates the type of language spoken in the provider's office. Indicates the type of language spoken in the provider's office. Must be a valid value. ('X', 'Y' or 'N'). If 'Y' or 'X' is entered, move Spanish to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values. ADD/UPDATE (O/U) Enter a valid Provider language type.
15	KOREAN Provider Language Type (DE4420)	Edits: Must be a valid value. ('X', 'Y' or 'N'). If "Y' or 'X' is entered, move Korean to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values.	Indicates the type of language spoken in the provider's office. Indicates the type of language spoken in the provider's office. Must be a valid value. ('X', 'Y' or 'N'). If 'Y' or 'X' is entered, move Spanish to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values. ADD/UPDATE (O/U) Enter a valid Provider language type.
16	VIETNAMESE Provider Language Type (DE4420)	Edits: Must be a valid value. ('X', 'Y' or 'N'). If "Y' or 'X' is entered, move Vietnamese to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values.	Indicates the type of language spoken in the provider's office. Indicates the type of language spoken in the provider's office. Must be a valid value. ('X', 'Y' or 'N'). If 'Y' or 'X' is entered, move Spanish to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values. ADD/UPDATE (O/U) Enter a valid Provider language type.
17	OTHER Provider Language Type (DE4420)	Edits: Must be a valid value. If "Y' or 'X' is entered, move the field to the Language search criteria. If no Language Indicators are set, set the	Indicates the type of language spoken in the provider's office. Indicates the type of language spoken in the provider's office. Must be a valid value. ('X', 'Y' or 'N'). If 'Y' or 'X' is entered, move Spanish to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values.

		Language search criteria to include all values.	ADD/UPDATE (O/U) Enter a valid Provider language type.
18	HINDI Provider Language Type (DE4420)	Edits: Must be a valid value. ('X', 'Y' or 'N'). If "Y' or 'X' is entered, move Hindi to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values. .	Indicates the type of language spoken in the provider's office. Indicates the type of language spoken in the provider's office. Must be a valid value. ('X', 'Y' or 'N'). If 'Y' or 'X' is entered, move Spanish to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values. ADD/UPDATE (O/U) Enter a valid Provider language type.
19	FARSI Provider Language Type (DE4420)	Edits: Must be a valid value. ('X', 'Y' or 'N'). If "Y' or 'X' is entered, move Farsi to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values.	Indicates the type of language spoken in the provider's office. Indicates the type of language spoken in the provider's office. Must be a valid value. ('X', 'Y' or 'N'). If 'Y' or 'X' is entered, move Spanish to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values. ADD/UPDATE (O/U) Enter a valid Provider language type.
20	ENGLISH Provider Language Type (DE4420)	Edits: Must be a valid value. ('X', 'Y' or 'N'). If "Y' or 'X' is entered, move Spanish to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values. Messages: Indicates the type of language spoken in the provider's office.	Indicates the type of language spoken in the provider's office. Indicates the type of language spoken in the provider's office. Must be a valid value. ('X', 'Y' or 'N'). If 'Y' or 'X' is entered, move Spanish to the Language search criteria. If no Language Indicators are set, set the Language search criteria to include all values. ADD/UPDATE (O/U) Enter a valid Provider language type.

NAVIGATION	**Managed Care Provider Search/Selection (PS-S-024)**	
Function	Action	Branch To (B) or

(B) or (M)		Return To (R)
RETURN	Returns to the previous screen accessed.	PS-S-000 ()
Clear Form	Clears all the data entered in the screen and allows user to enter new data.	N/A
ENTER	Command to edit information entered. If the data on the screen is correct, and this button is pressed, control will automatically be transferred to screen PS-S-025 where the selection criteria entered on this screen is displayed.	PS-S-024 ()
SUB MENU	Returns to the Provider Main Menu.	PS-S-000 (R)
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Refresh	Displays the UPDATE DATEd information (if any) from the database.	N/A
LIST	Branches to the Managed Care Provider Search List.	PS-S-025 (B)
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4391	AGE TYPE IS INVALID	Information message.
4128	BIRTH DATE IS INVALID	Enter a valid Birth Date.
4134	CHOOSE SEARCH LIST FOR THE SEARCH LIST	Information message.
4502	CONFLICT IN AGE AND BIRTHDATE	Information message.
68	DATA REFRESHED	Information message.
4	END OF THE PAGE	Information message, no action needed.
4365	ENROLLEE ID IS INVALID	Enter a valid enrollee ID.
4366	ENROLLEE ID NOT FOUND	Information message. No action needed.
4368	ENROLLEE NAME NOT FOUND	Information message.
4129	ENTER LOCALITY VALUE	Enter valid values according to error message specifications.
4007	ENTER PROGRAM CODE	Enter valid values according to error message specifications.

4363	ENTER PROVIDER DETAILS FOR SEARCH	Enter valid values according to error message specifications.
4364	ENTER SELECTION CRITERIA	Information message.
4620	ENTER VALID VALUE	Enter valid values according to error message specifications.
4130	ENTER VALUE FOR PROVIDER TYPE	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4693	INVALID PROVIDER TYPE	Check field for valid data and re-enter.
4127	LOCALITY CODE IS INVALID	Enter a valid Locality code. See the Field Definitions for valid data and formatting for this field.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4118	NO RECORD IS SELECTED	Information message.
8874	NPI NOT FOUND	NPI not on database
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4005	PROGRAM CODE IS INVALID	Enter a valid program code. See the Field Definitions for explanation and valid codes.
4120	RECORDS DISPLAYED	Information message. No action needed.
4420	SELECT PROVIDER NUMBER FROM THE ACTION FIELD	Information message.
4132	SEX INDICATOR IS INVALID; MUST BE 'M', 'F', OR 'U'	Enter a valid sex code.
4133	SPECIALTY CODE IS INVALID	Research using the on-line HELP system and re-enter the specialty code.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Managed Care Search/Selection from the drop-menu in the Selection Field.

4. Choose the Inquiry radio button in the Function Field.
5. Enter the Enrollee Identification Number.
6. Choose the Enter button.
7. You see the Managed Care Provider Search/Selection Screen (PS-S-024).
Note: If no entry is made in the ID Field, enter the 12 digit Enrollee Identification Number on the Managed Care
Provider Search/selection screen and select Enter. Use the Page Up and Page Down arrow buttons to scroll
through additional pages of data.

Screens PS-S-025 Managed Care Provider Search List

General Information

This screen displays a selection list of Managed Care providers matching the selection criteria from the Managed Care Provider Search/Selection (PS-S-024) screen.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST220
MAPSET	PS220VA
TRAN ID	VT61 (Inquiry)

SAMPLE	**Managed Care Provider Search List (PS-S-025)**

VA DMAS Prototype Portal - Windows Internet Explorer

Virginia Fiscal Agent Services

MMIS

Print Logoff

Screen ID: PS-S-025
Trans ID: VT61
Program ID: PST220

VIRGINIA MEDICAID
MANAGED CARE PROVIDER SEARCH LIST

Date: 01/29/2010
Time: 16:25
Page: 004 of 006

Select	Provider ID	Name Address	Site Ind	Slots Remaining	FIPS	Prov Type	Prov Spec	Languages
	[redacted]	[redacted]		00001	660	020	056	E
				00001	660	020	060	S
				00001	660	020	060	E
				00150	660	020	060	E
				00001	660	020	060	E S
				00001	660	020	060	E S

Scroll Up Scroll Down

NEXT PAGE DATA IS DISPLAYED.

Enter Search MC Enroll Provider Print List Assign to Member Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	(ACTION) (DE0000)	Edits: If entered, must be 'X'. The operator may only select one record at a time. If no records are selected, the program will redisplay the screen.	If entered, must be 'X'. The operator may only select one record at a time. If no records are selected, the program will redisplay the screen. N/A
3	PROV ID	Edits:	A unique identification number assigned to the servicing or billing provider.

	National Provider Identifier (DE4700)	A unique identification number assigned to a provider. Messages:	
4	PROV NAME Provider Name (DE4085)	Edits: The name of the provider. If a Business Type Provider Name the field if 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title.	The name of the servicing Provider. N/A
5	ADDRESS Provider Attention Name (DE4096)	Edits: The attention line in the address of the provider.	The attention line in the address of the provider. N/A
6	ADDRESS Provider Address Line (DE4097)	Edits: The street in the address of the provider.	The street in the address of the provider. N/A
7	ADDRESS Provider Address City Name (DE4130)	Edits: The city in the address for the provider.	The city in the address for the provider. N/A
8	ADDRESS Provider Address State (DE4098)	Edits: The state in the address of the provider.	The state in the address of the provider. N/A
9	ADDRESS Provider Address ZIP Code (DE4099)	Edits: The ZIP code in the address of the provider.	The ZIP code in the address of the provider. N/A
10	SLOTS REMAINING (DE0000)	Edits: Calculates and displays the open slots remaining as selected panel size minus actual panel size. When the Actual Panel Size is greater	This field will be calculated. It is Selected Panel Size minus Actual Panel Size. When the Actual Panel Size is greater than the Selected Panel Size, this field will display a negative value. (P) N/A

		than the Selected Panel Size, this field will display a negative value.	
11	LOC Provider Locality Code (DE4089)	Edits: The county in which a provider is located.	The county in which a provider is located. Use the On-line HELP system to find valid values for this field. N/A
12	TYPE Provider Type (DE4006)	Edits: 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.	A code that designates the classification of a provider under the State plan (e.g., Dentist, Pharmacy). Use the On-line HELP system to find valid values for this field. N/A
13	SPEC Provider Specialty Code (DE4007)	Edits: The provider's certified medical specialty(ies).	The provider's certified medical specialty(ies). Use the On-line HELP system to find valid values for this field. N/A
14	LANGUAGES Provider Language Type (DE4420)	Edits: Indicates the type of language spoken in the provider's office.	A code indicating the type of language spoken in the provider's office. Use the On-line HELP system to find valid values for this field. N/A

NAVIGATION	**Managed Care Provider Search List (PS-S-025)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ASSIGN TO MEMBER	Branch to the MemberAssignment Screen.	N/A
RETURN	Returns to the Main System Menu.	RF-S-010 ()
ENTER	Command to edit information entered. If the data on the screen is correct, and this button is pressed, control will automatically be transferred to screen PS-S-025 where the selection criteria entered on this screen is displayed.	PS-S-026 ()

SUB MENU	Return to the Provider Main Menu.	PS-S-000 (R)
MC ENROLL	Branch to the Managed Care Enrollment Screen.	PS-S-026 (B)
SCROLL DOWN	This key is used to page forward if more records selected from the Managed Care/Provider Search Selection Screen (PS-S-024) are to be displayed. When the key is depressed, the next set of records that meet the search criteria are read and moved to the screen for display. After all records have been displayed, a message will appear on the screen.	N/A
SCROLL UP	This key is used to page backward if the FRWD key was invoked. After all records have been displayed, a message will appear on the screen.	N/A
PRINT LIST	Produce a printed list of selected providers.	N/A
PROVIDER	Branch to Provider Information Screen	POS-S-034 (B)
SEARCH	Branch to the Search Selection Screen.	PS-S-024 (B)
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
68	DATA REFRESHED	Information message.
4	END OF THE PAGE	Information message, no action needed.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4118	NO RECORD IS SELECTED	Information message.
8874	NPI NOT FOUND	NPI not on database
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
4420	SELECT PROVIDER NUMBER FROM THE ACTION FIELD	Information message.
29	TOP OF THE PAGE	Information message. No action needed.

67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Managed Care Search/Selection from the drop-menu in the Selection Field.
4. Choose the Inquiry radio button in the Function Field.
5. Enter the Enrollee Identification Number.
6. Choose Enter.
7. You see the Managed Care Provider Search/Selection Screen (PS-S-024).
8. Enter the desired criteria for the Managed Care Provider Search.
9. Choose Search List.
10. You see the Managed Care Provider Search List (PS-S-025).
NOTE: Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

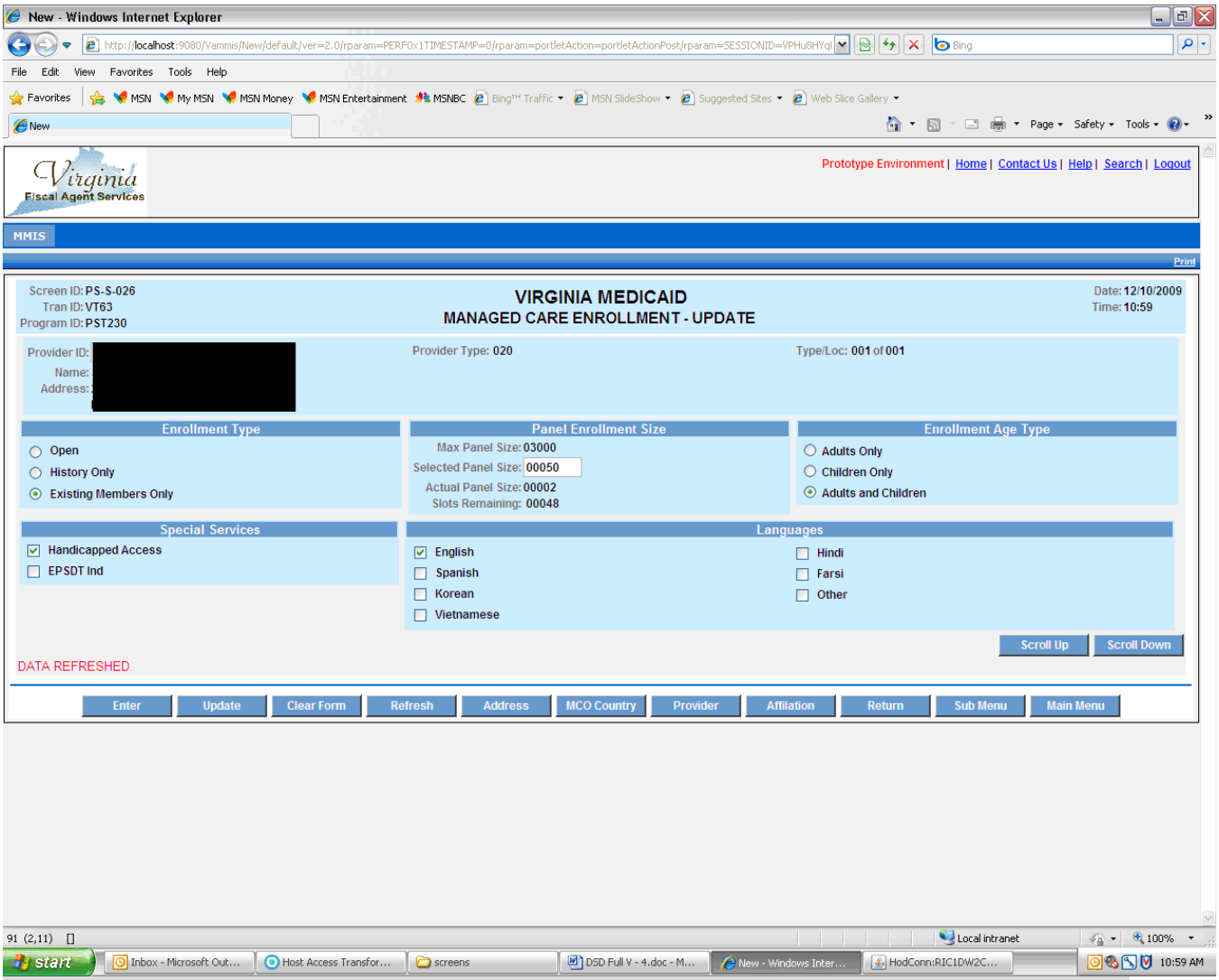
Screens PS-S-026 Managed Care Enrollment

General Information

This screen allows the addition and changes of Managed Care providers.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	PST230
MAPSET	PS230VA
TRAN ID	VT62 (Inquiry), VT63 (Update), VT64 (Add)

SAMPLE	**Managed Care Enrollment (PS-S-026)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	PROV ID National Provider Identifier (DE4700)	Edits: A unique identification number assigned to a provider. Messages:	A unique identification number assigned to the servicing or billing provider. . A unique identification number assigned to the servicing or billing provider. UPDATE (R/U) Enter a valid Provider ID Number.
4	NAME Provider Name (DE4085)	Edits: Displays the Pro-vider's name.	The name of the servicing or billing Provider. 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. UPDATE (P) System displayed.
5	(ENROLLMENT TYPE) Open Provider Managed Care Panel Enrollment Type (DE4402)	Edits: A code to indicate the type of enrollment for the provider's panel. Must be a valid enrollment type code.	A code to indicate the type of enrollment for the provider's panel. A code to indicate the type of enrollment for the provider's panel. Must be a valid enrollment type code. UPDATE (O/U) Select the radio box for the Provider Managed Care Panel Open Enrollment Type.
6	(ENROLLMENT TYPE) History Only Provider Managed Care Panel Enrollment Type (DE4402)	Edits: Must be a valid enrollment type code.	A code to indicate the type of enrollment for the provider's panel. A code to indicate the type of enrollment for the provider's panel. Must be a valid enrollment type code. UPDATE(O/U) Select the radio box for the Provider Managed Care Panel History Only Enrollment Type.
7	(ENROLLMENT TYPE) Existing Clients Only Provider Managed Care Panel Enrollment Type (DE4402)	Edits: A code to indicate the type of enrollment for the provider's panel.	A code to indicate the type of enrollment for the provider's panel. A code to indicate the type of enrollment for the provider's panel. Must be a valid enrollment type code. UPDATE (O/U) Select the radio box for the Provider Managed Care Panel Existing Clients Only Enrollment Type.
8	(PANEL ENROLLMENT SIZE) MAX PANEL SIZE Provider Managed Care Maximum Slots (DE4123)	Edits: The maximum number of enrollees a Primary Care Provider can have assigned. DE 4403 represents the maximum size the provider has elected.	The maximum number of panel size of enrollees assigned to a Primary Care Provider. The maximum number of enrollees a Primary Care Provider can have assigned. DE 4403 represents the maximum size the provider has elected. UPDATE (P) System displayed.

9	(PANEL ENROLLMENT SIZE) SELECTED PANEL SIZE Provider Managed Care Panel Enrollment Size (DE4403)	Edits: Required only for Medallion (02) and optional for CMM (05) Managed Care Providers. Validated based on the data entered in DE 4123. Cannot be greater than the maximum panel size value and cannot be set to zero.	The number of clients the provider has agreed to have in his/her panel. The number of clients the provider has agreed to have in his/her panel. UPDATE (R/U) Enter a valid Provider Managed Care Panel Enrollment Size. This number cannot be more than the Max Panel Size in DE 4123 and must be greater than '0'.
10	(PANEL ENROLLMENT SIZE) actual panel size Provider Managed Care Assigned Slots (DE4122)	Edits: Displays the number of enrollees assigned to the provider.	The number of enrollees assigned to a Primary Care Provider. The number of enrollees assigned to a Primary Care Provider. Displays the number of enrollees assigned to the provider. UPDATE (P) System displayed.
11	(PANEL ENROLLMENT SIZE) Slots remaining (DE0000)	Edits: Calculates and displays the open slots remaining as selected panel size minus actual panel size. When the Actual Panel Size is greater than the Selected Panel Size, this field will display a negative value.	This field will be calculated. It is Selected Panel Size minus Actual Panel Size. When the Actual Panel Size is greater than the Selected Panel Size, this field will display a negative value. (P) This field will be calculated. It is Selected Panel Size minus Actual Panel Size. When the Actual Panel Size is greater than the Selected Panel Size, this field will display a negative value. (P)
12	(ENROLLMENT AGE TYPE) Adults Only Provider Managed Care Panel Enrollment Age Type (DE4404)	Edits: A code indicating the age type of the client for the provider's panel. Must be a valid Enrollment Age Type.	A code indicating the age type of the client for the provider's panel. A code indicating the age type of the client for the provider's panel. Must be a valid Enrollment Age Type. UPDATE(O/U) Select the radio box for Adults Only Provider Managed Care Enrollment Age Type.
13	(ENROLLMENT AGE TYPE) Children Only Provider Managed	Edits: Must be a valid Enrollment Age Type.	A code indicating the age type of the client for the provider's panel. A code indicating the age type of the client for

	Care Panel Enrollment Age Type (DE4404)		the provider's panel. Must be a valid Enrollment Age Type. UPDATE (O/U) Select the radio box for Children Only Provider Managed Care Panel Enrollment Age Type.
14	(ENROLLMENT AGE TYPE) Adults and Children Provider Managed Care Panel Enrollment Age Type (DE4404)	Edits: Must be a valid Enrollment Age Type.	A code indicating the age type of the client for the provider's panel. A code indicating the age type of the client for the provider's panel. Must be a valid Enrollment Age Type. UPDATE (O/U) Select the radio box for Adults and Children for the Provider Managed Care Panel Enrollment Age Type.
15	HANDICAPPED ACCESS Provider Managed Care Handicap Accessibility Indicator (DE4436)	Edits: Must be a valid indicator.	A code to indicate whether the provider has handicap accessibility. Must be a valid indicator. A code to indicate whether the provider has handicap accessibility. Must be a valid indicator. UPDATE (O/U) Select the radio box for the Provider Managed Care Handicap Accessibility Indicator.
16	EPSDT IND Provider EPSDT Indicator (DE4500)	Edits: Must be a valid indicator.	A code to indicate whether a provider is certified to perform EPSDT services. A code to indicate whether a provider is certified to perform EPSDT services. Must be a valid indicator. UPDATE(O/U) Select the radio box for the Provider EPSDT Indicator.
17	ENGLISH Provider Language Type (DE4420)	Edits: Must be a valid indicator.	Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. UPDATE(O/U) Select the radio box for the Language Indic-

			ator.
18	SPANISH Provider Language Type (DE4420)	Edits: Must be a valid indicator.	Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. UPDATE(O/U) Select the radio box for the Language Indicator.
19	KOREAN Provider Language Type (DE4420)	Edits: Must be a valid indicator.	Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. UPDATE(O/U) Select the radio box for the Language Indicator.
20	VIETNAMESE Provider Language Type (DE4420)	Edits: Must be a valid indicator.	Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. UPDATE(O/U) Select the radio box for the Language Indicator.
21	HINDI Provider Language Type (DE4420)	Edits: Must be a valid indicator.	Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. UPDATE(O/U)

			Select the radio box for the Language Indicator.
22	FARSI Provider Language Type (DE4420)	Edits: Must be a valid indicator.	Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. UPDATE(O/U) Select the radio box for the Language Indicator.
23	OTHER Provider Language Type (DE4420)	Edits: Must be a valid indicator.	Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. Indicates the type of language spoken in the provider's office. Must be a valid indicator. If a language is not selected, the system will default to the English language. UPDATE(O/U) Select the radio box for the Language Indicator.
24	TYPE/LOCATION NUMBER Calculated (DE0002)	Edits: Messages: Current Type/Location number of the servicing location.	Current Type/Location number of the servicing location. Current Type/Location number of the servicing location.
25	TOTAL TYPE/LOCATION Calculated (DE0002)	Edits: Messages: Total number of servicing locations for a Provider.	Total number of servicing locations for a Provider. Total number of servicing locations for a Provider.
26	Prov Type Provider Type (DE4006)	Edits: Messages:	A code that designates the classification of a provider under the State plan. N/A
27	Address1 Provider Attention Name (DE4096)	Edits: Messages:	The attention line in the address of the provider. N/A
28	Address2 Provider Address Line	Edits: Messages:	The address of the provider. N/A

	(DE4097)		
29	Address3 Provider Address State (DE4098)	Edits: Messages:	The state in the address of the provider. N/A
30	Address4 Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. N/A

NAVIGATION	Managed Care Enrollment (PS-S-026)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDRESS	Branch to the Provider Address Screen.	PS-S-022-02 (B)
AFFILIATION	Branch to the Managed Care Affiliation Screen.	PS-S-023 (B)
RETURN	Returns to the previous screen accessed.	PS-S-000 ()
Clear Form	Clears all the data entered in the screen and allows user to enter new data.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	PS-S-026 ()
SUB MENU	Returns to the Provider Main Menu.	PS-S-000 (R)
MCO COUNTY	Branch to the MCO County Screen.	PS-S-028 (B)
PROVIDER	Branch to the Provider Information Screen	PS-S-001-03 (B)
Refresh	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()
Update	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4927	ACTUAL PANEL SIZE MUST BE GREATER THAN ZERO	Change "ACTUAL PANEL SIZE" to be greater than zero (0)

4159	BASE ID NOT FOUND FOR EXISTING PROVIDER	Information message.
44	CHOOSE UPDATE TO ADD THE RECORD	Choose the Update button.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
3	DUPLICATE RECORD; NOT INSERTED	Information message. No action needed.
4078	ENTER AT LEAST ONE VALID VALUE	Enter valid values according to error message specifications.
4083	ENTER ONLY ONE VALID VALUE	Enter valid values according to error message specifications.
18	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
4104	ENTER PROVIDER NUMBER FOR FINANCIAL INFORMATION	Enter valid values according to error message specifications.
4620	ENTER VALID VALUE	Enter valid values according to error message specifications.
4086	ENTER 'Y' OR 'N' FOR EPSDT INDICATOR	Enter a valid value in the EPSDT indicator field.
4087	ENTER 'Y' OR 'N' FOR SPECIAL SERVICES	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
8942	LEGACY ID NOT FOUND	Key in a valid Legacy ID
4389	MANAGED CARE RECORD NOT FOUND	Information message.
77	MUST BE NUMERIC	Data must be only numeric. See the Field Definitions for valid data/formatting this field.
8874	NPI NOT FOUND	NPI not on database
4480	PROGRAM CODE NOT ACTIVE	Information message.
4076	PROVIDER DETAILS DISPLAYED	Information message.

4469	PROVIDER DOES NOT HAVE A MANAGED CARE PROGRAM CODE	Information message.
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
4088	PROVIDER NOT FOUND ENTER ANOTHER PROVIDER.	Information message.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
6	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
4393	PROVIDER RECORD ALREADY EXISTS	Information message.
4393	PROVIDER RECORD ALREADY EXISTS	Information message.
24	RECORD FOR UPDATE NOT FOUND	Information message. No action needed.
4926	SELECTED PANEL SIZE CANNOT EXCEED MAX PANEL SIZE	Change "SELECTED PANEL SIZE" to be equal or less than "MAX PANEL SIZE"
4925	SELECTED PANEL SIZE MUST BE GREATER THAN ZERO	Change "SELECTED PANEL SIZE" to be greater than zero (0)
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
4089	UPDATE COMPLETED ENTER PROVIDER NUMBER.	Enter the Provider number to complete the transaction.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Managed Care Enrollment from the drop down menu in the Selection Field.
4. Choose the Change radio button in the Function field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter to display Managed Care Enrollment screen (PS-S-026).
5. If no entry is made in the ID Field, enter the Provider ID number on the Managed Care Enrollment and choose Enter to display the record(s).
6. After entering data for an Update, choose Enter. If no errors occur, choose Update to save the record. If errors messages appear on the bottom of the screen, make correction(s), choose Enter. When no Error Messages appear, choose Update save the data.
Note: If no entry is made in the ID Field, enter the Enrollee Identification Number on the Managed Care Enrollment screen and select Enter.Use the Page Up and Page Down arrow buttons to the right of the data box to scroll through additional pages of data.

Screens PS-S-027 Taxonomy Data Maintenance

General Information

This program allows the user the online access to maintain Provider type and Taxonomy relation.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST012
MAPSET	PS012VA
TRAN ID	VTB4(Add)/ VTB5(Update) /VTB6(Inquiry)

SAMPLE	**Taxonomy Data Maintenance (PS-S-027)**

VA DMAS Prototype Portal - Windows Internet Explorer

Virginia Fiscal Agent Services

MMIS

Print Logoff

Screen ID: PS-S-027
Trans ID: VTB5
Program ID: PST012

VIRGINIA MEDICAID
TAXONOMY DATA MAINTENANCE - UPDATE

Date: 01/28/2010
Time: 17:36
Page:: 001 of 012

Taxonomy Code: - -

Prov Type: 020

Select	Taxonomy Code	Prov Type	Begin Date	End Date	Update Date
○	204C00000X	020	10/01/2006	12319999	10/19/2006
○	204D00000X	020	10/01/2006	12319999	10/19/2006
○	204E00000X	020	10/01/2006	12319999	10/19/2006
○	204F00000X	020	10/01/2006	12319999	10/19/2006
○	207KA0200X	020	10/01/2006	12319999	10/19/2006
○	207KI0005X	020	10/01/2006	12319999	10/19/2006
○	207K00000X	020	10/01/2006	02152010	01/28/2010
○	207LA0401X	020	10/01/2006	12319999	10/19/2006
○	207LC0200X	020	10/01/2006	12319999	10/19/2006
○	207LP2900X	020	10/01/2006	12319999	10/19/2006
○	207LP3000X	020	10/01/2006	12319999	10/19/2006
○	207L00000X	020	10/01/2006	12319999	10/19/2006
○	207ND0101X	020	10/01/2006	12319999	10/19/2006
○	207ND0900X	020	10/01/2006	12319999	10/19/2006
○	207NI0002X	020	10/01/2006	12319999	10/19/2006

Scroll Up | Scroll Down

TAXONOMY PROV TYPE DETAILS ARE DISPLAYED.

Enter | Update | Clear Form | Refresh | Txnmy Desc | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	TAXONOMY CODE (Header) Provider Taxonomy Code (DE4391)	Edits: Full or partial Taxonomy code for searching the Taxonomy prov type details Messages: Full or partial Taxonomy code for	The Health Care Provider Taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization. N/A

		searching the Taxonomy prov type details	
2	PROV TYPE (header) Provider Type (DE4006)	Edits: should be a valid provider type value. Messages: Provider type for searching the Taxonomy and prov type data.	Description of Provider type. N/A
3	SEL (DE0000)	Edits: Messages: Row selection field to navigate to TAXONOMY DEFINITION screen.	Field where user can choose this row by selecting for navagation purpose. N/A
4	TAXONOMY CODE (detail) Provider Taxonomy Code (DE4391)	Edits: Valid Taxonomy code for creating Taxonomy prov type combination. Messages: Detail screen taxonomy code.	A code indicating Provider Taxonomy Code. N/A
5	PROV TYPE (Detail) Provider Type (DE4006)	Edits: should be a valid provider type value. Messages: Provider Type displayed in the Detail screen area.	Description of Provider type. N/A
6	BEGIN DATE Taxonomy Provider Type Begin Date (DE4706)	Edits: Should be a Valid date value. Messages: Taxonomy - Prov type comination Begin Date.	Taxonomy - Prov type combination Begin Date representing when this combination became active. N/A
7	END DATE Taxonomy Provider Type End Date	Edits: Should be a Valid date field.	Taxonomy - Prov type combination end Date representing when this combination expires. N/A

	(DE4707)	Messages: Taxonomy - Prov type comination End Date.	
8	DATE UPDATED Row Update Date (DE0011)	Edits: Messages: Last updated Date. Date value from the current timestamp is stored in this field.	Represents when the row is created or last time modified. N/A

NAVIGATION	Taxonomy Data Maintenance (PS-S-027)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the Previous Menu.	N/A
SCROLL UP	Scrolls backward and displays next detail screen.	N/A
CLEAR FORM	Clears the screen.	N/A
SCROLL DOWN	Scrolls forward and displays previous information.	N/A
REFRESH	Refreshes the screen and redispays the inoformation.	N/A
TXNMY DESC	Navigates to Taxonomy Definition screen.	PS-S-021 (B)
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()
UPDATE	Updates the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
4616	DATA CHANGED; UNABLE TO GO TO	Information message.

	OTHER SCREENS	
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.
68	DATA REFRESHED	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
4	END OF THE PAGE	Information message, no action needed.
4090	ENTER A VALID BEGIN DATE	Enter a Valid Begin Date. See the Field Definitions for formatting and requirements for this field.
4626	ENTER ALL SCREEN DETAILS	Enter valid values according to error message specifications.
10036	ENTER TAXONOMY CODE OR PROV TYPE TO SELECT DATA.	Enter a taxonomy code or a Provider Type.
10049	ERROR!. BEGIN DATE CAN NOT BE GREATER THAN CURRENT DATE.	Information message. Correct the begin date value.
10051	ERROR!. DUPLICATE OR OVERLAPPING DETAILS ARE ENTERED ON THE SCREEN.	Information message. Correct the Duplicate or overlapping details.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
8848	INVALID FUNCTION FOR THIS SELECTION	Informational message
10039	INVALID TAXONOMY CODE. PLEASE ENTER VALID TAXONOMY CODE.	Information message. Enter Valid Taxonomy code value.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
10050	NO TAXONOMY RECORDS FOUND TO DISPLAY.	No details are found in the database.
10042	OVERLAPPING ERROR!. DETAILS ALREADY EXIST IN THE DATABASE.	Information message. Correct the overlapping dates.
4944	PROVIDER TYPE INVALID	Enter a valid Provider Type
10046	RECORD(S) INSERTED AND SCREEN DATA REFRESHED.	Information message. Database is updated.
10045	RECORD(S) INSERTED/UPDATED AND SCREEN DATA REFRESHED.	Information message. Database is updated.
10047	RECORD(S) UPDATED AND SCREEN DATA REFRESHED.	Information message. Database is upated,
2353	SELECT AT LEAST ONE LINE	Information message. Choose at least one row.
10038	TAXONOMY PROV TYPE DETAILS ARE DISPLAYED.	Information message.

29	TOP OF THE PAGE	Information message. No action needed.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Taxonomy Maintenance from the drop-menu in the Selection Field.
4. Choose the Add or Change radio button in the Function Field.
5. Enter the Taxonomy Code in the ID Value Field, or leave blank (see note).
6. Choose Enter.
7. You see the Taxonmy Data Maintenance ADD or UPDATE Inquiry screen (PS-S-027).
Note: The Taxonomy code (Full or Partial) can also be entered on the Taxonmy Data Maintenance Inquiry screen in the Taxonomy code (Header field) if it is not entered in the ID Value field on the Provider Main Menu screen.

Screens PS-S-028 MCO Provider/County

General Information

This screen allows the user to view the counties in which a managed care provider is eligible to provide services.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST240
MAPSET	PS240VA
TRAN ID	VT66 (Inquiry), VT67 (Update), VT68 (Add)

SAMPLE	**MCO Provider/County (PS-S-028)**

VAMMIS - Windows Internet Explorer

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

MMIS

Print

Screen ID: PS-S-028
Trans ID: VT66
Program ID: PST240

VIRGINIA MEDICAID
MCO PROVIDER/FIPS INQUIRY

Date: 01/28/2010
Time: 18:02
Page: 001 of 001

MCO Provider:
Name: [redacted]

FIPS	Begin Date	End Date	Reason Code	Enrollment Incentive %	Applicable Programs
001	01/01/1995	12/31/9999	000	000	01 03 08
131	01/01/1995	12/31/9999	000	000	01 03 08
175	01/01/1995	12/31/9999	000	000	01 03 08
550	01/01/1995	12/31/9999	000	000	01 03 08
620	01/01/1995	12/31/9999	000	000	01 03 08
710	01/01/1995	12/31/9999	000	000	01 03 08
740	01/01/1995	12/31/9999	000	000	01 03 08
800	01/01/1995	12/31/9999	000	000	01 03 08
810	01/01/1995	12/31/9999	000	000	01 03 08

Scroll Up | Scroll Down

MCO COUNTY RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | MC Enroll | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	HMO PROVIDER National Provider Identifier (DE4700)	Edits: The HMO provider identification number. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE (R/U) Enter a valid Provider ID Number.
3	NAME Provider Name (DE4085)	Edits: The name of the pro-	The name of the servicing or billing HMO Pro-vider. The name of the servicing or billing HMO Pro-

		vider. If a Business Type Provider Name the field if 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title.	vider. ADD/UPDATE(P) System displayed.
4	LOC Provider Locality Code (DE4089)	Edits: The county in which a provider is located.	A county in which a provider is located. Use the On-line HELP system to find valid codes for this field. A county in which a provider is located. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (P) System displayed.
5	BEGIN DATE Provider HMO County Begin Date (DE4438)	Edits: The beginning date of the provider's participation in a county for managed care.	The date on which the Provider Locality Code begins; MM/DD/CCYY format. The date on which the individual Provider Type begins; MM/DD/CCYY format. Must be greater than the previous Provider Type End Date. ADD/UPDATE (R/U) Enter a valid Provider Type Begin Date.
6	END DATE Provider HMO County End Date (DE4439)	Edits: The ending date of the provider's participation in a county for managed care.	The date on which the Provider Locality Code ends; MM/DD/CCYY format. The date on which the individual Provider Rate ends; MM/DD/CCYY format. Must be greater than the previous Provider Rate Begin Date. ADD/UPDATE (R/U) Enter a valid Provider Rate End Date.
7	RSN Provider Reason Code (DE4012)	Edits: Must be valid reason code for HMO Provider County. Not all Valid Values for DE 4012 are applicable for every table and screen. Refer toProvider Main Menu, Code Table Main-	A code identifying the reason code for the Provider Locality Code. Use the On-line Help system to find valid codes for this field. A code identifying the reason code for the provider. Use the On-line Help system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid HMO Provider/County Reason Code.

		tenance Screen (Option Reason Code) to see which values are applicable for which tables.	
8	IE% Provider Enrollment Incentive Percentage (DE4507)	Edits: Indicates a percentage by which pre-assignments to an HMO can be increased or decreased for a given locality. Must be numeric. If negative, insert "-" in the first position.	The number indicating a percentage by which pre-assignments to an HMO can be increased or decreased for a given locality. The number indicating a percentage by which preassignments to an HMO can be increased or decreased for a given locality. Must enter (-) first, if a negative amount. ADD/UPDATE (O/U) Enter a Provider Enrollment Incentive Percentage.
9	Provider Program code Provider Program Code (DE4208)	Edits: Must be a valid provider program code of the following combinations. Program code 01 with either program code 03 or 04 as one combination and Program code 08 with either program code 03 or 04.	The program(s) in which a provider participates. The program(s) in which a provider participates. Must be a valid provider program code of the following combinations. Program code 01 with either program code 03 or 04 as one combination and Program code 08 with either program code 03 or 04. ADD/UPDATE (O/U) Enter valid provider program code.

NAVIGATION	**MCO Provider/County (PS-S-028)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	PS-S-000 ()
Clear Form	Clears all the data entered in the screen and allows user to enter new data.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Return to the Provider Main Menu.	PS-S-000 (R)
MC ENROLL	Branch to the Managed Care Enrollment	PS-S-026 (B)

	Screen.	
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
Refresh	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()
Update	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
4500	BEGIN DATE MUST BE CHANGED IF EI% CHANGED	Edit/alter the Begin date as required.
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
4496	CANNOT ADD NEW BEGIN DATE LESS THAN ACTIVE BEGIN DATE	Information message.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
4475	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Information message.
4501	DUPLICATE PROVIDER PROGRAM EXISTS	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.

4	END OF THE PAGE	Information message, no action needed.
4090	ENTER A VALID BEGIN DATE	Enter a Valid Begin Date. See the Field Definitions for formatting and requirements for this field.
4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
4095	ENTER VALID INCENTIVE PERCENTAGE	Enter valid values according to error message specifications.
4041	ENTER VALUE FOR CLIA NUMBER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4092	HMO COUNTY RECORDS DISPLAYED	Information message.
4093	INVALID LOCALITY CODE	Check field for valid data and re-enter.
163	INVALID PROGRAM CODE COMBINATION	Enter the valid Program Code combination.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4094	NO HMO COUNTY RECORDS FOR THIS PROVIDER	Information message.
8874	NPI NOT FOUND	NPI not on database
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4005	PROGRAM CODE IS INVALID	Enter a valid program code. See the Field Definitions for explanation and valid codes.
4117	PROVIDER BASE ID NOT FOUND	Information message.
4637	PROVIDER HAS MULTIPLE HMO COUNTY DETAILS	Information message.
4131	PROVIDER IS NOT ENROLLED AS HMO PROVIDER	Information message.
4462	PROVIDER NOT ENROLLED IN THE PROGRAM	Information message.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
4175	PROVIDER PROGRAM CODE REQUIRED	Information message.
4021	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.
4474	REASON CODE MUST BE CHANGED WHEN END DATE IS CHANGED	Information message.
23	RECORD INSERTED	Information message.

25	RECORD UPDATED	Information message. No action needed.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select HMO Provider/County from the drop-down menu in the Selection Field.
4. Select the Add or Change radio button in the Function field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Managed Care Enrollment screen (PS-S-028).
Note: If no entry is made in the ID Field, enter the Provider ID number on the Managed Care Enrollment and choose Enter to display the record(s). Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

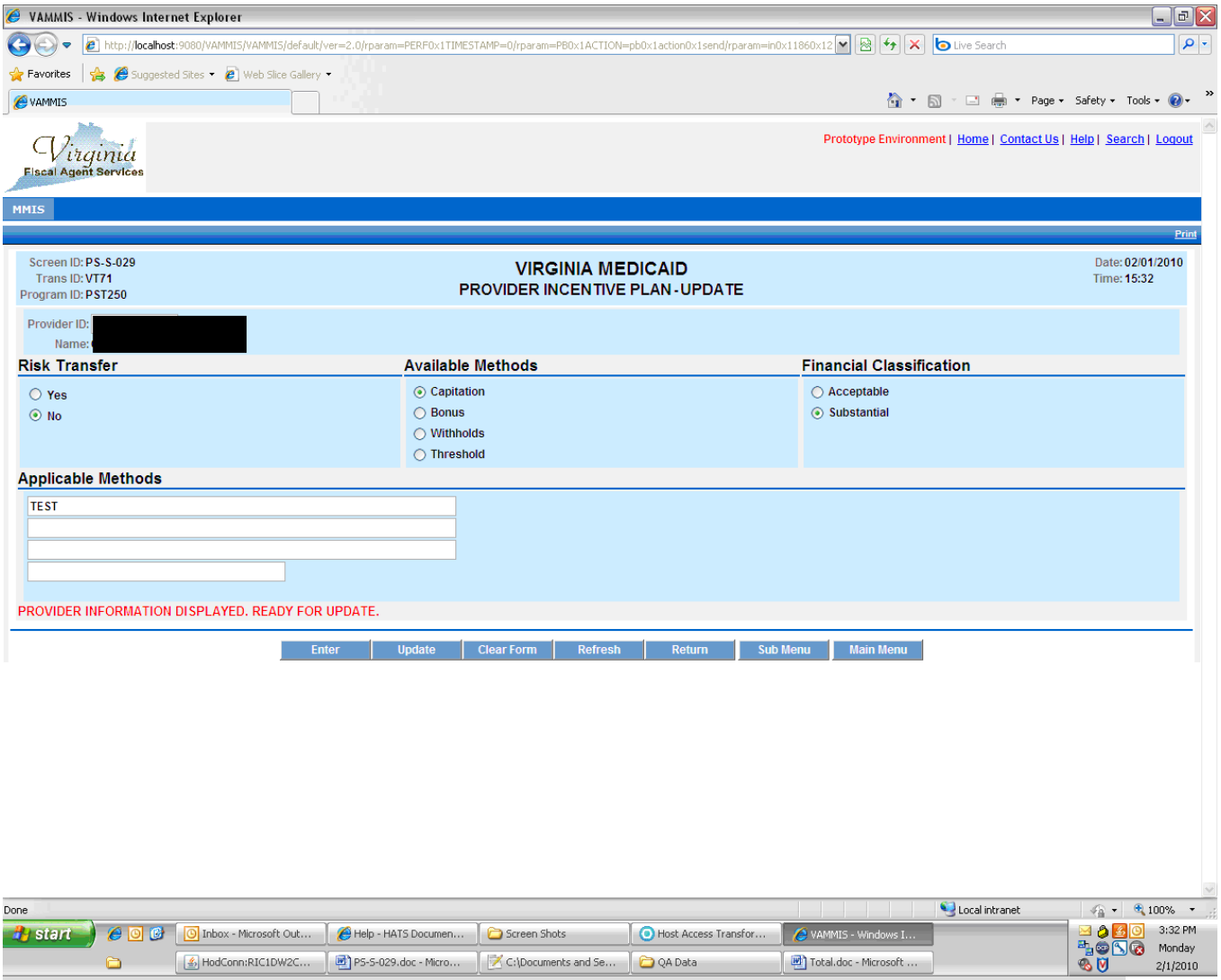
Screens PS-S-029 Provider Incentive Plan

General Information

This screen allows entry of Provider Incentive Plan Data.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST250
MAPSET	PS250VA
TRAN ID	VT70 (Inquiry), VT71 (Update), VT72 (Add)

SAMPLE	**Provider Incentive Plan (PS-S-029)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROV ID National Provider Identifier (DE4700)	Edits: .A unique identification number assigned to a provider. Must be a valid Provider ID Messages:	A unique identification number assigned to the Health Maintenance Organization or CMM Plan. A unique identification number assigned to the Health Maintenance Organization or CMM Plan. ADD/UPDATE(R/U) Enter a valid Provider ID Number.
2	NAME	Edits:	The name of the provider. If a Business Type

	Provider Name (DE4085)	This is the Provider's Name Messages:	Provider Name the field is 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. N/A
3	RISK TRANSFER Provider Incentive Plan (PIP) Risk Transfer Indicator (DE4452)	Edits: Indicates a compensation agreement between an HMO or CMP and PCP(s) that may directly or indirectly have the effect of reducing or limiting services provided to Medicaid beneficiaries enrolled in the HMO or the CMP. Must be Y or N. Messages:	Indicates a compensation agreement between an HMO or CMP and PCP(s) that may directly or indirectly have the effect of reducing or limiting services provided to Medicaid beneficiaries enrolled in the HMO or the CMP. Indicates a compensation agreement between an HMO or CMP and PCP(s) that may directly or indirectly have the effect of reducing or limiting services provided to Medicaid beneficiaries enrolled in the HMO or the CMP. Must be a Y (Yes) or N (No). ADD/UPDATE (R/U) Select the radio box for the Provider Incentive Plan (PIP) Risk Transfer Indicator.
4	AVAILABLE METHODS Provider Incentive Plan (PIP) Available Method (DE4462)	Edits: Indicates available methods of risk transfers to PCPs. Must select only one of the values. Options are Capitation, Bonus, Withholds, or Threshold. Messages:	Indicates available methods of risk transfers to PCPs. Indicates available methods of risk transfers to PCPs. Must select only one of the values. ADD/UPDATE (R/U) Select the radio box for a valid Provider Incentive Plan (PIP) Available Methods Code.
5	FINANCIAL CLASSIFICATION Provider Incentive Plan (PIP) Financial Classification (DE4465)	Edits: The financial classification for the Provider Incentive Plan. Must select only one of the values. Options are Acceptable or Substantial Messages:	The financial classification for the Provider Incentive Plan . The financial classification for the Provider Incentive Plan. Must select only one of the values. ADD/UPDATE (O/U) Select the radio box for the valid Provider Incentive Plan (PIP) Financial Classification Code.
6	APPLICABLE METHODS	Edits: Identifies the financial	The free form field identifying the financial contract arrangement between the HMO or CMP

	Provider Incentive Plan (PIP) Applicable Method (DE4455)	contract arrangement between the HMO or CMP and the PCPs. Messages:	and the PCPs. The free form field identifying the financial contract arrangement between the HMO or CMP and the PCPs. ADD/UPDATE (O/U) Enter the Provider Incentive Plan (PIP) Applicable Methods contract agreement.

NAVIGATION	Provider Incentive Plan (PS-S-029)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Displays the previous screen accessed.	N/A
Clear Form	Clears all the data entered in the screen and allows user to enter new data.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Return to the Provider Main Menu.	PS-S-000 (B)
Refresh	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	N/A
Update	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
4159	BASE ID NOT FOUND FOR EXISTING PROVIDER	Information message.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.

27	DATA UPDATED	Information message. No action needed.
4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4097	NO INCENTIVE PLAN INFORMATION FOR THIS PROVIDER	Information message.
4688	PROVIDER ID ENTERED MUST BE AN HMO PROVIDER	Information message.
4098	PROVIDER INFORMATION DISPLAYED	Information message.
4099	PROVIDER INFORMATION DISPLAYED ADD NOT ALLOWED.	Information message.
4100	PROVIDER INFORMATION DISPLAYED READY FOR UPDATE.	Information message.
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
6	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
4101	RISK TRANSFER MUST BE EITHER 'Y' OR 'N'	Change risk transfer to Y or N.
4102	SELECT ONLY ONE FINANCIAL CLASSIFICATION	Information message.
4103	SELECT ONLY ONE OF THE AVAILABLE METHODS	Information message.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Provider Incentive Plan from the drop-menu in the Selection Field.
4. Choose the Add or Change radio button in the Function Field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Provider Incentive Screen (PS-S-029).
Note: If no entry is made in the ID Field, enter the Provider ID number on the Provider Incentive

Plan screen and choose to display the record(s). Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

Screens PS-S-030 Provider CLIA Update

General Information

This screen allows a user to update the Provider CLIA Cross-Reference table.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST140
MAPSET	PS140VA
TRAN ID	VT74 (Inquiry), VT75 (Update), VT76 (Add)

SAMPLE	**Provider CLIA Update (PS-S-030)**

VAMMIS - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-030
Trans ID: VT76
Program ID: PST140

VIRGINIA MEDICAID
PROVIDER CLIA UPDATE - ADD

Date: 02/02/2010
Time: 10:15
Page:

Provider ID: [redacted]
Name:

CLIA	Begin Date	End Date	Disposition
[redacted]	09/01/1992	12/31/9999	A

Scroll Up | Scroll Down

UPDATE CLIA NUMBERS AS REQUIRED.

Enter | Update | Clear Form | Refresh | CLIA Inq | Provider | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	PROV ID National Provider Identifier (DE4700)	Edits: The provider identification number. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE (R/U) Enter a valid Provider ID Number.
3	NAME Provider Name (DE4085)	Edits: The provider name.	The name of the servicing or billing Provider. 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.
4	CLIA NUMBERS FOR THIS PROVIDER Clinical Laboratory Improvement Amendment (CLIA) Number (DE4310)	Edits: A number that the fiscal agent must have on file for the provider for laboratory charges to be paid. This number is issued by HCFA.	The number assigned by CMS to a provider for laboratory charges to be paid. The number assigned by CMS to a provider for laboratory charges to be paid. ADD/UPDATE (R/U) Enter a valid CLIA Number.
5	CLIA BEGIN DATE (DE0000)	Edits: Date is validated Messages: 'ENTER VALID DATE'	Displays the CLIA Begin Date. Date is validated
6	CLIA END DATE (DE0000)	Edits: Date is validated and should be greater or equal to CLIA BEGIN DATE Messages: 'ENTER VALID DATE'	Displays the CLIA End Date. Date is validated and should be greater or equal to CLIA BEGIN DATE
7	CLIA DISPOSITION (DE0000)		Displays the Clia Disposition. Displays the Clia Disposition.

NAVIGATION	**Provider CLIA Update (PS-S-030)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Displays the previous screen accessed.	N/A
Clear Form	Clears all the data entered in the screen and allows user to enter new data.	N/A
CLIA INQ	Branch to the CLIA Inquiry Screen.	PS-S-014 (B)
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	PS-S-030 ()

SUB MENU	Return to the Provider Main Menu	PS-S-000 (R)
SCROLL DOWN	Scroll to next page	N/A
SCROLL UP	Scroll to previous page	N/A
PROVIDER	Branch to the Provider Information Screen	PS-S-001-03 (B)
Refresh	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()
Update	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
4047	CLIA NUMBER ADDED	Information message.
4422	CLIA NUMBER ALREADY EXISTS FOR THE PROVIDER	Information message.
4053	CLIA NUMBER IS INVALID	Information message.
4048	CLIA NUMBER NOT FOUND	Information message.
4049	CLIA NUMBER UPDATED	Information message.
4421	CLIA NUMBERS DISPLAYED	Information message.
4051	CLIA NUMBERS UPDATED	Information message.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
66	ENTER A VALID DATE	Enter a valid date. Enter a two digit month, two digit day and a four digit year.
4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
4052	ENTER PROVIDER NUMBER TO GET CLIA NUMBERS	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4423	NO CLIA NUMBER EXISTS FOR THE PROVIDER	Information message.

4054	NO CLIA NUMBERS EXIST UPDATE AS REQUIRED.	Information message.
64	NO DATA TO SCROLL	Information message. No action needed.
8874	NPI NOT FOUND	NPI not on database
4117	PROVIDER BASE ID NOT FOUND	Information message.
22	PROVIDER NAME NOT FOUND	Information message. No action needed.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
4055	UPDATE CLIA NUMBERS AS REQUIRED	Information message.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Provider CLIA from the drop-menu in the Selection Field.
4. Choose the Add or Change radio button in the Function Field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Click the Enter button.
7. You see the Provider CLIA Update screen (PS-S-030).
Note: If no entry is made in the ID Field, enter the Provider ID number on the Provider CLIA and choose Enter to display the record(s). Maximum of 10 CLIA rows are displayed per page. Use the Page Up or Page Down arrow buttons to scroll through additional pages of data.
8. In Change mode, for ending a CLIA, enter valid end date (greater than CLIA begin date) and press ENTER/UPDATE to make changes. To activate a new CLIA for the provider, Return to Provider CLIA menu and select ADD mode
9. In Add mode, enter valid CLIA, valid CLIA begin date and valid CLIA end date. CLIA end date should be greater or equal to CLIA begin date. Once validated, apply to database by choosing UPDATE button.

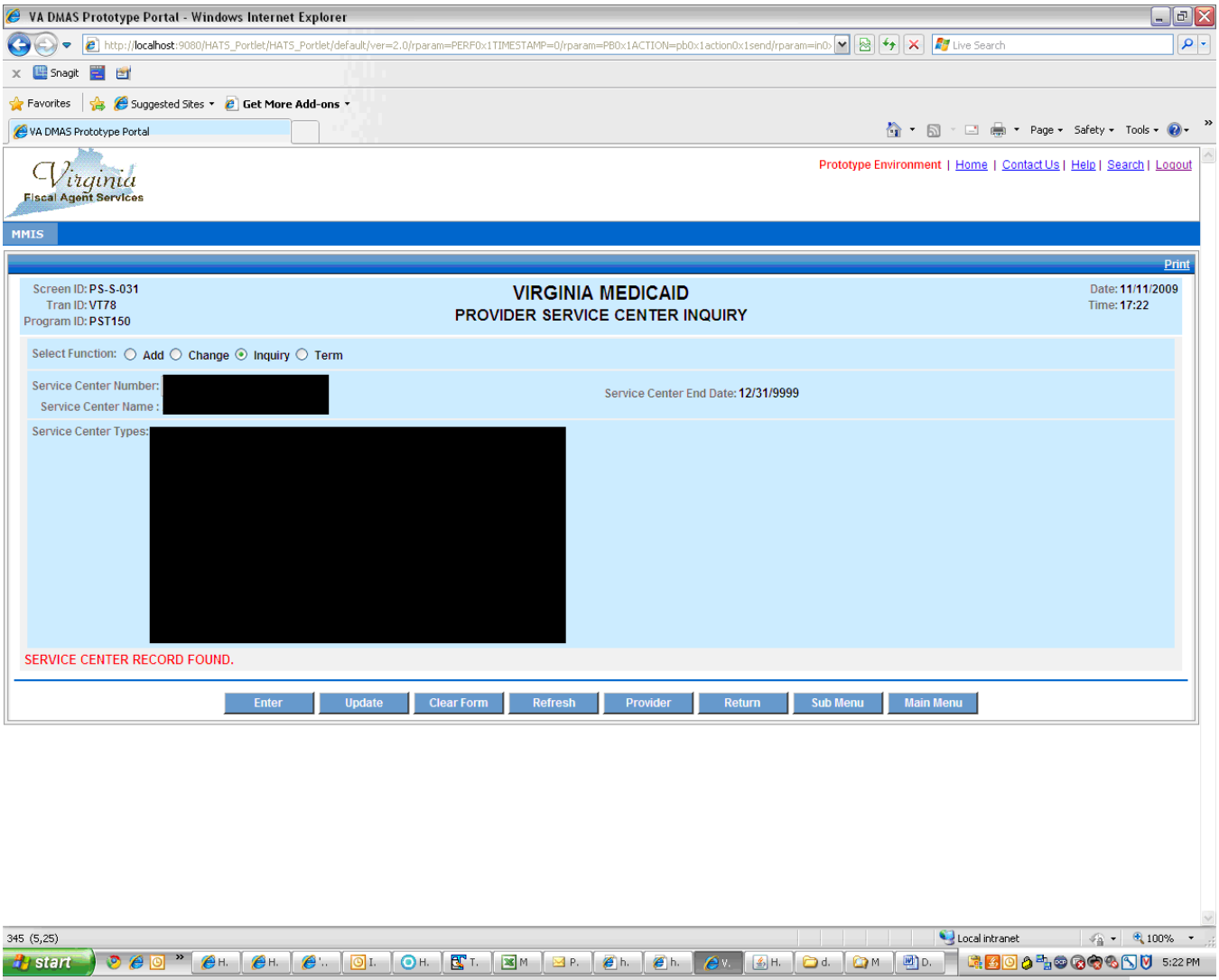
Screens PS-S-031 Service Center Update

General Information

Provides information on the Service Center.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST150
MAPSET	PS150VA
TRAN ID	VT78 (Inquiry), VT79 (Update), VT80 (Add)

SAMPLE	**Service Center Update (PS-S-031)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
3	SERVICE CENTER NUMBER Provider Service Center (DE4082)	Edits: Code assigned to each billing service or data center which submits claims to the Fiscal Agent. Must be alphanumeric. All 4 positions must be entered.	The code assigned to each billing service or data center which submits claims to the Fiscal Agent. The code assigned to each billing service or data center which submits claims to the Fiscal Agent. ADD/UPDATE (R/U) Enter a valid Service Center Number.
4	SERVICE CENER END DATE	Edits:	Radio button indicating whether a service center sends claims electronically only, or

	Provider Alternate ID End Date (DE4554)	The ending date for a specific data base row or occurance. Must be a valid date.	send claims and receives remittances advices electronically. Radio button indicating whether a service center sends claims electronically only, or send claims and receives remittances advices electronically. ADD/UPDATE (C/U) Select the radio button for Claims Only.
5	SERVICE CENTER NAME Service Center Name (DE4138)	Edits: The name of the Service Center.	The name of the service center. The name of the service center. ADD/UPDATE (R/U) Enter a valid Service Center Name.
6	ELIGIBILITY VERIFICATION BATCH INQUIRY/RESPONSE (270/271) Service Center Mode (DE4139)	Edits: Service Center Service types.	A selection field indicating whether the service center is approved to submit eligibility verification batch inquiry/response (270/271) transactions. A selection field indicating whether the service center is approved to submit eligibility verification batch inquiry/response (270/271) transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the 270/271 transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the 270/271 transactions.
7	CLAIMS STATUS INQUIRY/RESPONSE (276/277) Service Center Mode (DE4139)	Edits: Service Center Service types. Must be a valid value	A selection field indicating whether the service center is approved to submit claims status inquiry/response (276/277) transactions. A selection field indicating whether the service center is approved to submit claims status inquiry/response (276/277) transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the 276/277 transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the 276/277 transactions.
8	UNSOLICITED PENDS	Edits:	A selection field indicating whether the ser-

	(277) Service Center Mode (DE4139)	Must be a valid value. UNSOLICITED PENDS(277) goes with either CAPITATION PAYMENTS(820) or RA (835). Check to see if service type 277 is selected then either 820 or 835 will need to be selected.	vice center is approved to submit unsolicited pends(277) transactions. A selection field indicating whether the service center is approved to submit unsolicited pends(277) transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the unsolicited pends(277) transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the unsolicited pends(277) transactions.
9	PRIOR AUTHORIZATION REQUEST/RESPONSE (278) Service Center Mode (DE4139)	Edits: Service Center Service types. Must be a valid value	A selection field indicating whether the service center is approved to submit prior authorization request/response (278) transactions. A selection field indicating whether the service center is approved to submit prior authorization request/response (278) transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the 278 transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the 278 transactions.
10	UNSOLICITED ELIGIBILITY(271) Service Center Mode (DE4139)	Edits: Must be a valid value	A selection field indicating whether the service center is approved to submit unsolicited eligibility (271) transactions. A selection field indicating whether the service center is approved to submit unsolicited eligibility (271) transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the unsolicited eligibility (271) transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the unsolicited eligibility(271) transactions.

11	CAPITATION PAYMENTS(820) Service Center Mode (DE4139)	Edits: Must be a valid value	A selection field indicating whether the service center is approved to submit capitation payment (820) transactions. A selection field indicating whether the service center is approved to submit capitation payment (820) transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the 820 transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the 820 transactions.
12	HMO ROSTER(834) Service Center Mode (DE4139)	Edits: Must be a valid value	A selection field indicating whether the service center is approved to submit HMO roster (834) transactions. A selection field indicating whether the service center is approved to submit HMO roster (834) transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the 834 transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the 834 transactions.
13	RA(835) Service Center Mode (DE4139)	Edits: Must be a valid value	A selection field indicating whether the service center is approved to submit RA (835) transactions. A selection field indicating whether the service center is approved to submit RA (835) transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the 835 transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the 835 transactions.
14	CLAIMS(837) PROFESSIONAL Service Center Mode	Edits: Must be a valid value.	A selection field indicating whether the service center is approved to submit claims (837) professional transactions.

	(DE4139)	Select either CLAIMS (837) (PROFESSIONAL or DENTAL or INSTITUTIONAL) or HMO (837). Do not allow to select both at the same time.	A selection field indicating whether the service center is approved to submit claims (837) professional transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the claims (837) professional transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the claims (837) professional transactions.
15	CLAIMS(837) DENTAL Service Center Mode (DE4139)	Edits: Must be a valid value.Select either CLAIMS(837) (PROFESSIONAL or DENTAL or INSTITUTIONAL) or HMO (837). Do not allow to select both at the same time.	A selection field indicating whether the service center is approved to submit claims (837) dental transactions. A selection field indicating whether the service center is approved to submit claims (837) dental transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the claims (837) dental transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the claims (837) dental transactions.
16	CLAIMS(837) INSTITUTIONAL Service Center Mode (DE4139)	Edits: Must be a valid value. Select either CLAIMS (837) (PROFESSIONAL or DENTAL or INSTITUTIONAL) or HMO (837). Do not allow to select both at the same time.	A selection field indicating whether the service center is approved to submit claims (837) institutional transactions. A selection field indicating whether the service center is approved to submit claims (837) institutional transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the claims (837) institutional transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the claims (837) institutional transactions.
17	HMO(837) Service Center Mode (DE4139)	Edits: Must be a valid value. Select either CLAIMS	A selection field indicating whether the service center is approved to submit HMO (837) transactions.

		(837) (PROFESSIONAL or DENTAL or INSTITUTIONAL) or HMO (837). Do not allow to select both at the same time.	A selection field indicating whether the service center is approved to submit HMO (837) transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the HMO (837) transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the HMO (837) transactions.
18	DSH 270/271 Service Center Mode (DE4139)	Edits: This field is dependant on the Service Center number beginning with a 'D'.	A selection field indicating whether the service center is approved to submit DSH (270/271) transactions. This field is dependent on the Service Center number. A selection field indicating whether the service center is approved to submit DSH (270/271) transactions. ADD(O/U) Put an 'x' in this field if the provider is approved for the DSH (270/271) transactions. UPDATE (O/U) Add or remove the 'x' from this field if the provider is/is not approved for the DSH (270/271) transactions. This field is dependent on the Service Center number.

NAVIGATION	**Service Center Update (PS-S-031)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Displays the previous screen accessed.	N/A
Clear Form	Clears all the data entered in the screen and allows user to enter new data.	N/A
Enter	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	PS-S-000 ()
SUB MENU	Return to the Provider Main Menu	N/A
Provider	Branch to the Provider Information Screen.	PS-S-026 (B)
Refresh	Displays the UPDATE DATEd information (if any) from the database.	N/A

MAIN MENU	Returns to the Main System Menu.	N/A
Update	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4056	ADD DATA AND CHOOSE ENTER	Information message.
44	CHOOSE UPDATE TO ADD THE RECORD	Choose the Update button.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
66	ENTER A VALID DATE	Enter a valid date. Enter a two digit month, two digit day and a four digit year.
4112	ENTER FOUR-DIGIT SERVICE CENTER NUMBER	Enter valid values according to error message specifications.
4061	ENTER SERVICE CENTER NAME	Enter valid values according to error message specifications.
4111	ENTER SERVICE CENTER NUMBER FOR INQUIRY	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4063	FUNCTION SELECTED IS INVALID	Enter a valid function.
4692	PROVIDERS ASSIGNED TO THIS SERVICE CENTER - TRANSACTION NOT ALLOWED	Enter an RA end date falling before the Service Center End date.
4064	REMIT FORMAT MUST BE 'V'	Change remit format.
4059	SELECT CLAIMS ONLY OR CLAIM AND REMITS	Information message.
4394	SERVICE CENTER CLOSED AND INACTIVE	Information message.
4113	SERVICE CENTER INFORMATION ADDED	Information message.
4067	SERVICE CENTER RECORD ALREADY EXISTS	Information message.
4066	SERVICE CENTER RECORD FOUND	Information message.

4115	SERVICE CENTER RECORD NOT FOUND	Information message.
4070	SERVICE CENTER RECORD UPDATED	Information message.
4065	SERVICE VENDOR NUMBER ALREADY USED	Information message.
4068	SERVICE VENDOR RECORD DELETED	Information message.
28	TO CLOSE THIS RECORD, CHOOSE THE UPDATE BUTTON	Choose the update button to close the record.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Service Center from the drop-menu in the Selection Field.
4. Choose the Add or Change radio button in the Function Field.
5. Enter the Provider Service Center Number in the ID Value Field.
6. Choose Enter.
7. You see the Service Center Screen (PS-S-031).
Note: The Provider Service Center Number can also be entered on the Provider Service Center Inquiry screen in the Provider ID field if it is not entered in the ID Value field on the Provider Main Menu screen.

Screens PS-S-032 Provider Information History

General Information

This screen is initiated from the PS-S-001 screens and is used to display different types of history information for provider file maintenance.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST260
MAPSET	PS260
TRAN ID	VT82

SAMPLE	**Provider Information History (PS-S-032)**

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Screen ID: PS-S-032
Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
PROGRAM INFORMATION

Date: 02/16/2010
Time: 10:42

Provider ID: [redacted]
Name:
Address:

Program	Begin Date	End Date	Reason	Fee	Update Date
01	07/01/1969	12/31/9999	000		09/29/2005
01	07/01/1969	03/31/2004	102		11/15/2003
08	07/01/1998	12/31/9999	000		09/29/2005
08	07/01/1998	03/31/2004	102		11/15/2003

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Screen ID: PS-S-032
Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
TYPE INFORMATION

Date: 02/16/2010
Time: 17:37

Provider ID: [redacted]
Name:
Address:

Type	Begin Date	End Date	Reason	License	BD	ST	Begin Date	End Date	Reason	Update Date
002	07/01/1969	12/31/9999	000			[redacted]	06/16/2003	09/30/9999	000	09/29/2005

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Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
SPECIALITY INFORMATION

Date: 02/18/2010
Time: 15:11

Provider ID: [redacted]
Name:
Address:

Speciality	Begin Date	End Date	Reason	Primary	Update Date
000	07/01/1969	12/31/9999	000	N	12/24/2001

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Screen ID: PS-S-032
Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
CASE MANAGER

Date: 02/22/2010
Time: 09:56

Provider ID: [redacted]
Name:
Address:

Type	Begin Date	End Date	Reason	Update Date
O	01/01/2009	12/31/9999	000	02/19/2010
O	01/01/2000	12/31/9999	099	02/19/2010
M	01/01/2005	12/31/2008	100	02/19/2010

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Screen ID: PS-S-032
Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
EMC INFORMATION

Date: 02/22/2010
Time: 16:36

Provider ID:
Name: [redacted]

EMC	Begin Date	End Date	Reason	Service Center	Update Date
1	02/01/2004	12/31/9999	000	[redacted]	03/24/2007

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Screen ID: PS-S-032
Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
MCO INFORMATION

Date: 02/23/2010
Time: 11:22

Provider ID:
Name: [redacted]

MCO	Begin Date	End Date	Reason	Service Center	Update Date
1	09/01/1998	12/31/2003	000	0004	10/12/2003

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Screen ID: PS-S-032
Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
POS INFORMATION

Date: 02/24/2010
Time: 16:58

Provider ID:
Name:
Address:

Begin Date	End Date	Reason	Update Date

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NO RECORDS FOR THIS PROVIDER.

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SAMPLE	Provider Information History (PS-S-032)

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Screen ID: PS-S-032
Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
SSN INFORMATION

Date: 02/05/2010
Time: 15:33

Provider ID: [redacted]
Name:
Address:

SSN	Begin Date	End Date	RSN	Update Date
[redacted]	07/07/2006	12/31/9999	000	11/05/2007

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Screen ID: PS-S-032
Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
FISCAL YEAR

Date: 02/10/2010
Time: 14:49

Provider ID: [redacted]
Name: [redacted]
Address:

Month	Begin Date	End Date	Reason	Update Date
12	01/01/2006	12/31/9999	000	11/05/2007

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Screen ID: PS-S-032
Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
EFT INFORMATION

Date: 02/15/2010
Time: 09:17

Provider ID: [redacted]
Name:
Address:

Institute	ABA	ST	Account #	AT	AC	Begin Date	End Date	Reason	Update Date
[redacted]	[redacted]	A1	[redacted]	C	C	04/19/2004	12/31/9999	000	04/19/2004
		A1		C	C	09/18/2001	04/19/2004	099	04/19/2004

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Screen ID: PS-S-032
Trans ID: VT82
Program ID: PST260

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
ERA INFORMATION

Date: 02/15/2010
Time: 17:45

Provider ID: [redacted]
Name:
Address:

ERA	Begin Date	End Date	Reason	Service Center	Update Date
B	01/28/2004	12/31/9999	100	[redacted]	03/24/2007

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Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROVIDER ID National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the servicing or billing provider.
2	(BASE ID) Provider Base Identification Number (DE4001)	Edits: Messages:	A unique identification number assigned to each provider to associate multiple provider ID numbers with a single provider. N/A
4	NAME Provider Name		The name of the servicing or billing Provider. N/A

	(DE4085)		
5	(DETAIL DATA) Group Level Data Name (DE9988)	Edits: Detail Data may contain: Program Information Fields: PROG - Provider Program Code (4208), BEGIN - Provider Program Code Begin Date (4205), END - Provider Program Code End Date (4206), RSN - Provider Reason Code(4012), FEE - Provider Program Code Fee Indicator (4514), LAST UPDATE - Last Update (0011) Or Provider Type Information Fields: TYPE - Provider Type (4006), BEGIN - Provider Type Begin Date (4010), END - Provider Type End Date (4011), RSN - Provider Reason Code (4012), LICENSE - Provider License Number (4064), BD - Provider Licensing Board (4075), ST - Provider Certification State (4080), BEGIN - Provider License Begin Date	Detail Data may contain: Program Information Fields: PROG - Provider Program Code (4208), BEGIN - Provider Program Code Begin Date (4205), END - Provider Program Code End Date (4206), RSN - Provider Reason Code(4012), FEE - Provider Program Code Fee Indicator (4514), LAST UPDATE - Last Update (0011) Or Provider Type Information Fields: TYPE - Provider Type (4006), BEGIN - Provider Type Begin Date (4010), END - Provider Type End Date (4011), RSN - Provider Reason Code (4012), LICENSE - Provider License Number (4064), BD - Provider Licensing Board (4075), ST - Provider Certification State (4080), BEGIN - Provider License Begin Date (4066), END - Provider License End Date (4067), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or Provider Specialty Information Fields: SPEC - Provider Specialty Code (4007), BEGIN - Provider Specialty Begin Date (4210), END - Provider Specialty End Date (4211), RSN - Provider Reason Code (4012), PRMY - Provider Primary Specialty Indicator (4528), LAST UPDATE - Last Update (0011) Or Case Manager Fields: TYPE - Provider Case Manager Type (4433),

		(4066), END - Provider License End Date (4067), RSN - Provider Reason Code (4012), LAST UPDATE (0011) Or Provider Specialty Information Fields: SPEC - Provider Specialty Code (4007), BEGIN - Provider Specialty Begin Date (4210), END - Provider Specialty End Date (4211), RSN - Provider Reason Code (4012), PRMY - Provider Primary Specialty Indicator (4528), LAST UPDATE - Last Update (0011) Or Case Manager Fields: TYPE - Provider Case Manager Type (4433), BEGIN - Provider Case Manager Type Begin Date (4434), END - Provider Case Manager Type End Date (4435), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or	BEGIN - Provider Case Manager Type Begin Date (4434), END - Provider Case Manager Type End Date (4435), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or EMC Information Fields: EMC - Provider EMC Billing Indicator (4081), BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center – EMC (4082), LAST UPDATE - Last Update (0011) Or HMO Information FIelds: HMO - Provider EMC Billing Indicator- HMO (4081), BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center HMO (4082), LAST UPDATE - Last Update (0011) Or POS Information Fields: BEGIN - Provider Electronic Capability Begin Date – POS (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or SSN Information Fields:

		EMC Information Fields: EMC - Provider EMC Billing Indicator (4081), BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center – EMC (4082), LAST UPDATE (0011) Or HMO Information FIelds: HMO - Provider EMC Billing Indicator- HMO (4081), BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center HMO (4082), LAST UPDATE - Last Update (0011) Or POS Information Fields: BEGIN - Provider Electronic Capability	SSN - Provider Alternate ID Value – SSN (4044), BEGIN - Provider Alternate ID/CLIA Begin Date – SSN (4553), END - Provider Alternate ID/CLIA End Date – SSN (4554), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or FEIN Information Fields: FEIN - Provider Alternate ID Value – FEIN (4044), BEGIN - Provider Alternate ID/CLIA Begin Date – FEIN (4553), END - Provider Alternate ID/CLIA End Date – FEIN (4554), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or Fiscal Year Fields: MO - Provider Fiscal Year End Month (4057), BEGIN - Provider Fiscal Year End Begin Date (4229), END - Provider Fiscal Year End End Date (4230), RSN - Provider Reason Code (4012) LAST UPDATE - Last Update (0011) Or EFT Information Fields: INST - Provider EFT Institute Name (4133) ABA - Provider Electronic Funds Transfer (EFT) Transit ABA Number (4134), ST - Provider Electronic Funds Transfer (EFT) Status (4132), ACCOUNT # - Provider Electronic Funds Transfer (EFT) Account Number (4135), AT - Provider Electronic Funds Transfer (EFT) Account Type (4136), AC - Provider Electronic Funds Transfer (EFT) Account Class (4137),

		Begin Date – POS (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or SSN Information Fields: SSN - Provider Alternate ID Value – SSN (4044), BEGIN - Provider Alternate ID/CLIA Begin Date – SSN (4553), END - Provider Alternate ID/CLIA End Date – SSN (4554), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or FEIN Information Fields: FEIN - Provider Alternate ID Value – FEIN (4044), BEGIN - Provider Alternate ID/CLIA Begin Date – FEIN (4553), END - Provider Alternate ID/CLIA End Date – FEIN (4554), RSN - Provider Reason Code (4012), LAST UPDATE - Last	BEGIN - Provider Electronic Funds Transfer (EFT) Begin Date (4315), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012) LAST UPDATE (0011) Or ERA Information Fields: ERA - Provider Electronic Remittance Advice Indicator- ERA (4083), BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center – RA (4082), LAST UPDATE - Last Update (0011) Detail Data may contain: Program Information Fields: PROG - Provider Program Code (4208), BEGIN - Provider Program Code Begin Date (4205), END - Provider Program Code End Date (4206), RSN - Provider Reason Code(4012), FEE - Provider Program Code Fee Indicator (4514), LAST UPDATE - Last Update (0011) Or Provider Type Information Fields: TYPE - Provider Type (4006), BEGIN - Provider Type Begin Date (4010), END - Provider Type End Date (4011), RSN - Provider Reason Code (4012), LICENSE - Provider License Number (4064), BD - Provider Licensing Board (4075), ST - Provider Certification State (4080), BEGIN - Provider License Begin Date (4066),

		Update (0011) Or Fiscal Year Fields: MO - Provider Fiscal Year End Month (4057), BEGIN - Provider Fiscal Year End Begin Date (4229), END - Provider Fiscal Year End End Date (4230), RSN - Provider Reason Code (4012) LAST UPDATE - Last Update (0011) Or EFT Information Fields: INST - Provider EFT Institute Name (4133) ABA - Provider Electronic Funds Transfer (EFT) Transit ABA Number (4134), ST - Provider Electronic Funds Transfer (EFT) Status (4132), ACCOUNT # - Provider Electronic Funds Transfer (EFT) Account Number (4135), AT - Provider Electronic Funds Transfer (EFT) Account Type (4136), AC - Provider Electronic Funds Transfer (EFT) Account Class (4137), BEGIN - Provider Electronic Funds Transfer (EFT) Begin	END - Provider License End Date (4067), RSN - Provider Reason Code (4012), LAST UPDATE (0011) Or Provider Specialty Information Fields: SPEC - Provider Specialty Code (4007), BEGIN - Provider Specialty Begin Date (4210), END - Provider Specialty End Date (4211), RSN - Provider Reason Code (4012), PRMY - Provider Primary Specialty Indicator (4528), LAST UPDATE - Last Update (0011) Or Case Manager Fields: TYPE - Provider Case Manager Type (4433), BEGIN - Provider Case Manager Type Begin Date (4434), END - Provider Case Manager Type End Date (4435), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or EMC Information Fields: EMC - Provider EMC Billing Indicator (4081), BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center – EMC (4082), LAST UPDATE - Last Update (0011) Or HMO Information FIelds: HMO - Provider EMC Billing Indicator- HMO (4081), BEGIN - Provider Electronic Capability Begin Date (4537),

		Date (4315), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012) LAST UPDATE (0011) Or ERA Information Fields: ERA - Provider Electronic Remittance Advice Indicator-ERA (4083), BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center – RA (4082), LAST UPDATE - Last Update (0011) Messages: Detail Data may contain: Program Information Fields: PROG - Provider Program Code (4208), BEGIN - Provider Program Code Begin Date (4205), END - Provider Program Code End Date (4206), RSN - Provider	END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center HMO (4082), LAST UPDATE - Last Update (0011) Or POS Information Fields: BEGIN - Provider Electronic Capability Begin Date – POS (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or SSN Information Fields: SSN - Provider Alternate ID Value – SSN (4044), BEGIN - Provider Alternate ID/CLIA Begin Date – SSN (4553), END - Provider Alternate ID/CLIA End Date – SSN (4554), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or FEIN Information Fields: FEIN - Provider Alternate ID Value – FEIN (4044), BEGIN - Provider Alternate ID/CLIA Begin Date – FEIN (4553), END - Provider Alternate ID/CLIA End Date – FEIN (4554), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or Fiscal Year Fields: MO - Provider Fiscal Year End Month (4057), BEGIN - Provider Fiscal Year End Begin Date (4229),

		Reason Code(4012), FEE - Provider Program Code Fee Indicator (4514), LAST UPDATE - Last Update (0011) Or Provider Type Information Fields: TYPE - Provider Type (4006), BEGIN - Provider Type Begin Date (4010), END - Provider Type End Date (4011), RSN - Provider Reason Code (4012), LICENSE - Provider License Number (4064), BD - Provider Licensing Board (4075), ST - Provider Certification State (4080), BEGIN - Provider License Begin Date (4066), END - Provider License End Date (4067), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or Provider Specialty Information Fields: SPEC - Provider Specialty Code (4007), BEGIN - Provider Specialty Begin Date	END - Provider Fiscal Year End End Date (4230), RSN - Provider Reason Code (4012) LAST UPDATE - Last Update (0011) Or EFT Information Fields: INST - Provider EFT Institute Name (4133) ABA - Provider Electronic Funds Transfer (EFT) Transit ABA Number (4134), ST - Provider Electronic Funds Transfer (EFT) Status (4132), ACCOUNT # - Provider Electronic Funds Transfer (EFT) Account Number (4135), AT - Provider Electronic Funds Transfer (EFT) Account Type (4136), AC - Provider Electronic Funds Transfer (EFT) Account Class (4137), BEGIN - Provider Electronic Funds Transfer (EFT) Begin Date (4315), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012) LAST UPDATE (0011) Or ERA Information Fields: ERA - Provider Electronic Remittance Advice Indicator- ERA (4083), BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center – RA (4082), LAST UPDATE - Last Update (0011)

		(4210), END - Provider Specialty End Date (4211), RSN - Provider Reason Code (4012), PRMY - Provider Primary Specialty Indicator (4528), LAST UPDATE - Last Update (0011) Or Case Manager Fields: TYPE - Provider Case Manager Type (4433), BEGIN - Provider Case Manager Type Begin Date (4434), END - Provider Case Manager Type End Date (4435), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or EMC Information Fields: EMC - Provider EMC Billing Indicator (4081), BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center –	

		EMC (4082), LAST UPDATE - Last Update (0011) Or HMO Information FIelds: HMO - Provider EMC Billing Indicator- HMO (4081), BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center HMO (4082), LAST UPDATE - Last Update (0011) Or POS Information Fields: BEGIN - Provider Electronic Capability Begin Date – POS (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or SSN Information Fields: SSN - Provider Alternate ID Value – SSN (4044),	

		BEGIN - Provider Alternate ID/CLIA Begin Date – SSN (4553), END - Provider Alternate ID/CLIA End Date – SSN (4554), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or FEIN Information Fields: FEIN - Provider Alternate ID Value – FEIN (4044), BEGIN - Provider Alternate ID/CLIA Begin Date – FEIN (4553), END - Provider Alternate ID/CLIA End Date – FEIN (4554), RSN - Provider Reason Code (4012), LAST UPDATE - Last Update (0011) Or Fiscal Year Fields: MO - Provider Fiscal Year End Month (4057), BEGIN - Provider Fiscal Year End Begin Date (4229), END - Provider Fiscal Year End End Date (4230), RSN - Provider Reason Code (4012) LAST UPDATE - Last	

		Update (0011) Or EFT Information Fields: INST - Provider EFT Institute Name (4133) ABA - Provider Electronic Funds Transfer (EFT) Transit ABA Number (4134), ST - Provider Electronic Funds Transfer (EFT) Status (4132), ACCOUNT # - Provider Electronic Funds Transfer (EFT) Account Number (4135), AT - Provider Electronic Funds Transfer (EFT) Account Type (4136), AC - Provider Electronic Funds Transfer (EFT) Account Class (4137), BEGIN - Provider Electronic Funds Transfer (EFT) Begin Date (4315), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012) LAST UPDATE (0011) Or ERA Information Fields: ERA - Provider Electronic Remittance Advice Indicator-ERA (4083),	

		BEGIN - Provider Electronic Capability Begin Date (4537), END - Provider Electronic Capability End Date (4538), RSN - Provider Reason Code (4012), SVC CTR - Provider Service Center – RA (4082), LAST UPDATE - Last Update (0011)	

NAVIGATION	Provider Information History (PS-S-032)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backwards through historical data.	N/A
SUB MENU	Branch to the Provider Main Menu.	PS-S-000 (R)
SCROLL DOWN	Scrolls forwards through historical data	N/A
RETURN	Branches to Provider Information (PS-S-001-03) screen.	PS-S-001-03 (B)
MAIN MENU	Returns to the Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
4	END OF THE PAGE	Informational message, no action needed.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
17	NEXT PAGE DATA IS DISPLAYED	Informational message. No action needed.
4075	NO RECORDS FOR THIS PROVIDER	Informational message.
20	PREVIOUS PAGE DATA IS DISPLAYED	Informational message. No action needed.

4120	RECORDS DISPLAYED	Informational message. No action needed.
29	TOP OF THE PAGE	Informational message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.

Screen Access

From the VaMMIS Main System Menu (RF-S-010):
1. Choose the Provider Icon.
2. You see the Provider Main Menu screen (PS-S-000).
3. Choose Provider Information from the Selection drop-menu.
4. Choose the Inquiry radio button.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose the Enter button.
7. You see the Provider Location Information Inquiry screen (PS-S-001-03).
8. Click the Next button to move to screen 5 (PS-S-001-05) of this series.
9. Choose the Case Man History button in the Case Manager panel.
10. You see the Provider Maintenance History screen (PS-S-032).
NOTE: Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

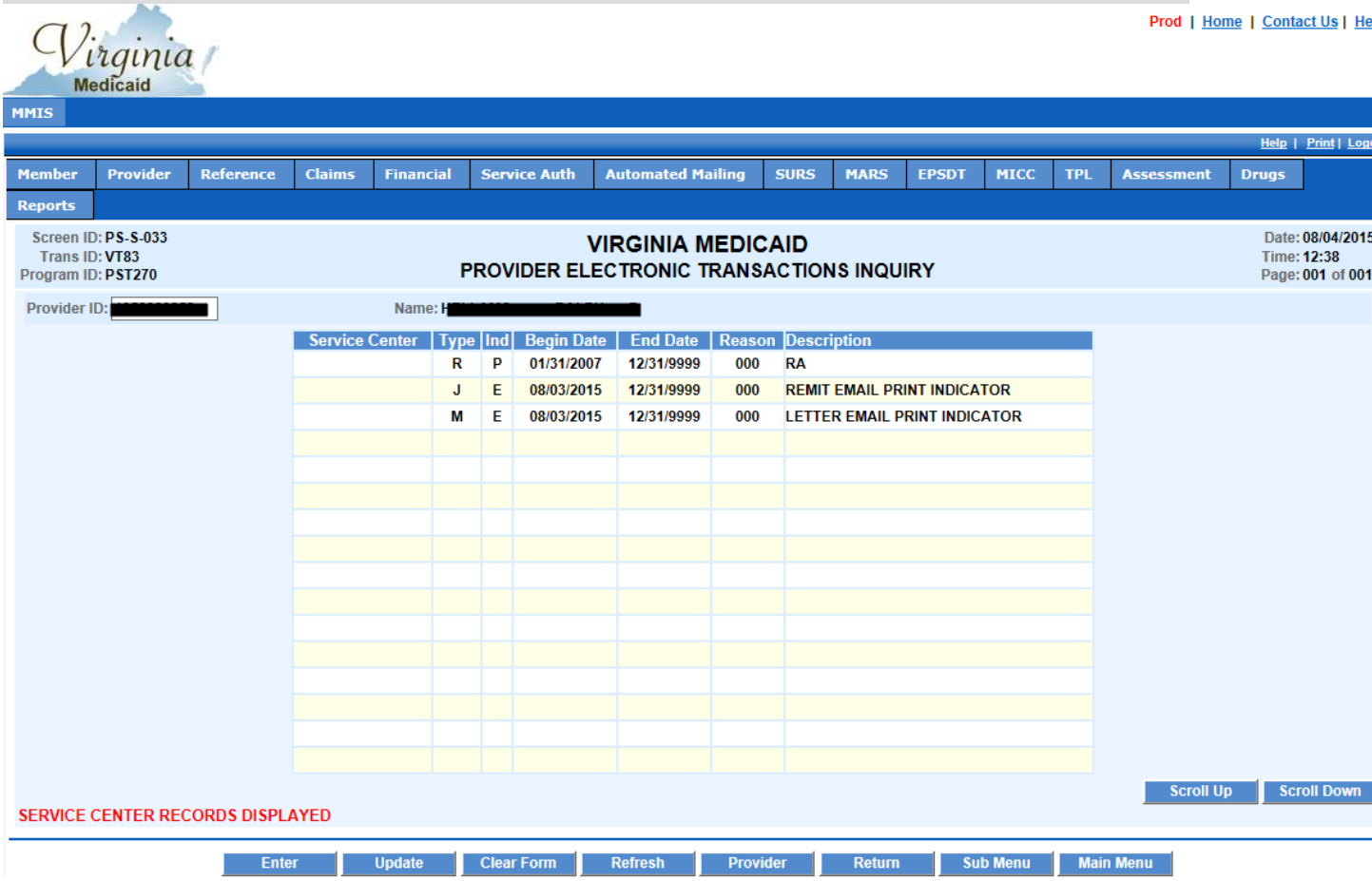
Screens PS-S-033 Provider Service Center

General Information

This program allows the user to inquire/update/add provider service center information.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST270
MAPSET	PS270VA
TRAN ID	VT83(Inquiry), VT84(Update), VT85(Create)

SAMPLE	**Provider Service Center (PS-S-033)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider ID National Provider Identifier (DE4700)	Edits: Must be a valid provider number. Messages:	A unique Provider identification number assigned to a provider. Enter identification number in the Provider ID field and choose Enter to access the provider record. Must be a valid provider number. A unique Provider identification number assigned to a provider. Enter identification number in the Provider ID field and choose Enter to access the provider record. Must be a valid provider number. ADD ((R/U) Enter a valid identification number. UPDATE (P) System displayed.
2	Provider Name Provider Name (DE4085)	Edits: The name of the provider. If a Business Type Provider Name the field if 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title.	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. 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. ADD/UPDATE (P) System displayed
3	Provider Service Center Number Provider Service Center (DE4082)	Edits: Must be a valid service center number.	Code assigned to each billing service or data center which submits claims to the Fiscal Agent. Must be a valid service center number. Code assigned to each billing service or data center which submits claims to the Fiscal Agent. Must be a valid service center number. ADD (R/U) Enter a valid service center number. UPDATE (P) System displayed.

4	Service Center Type Provider Electronic Capability Type (DE4546)	Edits: Must be a valid service center type and the corresponding service center is approved to do type type of the service.	Service Center Service types. Use the online HELP system to find valid Service Center Service types. Service Center Service types. Use the online HELP system to find valid Service Center Service types. ADD (R/U) Enter a valid center service type. UPDATE (P) System displayed.
5	Service Center Indicator Provider EMC Billing Indicator (DE4081)	Edits: If service center type is other than RA then the indicator must be a valid EMC indicator (DE4081).	A code indicating the method a provider uses to submit electronic claims. If service center type is other than RA then the indicator must be a valid EMC indicator (DE4081). Use the online HELP system to find valid codes for this field. A code indicating the method a provider uses to submit electronic claims. If service center type is other than RA then the indicator must be a valid EMC indicator (DE4081). Use the online HELP system to find valid codes for this field. ADD (R/U) Enter a valid center indicator code which indicates the method a provider uses to submit electronic claims. UPDATE (P) System displayed.
5.1	RA Indicator type Provider Electronic Remittance Advice Indicator (DE4083)	Edits: If Service Center type is RA then service center indicator must be a valid RA indicator(DE 4083).	A code that designates whether or not the Remittance Advice should be produced electronically for a provider. If Service Center type is RA then service center indicator must be a valid RA indicator (DE 4083). Use the On-line HELP system to find valid codes for this field. A code that designates whether or not the Remittance Advice should be produced electronically for a provider. If Service Center type is RA then service center indicator must be a valid RA indicator (DE 4083). Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter a valid center RA indicator code which indicates whether or not the Remittance

			Advice should be produced electronically for a provider. UPDATE (P) System displayed.
6	Service Center Begin date Provider Electronic Capability Begin Date (DE4537)	Edits: Must be a valid date.	Beginning effective date for Service Center 's electronic capabilities . Beginning effective date for Service Center's electronic capabilities. ADD (R/U) Enter a valid begin date to indicate the beginning of the providers electronic capability. UPDATE (P) System displayed.
7	Service Center End Date Provider Electronic Capability End Date (DE4538)	Edits: Must be a valid end date.	Ending date for Service Center's electronic capabilities. Ending date for Service Center's electronic capabilities. ADD/UPDATE (R/U) Enter a valid end date to indicate the end of the providers electronic capability or leave blank for system default to 12319999.
8	Service Center Reason Code Provider Reason Code (DE4012)	Edits: Must be a valid reason code	Identifies the reason code for end of the Provider Service Center electronic capabilities. Use the online HELP system to find valid codes for this field. Identifies the reason code for end of the Provider Service Center electronic capabilities. Use the online HELP system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid reason code which identifies the reason the service center capability is ended.
9	Service type description (DE0000)	Edits: N/A	Defines the description of the EDI transactions that a service center can submit. Defines the description of the EDI transactions that a service center can submit. ADD/UPDATE (P) System displayed.

NAVIGATION	Provider Service Center (PS-S-033)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Displays the previous screen accessed.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows user to enter new data.	N/A
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	PS-S-033 ()
SUB MENU	Return to the Provider Main Menu	PS-S-000 (R)
PROVIDER	Branch to the Provider Information Screen.	PS-S-001-03 (B)
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()
UPDATE	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
4496	CANNOT ADD NEW BEGIN DATE LESS THAN ACTIVE BEGIN DATE	Information message.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
4475	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Information message.

14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
4	END OF THE PAGE	Information message, no action needed.
4090	ENTER A VALID BEGIN DATE	Enter a Valid Begin Date. See the Field Definitions for formatting and requirements for this field.
4091	ENTER A VALID END DATE	Enter valid values according to error message specifications.
4112	ENTER FOUR-DIGIT SERVICE CENTER NUMBER	Enter valid values according to error message specifications.
4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4905	INVALID INDICATOR THE VALID VALUES ARE 'B', 'E'OR 'P'	Enter the valid value B, E, or P to complete the transaction.
4902	INVALID SERVICE CENTER INDICATOR	Check field for valid data and re-enter.
4903	INVALID SERVICE CENTER NUMBER	Check field for valid data and re-enter.
4901	INVALID SERVICE CENTER TYPE	Check field for valid data and re-enter.
8950	INVALID SERVICE CENTER TYPE FOR THIS SCREEN	The service center type is invalid and is not found on the database.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4904	NO SVC CENTER RECORDS FOUND TO DISPLAY	Information message.
8874	NPI NOT FOUND	NPI not on database
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4117	PROVIDER BASE ID NOT FOUND	Information message.
4131	PROVIDER IS NOT ENROLLED AS HMO PROVIDER	Information message.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
4021	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.
4474	REASON CODE MUST BE CHANGED WHEN END DATE IS CHANGED	Information message.

23	RECORD INSERTED	Information message.
25	RECORD UPDATED	Information message. No action needed.
4906	SERVICE CENTER NOT REQUIRED FOR TYPES 'P' AND 'V'	Delete the service center code.
4723	SERVICE CENTER NUMBER NOT FOUND	Enter another service center number, if necessary.
4900	SERVICE CENTER RECORDS DISPLAYED	Information message.
10055	TAX INFORMATION REQUIRED FOR ANY ADD OR UPDATES ON ELECTRONIC RA.	add SSN/FEIN thru Provider billing information screen.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Provider Service Center Inquiry from the drop-menu in the Selection Field.
4. Choose the Add or Change radio button in the Function Field.
5. Enter the Provider Service Center Number in the ID Value Field, or leave blank (see note).
6. Choose the Enter button.
7. The Provider Service Center Add/Change screen will appear (PS-S-033).
Note: The Provider Service Center Number can also be entered on the Provider Service Center Inquiry screen in the Provider ID field if it is not entered in the ID Value field on the Provider Main Menu screen.

Screens PS-S-034 Provider Rate Maintenance - Pending DMAS Approval

General Information

This screen allows DMAS Cost-settlement Contractor to Add, Update or Inquire the Individual Provider Rate Change requests and DMAS authorized personnel to approve or reject the rates. This screen is maintained for provider types; 1-19, 27, 28, 29, 41, 52, 53, 57 85, 86, 91 and 92.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST081
MAPSET	PS081VA
TRAN ID	VT86(Inquire), VT87(Update), VT88(Add)

SAMPLE	**Provider Rate Maintenance - Pending DMAS Approval (PS-S-034)**

VA DMAS Prototype Portal - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-034
Tran ID: VT87
Program ID: PST081

VIRGINIA MEDICAID
PROVIDER RATES - PENDING APPROVAL - UPD

Date: 12/03/2009
Time: 08:49
Page: 001 of 001
Screen: 1

Provider ID: [redacted]
Name:
Address:

Provider Type: 014

Type/Loc: 001 OF 002

Approve All Rates : Approve All Rates Not Marked 'R'

Scroll Up Scroll Down

Program Code	Rate Type	Rate Code	Begin Date	End Date	Rate	Accept / Reject	Reason	Date Entered
01	XO	OUTP	10/01/2008	12/31/9999	6400.0000	R	000	07/21/2009

ACCEPT/REJECT = A/R APPROVE ALL RATES = Y

Scroll Up Scroll Down

RECORDS DISPLAYED.

Enter Update Clear Form Refresh Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider Identification Number. National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE (R/U) Enter a valid Provider ID Number
3	Provider Type. Provider Type (DE4006)		The code(s) designating the classification of a provider under the State Plan (e.g., Physician, Dentists, Pharmacy, etc.) for the pro-

			vider type(s). Use the On-line Help system to find valid codes for this field. The code(s) designating the classification of a provider under the State Plan (e.g., Physician, Dentists, Pharmacy, etc.) for the provider types(s). Use the On-line Help system to find valid codes for this field. Must be one of the following Provider Types: 1-19, 27, 28, 29, 41, 52, 53, 57 85, 91 and 92. ADD/UPDATE (P) System-displayed.
4	Provider Name Provider Name (DE4085)		The name of the provider. If a Business. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. The name of the provider. If a Business If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. ADD/UPDATE (P) System displayed.
4.5	Approve All Rates Approve All Rates (DE4046)		A code that will allow you to accept or reject each new rate. A code that will allow you to accept or reject each new rate. ADD/UPDATE (R/U)
5	Provider Program Code Provider Program Code (DE4208)		A code that indicates the Provider Program(s) in which a provider participates. Use the On-line HELP system to find valid codes for this field. A code that indicates the Provider Program(s) in which a provider participates. Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid Provider Program Code(s).
6	Provider Rate Type Provider Rate Type (DE4250)		A code indicating the type of rate associated with this occurrence of Rate Data. Use the On-line Help system to find valid codes for this field A code indicating the type of rate associated with this occurrence of Rate Data. Use the On-line Help system to find valid codes for this field. ADD (R/U) Enter a valid Provider Rate Type. UPDATE (P) System displayed.

7	Provider Rate Code Provider Rate Code (DE4251)		A code indicating the kind of rate associated with this occurrence of Rate Data. A code indicating the kind of rate associated with this occurrence of Rate Data. Use the On-line Help system to find valid codes for this field. ADD(R/U) Enter a valid Provider Rate Code. UPDATE(P) System displayed.
8	Provider Rate Begin Date Provider Rate Begin Date (DE4252)		The date on which the individual Provider Rate begins; MM/DD/CCYY format. The date on which the individual Provider Rate begins; MM/DD/CCYY format. ADD (R/U) Enter a valid Program Rate Begin Date. UPDATE(P) System displayed.
9	Provider Rate End Date Provider Rate End Date (DE4253)		The date on which the individual Provider Rate ends; MM/DD/CCYY format. The date on which the individual Provider Rate ends; MM/DD/CCYY format. ADD/UPDATE (R/U) Enter a valid Program Rate End Date
10	Provider Rate Provider Rate (DE4255)		The amount or percentage of the particular rate. The amount or percentage of the particular rate. ADD/UPDATE (R/U) Enter a valid Provider Rate amount or percentage
11	Provider Rate Review Status Value Provider Rate Review Status Value (DE4571)		A code indicating the result of the DMAS authorized users action. This field will display a value 'R', if the rate is rejected by DMAS authorized user. A code indicating the result of the DMAS authorized users action. This field will display a value 'R', if the rate is rejected by DMAS authorized user.
12	Provider Reason Code Provider Reason Code (DE4012)		A code identifying the reason code for the Provider Rate cancellation of a provider's eligibility. Use the On-line HELP system to find valid codes for this field. A code identifying the reason code for the Provider Rate cancellation of a provider's eligibility. Must be a valid reason code for the Individual Rate code. Refer to Appendix A (Reason Codes by Valid Values). Use the On-line HELP system to find valid codes for this field. ADD/UPDATE (R/U) Enter a valid

			Provider Rate Reason Code.
13	Date Entered Date Entered (DE4573)		Date on which the DMAS Cost-settlement Contractor has entered this rate change request. Date on which the DMAS Cost-settlement Contractor has entered this rate change request.
14	Provider Street address Provider Attention Name (DE4096)	Edits: Messages:	Displays the Provider Street address. Enter the Provider Street address.
15	Provider City Provider Address Line (DE4097)	Edits: Messages:	Displays the city of the provider. Enter the city of the provider.
16	Provider State Provider Address State (DE4098)	Edits: Messages:	The state in the address of the provider. The state in the address of the provider.
17	Provider Zip Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. The ZIP code in the address of the provider.

NAVIGATION	**Provider Rate Maintenance - Pending DMAS Approval (PS-S-034)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Clear Form	Clears all the data entered in the screen and allows the user to enter new data.	N/A
Enter	Enter will display the data requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen	PS-S-007-01 ()
SUB MENU	Return to Provider Main Menu.	POS-S-000 ()
SCROLL DOWN	Scrolls to next Type/Locality	N/A
SCROLL Down	Command to display the NEXT of Property Transfer records.	PS-S-007-01 ()
SCROLL Up	Command to display the previous screen of Property Transfer records.	RF-S-010 ()

SCROLL UP	Scrolls to previous Type/Locality	N/A
Refresh	Refresh data with no update.	N/A
MAIN MENU	Returns to the Main System Menu.	RF-S-010 ()
Update	Command button to save edited information entered in an update screen, including edited data that contains errors. If any errors are found, message is sent to the screen	N/A

Error Messages

Error	Description	Resolution
4829	ADDRESS NOT FOUND OR NONE SELECTED FOR THIS PROVIDER.	Choose the update button to save the changes.
4838	APIN INDICATOR MUST BE Y FOR PROVIDER TYPE 107	Enter a valid End Date. See the Field Definitions for valid formatting/data for this field.
4839	APPLICATION CAN NOT BE APPROVED. FEIN IS MANDATORY FOR PROV TYPE 107.	Information message. No action needed.
4981	APPROVAL OF HIGHLIGHTED RATES WILL RESULT IN AN INCREASE >= 100%	Informational message.
4352	BASE ID ALREADY EXISTS	Information message.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
4830	CLAIMS PROCEDURE CODE MODIFIER IS INVALID	Enter a valid Modifier for the Procedure Code entered. See the Field Definitions for valid formatting/ data for this field.
4831	CURRENT PAGE NUMBER IS	Information message. No action needed.
4832	DATA CHANGED; UNABLE TO GO TO OTHER SCREENS	Information message. No action needed.
4833	DATA NOT CHANGED	Information message. No action needed.
4834	DATA REFRESHED	Information message. No action needed.
4835	DATE CHANGE CAUSES OVERLAP WITH ANOTHER RECORD	Enter valid date. See the Field Definitions for valid formatting/data for this field.
4837	DOLLAR AMOUNT EXCEEDS 6 DIGITS	Enter the valid number of digits for Dollar Amount. See the Field Definitions for valid formatting/data for this field.
4840	ENTER NEW PROVIDER NUMBER	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4841	ENTER NEW PROVIDER TYPE	Enter a valid Provider Type. See the Field Definitions for formatting/ requirements for this field.

4842	ENTER PROVIDER DETAILS TO ADD TO DATABASE	Enter a valid Provider Information. See the Field Definitions for formatting/requirements for this field.
4843	ENTER PROVIDER NUMBER	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4844	ENTER PROVIDER TYPE FOR PROCESSING	Enter a valid Provider Type. See the Field Definitions for formatting/ requirements for this field.
4845	ENTER VALID PROVIDER NUMBER FOR PROCESSING	Enter a valid Provider Number. See the Field Definitions for formatting/ requirements for this field.
4846	ENTER VALID VALUE	Enter a valid value. See the Field Definitions for formatting/ requirements for this field.
4847	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
4848	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
4849	FUNCTION CHOSEN IS INVALID	The button chosen cannot complete the task. Choose another Function.
4836	INVALID DATA - VALID VALUES ARE 0, 1 OR 2.	Enter the valid number of digits for the Dollar Amount. See the Field Definitions for valid formatting/data for this field.
4851	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4984	NO PROVIDER RATES PENDING APPROVAL	Information message.
4826	PLEASE ENTER ALL THE DATA.	Enter a valid Base ID. See the Field Definitions for valid formatting/data for this field.
4828	PRESS "SERV ADDR" BUTTON TO SELECT PROVIDER LOCATIONS.	Enter the valid number of digits for Cents. See the Field Definitions for valid formatting/data for this field.
4852	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4853	PROCEDURE CODE REQUIRED	Enter a valid Procedure Code. See the Field Definitions for valid end date specifications.
4854	PROCEDURE CODE TYPE IS INVALID	Enter a valid Procedure Code. See the Field Definitions for valid end date specifications.
4855	PROCEDURE CODE TYPE REQUIRED	Enter a valid Procedure Code Type. See the Field Definitions for valid end date specifications.
4856	PROGRAM CODE IS INVALID	Enter a valid Program Code. See the Field Definitions for valid end date specifications.
4857	PROGRAM CODE NOT MATCHED WITH PROVIDER TYPE	Enter a valid Procedure Type. See the Field Definitions for valid end date specifications.
4498	PROVIDER ADDRESS DOES NOT	Information message.

	EXIST	
4495	PROVIDER BASE ID NOT FOUND	Information message.
4827	PROVIDER LOCATIONS REQUESTED UNSUCCESSFUL.	Enter a valid Begin Date. See the Field Definitions for valid formatting/ data for this field.
4858	PROVIDER NUMBER IS INVALID	Enter a valid Provider Number. See the Field Definitions for valid formatting/data for this field.
4859	PROVIDER NUMBER NOT FOUND	Enter a valid Provider Number. See the Field Definitions for valid formatting/data for this field.
4861	PROVIDER RATE BEGIN DATE REQUIRED	Enter a valid Provider Rate Begin Date. See the Field Definitions for valid formatting/data for this field.
4982	RATE CHANGE >= 100% PRESS UPDATE TO CONTINUE OR REFRESH TO END.	Informational message.
4983	RATE CHANGES >= 100% APPROVED PRESS UPDATE TO SAVE X OF Y ROWS UPDATED.	Informational message.
4863	RATE ENTERED IS INVALID	Enter a valid Rate. See the Field Definitions for valid end date specifications.
4864	RATE REQUIRED	Enter a valid Rate. See the Field Definitions for valid end date specifications.
4865	RATE TYPE/RATE CODE NOT MATCHED FOR PROVIDER TYPE	Enter a Rate Type/Rate Code that matches the Provider Type. See the Field Definitions for valid end date specifications.
4866	RATES CAN BE ADDED FOR PROVIDER TYPE '085' AND '091' IN PROVIDER TYPE RATE	Information message. No action needed.
4867	RECORD UPDATED	Information message. No action needed.
4868	RECORDS DISPLAYED	Information message. No action needed.
4823	REQUEST IS ALREADY PROCESSED.	Information message. No action needed.
4869	TOP OF THE PAGE	Information message. No action needed.
4870	UNABLE TO RETURN TO PREVIOUS SCREEN, CHOOSE EXIT TO GO BACK TO MENU	Choose the Exit button to go back to the Main Menu.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu Screen (PS-S-000).
3. Select Provider Rates from the drop-menu in the Selection field.

4. Choose the Add or Update button in the Function Field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You will see individual providers displayed on the Individual Rates Screen (PS-S-034).
Note: If no entry is made in the ID Field, enter the Provider ID number on the Provider Rates screen and choose Enter to display the record(s). After entering data for an Add, Update or Inquire, choose Update to post the data. Use the Page Up and Page Down arrow buttons to scroll through additional pages of data. Use Next Type/Locality button to scroll through Next Type/Localities and Previous Type/Locality buttons to scroll through previous Type/Localities.

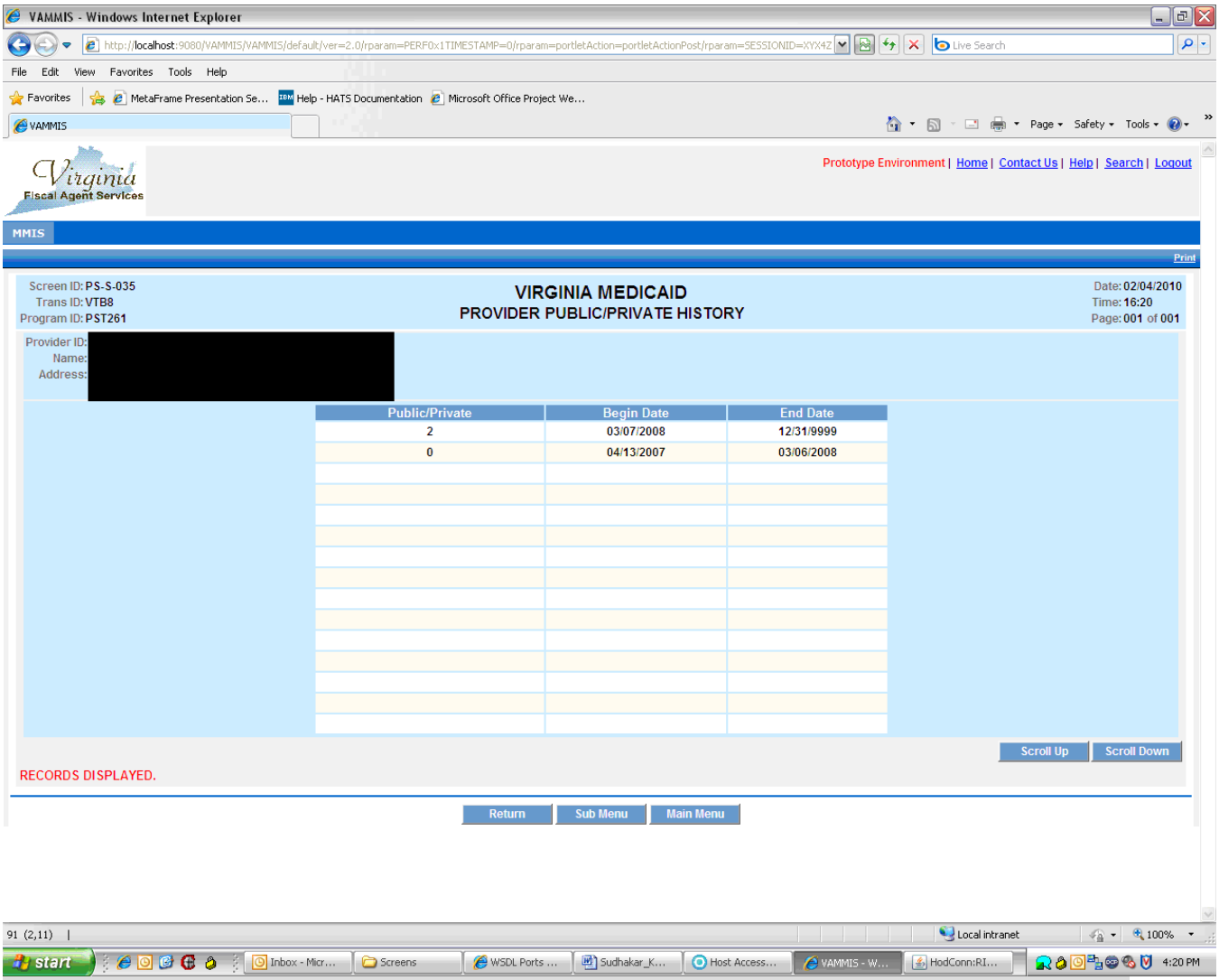
Screens PS-S-035 Provider Public Private History

General Information

Screen displays Public Private Indicator current and previous values along with effective dates.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST261
MAPSET	PS035VA
TRAN ID	VTB8

SAMPLE	**Provider Public Private History (PS-S-035)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider ID National Provider Identifier (DE4700)	Edits: Enter a valid Provider ID. Messages: Enter a valid Provider ID.	A unique identification number assigned to the servicing or billing provider. N/A
2	Name Provider Name (DE4085)	Edits: The name of the pro-	The name of the servicing or billing Provider. The name of the servicing or billing Provider.

		vider. If a Business Type Provider Name the field if 40 bytes free format. If an Individual Type Provider Name the field is Last Name, First Name, Middle Initial, Suffix and Title. Messages:	
3	(Provider Address Line) Provider Address Line (DE4097)	Edits: Messages:	The street name in the address of the provider. The street name in the address of the provider.
4	(Provider Address City) Provider Address City Name (DE4130)	Edits: Messages:	The city in the address for the provider. The city in the address for the provider.
5	(Provider Address State) Provider Address State (DE4098)	Edits: Messages:	The state in the address of the provider. The state in the address of the provider.
6	(Provider Address Zip Code) Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. The ZIP code in the address of the provider.
7	Public/Private Public Private Indicator (DE4160)	Edits: Valid values are 0,1,2. Messages:	The value of the Public/Private indicator. '0' - default, '1' - Public and '2' - Private. The value of the Public/Private indicator. '0' - default, '1' - Public and '2' - Private.
8	Begin Date Public Private Begin Date (DE4161)	Edits: Messages:	Begin date of the Public/Private indicator. Begin date of the Public/Private indicator.
9	End Date Public Private End Date (DE4162)	Edits: Messages:	End date of the Public/Private indicator. End date of the public/Private indicator.

NAVIGATION	**Provider Public Private History (PS-S-035)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)

SUB MENU	Returns to the Provider Main Menu.	PS-S-000 (R)
SCROLL DOWN	This key is used to page forward if more records selected from Public/Private indicator history information are to be displayed. When the key is depressed, the next set of records that meet the search criteria are read and moved to the screen for display. After all records have been displayed, a message will appear on the screen.	N/A
SCROLL UP	This key is used to page backward if the FRWD key was invoked. After all records have been displayed, a message will appear on the screen.	N/A
RETURN	Returns to the previous screen accessed.	PS-S-013 (R)
MAIN MENU	Returns to the System Main Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
4	END OF THE PAGE	Information message, no action needed.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4075	NO RECORDS FOR THIS PROVIDER	Information message.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4120	RECORDS DISPLAYED	Information message. No action needed.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You will see the Provider Main Menu screen (PS-S-000).
3. Select Financial Information from the drop-menu in the Selection Field.

4. Choose the Inquiry radio button in the Function Field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You will see the Provider Financial Information screen (PS-S-013).
8. Select or press History button on Provider Financial Information Screen.
9. You will see the Public Private Indicator History Screen.

Screens PS-S-071 Provider Application Tracking Menu

General Information

Menu for Provider Application Tracking

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST071
MAPSET	PS071VA
TRAN ID	VTA1

SAMPLE	**Provider Application Tracking Menu (PS-S-071)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECTION NUMBER Screen Functional Selection (DE5854)	Edits: Must be 1 thru 3	The type of Application Tracking screen you wish to access. Make a selection from the drop-menu. The type of Application Tracking screen you wish to access. Make a selection from the drop-menu. ADD/UPDATE/INQUIRY (R/U)
2	FUNCTION Screen Functional Selection (DE5854)	Edits: Must be "A" for Add, "C" for Change, or "I" for Inquiry	Radio button to select the type of screen transaction you wish to perform. Select the Inquiry radio button. Radio button to select the type of screen transaction you wish to perform. ADD/UPDATE/INQUIRY (R/U)
3	TRACKING ID Provider Application Tracking Number (DE4008)	Edits: The Tracking ID must be a valid full Application Tracking Number when the Application Tracking Add/Update screen is selected for inquiry or change mode, a valid partial Tracking Number of at least 7 bytes or valid Full Tracking Number when the Application Tracking Approval screen is selected for change or inquiry mode, blank when the Add function is selected for the Application Tracking Add/Update screen, a valid partial Tracking Number of at least 7 bytes or valid Full Tracking Number when the Application	A sequential number given to the row in the database for each provider application entered through the PS-S-073 Add/Update screen to make it unique. A sequential number given to the row in the database for each provider application entered through the PS-S-073 Add/Update screen to make it unique. ADD/UPDATE (C/U) System generated and displayed. If entered on a CHANGE or INQUIRY transaction, It must equal an existing application tracking number.

		Tracking Inquiry screen is selected for inquiry. The Tracking ID may be blank when accessing the Application Tracking Inquiry screen also. Messages: The Tracking ID must be a valid full Application Tracking Number when the Application Tracking Add/Update screen is selected for inquiry or change mode, a valid partial Tracking Number of at least 7 bytes or valid Full Tracking Number when the Application Tracking Approval screen is selected for change or inquiry mode, blank when the Add function is selected for the Application Tracking Add/Update screen, a valid partial Tracking Number of at least 7 bytes or valid Full Tracking Number when the Application Tracking Inquiry screen is selected for inquiry. The Tracking ID may be blank when accessing the Application Tracking Inquiry screen also.	

NAVIGATION	**Provider Application Tracking Menu (PS-S-071)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)

ENTER	The screen will branch to the Provider Application Inquiry screen.	N/A
ENTER	The screen will branch to the Provider Application Tracking Add/Update screen.	N/A
ENTER	The screen will branch to the Provider Application Tracking Approval screen.	N/A
SUB MENU	Returns to the Provider Main Menu.	N/A
MAIN MENU	Returns to the main system menu.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for formatting/ requirements for this field.
3373	ENTER SELECTION	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
91	FUNCTION MODE IS INVALID; MUST BE ADD, CHANGE, OR INQUIRY	Choose either Add, change or inquiry function.
8848	INVALID FUNCTION FOR THIS SELECTION	Informational message
87	INVALID SELECTION	Selection is invalid for this mode, enter another function.
8842	NEW TRACKING NUMBER MUST BE ASSIGNED FOR "A" DD OPTION	Information message.
8827	PLEASE ENTER A VALID TRACKING NUMBER	Informational message
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VAMMIS Main System Menu:
1. On the Provider Main Menu, choose application tracking from the drop-down menu in the selec-

tion field.
2. Select the Inquiry, Change, or Add radio button in the Function Field.
3. Once the Application Tracking Main Menu is displayed, choose either Application Tracking Inquiry, Add/Update, or Approval screen.
4. Select the Inquiry, Change, or Add radio button in the Function Field.
5. If accessing the Inquiry screen, the inquiry function is only allowed. A tracking ID is not required in the Tracking ID field. If a tracking ID is entered, it must be at least 7 bytes long, and valid.
6. If accessing the Add/Update screen, the add, change, and inquiry function are allowed. A tracking ID is not allowed in the Tracking ID field in add mode. A trackling ID is required for inquiry and change mode. It must be a full tracking ID, and valid.
7. If accessing the Approval screen, the change, or inquiry function are allowed. A tracking ID is required for inquiry and change mode. It must be at least 7 bytes long, and valid.

Screens PS-S-072 Provider Application Tracking Inquiry

General Information

The Provider Application Tracking Inquiry screen is used to select applications by Tracking Number, Provider ID, Application Status, IRS(FEIN) Number, Provider Business Name, Provider Last Name, and Provider First Name or a combination of selection criteria with Application Status.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST072
MAPSET	PST072
TRAN ID	VTA2

SAMPLE	**Provider Application Tracking Inquiry (PS-S-072)**

Test Environment | Home | Contact Us | Help | Sear

Virginia Medicaid

MMIS

Help | Print | Lo

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

Screen ID: PS-S-072
Trans ID: VTA2
Program ID: PST072

VIRGINIA MEDICAID
PROVIDER APPLICATION TRACKING INQUIRY

Date: 03/13/20
Time: 13:53
Page: of

Tracking ID: Provider ID: Status:
FEIN:
Business Name:
Last: First:

Command	Tracking ID	Name	City/State/Zip	Fein

Scroll Up | Scroll Down

SELECT 'C' OR 'I' TO LINK TO ADD/UPDATE OR STATUS SCREEN
USE SELECTION CRITERIA TO ACCESS APPLICATIONS

Enter | App Tracking A/U | Status | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CICS Transaction ID (DE0000)	Edits: The CICS transaction ID.	N/A
2	TRACKING ID Provider Application Tracking Number (DE4008)	Edits: Displays the new sequence number generated to make the Provider Application Tracking Number unique in the Provider Application Tracking (PS_APPL_	Displays the new sequence number generated to make the Provider Application Tracking Number unique in the Provider Application Tracking (PS_APPL_TRACK) database. The Application Number must be at least 7 bytes in length. This selection criteria can only be combined with status, and takes precedence over any selection criteria entered

		TRACK) database. The Application Number must be at least 7 bytes in length. This selection criteria can only be combined with status, and takes precedence over any selection criteria entered on the screen.	on the screen. Displays the new sequence number generated to make the Provider Application Tracking Number unique in the Provider Application Tracking (PS_APPL_TRACK) database. The Application Number must be at least 7 bytes in length. This selection criteria can only be combined with status, and takes precedence over any selection criteria entered on the screen. INQUIRE (O/U) Enter a valid Application Tracking Number, must be at least 7 bytes in length.
3	PROVIDER ID National Provider Identifier (DE4700)	Edits: Displays the unique identification number assigned to a provider or NPI. All other search criteria must be blank with the exception of status, if using provider Id or NPI as the main selection criteria. Messages:	Displays the unique identification number assigned to a provider or NPI. All other search criteria must be blank with the exception of status, if using provider Id or NPI as the main selection criteria. Displays the unique identification number assigned to a provider or NPI. All other search criteria must be blank with the exception of status, if using provider ID or NPI as the main selection criteria. Displays the unique identification number assigned to a provider or NPI. All other search criteria must be blank with the exception of status, if using provider ID as the main selection criteria. INQUIRY (O/U) Enter a valid Provider ID Number or NPI.
4	STATUS Provider Application Status Code (DE4282)	Edits: Displays the provider application status code. Must be a valid status code. ("A" Approved, "D" Denied, "P" Pending, "R" Rejected)If used as the sole search criteria, it can only contain a value of "P" Pending. This is the only selection criteria on the screen that	Displays the provider application status code. Must be a valid status code. ("A" Approved, "D" Denied, "P" Pending, "R" Rejected) If used as the sole search criteria, it can only contain a value of "P" Pending. This is the only selection criteria on the screen that may be combined with the other selection criteria available. Displays the provider application status code. Must be a valid status code. ("A" Approved, "D" Denied, "P" Pending, "R" Rejected) If used as the sole search criteria, it can only contain a value of "P" Pending. This is the only selection criteria on the screen that may

		may be combined with the other selection criteria available.	be combined with the other selection criteria available. INQUIRY(O/U) Note: If used a sole search criteria, it may only contain a value of "P" for Pending.
5	FEIN Provider Alternate ID Numbers (DE4014)	Edits: The federal employer identification number for the insurance carrier, employer, or other entity. Must be at least 3 characters long on a partial search. All other search criteria must be blank with the exception of status, if using FEIN as the main selection criteria.	The federal employer identification number for the insurance carrier, employer, or other entity. Must be at least 3 characters long on a partial search. All other search criteria must be blank with the exception of status, if using FEIN as the main selection criteria. The federal employer identification number for the insurance carrier, employer, or other entity. Must be at least 3 characters long on a partial search. All other search criteria must be blank with the exception of status, if using FEIN as the main selection criteria. INQUIRY(O/U)
6	BUSINESS Provider Name (DE4085)	Edits: Displays the business name of the provider. The business name must be at least three characters long. All other search criteria must be blank with the exception of status, if using business name as the main selection criteria. Messages:	Displays the business name of the provider. The business name must be at least three characters long. All other search criteria must be blank with the exception of status, if using business name as the main selection criteria. Displays the business name of the provider. The business name must be at least three characters long. All other search criteria must be blank with the exception of status, if using business name as the main selection criteria.
7	LAST NAME Provider Name (DE4085)	Edits: Displays the last name of the provider. The last name must be at least three characters long. All other search criteria must be blank with the exception of status, if using last name as the main selection criteria.	Displays the last name of the provider. The last name must be at least three characters long. All other search criteria must be blank with the exception of status, if using last name as the main selection criteria. Displays the last name of the provider. The last name must be at least three characters long. All other search criteria must be blank with the exception of status, if using last name as the main selection criteria.

		Messages:	
8	FIRST NAME Provider Name (DE4085)	Edits: Displays the first name of the provider. The first name must be at least three characters long. All other search criteria must be blank with the exception of status and last name, if using first name as the main selection criteria. When combined with last name, the first name must be at least one character long. Messages:	Displays the first name of the provider. The first name must be at least three characters long. All other search criteria must be blank with the exception of status and last name, if using first name as the main selection criteria. When combined with last name, the first name must be at least one character long. Displays the first name of the provider. The first name must be at least three characters long. All other search criteria must be blank with the exception of status and last name, if using first name as the main selection criteria. When combined with last name, the first name must be at least one character long.
9	SELECT Terminal/PC Operator List or Option Select (DE9999)	Edits: Displays the selection field used to select a specific application tracking number .	Displays the selection field used to select a specific application tracking number. Displays the selection field used to select a specific application tracking number. INQUIRY (O/U)
10	CITY NAME Provider Address City Name (DE4130)	Edits: Messages: City name for the provider	City name for the provider. N/A
11	STATE NAME Provider Address State (DE4098)	Edits: Messages: State name for provider	State name for the provider. N/A
12	ZIPCODE Provider Address ZIP Code (DE4099)	Edits: Messages: Provider zipcode	The zip code for the provider. N/A

NAVIGATION	**Provider Application Tracking Inquiry (PS-S-072)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data	N/A

ENTER	Edits the selection criteria entered to select provider applications and displays the appropriate error message.	N/A
PF10	Branch to the Application Tracking Add/Update Screen.	N/A
PF11	Branch to the Application Tracking Approval Screen.	N/A
SUB MENU PF12	Returns to the Provider Main Menu.	N/A
RETURN PF6	Return to Previous Screen accessed	N/A
SCROLL UP PF7	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL DOWN PF8	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main Systems Menu.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
8841	APPLICATION TRACKING RECORD HAS NOT BEEN SELECTED, FUNCTION KEY INVALID	Information message. Action needed.
8851	APPLICATION TRACKING STATUS MUST EQUAL P	Information message. Action needed.
8828	APPLICATION TRACKING STATUS MUST EQUAL P, R, D, OR A	Enter a valid status code
8853	BUSINESS NAME SELECTION CRITERIA MUST BE AT LEAST 3 CHARACTERS	Enter at least 3 characters for business name selection.
68	DATA REFRESHED	Information message.
116	END OF LIST	Information message. No action needed.
4	END OF THE PAGE	Information message, no action needed.
4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
4497	ENTER VALID PROVIDER NUMBER FOR	Enter valid values according to error

	PROCESSING	message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
8852	FEIN SELECTION CRITERIA MUST BE AT LEAST 3 CHARACTERS	Enter at least 3 characters for FEIN selection.
8856	FIRST NAME SELECTION CRITERIA MUST BE AT LEAST 1 CHARACTER WITH LAST NAME	Enter the last name and at least 1 character for first name selection.
8854	FIRST NAME SELECTION CRITERIA MUST BE AT LEAST 3 CHARACTERS	Enter at least 3 characters for first name selection.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
8816	IRS NUMBER INVALID	Enter a valid IRS number.
8855	LAST NAME SELECTION CRITERIA MUST BE AT LEAST 3 CHARACTERS	Enter at least 3 characters for last name selection.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
8849	NO APPLICATIONS FOUND FOR CRITERIA ENTERED	Re-enter proper criteria or exit application.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4098	PROVIDER INFORMATION DISPLAYED	Information message.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the trans-action.
8818	USE SELECTION CRITERIA TO ACCESS APPLICATIONS	Enter appropriate selection criteria.

Screen Access

Enter selection criteria to access relevant provider applications. Selections criteria includes:
From the VaMMIS Main System Menu:
1. On the provider main menu (PS-S-000), choose application tracking from the drop down menu in the selection field.
2. Select Inquiry as the radio button for the function field.
3. Choose Enter.
4. You see the application tracking menu (PS-S-071).
5. On the application tracking menu (PS-S-071), select Application Tracking Inquiry Screen from the drop down menu in the selection field and Inquiry as the radio button in the function field.

6. You may leave the Tracking ID field bank or enter at the minimum a 7 byte partial key for Application Tracking Number (DE 4008). If a partial or greater key is entered, it must be valid.
7. Choose enter to see the results of the search.
Note: If no Application Tracking Number was entered, the Application Tracking Inquiry screen will be displayed with the message 'USE SELECTION CRITERIA TO ACCESS APPLICATIONS'. Populate the field that you would like to search the provider application by.

Screens PS-S-073 Provider Application Add/Update

General Information

The Application Tracking Screen is used to add the provider application from its initial receipt, or to inquire/update the provider application after it has been created if needed.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST073
MAPSET	PS073
TRAN ID	VTA3 (Inquiry), VTA4 (Add), or VTA5 (Update)

SAMPLE	**Provider Application Add/Update (PS-S-073)**

Demo - Windows Internet Explorer

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

MMIS

Screen ID: PS-S-073
Trans ID: VTA5
Program ID: PST073

VIRGINIA MEDICAID
PROVIDER APPLICATION TRACKING
ADD/UPDATE

Date: 11/12/2009
Time: 11:22

Tracking ID: [redacted]
APIN Indicator: N
Business Name: [redacted]
Individual Name:
Last First MI Suffix Title

Provider ID: [redacted]
FEIN:

Provider Type: 020
NPI Type: 2

Initial Date: 08/21/2009
Application Status: A

Service Information

Address: [redacted]
City:
Contact:

State:
Phone:

Zip:

Site Ind: 00

Correspondence Information

Address: [redacted]
City:
Contact:

State:

Zip:

Pay To Information

Address: [redacted]
City:
Contact:

State:

Zip:

Remit To

Address:
City:

State:

Zip: -

Enter | Update | Next Site | App Tracking Inq | Status | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	TRACKING ID Provider Application Tracking Number (DE4008)	Edits: Displays the new sequence number generated to make the Provider Application Tracking Number unique in the Provider Application Tracking (PS_APPL_TRACK) database when a new	A sequence number generated to make the Provider Application Tracking Number unique in the Provider Application Tracking (PS_APPL_TRACK) database. A sequence number generated to make the Provider Application Tracking Number unique in the Provider Application Tracking (PS_APPL_TRACK) database. ADD (P) System generated and displayed. A new sequence number is created for each

		provider application is created using the ADD transaction. If entered on a Change transaction, the Provider Application Number must equal an existing Provider Application Number.	Provider Application entered into the system. UPDATE (R/U) Enter a valid Provider Application Tracking Number.
2	PROVIDER ID National Provider Identifier (DE4700)	Edits: Displays the unique identification number assigned to a provider. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD (P) System-displayed. UPDATE (R/U) Enter a valid Provider ID Number.
3	PROVIDER TYPE Provider Type (DE4006)	Edits: If the provider type is spaces, display an error message ‘PROVIDER TYPE REQUIRED’. If invalid provider type is entered, display 'PROVIDER TYPE NOT FOUND’. Messages:	Displays the valid Provider Type. Displays the valid Provider Type.
4	NPI TYPE NPI Type (DE4144)	Edits: a) If NPI type is other than 1 or 2, display an error message ‘INVALID NPI TYPE. SHOULD BE ‘1’ OR ‘2’ OR BLANK’. b) If NPI type is spaces then NPI type is auto populated based on the name fields. If business name is entered then ‘NPI Type’ is populated with ‘2’. If indi-	Displays the NPI Type. NPI Type 1 indicates Individual and 2 indicates Organization. Must be a valid NPI Type(1/2/spaces). NPI Type 1 means Individual and 2 means Organization. If the NPI type is spaces then NPI type is autopopulated based on the name fields. If individual name is entered, '1' is populated. If business name is entered then '2' is populated.

		vidual name is entered then 'NPI type is populated with '1'. c) If NPI type = 1 and the user enters business name, a warning message 'NPI TYPE 1 (INDIVIDUAL) HAS BUSINESS NAME. VERIFY DATA AND CONTINUE' is displayed. d) If NPI type = 2 and the user enters individual name, a warning message 'NPI TYPE 2 (ORGANIZATION) HAS INDIVIDUAL NAME. VERIFY DATA AND CONTINUE' is displayed. Messages:	
5	INITIAL DATE Provider Application Date (DE4059)	Edits: Displays the date that the application was entered into the system. Messages:	The date on which the application status begins; MM/DD/CCYY format. The date on which the application status begins; MM/DD/CCYY format. ADD/UPDATE (P) System Displayed.
6	REENROLLMENT TRACKING ID Reenrollment tracking ID (DE4018)	Edits: a) If re-enrollment tracking ID is alphabetic, then display an error message 'MUST BE NUMERIC'. b) If the Provider ID is entered and the re-enrollment tracking ID is numeric, it should exist in the re-enrollment database. If the re-enrollment tracking ID does not exist in the re-enrollment data-	Display the Reenrollment tracking ID. Display the Reenrollment tracking ID. Must be a valid reenrollment tracking ID.

		base, display an error message ‘RE-ENROLLMENT TRACKING ID NOT FOUND’. c) If the Provider ID is NOT entered then ‘Re-enrollment tracking ID’ should not be entered. Display an error message ‘RE-ENROLLMENT TRACKING ID IS REQUIRED ONLY WHEN PROVIDER ID IS ENTERED’. Messages:	
7	APIN INDICATOR Provider APIN indicator (DE4015)	Edits: Displays the APIN Indicator that determines if the Provider Application Number is eligible to have correspondence sent out. The APIN Indicator will default to 'N' if not entered. If the provider type is '107' and APIN indicator is set to 'N', then an error message 'APIN INDICATOR MUST BE 'Y' FOR PROVIDER TYPE '107'' is displayed setting the APIN indicator to 'Y". Messages:	Displays the APIN Indicator that determines if Provider Application Number is eligible to have correspondence sent out. Displays the APIN Indicator that determines if Provider Application Number is eligible to have correspondence sent out. ADD/UPDATE (R/U) Must contain a value of 'Y' or 'N', and can only be updated if the Provider Application Status Code is Pending or Rejected. The APIN Indicator will default to 'N' if 'Y is 'not entered.
8	FEIN HIPP SSN/FEIN Number (DE9517)	Edits: Displays the social security number of the employee or the federal employer identification number for the insurance carrier,	The social security number of the employee or the federal employer identification number for the insurance carrier, employer, or other entity. The social security number of the employee or the federal employer identification number for the insurance carrier, employer, or other

		employer, or other entity. Must be numeric and nine characters long. Messages:	entity. Must be numeric and nine characters long. ADD/UPDATE (R/U) Must be numeric and nine characters long.
9	APPLICATION STATUS Provider Application Status Code (DE4282)	Edits: Displays the provider application status code. Must be a valid status code. ("A" Approved, "D" Denied, "P" Pending, "R" Rejected) Messages:	A code identifying the application status. A code identifying the application status. ADD/UPDATE (R/U) Must be a valid status code. ("A" Approved, "D" Denied, "P" Pending, "R" Rejected)
10	BUSINESS NAME Provider Name (DE4085)	Edits: Displays the business name of the provider. Either the business name or provider name must be entered on the application. Messages:	Displays the provider business name. Displays the provider business name. ADD/UPDATE (O/U) Either the business name or provider name must be entered on the provider application. These fields can only be updated when the provider application is in a status of Pending or Rejected.
11	LAST Provider Name (DE4085)	Edits: Displays the last name of the provider. Either the provider last name and first name must be populated or the business name must be populated. Messages:	Displays the provider's last name. Displays the provider's last name. ADD/UPDATE (O/U) Either the provider last name and first name must be populated or the business name must be populated. These fields can only be updated when the provider application is in a status of Pending or Rejected.
12	FIRST Provider Name (DE4085)	Edits: Displays the first name of the provider. Either the provider last name and first name must be populated or the business name must be populated. Messages:	The first name of the provider. The first name of the provider. ADD/UPDATE (O/U) Either the first and last name of the provider name must be populated or the business name must be populated. These fields can only be updated when the provider application is in a status of Pending or Rejected.
13	MI Provider Name (DE4085)	Edits: Displays the middle initial of the provider	The middle initial of the provider. The middle initial of the provider. ADD/UPDATE (O/U) The providers last and

		name. The providers last and first name must be populated along with the business name being blank in order for this field to be populated. Messages:	first name must be populated along with the business name being blank in order for this field to be populated. This field can only be updated when the provider application is in a status of Pending or Rejected.
14	SUFFIX Provider Name (DE4085)	Edits: Displays the suffix of the provider name. The providers last and first name must be populated along with the business name being blank in order for this field to be populated. Messages:	The suffix of the provider's name. The suffix of the provider's name. ADD/UPDATE (O/U) The providers last and first name must be populated along with the business name being blank in order for this field to be populated. This field can only be updated when the provider application is in a status of Pending or Rejected.
15	TITLE Provider Name (DE4085)	Edits: Displays the title of the provider name. The providers last and first name must be populated along with the business name being blank in order for this field to be populated. This field can only be updated when the provider application is in a status of Pending or Rejected. Messages:	The title of the provider. The title of the provider. ADD/UPDATE (O/U) The providers last and first name must be populated along with the business name being blank in order for this field to be populated. This field can only be updated when the provider application is in a status of Pending or Rejected.
16	SERVICE ADDRESS Provider Address Line (DE4097)	Edits: Displays the provider service address. Messages:	The service address of the provider. The service address of the provider. ADD/UPDATE (R/U) The providers service address must be populated. This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
17	SERVICE CITY Provider Address City Name (DE4130)	Edits: Displays the provider service city.	The service city of the provider. The service city of the provider. ADD/UPDATE (R/U) The providers service

		Messages:	city must be populated. This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
18	SERVICE STATE Provider Address State (DE4098)	Edits: Displays the provider service state. Messages:	The service state of the provider. The service state of the provider. ADD/UPDATE (R/U) The providers service state must be populated. This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
19	SERVICE ZIP Provider Address ZIP Code (DE4099)	Edits: Displays the provider service zip. The zip must be a valid zip. Messages:	The service zip of the provider. The service zip of the provider. ADD/UPDATE (R/U) The providers service zip must be populated. The provider zip must be valid. This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
20	CONTACT SERVICE Provider Contact Name (DE4201)	Edits: The contact name for the provider service address. Messages:	The service contact of the provider. The service contact of the provider. ADD/UPDATE (R/U) The providers service contact must be populated. This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
21	CONTACT SERVICE PHONE Provider Phone Number (DE4090)	Edits: Displays the providers contact phone number. Messages:	The service contact phone number of the provider. The service contact phone number of the provider. ADD/UPDATE (R/U) This field can only be updated when the provider application is in a status of Pending, or Rejected.
22	MAIL TO ADDRESS Provider Address Line (DE4097)	Edits: Displays the provider mail to address. Messages:	The mail to address of the provider. The mail to address of the provider. ADD/UPDATE (O/U) This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
23	MAIL TO CITY Provider Address City Name (DE4130)	Edits: Displays the provider mail to city. Messages:	The mail to city of the provider. The mail to city of the provider. ADD/UPDATE (O/U) This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
24	MAIL TO STATE Provider Address State (DE4098)	Edits: Displays the provider mail to State.	The mail to state of the provider. The mail to city of the provider. ADD/UPDATE (O/U) This field can only be

		Messages:	updated when the provider application is in a status of Pending, Rejected, or Denied.
25	MAIL TO ZIP Provider Address ZIP Code (DE4099)	Edits: Displays the providers mail to zip. Must be a valid zip. Messages:	The mail to zip of the provider. The mail to zip of the provider. ADD/UPDATE (O/U) Must be a valid zip. This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
26	CONTACT MAIL TO Provider Contact Name (DE4201)	Edits: Displays the provider mail to contact. Messages:	The mail to contact of the provider. The mail to contact of the provider. ADD/UPDATE (O/U) This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
27	PAY TO ADDRESS Provider Address Line (DE4097)	Edits: Displays the provider pay to address. Messages:	The pay to address of the provider. The pay to address of the provider. ADD/UPDATE (O/U) This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
28	PAY TO CITY Provider Address City Name (DE4130)	Edits: Display the provider pay to city. Messages:	The pay to city of the provider. The pay to city of the provider. ADD/UPDATE (O/U) This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
29	PAY TO STATE Provider Address State (DE4098)	Edits: Displays the provider pay to state. Messages:	The pay to state of the provider. The pay to state of the provider. ADD/UPDATE (O/U) This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
30	PAY TO ZIP Provider Address ZIP Code (DE4099)	Edits: Displays the provider pay to zip. Must be a valid zip code. Messages:	The pay to zip of the provider. The pay to zip of the provider. ADD/UPDATE (O/U) Must be a valid zip. This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
31	CONTACT PAY TO Provider Contact Name (DE4201)	Edits: Displays the provider pay to contact. Messages:	The pay to contact of the provider. ADD/UPDATE (O/U) This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
32	REMIT ADDRESS Provider Address Line (DE4097)	Edits: Displays the provider remit to address.	The remit to address of the provider. The remit to address of the provider. ADD/UPDATE (O/U) This field can only be

		Messages:	updated when the provider application is in a status of Pending, Rejected, or Denied.
33	REMIT CITY Provider Address City Name (DE4130)	Edits: Displays the provider remit to city. Messages:	The remit to city of the provider. The remit to city of the provider. ADD/UPDATE (O/U) This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
34	REMIT STATE Provider Address State (DE4098)	Edits: Displays the providers remit to state. Messages:	The remit to state of the provider. ADD/UPDATE (O/U) This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied. The remit to state of the provider. ADD/UPDATE (O/U) This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
35	REMIT ZIP Provider Address ZIP Code (DE4099)	Edits: Displays the provider remit to zip. Must be a valid zip. Messages:	The remit to zip of the provider. The remit to zip of the provider. ADD/UPDATE (O/U) Must be a valid zip. This field can only be updated when the provider application is in a status of Pending, Rejected, or Denied.
36	SITE IND NPI XREF Site Number (DE4143)	Edits: The following contains each consecutive number for each unique location, an NPI provider is using for a serviceing location. Messages:	This field contains a consecutive number for each unique provider type and location combination an NPI provider is using An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate site. This field contains a consecutive number for each unique provider type and location combination an NPI provider is using An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. For each combination of servicing address and provider type, there is a separate site.

NAVIGATION	**Provider Application Add/Update (PS-S-073)**

Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data	N/A
ENTER	Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Returns to the Provider Main Menu.	PS-S-000 (R)
APP TRACKING INQ	Branch to the Provider Application Tracking Inquiry Screen.	PS-S-072 (B)
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
STATUS	Branch to the Provider Application Tracking Approval Screen.	PS-S-074 (B)
MAIN MENU	Returns to the Main Systems Menu.	RF-S-010 (R)
UPDATE	Command button to save edited information entered in add/update mode. If any errors are found, a message is sent to the screen.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
9955	APIN INDICATOR - DEFAULT VALUE IS "N"	Informational message
4838	APIN INDICATOR MUST BE Y FOR PROVIDER TYPE 107	The valid value for APIN indicator for provider type '107' is 'Y'.
8825	APPLICATION TRACKING NUMBER ALREADY EXISTS	Information message. Can not continue.
8826	APPLICATION TRACKING NUMBER ALREADY EXISTS ON STATUS TABLE	Information message. Can not continue.
8824	APPLICATION TRACKING NUMBER NOT NUMERIC	Enter a valid numeric application tracking number.
8828	APPLICATION TRACKING STATUS MUST EQUAL P, R, D, OR A	Enter a valid status code
4435	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to gen-

		erate TAD.
9915	CANNOT BRANCH TO PROV INFO SCREEN AS THE ID SELECTED IS A VENDOR PAYEE	The Prov Info button should not pressed if the Payee ID value on the screen is a Vendor Payee ID
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
9949	CORRESPONDENCE ADDRESS MUST BE ENTERED	Enter the correspondence address.
9951	CORRESPONDENCE CITY MUST BE ENTERED	Enter the correspondence address's city.
9952	CORRESPONDENCE STATE MUST BE ENTERED	Enter the correspondence address's state.
9953	CORRESPONDENCE ZIP MUST BE ENTERED	Enter the correspondence address's zip code.
3056	DATA DISPLAYED	Information message. No action needed.
68	DATA REFRESHED	Information message.
27	DATA UPDATED	Information message. No action needed.
4622	ENTER A VALID PHONE NUMBER	Enter valid values according to error message specifications.
4081	ENTER NUMERIC PROVIDER NUMBER	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
9958	FEIN MUST BE UNIQUE FOR NPI TYPE 1	Enter different FEIN to continue or goback to previous screen.
9959	FEIN NOT UNIQUE IN MMIS	Enter different FEIN.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
8845	INCOMPLETE ADDRESS INFORMATION, NOT ALL FIELDS POPULATED	Enter the required fields.
4698	INVALID ENTRY FOR SERVICING ADDRESS	Check field for valid data and re-enter.
8900	INVALID NPI TYPE, SHOULD BE 1 OR 2 OR BLANK	Enter 1 or 2 or spaces in the NPI TYPE field.
8816	IRS NUMBER INVALID	Enter a valid IRS number.
8820	MAIL ZIP EXTENSION CAN NOT BE POPULATED WITHOUT A MAIL ZIP	Enter the mailing address zip code before entering the zip code extension.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
9963	NEXT SITE IS ONLY VALID FOR ADDS AND CHANGES	Information message. FUNCTION CHOSEN IS INVALID.
9968	NEXT SITE NOT AVAILABLE FOR NEW	Information message.

	NPI PROVIDERS	
9967	NEXT SITE ONLY WORKS WHEN PROV ID IS FILLED IN	Enter Prov Id values to view next site details.
9966	NEXT SITE SERVICE ADDRESS DISPLAYED	Informational message
4437	NO RECORDS FOUND RETURN TO MAIN MENU TO ADD A PROVIDER APPLICATION.	Information message.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.
8874	NPI NOT FOUND	NPI not on database
8899	NPI NOT UNIQUE; VERIFY DATA OR CHOOSE UPDATE TO SAVE CHANGES	Informational message
8914	NPI TYPE 1 (INDIVIDUAL) HAS BUSINESS NAME. VERIFY DATA AND CONTINUE.	Informational message
8917	NPI TYPE 2 (ORGANIZATION) HAS INDIVIDUAL NAME.VERIFY DATA AND CONTINUE.	Informational message
8843	ONLY "Y" OR "N" MAY BE ENTERED FOR APIN INDICATOR	Enter value 'Y' or 'N' only.
8821	PAY ZIP EXTENSION CAN NOT BE POPULATED WITHOUT A PAY ZIP	Enter the pay-to address zip code before entering the zip code extension.
4044	PHONE NUMBER IS INVALID	Information message.
8912	PLEASE ENTER 10 DIGIT NUMERIC PROVIDER ID.	Informational message
8827	PLEASE ENTER A VALID TRACKING NUMBER	Informational message
8817	PLEASE ENTER APPLICATION TRACKING NUMBER	Enter the application tracking number.
8809	PLEASE ENTER EITHER BUSINESS OR INDIVIDUAL NAME	Enter either the business or the individual name for the provider.
8800	PROGRAM CODE 10 CAN NOT OVERLAP WITH OTHER PROGRAM CODES DATES.	Correct the Program code segments so that Program code 10 does not overlap with other Program codes.
9948	PROV ID AND TYPE EXIST - CANNOT BE ADDED AGAIN	Exit the transaction.
4135	PROVIDER APPLICATION STATUS CODE IS INVALID	Information message.
4946	PROVIDER ID INVALID	Enter a valid Provider ID
4098	PROVIDER INFORMATION DISPLAYED	Information message.
9947	PROVIDER IS TYPICAL - NPI MUST BE ENTERED	Enter the NPI number.

4165	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type.
4168	PROVIDER TYPE REQUIRED	Enter an RA end date falling before the Service Center End date.
8822	REMIT ZIP EXTENSION CAN NOT BE POPULATED WITHOUT REMIT ZIP	Enter the remit-to address zip code before entering the zip code extension.
8810	SERVICE ADDRESS MUST BE ENTERED	Enter the service address.
8811	SERVICE CITY MUST BE ENTERED	Enter the service address's city.
8812	SERVICE STATE MUST BE ENTERED	Enter the service address's state.
8819	SERVICE ZIP EXTENSION CAN NOT BE POPULATED WITHOUT A SERVICE ZIP	Enter the service address zip code before entering the zip code extension.
8814	SERVICE ZIP EXTENSION MUST BE ENTERED	Enter the service address's zip code extension.
8813	SERVICE ZIP MUST BE ENTERED	Enter the service address's zip code.
4349	STATE IS INVALID	Information message.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
8818	USE SELECTION CRITERIA TO ACCESS APPLICATIONS	Enter appropriate selection criteria.
4045	ZIP CODE IS INVALID	Enter a valid ZIP code. See the Field Definitions for explanation and formatting requirements.
9612	ZIP CODE MUST BE NUMERIC	Enter a numeric Zip Code.

Screen Access

From the VaMMIS Main System Menu:
1. On the Provider Main Menu, choose Application Tracking from the drop-down menu in the Selection Field.
2. On the Provider Application Tracking Menu, choose Provider Add/Update Screen in the drop down menu.
3. On the Provider Application Tracking Menu, choose the function desired. For a new application, leave the Tracking ID Field blank, the Provider Application number will be populated on the Provider Application Tracking screen once the Provider's application has been successfully entered in the database. For a existing application, enter the Provider Application Number in the Tracking ID value field.
4. Choose Enter.
5. You see the Provider Application Add/Update Screen PS-S-073, with the details for the Provider Application Number entered.
Note: In Update mode, if you make no entry in the Tracking ID Value field of the Provider Application Tracking Main Menu, you must enter the Tracking ID on the Provider Application Tracking

Add/Update screen and press Enter to display the record.

Screens PS-S-074 Provider Application Approval Screen

General Information

The Application Tracking Approval Screen is used to modify the provider application status from intial enrollment to its final disposition.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	PST074
MAPSET	PS074
TRAN ID	VTA6 (Inquiry), VTA7 (Update)

SAMPLE	**Provider Application Approval Screen (PS-S-074)**

Demo - Windows Internet Explorer

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

Virginia Fiscal Agent Services

MMIS

Print

Screen ID: PS-S-74
Trans ID: VTA7
Program ID: PST074

VIRGINIA MEDICAID
PROVIDER APPLICATION TRACKING
STATUS

Date: 11/12/2009
Time: 11:29
Page: 001 of: 001

Select	Tracking ID	Seq	Status	Begin Date	End Date	Reason Codes	Comment	Letter Info
○	[redacted]	0001	P	11/04/2009	12/31/9999		N	Y

Scroll UP | Scroll Down

PROVIDER INFORMATION DISPLAYED.

Enter | Update | Address | Letter Info | Provider | App Tracking A/U | App Tracking Inq | Restriction | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CICS TRANSACTION ID (DE0000)	Edits: The CICS transaction ID.	N/A
2	SELECT Terminal/PC Operator List or Option Select (DE9999)	Edits: Displays the selection field used to select a specific application tracking number.	Displays the selection field used to select a specific application tracking number. Displays the selection field used to select a specific application tracking number . INQUIRY/CHANGE (O/U)
3	TRACKING ID	Edits:	Displays the new sequence number gen-

	Provider Application Tracking Number (DE4008)	Displays the new sequence number generated to make the Provider Application Tracking Number unique in the Provider Application Tracking (PS_APPL_TRACK) database when a new provider application is created.	erated to make the Provider Application Tracking Number unique in the Provider Application Tracking (PS_APPL_TRACK) database when a new provider application is created using the ADD transaction. Displays the new sequence number generated to make the Provider Application Tracking Number unique in the Provider Application Tracking (PS_APPL_TRACK) database when a new provider application is created using the ADD transaction. CHANGE/INQUIRY (R/P)
4	SEQ Provider Data Base Sequential Number (DE4551)	Edits: Displays the sequential number assigned to the application tracking status record.	Displays the sequential number assigned to the application tracking status record. Displays the sequential number assigned to the application tracking status record. CHANGE/INQUIRY (R/P)
5	STATUS Provider Application Status Code (DE4282)	Edits: Displays the provider application status code. Must be a valid status code. ("A" Approved, "D" Denied, "P" Pending, "R" Rejected)	A code identifying the application status. A code identifying the application status. CHANGE/INQUIRY (C/U/P)
6	BEGIN DATE Provider Application Tracking Begin Date (DE4283)	Edits: Displays the beginning date associated with a particular application status.	Displays the beginning date associated with a particular application status. Displays the beginning date associated with a particular application status. CHANGE/INQUIRY (R/P)
7	END DATE Provider Application Tracking End Date (DE4284)	Edits: The ending date associated with a particular application status.	The ending date associated with a particular application status. The ending date associated with a particular application status. CHANGE/INQUIRY (R/P)
8	REASON CODES Provider Reason Code (DE4012)	Edits: Displays the reason code for the provider subsystem. Duplicates are not allowed per applic-	Displays the reason code for the provider subsystem Displays the reason code for the provider subsystem CHANGE (C/U) INQUIRY (R/P)

		ation status record, only one long reason code allowed per application status record, no reason codes allowed for Pending Application Status Records, only '000' allowed for Approved Application Status record, and a change in Provider Application Status must result in a change in reason code.	
9	C Provider Comment Field (DE4227)	Edits: Displays a flag with a value of 'Y' to indicate that the application status record has a comment, or 'N' to indicate that the application status record has no comment.	Displays a flag with a value of 'Y' to indicate that the application status record has a comment, or 'N' to indicate that the application status record has no comment. Displays a flag with a value of 'Y' to indicate that the application status record has a comment, or 'N' to indicate that the application status record has no comment. CHANGE/INQUIRY (R/P)
10	LP Provider Application Tracking Letter Indicator (DE4285)	Edits: Displays the Provider Application Tracking Letter Indicator. If set to 'Y' a letter will go out to that provider for the application status record. Whenever a new application status record is created, the letter indicator from the previous record is set to 'N' and the new record is set to 'Y' For a approved application status records, the letter sent indicator is set to 'N'.	Displays the Provider Application Tracking Letter Indicator. Displays the Provider Application Tracking Letter Indicator. CHANGE/INQUIRY (C/U)

NAVIGATION	Provider Application Approval Screen (PS-S-074)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
APP TRACKING A/U	Branch to the provider application tracking add/update screen.	N/A
ADDRESS	Branch to the Provider Address Screen.	N/A
RETURN	Returns to the previous screen accessed.	N/A
ENTER	Edits the data on the screen for correctness and displays the appropriate error message when necessary.	N/A
SUB MENU	Returns to the Provider Main Menu.	N/A
APP TRACKING INQ	Branch to the Provider Application Tracking Inquiry Screen.	N/A
LETTER INFO	Brach to the Letter Screen.	N/A
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
PROVIDER	Brach to the Provider Information Reinstate screen.	N/A
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
RESTRICTION	Branch to the provider restriction screen.	N/A
MAIN MENU	Returns to the Main Systems Menu.	N/A
UPDATE	Command button to save edited information entered in update mode. If any errors are found, a message is sent to the screen.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
8830	APIN INDICATOR MUST EQUAL Y OR N	Enter Y or N
4839	APPLICATION CAN NOT BE APPROVED. FEIN IS MANDATORY FOR	A valid FEIN must be entered to approve the application with provider type 107.

	PROV TYPE 107.	
8840	APPLICATION NOT APPROVED: NO PROVIDER ID HAS BEEN CREATED	Retry or Exit the transaction.
8824	APPLICATION TRACKING NUMBER NOT NUMERIC	Enter a valid numeric application tracking number.
8841	APPLICATION TRACKING RECORD HAS NOT BEEN SELECTED, FUNCTION KEY INVALID	Information message. Action needed.
8936	CANNOT PERFORM NPI MOVE AND LEGACY/NPI UNLINK TOGETHER. DO SEPARATELY.	Must perform tasks separately
8838	CHANGE IN PROVIDER APPLICATION STATUS MUST RESULT IN CHANGE IN REASON CODE	Enter the reason code value.
39	CHOOSE UPDATE TO SAVE CHANGES	Choose the update button to save the changes.
3056	DATA DISPLAYED	Information message. No action needed.
68	DATA REFRESHED	Information message.
27	DATA UPDATED	Information message. No action needed.
8839	DUPLICATE REASON CODES NOT ALLOWED	Remove the duplicate reason code.
116	END OF LIST	Information message. No action needed.
4	END OF THE PAGE	Information message, no action needed.
7	ENTER INDIVIDUAL PROVIDER NUMBER	Enter a valid individual Provider number. See the Field Definitions for formatting/ requirements for this field.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4136	LAST PROVIDER NUMBER ASSIGNED IS NOT FOUND	Information message.
8832	LETTER PROCESSED INDICATOR CAN ONLY CHANGE FROM YES TO NO	Please enter value 'Y' or 'N' only.
8829	LETTER PROCESSED MUST EQUAL Y OR N	Enter Y or N
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
4437	NO RECORDS FOUND RETURN TO MAIN MENU TO ADD A PROVIDER APPLICATION.	Information message.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.

8836	ONLY ONE LONG REASON CODE ALLOWED PER STATUS ROW	Enter only one long reason code.
8827	PLEASE ENTER A VALID TRACKING NUMBER	Informational message
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4350	PROVIDER APPLICATION REASON CODE IS INVALID	Information message.
4135	PROVIDER APPLICATION STATUS CODE IS INVALID	Information message.
4098	PROVIDER INFORMATION DISPLAYED	Information message.
4440	PROVIDER NUMBER ALREADY EXITS	Information message.
4140	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type.
8834	REASON CODE CAN NOT CONTAIN VALUE FOR ENTERED STATUS	Correct the reason code.
8916	THIS (TYPICAL PROV) APPLICATION NEEDS NPI NUMBER FOR THE APPROVAL.	Exit the screen and goback to Application tracking Add/Update screen to update Provider Id field with NPI value.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main System Menu:
1. On the Provider Main Menu (PS-S-000), choose Application Tracking from the drop-down menu in the Selection Field.
2. Select Inquiry, change, or Add as the radio button for the function field.
3. Choose Enter.
4. You see the application tracking menu (PS-S-071).
5. On the application tracking menu (PS-S-071), select Application Tracking Status Screen from the drop down menu in the selection field and Inquiry or change as the radio button in the function field.
6. A minimum of a 7 byte partial key for Application Tracking Number (DE 4008) is required in the Tracking ID field. The Provider Application Tracking Number must be valid.
7. Choose enter to view the Provider Application Tracking Status Screen (PS-S-074).

Screens PS-S-075 Provider Letter Information

General Information

The Provider Application Tracking Letter Information screen displays the values of reason codes that will appear on the Rejection/Denied letter. The screen also allows freeform text to be entered so that comments can be added to the letter as well.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	PST075
MAPSET	PS075
TRAN ID	VTA8, VTA9

SAMPLE	**Provider Letter Information (PS-S-075)**

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Screen ID: PS-S-075
Tran ID: VTA9
Program ID: PST075

VIRGINIA MEDICAID
PROVIDER APPLICATION TRACKING
LETTER INFORMATION - UPDATE

Date: 12/03/2009
Time: 09:33

Tracking ID: [redacted]
Letter to be Processed: N
Application status: A
Begin Date: 11/04/2008

Reason Code	Description
000	Valid Data.

Comments

DATA UPDATED.

Enter | Update | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CICS TRANSACTION ID (DE0000)	Edits: The CICS transaction ID.	N/A
2	TRACKING ID Provider Application Tracking Number (DE4008)	Edits: Displays the new sequence number generated to make the Provider Application Tracking Num-	A sequence number generated to make the Provider Application Tracking Number unique in the Provider Application Tracking (PS_APPL_TRACK) database. A sequence number generated to make the Provider Application Tracking Number unique

		ber unique in the Provider Application Tracking (PS_APPL_TRACK) database when a new provider application is created.	in the Provider Application Tracking (PS_APPL_TRACK) database. UPDATE (R/P)
3	APPLICATION STATUS Provider Application Status Code (DE4282)	Edits: Displays the provider application status code. Must be a valid status code. "A" Approved, "D" Denied, "P" Pending, "R" Rejected	A code identifying the application status. A code identifying the application status. ADD/UPDATE (R/P) Must be a valid status code. ("A" Approved, "D" Denied, "P" Pending, "R" Rejected)
4	BEGIN DATE Provider Application Tracking Begin Date (DE4283)	Edits: Displays the beginning date associated with a particular application status.	Displays the beginning date associated with a particular application status Displays the beginning date associated with a particular application status INQUIRY/CHANGE (R/P)
5	LETTER TO BE PROCESSED Provider Application Tracking Letter Indicator (DE4285)	Edits: Displays the Provider Application Tracking Letter Indicator. If set to 'Y' a letter will go out to that provider for the application status record.	Displays the Provider Application Tracking Letter Indicator. Displays the Provider Application Tracking Letter Indicator. INQUIRY/CHANGE (R/P)
6	REASON CODE Provider Reason Code (DE4012)	Edits: Displays the reason code for the provider subsystem.	Displays the reason code for the provider subsystem. Displays the reason code for the provider subsystem. INQUIRY/CHANGE (C/P)
7	DESCRIPTION Code Value Description (DE0018)	Edits: Displays the reason code description.	Displays the reason code description. Displays the reason code description. INQUIRE/CHANGE (C\P)
8	COMMENT Provider Comment Field (DE4227)	Edits: Displays the comments that may be entered for a application tracking status record.	Displays the comments that may be entered for a application tracking status record. Displays the comments that may be entered for a application tracking status record. CHANGE (R/U)

NAVIGATION	Provider Letter Information (PS-S-075)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
ENTER	Displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Returns to the Provider Main Menu.	N/A
REFRESH	Displays the UPDATE DATEd information (if any) from the database.	N/A
MAIN MENU	Returns to the Main Systems Menu	N/A
UPDATE	Command button to save edited information entered in add/update mode. If any errors are found, a message is sent to the screen.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
3056	DATA DISPLAYED	Information message. No action needed.
68	DATA REFRESHED	Information message.
27	DATA UPDATED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4437	NO RECORDS FOUND RETURN TO MAIN MENU TO ADD A PROVIDER APPLICATION.	Information message.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.
4098	PROVIDER INFORMATION DISPLAYED	Information message.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VAMMIS Main System Menu:
1. On the Provider Main Menu, choose application tracking from the drop-down menu in the selection field.

2. Select the Inquiry, Change, or Add radio button in the Function Field.
3. Once the Application Tracking Main Menu is displayed, choose the Application Tracking Approval screen.
4. Select the Inquiry, or Change radio button in the Function Field.
5. A tracking ID is required in the Tracking ID field. If a tracking ID is entered, it must be at least 7 bytes long, and valid.
6. Once the Application Tracking Approval Screen is Displayed, Place a 'S' in the Select field for the application that you would like to see the reason code values for. This will take you to the Letter screen in the same function mode that you entered the Approval screen in. If you entered the Application Tracking Approval screen in Inquiry mode and would like to go to the Letter screen in Change mode, place a 'C' in the Select field for the application that you would like to see the reason code values for. If you entered the Application Tracking Approval screen in Change mode and would like to go to the Letter screen in Inquiry mode, place a 'I' in the Select field for the application that you would like to see the reason code values for.
7. Press Letter button on the Application Tracking Approval screen and the Letter Screen PS-S-075 is displayed.

Screens PS-S-083 Providers With Pending Rates

General Information

This screen enables the user to view all providers that have rates pending approval or have been rejected.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST083
MAPSET	PS083VA
TRAN ID	VT98

SAMPLE	**Providers With Pending Rates (PS-S-083)**

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Screen ID: PS-S-083
Trans ID: VT98
Program ID: PST083

VIRGINIA MEDICAID
PROVIDERS WITH PENDING RATES - INQUIRY

Date: 02/04/2010
Time: 16:19
Page: 02 of 03

Provider ID	Name/Address	Prov Type	Update Date	User ID
[redacted]	[redacted]	010	12/01/2009	
[redacted]		010	12/07/2009	
[redacted]		010	12/14/2009	
[redacted]		010	12/17/2009	[redacted]
[redacted]		010	12/01/2009	[redacted]

Scroll Up | Scroll Down

Enter | Refresh | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider Number National Provider Identifier (DE4700)	Edits: Messages:	A unique identifying number referring to a service or billing provider. N/A
2	Provider Name Provider Name (DE4085)		The name of the servicing or billing provider. N/A
3	Date Last Updated Row Update Date (DE0011)		Timestamp upon which any column in the row was most recently inserted/updated. N/A

4	Last Updated By Reviewers User ID (DE4572)		ID of the Reviewer who last updated the data. N/A
5	Page XX of YY Calculated (DE0002)	Edits: Displays the current page (XX) and total number of pages (YY). Messages:	Displays the current page (XX) and total number of pages (YY). If page request XX is changed, it must be a numeric value less than or equal to YY (Total number of pages). Enter a number and click Enter to access a specific page of data. N/A
6	Message Error Message Text (DE0026)		Error message text. N/A
7	Provider Street Address Provider Attention Name (DE4096)	Edits: Messages:	The street address of the provider. N/A
8	Provider City Provider Address Line (DE4097)	Edits: Messages:	The city in the address of the provider. N/A
9	Provider State Provider Address State (DE4098)	Edits: Messages:	The state in the address of the provider. N/A
10	Provider Zip Provider Address ZIP Code (DE4099)	Edits: Messages:	The ZIP code in the address of the provider. N/A
11	Provider Type Provider Type (DE4006)	Edits: Messages:	A code that designates the classification of a provider under the State plan. N/A

NAVIGATION	**Providers With Pending Rates (PS-S-083)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
	Transfers control to the Provider Main Menu.	PS-S-000 (R)
ENTER	Process selection and transfer control to the Page keyed in on the screen.	PS-S-083 ()
SUB MENU PF12	Transfers control to the Provider Main Menu.	RF-S-010 (R)
RETURN	Displays the last information shown on the	N/A

PF15	screen from the database.	
SCROLL UP PF7	Scrolls one page backward to display additional data (If any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL DOWN PF8	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
MAIN MENU	Returns to the Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4694	ADD AND UPDATE NOT ALLOWED	Information message.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
9932	CANNOT UPDATE LEGACY ID AFTER COMPLIANCE DATE	Enter NPI instead of Legacy
4	END OF THE PAGE	Information message, no action needed.
5233	ENTER SELECTION CRITERIA AND CHOOSE ENTER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4984	NO PROVIDER RATES PENDING APPROVAL	Information message.
2454	PAGE NUMBER GREATER THAN TOTAL PAGES	Information message.
4498	PROVIDER ADDRESS DOES NOT EXIST	Information message.
4116	SELECTION NUMBER MUST BE NUMERIC	Enter a numeric selection number.
29	TOP OF THE PAGE	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Select Providers With Pending Rates from the drop-down menu in the Selection Field.
4. Select the Inquiry radio button in the Function Field.

5. Do not enter a Provider Identification Number in the ID Value Field.
6. Choose the Enter button.
7. You see the Providers With Pending Rates screen (PS-S-083).
8. Use the Page Up and Page Down arrow buttons to scroll through additional pages of data.

Screens PS-S-160 Provider Sanction Search

General Information

Displays sanctioned provider information that matches the current provider being inserted or updated on our system. Can display up to 10 sanctioned providers and scrolling is available when there are more than 10.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST160
MAPSET	PS160VA
TRAN ID	VT90

SAMPLE	**Provider Sanction Search (PS-S-160)**

Preview

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Screen ID: PS-S-160
Trans ID: VT90
Program ID: PST160

VIRGINIA MEDICAID
PROVIDER SANCTION SEARCH
INDIVIDUAL

Date: 11/12/2009
Time: 17:09
Page: 01

VA DMAS Provider Information

Name	SSN/EIN	NPI
[redacted]	000-00-0000	[redacted]

Sanction Search Results

Sel	Name	State	SSN/EIN	Sanction Date	NPI
○	[redacted]	[redacted]	[redacted]	03/19/1998	
○				03/19/1998	
○					
○					
○					
○					
○					
○					
○					
○					

Scroll Up | Scroll Down

SANCTIONED SEARCH RESULTS FOUND

Enter | Accept | Reject

start | Inbox -... | Screens | Financi... | Host A... | Financi... | Total.d... | Demo - ... | HodCo... | Sudhak... | 4:29 PM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Name (Provider Information) Provider Name (DE4085)	Edits: n/a Messages: n/a	The Provider name for which the query was done. (P) N/A
2	SSN/EIN (Provider Information) Provider Alternate ID Value (DE4044)	Edits: Used for SSN or EIN depending on whether the provider is an individual or busi-	The Provider SSN/EIN for which the query was done. (P) N/A

		ness. Messages: n/a	
3	ID (Provider Information) National Provider Identifier (DE4700)	Edits: Messages:	This is the CMS assigned National Provider Identifier that represents an individual entity. An NPI may be assigned for multiple Provider IDs that exist in VAMMIS today. The Provider ID number for which the query was done. (P) N/A
4	(Last) Name (Sanction Search Results) Sanctioned Provider Last Name (DE4577)	Edits: Messages:	The Provider last name that was returned from the LEIE query. (P) N/A
5	(First) Name (Sanction Search Results) Sanctioned Provider First Name (DE4578)	Edits: Messages:	The Provider first name that was returned from the LEIE query. (P) N/A
6	State (Sanction Search Results) Sanctioned Provider Address State (DE4574)	Edits: Messages:	The Provider state (place of business) that was returned from the LEIE query. (P) N/A
7	SSN/EIN (Sanction Search Results) Sanctioned Provider SSN/EIN (DE4575)	Edits: Messages:	The Provider SSN/EIN that was returned from the LEIE query. (P) N/A
8	Sanction Date (Sanction Search Results) Sanctioned Provider Date Begin (DE4576)	Edits: Messages:	The date of the Provider sanction. (P) N/A
9	NPI (Sanction Search Results) Sanctioned Provider Key ID (DE4586)	Edits: Messages: Sanctioned Provider NPI	Sanctioned Provider NPI Sanctioned Provider NPI

NAVIGATION	**Provider Sanction Search (PS-S-160)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Accept	Return to calling pgm and continue update..	PS-S-001-01 (R)

Enter	Displays the detail for the sanctioned provider selected.	PS-S-001-03 (B)
SCROLL DOWN	Retrieves the next sanction search screen.	N/A
SCROLL UP	Retrieves the previous sanction search screen.	N/A
Reject	Return to calling program and discontinue update.	PS-S-001-01 (R)

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Informational message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Informational message.
51	ENTER A SELECTION	Enter your selection at the cursor to complete the task.
3027	ENTER 'X' FOR SELECTION	Enter valid values according to error message specifications.
64	NO DATA TO SCROLL	Informational message. No action needed.
2167	SELECT ONLY ONE LINE AT A TIME	Choose only one line for processing.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Choose Provider Information from the drop-menu in the Selection field.
4 Choose the Add/Change radio button in the Function field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Provider Billing Information screen (PS-S-001-01).
8. Update the Provider SSN, FEIN, or Name.
9. Choose Enter.
10. If a match of the Provider data entered is found in the List of Excluded Individuals/Entities (LEIE) file, you see the Provider Sanction Search screen (PS-S-160).

Screens PS-S-161 Provider Sanction Search Detail

General Information

This screen displays detail information for a sanctioned provider that was selected on the Provider Sanction Search screen, PS-S-160.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST161
MAPSET	PS161VA
TRAN ID	VT91

SAMPLE	**Provider Sanction Search Detail (PS-S-161)**

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Screen ID: PS-S-161
Tran ID: VT91
Program ID: PST161

VIRGINIA MEDICAID
PROVIDER SANCTION DETAIL
INDIVIDUAL

Date: 11/05/2009
Time: 14:43

VA DMAS Provider Information

Name: [redacted]
Prov Type: _____
Prov Speciality: _____
SSN/EIN: 000-00-0000
NPI: [redacted]

Sanctioned Provider Detail

Name: [redacted]
Prov Type:
UPIN: _____
Sanctioned Date: 03/19/1998
City: [redacted]
SSN/EIN: [redacted]
Prov Speciality:
Exclusion:
Reinstated Date: _____
State: [redacted]
NPI: _____
Zip: [redacted]

PRESS ENTER TO RETURN

Enter | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Name (Provider Information) Provider Name (DE4085)	Edits: Messages:	The Provider name for which the query was done. (P) N/A
2	SSN/EIN (Provider Information) Provider Alternate ID Value (DE4044)	Edits: Messages:	The Provider SSN/EIN for which the query was done. (P) N/A
3	ID (Provider Inform-	Edits:	Provider ID

	ation) National Provider Identifier (DE4700)	Messages: Provider NPI	Provider ID
4	Type ((Code) (Sanctioned Provider)) Provider Type (DE4006)	Edits: Messages:	The Provider type for which the query was done. (P) N/A
5	Type ((Description) (Sanctioned Provider)) Provider Type Description (DE4296)	Edits: Messages:	Description of the Provider type. (P) N/A
6	Specialty ((Code) (Sanctioned Provider)) Provider Specialty Code (DE4007)	Edits: Messages:	The Provider Specialty (number) for which the query was done. (P) N/A
7	Specialty ((Description) (Sanctioned Provider)) Provider Specialty Code Description (DE4298)	Edits: Messages:	A description of the Provider Specialty. (P) N/A
8	(Last) Name (Sanctioned Provider) Sanctioned Provider Last Name (DE4577)	Edits: Messages:	The last name of the sanctioned Provider. (P) N/A
9	(First) Name (Sanctioned Provider) Sanctioned Provider First Name (DE4578)	Edits: Messages:	The first name of the sanctioned Provider. (P) N/A
10	SSN/EIN (Sanctioned Provider) Sanctioned Provider SSN/EIN (DE4575)	Edits: Messages:	The SSN/EIN of the sanctioned Provider. (P) N/A
11	NPI (Sanctioned Provider) National Provider Identifier (DE4700)	Edits: Messages: NPI for the Sanctioned Provider	NPI for the Sanctioned Provider NPI for the Sanctioned Provider
12	UPIN (Sanctioned Provider) Sanctioned Provider	Edits: Messages:	The UPIN of the sanctioned Provider. (P) N/A

	UPIN (DE4582)		
13	Type (Sanctioned Provider) Sanctioned Provider Type Description (DE4580)	Edits: Messages:	The Provider type of the sanctioned Provider. (P) N/A
14	Specialty (Sanctioned Provider) Sanctioned Provider Specialty Description (DE4581)	Edits: Messages:	The Provider specialty of the sanctioned Provider. (P) N/A
15	Exclusion (Sanctioned Provider) Sanctioned Provider Exclusion Code (DE4583)	Edits: Messages:	The sanctioned Provider's exclusion code. See the on-line HELP system for valid values. (P) N/A
16	Reinstated Date (Sanctioned Provider) Sanctioned Provider Date End (DE4585)	Edits: n/a Messages: n/a	Reinstatement date (if applicable) for each instance of sanction. (P) N/A
17	City (Sanctioned Provider) Sanctioned Provider Address City (DE4579)	Edits: Messages:	The sanctioned Provider's address (city). (P) N/A
18	State (Sanctioned Provider) Sanctioned Provider Address State (DE4574)	Edits: Messages:	The sanctioned Provider's address (state). (P) N/A
19	Sanctioned Date (Sanctioned Provider) Sanctioned Provider Date Begin (DE4576)	Edits: Messages:	The date of the Provider sanction. (P) N/A
20	Zip (Sanctioned Provider) Sanctioned Provider Address Zip code (DE4584)	Edits: Messages:	The sanctioned Provider's address (ZIP). (P) N/A

NAVIGATION	Provider Sanction Search Detail (PS-S-161)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Returns to PST160, the sanction search module.	PS-S-160 (R)

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000).
3. Choose Provider Information from the drop-menu in the Selection field.
4 Choose the Inquiry radio button in the Function field.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose Enter.
7. You see the Provider Information/ Reinstate screen
(PS-S-001-01).
8. Enter the Provider SSN, FEIN or Name.
9. Choose Enter.
10. If a match of the Provider data entered is found in the
List of Excluded Individuals/Entities (LEIE) file, you
see the Provider Sanction Search screen
(PS-S-160).

Screens PS-S-170 Provider Base ID Maintenance Screen

General Information

This screen enables the user to key in Base ID changes for a provider. It also displays all history transactions for that provider.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add, Delete
PROGRAM	PST170
MAPSET	PS170VA
TRAN ID	VT92

SAMPLE	**Provider Base ID Maintenance Screen (PS-S-170)**

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Screen ID: PS-S-170
Tran ID: VT92
Program ID: PS170VA

VIRGINIA MEDICAID
PROVIDER BASE ID MAINTENANCE
CHANGE SCREEN

Date: 11/05/2009
Time: 10:11
Page: 01 OF 01

Provider ID: [redacted]
Old Base: [redacted]
Name: [redacted]
New Base: [redacted]
User ID: [redacted]
Linked Provider:
Date Entered: 11/04/2009

Old Base	New Base	Date Entered	Date Updated	User ID
[redacted]	[redacted]	03/24/2007 07/03/2007	03/24/2007 07/03/2007	[redacted]

Scroll Up | Scroll Down

UPDATE DATA AND CHOOSE ENTER.

Enter | Clear Form | Delete | Base ID Inq | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider Number National Provider Identifier (DE4700)	Edits: 1. Edits field for validity. 2. Edits field against DB2. Messages:	A unique identification number assigned to the servicing or billing provider. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE (P) You see the Provider number previously entered.
2	Maintenance Old Base ID	Edits: 1. Edits for validity.	A unique identification number assigned to each provider to associate multiple Provider

	Provider Base Identification Number (DE4001)	2. Edits against DB2. 3. Edits against New Base ID	ID Numbers with a single provider. A unique identification number assigned to each provider to associate multiple Provider ID Numbers with a single provider. ADD/UPDATE (P) System-displayed.
3	Maintenance New Base ID Provider Base Identification Number (DE4001)	Edits: 1. Edits for validity. 2. Edits against DB2. 3. Edits against Old Base ID.	The new base ID to be assigned to the Provider number. The new base ID to be assigned to the Provider number. ADD/UPDATE: (U/C) The user has several options: 1. To assign the Provider a base ID that is already in the system: Type in the ID and choose Enter. 2. To create and assign a new base ID: Type the word NEW into this field. Then, choose Enter. 3. To create and assign a new base ID and assign it to multiple Provider IDs: Determine the lowest Provider ID for the group. Type the word NEW into the New Base ID field for that Provider. Then, choose Enter. For all other Providers that need this same Base ID, type the word NEW into the New Base ID field and type the same lowest Provider ID into the Linked Provider field.
4	Maintenance Linked Provider Number Provider Identification Number (DE4002)		The new Provider Number to be linked to the Base ID currently assigned. The new base ID to be assigned to the Provider number. The new Provider Number to be linked to the Base ID currently assigned. The new base ID to be assigned to the Provider number. ADD/UPDATE: (U/C) If you want to create a new base ID and assign this ID to multiple Provider IDS, do this: 1. Determine the lowest Provider ID for the group of providers. 2. Type the word NEW into the New Base ID field for that Provider. Then, choose Enter. 3. For all other Providers that need this same Base ID, type the word NEW into the New

			Base ID field and type the same lowest Provider ID into the Linked Provider field.
5	Maintenance Date Entered Base ID Maintenance Entry Date (DE4508)	Edits: This field is kept protected and primed with the current date for ADDS or the date from the maintenance transaction for CHANGES. The user never keys this field.	The current date for ADDS or the date from the maintenance transaction for CHANGES. (P) (P) The current date for ADDS or the date from the maintenance transaction for CHANGES.
6	Maintenance User ID User/Operator ID (DE0012)	Edits: This field is kept protected and primed with the individuals User Identification from the online system. The user never keys this field.	The user's system identification number. (P) (P) The user's system identification number.
7	History Old Base ID Provider Base Identification Number (DE4001)	Edits: N/A Messages: N/A	The base ID currently on the Provider database for the provider. (P) (P) The base ID currently on the Provider database for the provider.
8	History New Base ID Provider Base Identification Number (DE4001)	Edits: N/A Messages: N/A	The new base ID assigned to the Provider during an maintenance update transaction. (P) (P) The new base ID assigned to the Provider during an maintenance update transaction.
9	History Date Entered Base ID Maintenance Entry Date (DE4508)	Edits: N/A Messages: N/A	The date a base ID maintenance transaction was entered. (P) (P) The date a base ID maintenance transaction was entered.
10	History Date Updated Provider Base ID Data Change Date (DE4511)	Edits: N/A Messages: N/A	The date the Base ID maintenance transaction was processed in batch. (P) (P) The date the Base ID maintenance transaction was processed in batch.
11	History User ID User/Operator ID (DE0012)	Edits: N/A Messages: N/A	The user ID of the user who made the base ID maintenance change. (P) (P) The user ID of the user who made the base ID maintenance change.

12	History Sequence Number Provider Base ID Key Sequence Number (DE4013)	Edits: This field is not viewable by the user and is used for scrolling purposes only.	This field is not viewable by the user and is used for scrolling purposes only. N/A

NAVIGATION	Provider Base ID Maintenance Screen (PS-S-170)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Clearform	Clears the screen for a new provider.	PS-S-170 ()
Delete	Deletes an active BASE ID maintenance transaction from the PS_BASE_ID_CHG table.	N/A
Enter	Processes the maintenance data keyed on the screen.	PS-S-170 ()
SUB MENU	Transfers control to the Provider Menu.	PS-S-000 (R)
BASE ID INQ	Transfers control to the Provider BASE ID Maintenance Inquiry.	PS-S-171 (B)
Return	returns to previous screen.	N/A
SCROLL DOWN	Displays the next 10 Base ID History transactions.	N/A
SCROLL UP	Displays the previous 10 Base ID History transactions.	N/A
MAIN MENU	Returns to th VaMMIS Main Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
4056	ADD DATA AND CHOOSE ENTER	Information message.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
4038	BASE ID IS INVALID	Information message.
4159	BASE ID NOT FOUND FOR EXISTING PROVIDER	Information message.
8	ENTER PROVIDER NUMBER	Enter a valid Provider number. See the Field Definitions for

		formatting/ requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
7009	NO DATA TO DELETE	Information message. No action needed.
64	NO DATA TO SCROLL	Information message. No action needed.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.
4744	PROVIDER ID MUST BE NUMERIC	Enter a valid numeric provider identification number. See the Field Definitions for explanation and formatting requirements.
2076	PROVIDER NUMBER ENTERED NOT ON DATABASE	Contact ACS Operations for assistance.
32	UPDATE DATA AND CHOOSE ENTER	Update data, then choose the Enter button.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000)
3. Choose Base ID Maintenance from the drop-menu in the selection field.
4. Choose the Add or Change radio button in the Function field.
5. Enter the Provider Identification Number in the ID Value field. (optional)
6. Choose Enter.

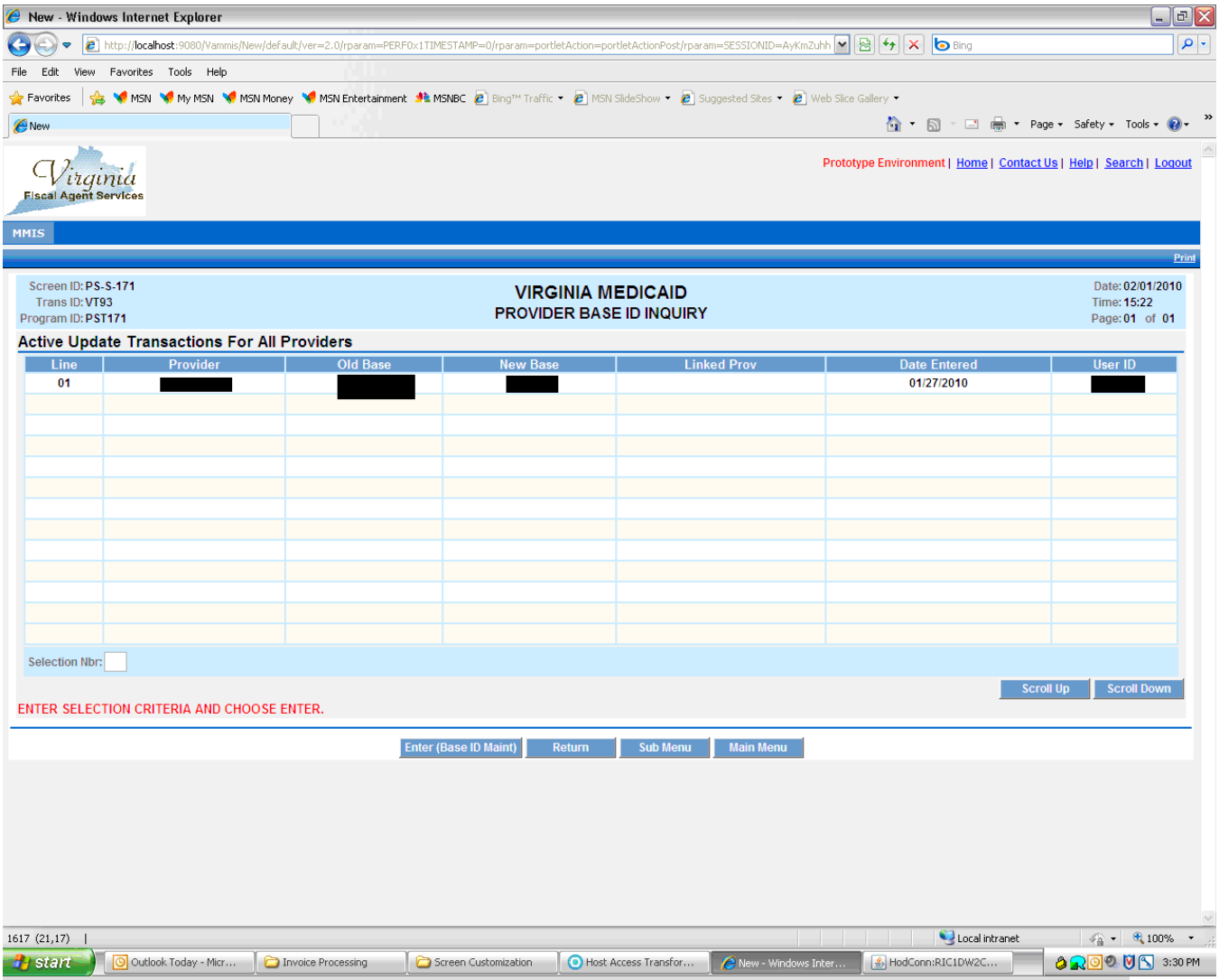
Screens PS-S-171 Provider Base ID Maintenance Inquiry Screen

General Information

This screen enables the user to view all active Base ID maintenance transactions for all providers. If the user selects one of the transactions and presses ENTER, it will transfer the user to the Base ID maintenance screen.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	PST171
MAPSET	PS171VA
TRAN ID	VT93

SAMPLE	**Provider Base ID Maintenance Inquiry Screen (PS-S-171)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider Number National Provider Identifier (DE4700)	Edits: A unique identification number assigned to a provider. Messages: N/A	A unique identification number assigned to a provider. N/A
2	Maintenance Old Base ID Provider Base Identification Number	Edits: Messages: A unique identification num-	A unique identification number used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned.

	(DE4001)	ber used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned.	N/A
3	Maintenance New Base ID Provider Base Identification Number (DE4001)	Edits: A unique identification number used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned. Messages: N/A	A unique identification number used to associate multiple provider identification numbers to a single provider. Every provider has a Base ID assigned. N/A
4	Maintenance Date Entered Base ID Maintenance Entry Date (DE4508)	Edits: This is the date that a Base ID maintenance transaction was created/updated online. This is in the P_BASE_ID_CHG table to create a Provider Number , Base ID change transaction. Messages: N/A	This is the date that a Base ID maintenance transaction was created/updated online. This is in the P_BASE_ID_CHG table to create a Provider Number , Base ID change transaction. N/A
4	Maintenance Linked Provider Number Provider Identification Number (DE4002)	Edits: Messages: A unique identification number assigned to a provider.	A unique identification number assigned to a provider. N/A
5	Maintenance User ID User/Operator ID (DE0012)	Edits: N/A Messages: A code uniquely identifying the VaMMIS user. It tracks user input and use of the system.	A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. N/A
6	Selection Number Screen Functional Selection (DE5854)	Edits: 1. Edit for validity. 2. Edit against row-nbr on screen. Messages: Used to select an option on	Used to select an option on the CICS Screens. N/A

		the CICS Screens.	
7	Message Error Message Text (DE0026)	Edits: Messages: This is the text to be displayed corresponding to the error code (C_ERROR_MSG).	This is the text to be displayed corresponding to the error code (C_ERROR_MSG). N/A

NAVIGATION	Provider Base ID Maintenance Inquiry Screen (PS-S-171)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Enter	Process selection and transfer control to the Provider Base ID Maintenance screen for the provider selected.	PS-S-170 (B)
SUB MENU	Transfer Control to the Provider Menu.	PS-S-000 (R)
Return	Return to previous screen.	N/A
SCROLL DOWN	Displays the next 13 Active Base ID maintenance transactions.	N/A
SCROLL UP	Displays the previous 13 Active Base Id maintenance transactions.	N/A
MAIN MENU	Transfer control to the VaMMIS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
4004	CHOOSE A VALID SELECTION	Choose a selection from the drop-down menu.
5233	ENTER SELECTION CRITERIA AND CHOOSE ENTER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3700	NO DATA FOUND FOR THE REQUEST	Information message.

64	NO DATA TO SCROLL	Information message. No action needed.
4116	SELECTION NUMBER MUST BE NUMERIC	Enter a numeric selection number.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000)
3. Choose Base ID Maintenance from the drop-menu in the selection field.
4. Choose the Inquiry radio button in the Function field.
5. Choose Enter.
6. You see the Provider Base ID Maintenance Inquiry Screen (PS-S-171).

Screens PS-S-172 Provider Base ID Claim Reprocess Approval

General Information

This screen enables the user to approve or disapprove the reprocessing of claims, due to a provider's Base ID being modified to a different value.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	PST172
MAPSET	PS172VA
TRAN ID	VT97

SAMPLE	**Provider Base ID Claim Reprocess Approval (PS-S-172)**

New - Windows Internet Explorer

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

MMIS

Print

Screen ID: PS-S-172
Trans ID: VT97
Program ID: PST172

VIRGINIA MEDICAID
PROVIDER BASE ID CLAIM APPROVAL

Date: 02/01/2010
Time: 16:06
Page: 01 of 59

Processed Update Transactions For All Providers

Line	Provider	Date Entered	Date Updated	User ID	Approval
01	[redacted]	03/24/2007	03/24/2007	[redacted]	
02		03/24/2007	03/24/2007		
03		03/24/2007	03/24/2007		
04		04/06/2007	04/06/2007		
05		04/09/2007	04/09/2007		
06		01/20/2007	01/22/2007		
07		03/25/2008	03/25/2008		
08		11/09/2006	11/09/2006		
09		03/24/2007	03/24/2007		
10		03/24/2007	03/24/2007		
11		03/24/2007	03/24/2007		
12		03/24/2007	03/24/2007		
13		03/24/2007	03/24/2007		

Selection Nbr:

Scroll Up | Scroll Down

ENTER SELECTION CRITERIA AND CHOOSE ENTER.

Enter (CHRIP) | Update | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Selection Number Screen Functional Selection (DE5854)		Used to select an option on the CICS Screens. The user's choice of record to be processed. Choose the line number listed above and the CH ADD/UPDATE (R/U) Enter a line number from the records listed above. When finished, choose the CHIRP Inquiry button to move to the CHIRP screen

			for the record.
2	Provider National Provider Identifier (DE4700)	Edits: Messages:	A unique identification number assigned to a provider. A unique identification number assigned to the servicing or billing provider. ADD/UPDATE (P)
3	Date Entered Base ID Maintenance Entry Date (DE4508)		This is the date that a Base ID maintenance transaction was created/updated online. The date on which the Base ID maintenance transaction was entered. ADD/UPDATE (P)
4	Date Updated Provider Base ID Data Change Date (DE4511)		This is the date that a Base ID changes were made to Provider Subsystem tables. The date on which the Base ID maintenance update transaction was executed. ADD/UPDATE (P)
5	User User/Operator ID (DE0012)		A code uniquely identifying the VaMMIS user. It tracks user input and use of the system. The user ID of the user requesting the Base ID maintenance transaction. ADD/UPDATE (P)
6	Claim Reprocess Approval Provider Base ID Claim Reprocess Flag (DE4512)		This flag will default to a "U" when the transaction is first created. Once it is processed in batch within the Provider Subsystem, it then can be updated by the Base ID Claim Approval screen. It indicates whether the claims associated with a provider base ID maintenance transaction should be reprocessed. The approval choice input field. The user has three options for action to take on this field. ADD/UPDATE (U/R) 1. Enter an N in this field. The system will NOT reprocess the claims associated with this provider and remove this record from the screen. 2. Enter a Y in this field. The system will reprocess all claims associated with this provider and remove this record from the screen. 3. Leave this field blank. The record will continue to show on this screen until an indicator is entered.

NAVIGATION	Provider Base ID Claim Reprocess Approval (PS-S-172)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER (CHIRP)	Process the selection keyed and transfer to the CHIRP claim summary screen.	CP-S-008-05 (B)
SUB MENU	Transfers control to the Provider Menu.	PS-S-000 (R)
Return	Returns to previous screen.	N/A
SCROLL DOWN	Displays the NEXT of Base ID Claim reprocessing transactions that are either pending approval, or have been updated Online, but have not yet been processed by Batch.	N/A
SCROLL UP	Displays the previous screen of Base ID Claim reprocessing transactions that are either pending approval, or have been updated Online, but have not yet been processed by Batch.	N/A
MAIN MENU	Transfers control to the VaMMIS Main menu.	RF-S-010 (R)
Update	After the user has updated the claims reprocess approval flag field, pressing PF2 will update that value onto the database.	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
4004	CHOOSE A VALID SELECTION	Choose a selection from the drop-down menu.
5233	ENTER SELECTION CRITERIA AND CHOOSE ENTER	Enter valid values according to error message specifications.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3700	NO DATA FOUND FOR THE REQUEST	Information message.
64	NO DATA TO SCROLL	Information message. No action needed.
2076	PROVIDER NUMBER ENTERED NOT ON DATABASE	Contact ACS Operations for assistance.
4116	SELECTION NUMBER MUST BE NUMERIC	Enter a numeric selection number.
2212	VALUE IS INVALID; MUST BE 'Y' OR 'N'	Enter a value within the given parameters.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000)
3. Choose Base ID Claim Approval from the drop-menu in the selection field.
4. The Function and ID Value fields are not needed and can be left blank.
5. Choose Enter.
6. You see the Provider Base ID Claim Reprocess Approval screen (PS-S-172).

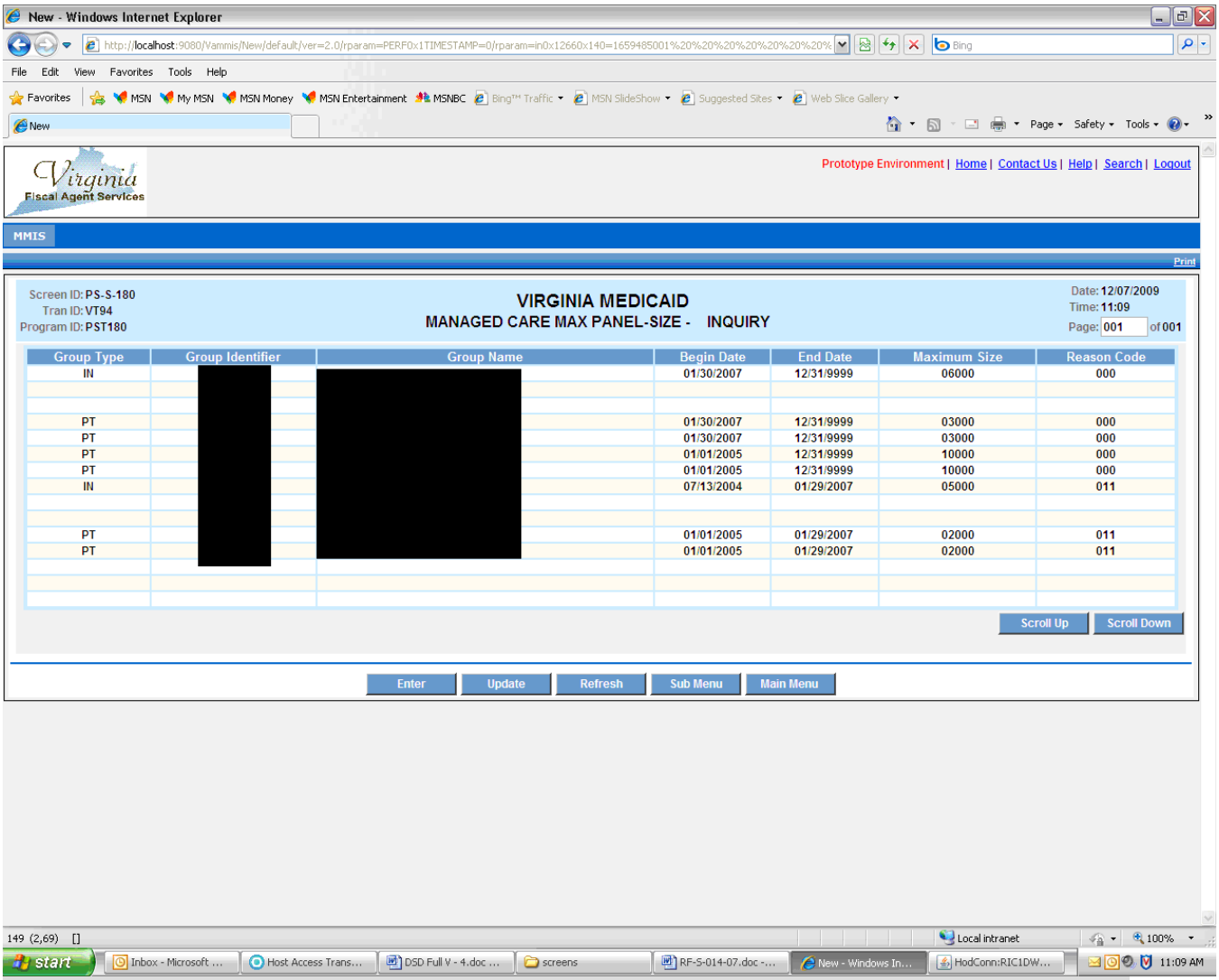
Screens PS-S-180 Provider Managed Care Panel-Size Screen

General Information

This screen enables the user to Inquire on or Add/Update the Provider Panel-Size group data.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	PST180
MAPSET	PSS180
TRAN ID	VT94, VT95

SAMPLE	**Provider Managed Care Panel-Size Screen (PS-S-180)**



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider Panel-Size Group Type Provider Panel-Size Group Type (DE4597)	Edits: 1.Type is entered for an Insert and Protected for Updates. 2.The Group Type must be one of 'PT', 'PS', 'LO' or 'IN'.	Provider Panel-Size Group Type Provider Panel-Size Group Type. Type is entered for an Insert and Protected for Updates. ADD/UPDATE (R). Enter a Group Type 'PT', 'PS', 'LO' or 'IN' for an Add Screen.
2	Provider Panel-Size Group Value	Edits: 1.Edits field against	Provider Panel Size group value within group type.

	Provider Panel-Size Group Value (DE4598)	DB2 depending on the Group Type 2.Value is entered for an Insert and Protected for Updates	Provider Panel Size group value within group type. ADD/UPDATE (R/U). Value may be entered only when inserting a group, the field is Protected for Updates. The value entered must relate to the Group Type.
3	Provider Panel-Size Group Name Provider Panel-Size Group Name (DE4599)	Edits: 11. The name is determined by the program from the DB2 values relating to the Group Type and Group ID (DE4598). Name values selected for PT, PS, IN, and LO Group Types are populated from data elements DE4296, DE4298, DE5255 and DE4085 respectively based on DE4598 values.	Provider Panel-Size group name. N/A
4	Provider Street Provider Address Line (DE4097)	Edits: Messages: Provider street address	The address of the provider. N/A
5	Provider City Provider Address City Name (DE4130)	Edits: Messages: Provider City	The city in the address for the provider. N/A
6	Provider State Provider Address State (DE4098)	Edits: Messages: Provider State	The state in the address of the provider. N/A
7	Provider Zipcode Provider Address ZIP Code (DE4099)	Edits: Messages: Provider zipcode	The ZIP code in the address of the provider. N/A
8	Provider Panel-Size Group Begin date Provider Panel-Size Group Begin Date (DE4548)	Edits: 1. Edits for validity. 2. The Begin Date entered must be greater then the current date Messages:	Provider Panel-Size Begin Date. Provider Panel-Size Begin Date. ADD/UPDATE (R/U). The date entered must be after the current date.

9	Provider Panel-Size End Date Provider Panel-Size Group End Date (DE4549)	Edits: The end date is protected. The program determines the value based on the Begin Date entered or is defaulted to 12/31/9999 for an active row. Messages:	End date of group maximum Panel-Size entry. End date of group maximum Panel-Size entry. ADD/UPDATE (R/U) Based on the Beginning Date will default to 12/31/9999 depending on the value entered in the reason code.
10	Provider Managed Care Maximum Slots Provider Managed Care Maximum Slots (DE4123)	Edits: 1. Edits for validity. 2. The field must be a numeric value no greater than 30,000 Messages:	The maximum number of enrollees a Primary Care Provider can have assigned. DE 4403 represents the maximum size the provider has elected. The maximum number of enrollees a Primary Care Provider can have assigned. The field must be a numeric value no greater than 30,000. ADD/UPDATE (R/U) Enter a numeric value no greater than 30,000.
11	Provider Reason code Provider Reason Code (DE4012)	Edits: 1. Edits for validity. 2. Valid values are '000', '011' or '099' Messages:	Identifies the reason code for the provider subsystem. Identifies the reason code for the provider subsystem. Valid values are '000', '011' or '099'. ADD/UPDATE (R/U) Enter a valid reason code. See the Online HELP system for valid values for this data element.

NAVIGATION	**Provider Managed Care Panel-Size Screen (PS-S-180)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
MAIN MENU PF12	Return to the Provider Main Menu.	PS-S-000 (R)

REFRESH PF13	Displays the UPDATE DATEd information from the database.	N/A
UPDATE PF2	Edits the data on the screen for correctness and displays the appropriate error message when necessary. Posts the data to the database.	N/A
SCROLL UPPF7	Scrolls to the previous Panel-size page.	N/A
SCROLL DOWN PF8	Checks data for changes with no updates. Scrolls to the next page of Panel-size data.	N/A
MAIN MENU	Returns to the Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
4942	BEGIN DATE MUST BE GREATER THAN ACTIVE BEGIN DATE	Enter a begin date that is greater than the existing begin date
4941	BEGIN DATE MUST BE GREATER THAN CURRENT DATE	Enter a begin date that is greater than the current date
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.
4943	DATA PASS EDITS CHOOSE UPDATE TO SAVE CHANGES.	Choose the update button to save the changes
68	DATA REFRESHED	Information message.
62	DATE OVERLAP DETECTED; UPDATE NOT APPLIED	Check the date entered.
4	END OF THE PAGE	Information message, no action needed.
4017	ENTER VALID DATE	Enter valid values according to error message specifications.
4017	ENTER VALID DATE	Enter valid values according to error message specifications.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
4933	GROUP ALREADY EXISTS	Update the existing group

4932	INVALID GROUP TYPE	Enter a valid Group Type
4928	INVALID MAXIMUM PANEL SIZE	Enter a numeric Panel-Size no greater than 30000
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
4940	NO PANEL-SIZE DATA FOR DISPLAY	Information message. No action needed
4938	NO UPDATES ALLOWED WHEN RECORD IS DELETED	Refresh the row data before entering '099' to delete the group
41	NO UPDATES WERE MADE TO THE DATA	Information message. No action needed.
4930	ONLY DELETE ALLOWED FOR A FUTURE ROW	Delete the active future row and insert with corrected values
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4929	PROGRAM 02 PROVIDER TYPE GROUP MAY NOT BE DELETED	PCP Providers may not be deleted from the table
4946	PROVIDER ID INVALID	Enter a valid Provider ID
4936	PROVIDER IS NOT A VALID PCP	Enter a Provider ID that is associated with Provider Program '02'
4947	PROVIDER LOCALITY INVALID	Enter a valid Provider Locality code
4937	PROVIDER LOCALITY NOT VALID FOR PCP PROGRAM	Enter a Provider Locality associated with Provider Program '02'
4945	PROVIDER SPECIALTY INVALID	Enter a valid Provider Specialty
4935	PROVIDER SPECIALTY NOT VALID FOR PCP	Enter a Provider Specialty associated with a valid PCP Provider Type
4944	PROVIDER TYPE INVALID	Enter a valid Provider Type
4934	PROVIDER TYPE NOT VALID FOR PCP	Enter a Provider Type associated with Provider Program '02'
4021	REASON CODE IS INVALID	Enter a valid Reason Code. See the Field Definitions for formatting and requirements for this field.
25	RECORD UPDATED	Information message. No action needed.
29	TOP OF THE PAGE	Information message. No action needed.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You see the Provider Main Menu screen (PS-S-000)
3. Choose Provider Panel-Size Table from the drop-menu in the selection field.
4. Choose the Add or Change radio button in the Function field.
5. Choose the Enter button.
6. You see the Provider Managed Care Panel-Size Screen (PS-S-180).

Screens PS-S-290 Provider Screening Information Screen

General Information

The Provider Screening Information screen allows inquire and update of the provider screening, application, risk, site visit, and background check information

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	Provider Screening Information (PST290)
MAPSET	PS290VA
TRAN ID	VTS1 (Inquiry), VTS2 (Update)

SAMPLE **Provider Screening Information Screen (PS-S-290)**

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

Screen ID: PS-S-290
Trans ID: VT02
Program ID: PST290

VIRGINIA MEDICAID
PROVIDER SCREENING INFORMATION - UPDATE

Date: 11/14/
Time: 18:49

Provider ID: [redacted]
Name: [redacted]
Address: [redacted]
City: [redacted]
State: MA
Zip: [redacted]
Revalidation Date: 11/08/2018
Revalidation Bypass Ind: N
Typ/Loc: 00 OF 00
Last Update: 11/08/2013

Screening and Application Fee Information

	DCN	Case Type	Screening Agency	Date Screened	Result	Date Validated	Agency Paid	Date Paid	Date Validated	Paid Amount	Date Refunded	Refund Reason	Refund Am
○	[redacted]	R					VA			532.00			0.00
○	[redacted]	R					VA			532.00			0.00
○	[redacted]	R					VA			532.00			0.00

Risk Category and Risk Score Information

Category	Effective Date	Score	Effective Date	Risk Score Comments
M	10/14/2013	050	10/14/2013	
M	10/14/2013	050	10/14/2013	
M	11/08/2013	050	11/08/2013	

Site Visit Information

Case Type	Site Visit Date	Site Visit Comment

Criminal Background Check Information

Case Type	Background Check Complete Date	Date Fingerprints Recv'd	Background Check Comme

Scroll Up | Scroll Do

RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | Scrn/Fee Hist | Risk Hist | Site Hist | Prov Disc | Prov Doc Image | FDBC Hist
Address | MC Enroll | Affiliation | Service Center | Financial | Restrictions | Provider | Group | Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Identification Number. Messages: PROVIDER NUMBER NOT FOUND	A unique identification number assigned to the servicing or billing provider. UPDATE (R/U) Enter a valid Provider ID. INQUIRE (P) System displayed.
2	Revalidation Date Revalidation Due Date (DE4749)	Edits: This is the screening revalidation date for the screening provider. Messages: ENTER MANDATORY FIELDS INVALID DATE	The date on which the provider's revalidation is due; MM/DD/CCYY format. UPDATE (R/U) Enter the date on which the provider's revalidation is due; MM/DD/CCYY format. INQUIRE (P) System displayed.
3	Name Provider Contact Name (DE4201)	Edits: N/A Messages: N/A	Displays the contact name for the screening provider. UPDATE/INQUIRE (P) System displayed.
4	Address Provider Address Line (DE4097)	Edits: N/A Messages: N/A	Displays the address for the screening provider. UPDATE/INQUIRE (P) System displayed.
5	Revalidation Bypass Ind Revalidation Failure Termination Bypass Indicator (DE4750)	Edits: Values are: Y – Yes (Bypass) N – No (Do Not Bypass) Messages: ENTER MANDATORY	An indicator used to bypass terminating the provider for failure to revalidate. UPDATE (R/U) Enter 'Y' or 'N'. INQUIRE (P) System displayed.

		FIELDS MUST BE 'Y' OR 'N'	
6	City Provider Address City Name (DE4130)	Edits: N/A Messages: N/A	Displays the city for the screening provider. UPDATE/INQUIRE (P) System displayed.
7	State Provider Address State (DE4098)	Edits: N/A. Messages: N/A	Displays the state for the screening provider. UPDATE/INQUIRE (P) System displayed.
8	Zip Provider Address ZIP Code (DE4099)	Edits: N/A Messages: N/A	Displays the zip code for the screening provider. UPDATE/INQUIRE (P) System displayed.
9	Typ/Loc (Number) Calculated (DE0002) using Provider Type (DE4006) + Provider Locality Code (DE4089)	Edits: N/A Messages: N/A	Type/Location number of the screening provider. UPDATE/INQUIRE (P) System displayed.
10	Last Update Row Update Date (DE0011)	Edits: N/A Messages: N/A	Last update date for the screening information. UPDATE/INQUIRE (P) System displayed.
		Screening and Application Fee Info	
11	DCN Application Document Control Number (DE4880)	Edits: N/A Messages: N/A	This is the document control number assigned to the application. UPDATE/INQUIRE (P) System displayed.
12	Case Type	Edits:	This is the screening case type.

	Screening Case Type (DE4711)	N/A Messages: N/A	 INQUIRE (P) System displayed.
13	Screening Agency Screening Agency (DE4712)	Edits: N/A Messages: N/A	This is the agency that performed the screening process for the provider. INQUIRE (P) System displayed.
14	Date Screened Screening Date (DE4713)	Edits: N/A Messages: N/A	This is the date the screening was completed for the screening provider. INQUIRE (P) System displayed.
15	Result Application Screening, Edit, FDBC Result Status (DE4714)	Edits: N/A Messages: N/A	This indicates whether the status of the application screening. INQUIRE (P) System displayed.
16	Date Validated Screening Validation Date (DE4715)	Edits: N/A Messages: N/A	This is the date the screening was validated for the screening provider. INQUIRE (P) System displayed.
17	Agency Paid Application Fee Paid-To Agency (DE4716)	Edits: N/A Messages: N/A	This is the agency that the application fee was paid to. INQUIRE (P) System displayed.
18	Date Paid Application Fee Paid Date (DE4717)	Edits: Must be a valid date in the format of MM/DD/CCYY. Messages: ENTER MANDATORY FIELDS INVALID DATE	This is the date the application fee was paid for the screening provider. UPDATE (R/U) Enter the date on which the application fee was paid; MM/DD/CCYY format. INQUIRE (P) System displayed.

19	Date Validated Application Fee Payment Validation Date (DE4718)	Edits: Must be a valid date in the format of MM/DD/CCYY. Messages: ENTER MANDATORY FIELDS INVALID DATE	This is the date the application fee payment was validated for the screening provider. UPDATE (R/U) Enter the date on which the application fee payment was validated; MM/DD/CCYY format. INQUIRE (P) System displayed.
20	Paid Amount Application Fee Paid Amount (DE4719)	Edits: Must be a numeric value in the format of 999.99. Messages: ENTER MANDATORY FIELDS INVALID AMOUNT. PLEASE ENTER VALID AMOUNT VALUE.	This is the amount paid for the application fee. UPDATE (R/U) Enter a numeric value in the format of 999.99. INQUIRE (P) System displayed.
21	Date Refunded Application Fee Refund Date (DE4720)	Edits: Must be a valid date in the format of MM/DD/CCYY. Messages: ENTER MANDATORY FIELDS INVALID DATE	This is the date the application fee was refunded for the screening provider. UPDATE (R/U) Enter the date on which the application fee payment was refunded; MM/DD/CCYY format. INQUIRE (P) System displayed.
22	Refund Reason Application Fee Refund Reason (DE4721)	Edits: Valid values are: AC - Already Paid to CMS AS - Already Paid to SMA HE - Hardship Exception NA - Fee Not Applicable Messages: ENTER MANDATORY FIELDS ENTER VALID VALUE	This is the reason that the application refund was issued. UPDATE (R/U) Enter ‘AV’, ‘AS’, ‘HE’, or ‘NA’. INQUIRE (P) System displayed.

23	Refund Amount Application Fee Refund Amount (DE4751)	Edits: Must be a numeric value in the format of 999.99. Messages: ENTER MANDATORY FIELDS INVALID AMOUNT. PLEASE ENTER VALID AMOUNT VALUE.	This is the amount paid for the application fee. UPDATE (R/U) Enter a numeric value in the format of 999.99. INQUIRE (P) System displayed.
		Risk Category and Risk Score Info	
24	Category Risk Category (DE4727)	Edits: N/A Messages: N/A	This is the risk category assigned to the provider. UPDATE/INQUIRE (P) System displayed.
25	Effective Date Risk Category Effective Date (DE4728)	Edits: N/A Messages: N/A	This is the date the application fee was refunded for the screening provider. UPDATE/INQUIRE (P) System displayed.
26	Score Risk Score (DE4729)	Edits: N/A Messages: N/A	This is the risk score assigned to the provider. UPDATE/INQUIRE (P) System displayed.
27	Effective Date Risk Score Effective Date (DE4730)	Edits: N/A Messages: N/A	This is the date the application fee was refunded for the screening provider. UPDATE/INQUIRE (P) System displayed.
28	Risk Score Comments Risk Score Comments (DE4731)	Edits: N/A Messages: N/A	This contains comments related to the risk score. UPDATE/INQUIRE (P) System displayed.
		Site Visit Info	

29	Case Type Screening Case Type (DE4711)	Edits: N/A Messages: N/A	This is the screening case type. INQUIRE (P) System displayed.
30	Site Visit Date Site Visit Completion Date (DE4722)	Edits: N/A Messages: N/A	This is the date the application fee was refunded for the screening provider. UPDATE/INQUIRE (P) System displayed.
31	Site Visit Comment Site Visit Comments (DE4723)	Edits: N/A Messages: N/A	These are comments related to the provider site visit. UPDATE/INQUIRE (P) System displayed.
		Criminal Background Check Info	
32	Case Type Screening Case Type (DE4711)	Edits: N/A Messages: N/A	This is the screening case type. INQUIRE (P) System displayed.
33	Background Check Complete Date Criminal Background Check Completion Date (DE4725)	Edits: N/A Messages: N/A	This is the date the application fee was refunded for the screening provider. UPDATE/INQUIRE (P) System displayed.
34	Date Fingerprints Recv'd Fingerprints Received Date (DE4724)	Edits: Must be a valid date in the format of MM/DD/CCYY. Messages: ENTER MANDATORY FIELDS INVALID DATE	This is the date the application fee was refunded for the screening provider. UPDATE (R/U) Enter the date on which the application fee payment was refunded; MM/DD/CCYY format. INQUIRE (P) System displayed.
35	Background Check Comments	Edits: N/A	This contains comments related to the criminal background check.

	Criminal Background Check Comments (DE4726)	Messages: N/A	UPDATE/INQUIRE (P) System displayed.

NAVIGATION	**Provider Screening Information Screen (PS-S-290)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Enter	Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
Update	Command button to save edited information entered in add/update mode. If any errors are found, a message is sent to the screen.	N/A
Clear Form	Clears all the data entered in the screen and allows the user to enter new data	N/A
Refresh	Displays the UPDATE DATE information (if any) from the database.	N/A
Scrn/Fee Hist	Branch to the Provider Application Tracking Inquiry Screen.	PS-S-300 (B)
Risk Hist	Branch to the Risk Category and Risk Score Screen.	PS-S-310 (B)
Site Hist	Branch to the Site Visit and Criminal Background Screen.	PS-S-320 (B)
Prov Disc	Branch to the Disclosure Information Screen	PS-S-330 (B)
Prov Doc Image	Displays the image of the screening application	N/A
Sub Menu	Returns to the Provider Main Menu.	PS-S-000 (R)
Main Menu	Returns to the Main Systems Menu.	RF-S-010 (R)
Address	Branch to the Provider Billing Addresses screen.	PS-S-022-02 (B)
MC Enroll	Branch to the Managed Care Enrollment screen.	PS-S-026 (B)
Affiliation	Branch to the Affiliation screen.	PS-S-023 (B)
Service Center	Branch to the Provider Service Center screen.	PS-S-033 (B)
Financial	Branch to the Provider Financial Information screen.	PS-S-013 (B)

Restrictions	Branch to the Provider Restriction Update screen.	PS-S-010 (B)
Provider	Branch to the Provider Information Location/Reinstate screen.	PS-S-001-03 (B)
Group	Branch to Provider/Group Maintenance screen.	PS-S-005 (B)
Return	Returns to the previous screen accessed.	PS-S-000 (B)
Previous	Displays the previous record for the provider.	N/A
Next	Displays the next record for the provider.	N/A

Error Messages

Error	Description	Resolution
15	FUNCTION CHOSEN IS INVALID	Choose another function.
21	PROVIDER NUMBER NOT FOUND	Enter the correct provider number.
25	RECORD UPDATED	Information message.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
87	INVALID SELECTION	Selection is invalid for this mode, enter another function.
4120	RECORDS DISPLAYED	Information message.
4504	DATA PASSES ALL EDITS	Information message.
4620	ENTER VALID VALUE	Enter a valid value for the field.
4627	RECORDS UPDATED ALREADY	Information message.
4948	CHOOSE ENTER TO INVOKE EDITS BEFORE SAVING UPDATES OR DATA NOT CHANGED	Information message.
5039	MUST BE 'Y' OR 'N'	Enter valid data and begin process again.
8918	NPI DOES NOT EXIST-FUNCTION INVALID FOR LEGACY ID	Information message.
9927	INVALID DATE	Enter a valid date.
10076	INVALID AMOUNT. PLEASE ENTER VALID AMOUNT VALUE.	Enter numeric amount value.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You will see the Provider Main Menu screen (PS-S-000).

3. Select Screening Information from the drop-menu in the Selection Field.
4. Select a Function radio button in the Select Function section.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose the Enter button.
7. You will see the Provider Screening Information screen (PS-S-290).
From the Provider Information Location/Reinstate screen (PS-S-001-03):
1. Choose the Screening Info button.
2. You will see the Provider Screening Information screen (PS-S-290).

Screens PS-S-300 Screening and Application Fee Screen

General Information

This screen is used to view the provider screening and application fee data.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	Screening and Application Fee (PST300)
MAPSET	PS300VA
TRAN ID	VTS3 (Inquiry)

SAMPLE	Screening and Application Fee Screen (PS-S-300)

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

Screen ID: PS-S-300
Trans ID: VTS3
Program ID: PST300

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
SCREENING AND APPLICATION FEE

Date: 09/05/2
Time: 17:03

Provider ID: [redacted]
Name: [redacted]
Address: [redacted]

Last Update: 08/28/2013
Typ/Loc:

Case Type	Screening Agency	Date Screened	Result	Date Validated	Agency Paid	Date Paid	Date Validated	Amt	Date Refunded	Refund Reason	Amt
R	VA	08/27/2013	P			05/05/2011		0.00			0.0
E	VA	08/26/2013		08/27/2013				0.00			0.0
E	VA	08/28/2013		08/28/2013				0.00			0.0
E		01/01/0001						0.00			0.0

Scroll Up | Scroll Dow

DATA DISPLAYED.

Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider ID National Provider Identifier (DE4700)	Edits: N/A Messages: N/A	A unique identification number assigned to the servicing or billing provider.

			System displayed.
2	Name Provider Contact Name (DE4201)	Edits: N/A Messages: N/A	Displays the contact name for the screening provider. System displayed.
3	Last Update Row Update Date (DE0011)	Edits: N/A Messages: N/A	Last update date for the screening information. System displayed.
4	Address Provider Address Line (DE4097) + Provider Address City Name (DE4130) + Provider Address State (DE4098) + Provider Address ZIP Code (DE4099)	Edits: N/A Messages: N/A	Displays the street address, city, state, and zip code for the screening provider. System displayed.
5	Typ/Loc (Number) Calculated (DE0002) using Provider Type (DE4006) + Provider Locality Code (DE4089)	Edits: N/A Messages: N/A	Type/Location number of the screening provider. System displayed.
6	Case Type Screening Case Type (DE4711)	Edits: N/A Messages: N/A	This is the screening case type. Valid values are: D - DMAS Request E - EnrollmentÂ M - Monthly Monitoring R - RevalidationÂ U - Update to Disclosure Information System displayed.
7	Screening Agency Screening Agency (DE4712)	Edits: N/A Messages: N/A	This is the agency that performed the screening process for the provider. Valid values are: 2-Character State Code CM â€“ CMS System displayed.
8	Date Screened Screening Date (DE4713)	Edits: N/A Messages: N/A	This is the date the screening was completed for the screening provider. System displayed.
9	Result Application Screening, Edit, FDBC Result Status (DE4714)	Edits: N/A Messages: N/A	This indicates whether the status of the application screening. Valid values are: P - Pass F - Fail

			System displayed.
10	Date Validated Screening Validation Date (DE4715)	Edits: N/A Messages: N/A	This is the date the screening was validated for the screening provider. System displayed.
11	Agency Paid Application Fee Paid-To Agency (DE4716)	Edits: N/A Messages: N/A	This is the agency that the application fee was paid to. Valid values are: 2-Character State Code CM - CMS HA - Hardship Approved HI - Hardship In Process HR - Hardship RequestedÂ System displayed.
12	Date Paid Application Fee Paid Date (DE4717)	Edits: N/A Messages: N/A	This is the date the application fee was paid for the screening provider. System displayed.
13	Date Validated Application Fee Payment Val- idation Date (DE4718)	Edits: N/A Messages: N/A	This is the date the application fee payment was validated for the screening provider. System displayed.
14	Amt Application Fee Paid Amount (DE4719)	Edits: N/A Messages: N/A	This is the amount paid for the application fee. System displayed.
15	Date Refunded Application Fee Refund Date (DE4720)	Edits: N/A Messages: N/A	This is the date the application fee was refunded for the screening provider. System displayed.
16	Refund Reason Application Fee Refund Reason (DE4721)	Edits: N/A Messages: N/A	This is the reason that the application refund was issued. Valid values are: AC - Already Paid to CMS AS - Already Paid to SMA HE - Hardship Exception NA - Fee Not Applicable System displayed.
17	Amt Application Fee Refund Amount (DE4751)	Edits: N/A Messages: N/A	This is the amount of the application refund issued to the provider. System displayed.

NAVIGATION	**Screening and Application Fee Screen (PS-S-300)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Scroll Up	Displays the previous page of data (if any)	N/A

Scroll Down	Displays the next page of data (if any)	N/A
Return	Returns to the previous screen accessed.	N/A
Sub Menu	Returns to the Provider Main Menu.	PS-S-000 (R)
Main Menu	Returns to the Main Systems Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
1	BEGIN DATE MUST BE LESS THAN END DATE	Enter a valid Begin Date.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	Information message.
68	DATA REFRESHED	Information message.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
95	CICS ERROR	Contact Xerox Operations for assistance.
5031	DATA DISPLAYED	Information message.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You will see the Provider Main Menu screen (PS-S-000).
3. Select Screening Information from the drop-menu in the Selection Field.
4. Select a Function radio button in the Select Function section.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose the Enter button.
7. You will see the Provider Screening Information screen (PS-S-290).
8. Choose the Scrn/Fee Hist button.
9. You will see the Screening and Application Fee screen (PS-S-300).

Screens PS-S-310 Risk Category and Risk Score Screen

General Information

This screen is used to view the provider's risk category and risk score data.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	Risk Category and Risk Score (PST310)
MAPSET	PS310VA
TRAN ID	VTS4 (Inquiry, Update)

SAMPLE	Risk Category and Risk Score Screen (PS-S-310)

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

Screen ID: PS-S-310
Trans ID: VTS4
Program ID: PST310

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
RISK CATEGORY AND RISK SCORE

Date: 09/05/2
Time: 17:04

Provider ID: [redacted]
Name: [redacted]
Address: [redacted]

Last Update: 08/28/2013
Typ/Loc:

Category	Effective Date	Score	Effective Date	Risk Score Comments
M	08/28/2013	050	08/28/2013	
M	08/28/2013	050	08/28/2013	
M	08/28/2013	050	08/28/2013	

Scroll Up | Scroll Dow

DATA DISPLAYED.

Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name	Edit Criteria	Field

	Data Element Name (ID)	Message	Instructions
1	Provider ID National Provider Identifier (DE4700)	Edits: N/A Messages: N/A	A unique identification number assigned to the servicing or billing provider. System displayed.
2	Name Provider Contact Name (DE4201)	Edits: N/A Messages: N/A	Displays the contact name for the screening provider. System displayed.
3	Last Update Row Update Date (DE0011)	Edits: N/A Messages: N/A	Last update date for the screening information. System displayed.
4	Address Provider Address Line (DE4097) + Provider Address City Name (DE4130) + Provider Address State (DE4098) + Provider Address ZIP Code (DE4099)	Edits: N/A Messages: N/A	Displays the street address, city, state, and zip code for the screening provider. System displayed.
5	Typ/Loc (Number) Calculated (DE0002) using Provider Type (DE4006) + Provider Locality Code (DE4089)	Edits: N/A Messages: N/A	Type/Location number of the screening provider. System displayed.
6	Category Risk Category (DE4727)	Edits: Must be a valid value. Messages: ENTER VALID VALUE	This is the risk category assigned to the provider. Values are: L - Limited M - Moderate

			H - High UPDATE (R/U) Enter a valid value. INQUIRE (P) System displayed.
7	Effective Date Risk Category Effective Date (DE4728)	Edits: Valid date in MM/DD/CCYY format. Messages: INVALID DATE DATE IS INVALID	This is the effective date of the risk category assigned to the provider. Format is MM/DD/CCYY. UPDATE (R/U) Enter a valid date. INQUIRE (P) System displayed.
8	Score Risk Score (DE4729)	Edits: Must be a valid value. When Risk Category = 'L' for 'Limited', Risk Score must be between 20 and 40. When Risk Category = 'M' for 'Moderate', Risk Score must be between 50 and 70. When Risk Category = 'H' for 'high', Risk Score must be between 80 and 100. Messages: ENTER VALID VALUE	This is the risk score assigned to the provider. Values are: 20 - Limited, Low 30 - Limited, Medium 40 - Limited, High 50 - Moderate, Low 60 - Moderate, Medium 70 - Moderate, High 80 - High, Low 90 - High, Medium 100 - High, High UPDATE (R/U) Enter a valid value. INQUIRE (P) System displayed.
9	Effective Date Risk Score Effective Date (DE4730)	Edits: Valid date in MM/DD/CCYY format. Messages: INVALID DATE DATE IS INVALID	This is the effective date of the risk score assigned to the provider. Format is MM/DD/CCYY. UPDATE (R/U) Enter a valid date. INQUIRE (P)

			System displayed.
10	Risk Score Comments Risk Score Comments (DE4731)	Edits: N/A Messages: N/A	This contains comments related to the risk score. UPDATE (R/U) Enter free-form text. INQUIRE (P) System displayed.

NAVIGATION	Risk Category and Risk Score Screen (PS-S-310)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Scroll Up	Displays the previous page of data (if any)	N/A
Scroll Down	Displays the next page of data (if any)	N/A
Enter	Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
Update	Command button to save edited information entered in add/update mode. If any errors are found, a message is sent to the screen.	N/A
Return	Returns to the previous screen accessed.	N/A
Sub Menu	Returns to the Provider Main Menu.	PS-S-000 (R)
Main Menu	Returns to the Main Systems Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
1	BEGIN DATE MUST BE LESS THAN END DATE.	Enter a valid Begin Date.
15	FUNCTION CHOSEN IS INVALID.	Choose another function.
25	RECORD UPDATED.	Information message.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED.	Information message.
68	DATA REFRESHED.	Information message.
69	ENTER MANDATORY FIELDS.	Information message.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER.	Information message.

72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER.	Information message.
95	CICS ERROR.	Contact Xerox Operations for assistance.
4118	NO RECORD IS SELECTED.	Information message.
4620	ENTER VALID VALUE.	Information message.
5017	DATE IS INVALID.	Information message.
5031	DATA DISPLAYED.	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE.	Information message.
5160	DATA IS CORRECT. YOU MAY NOT UPDATE THE RECORD.	Information message.
8080	DUPLICATE RECORD FOUND.	Information message.
9927	INVALID DATE.	Information message.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You will see the Provider Main Menu screen (PS-S-000).
3. Select Screening Information from the drop-menu in the Selection Field.
4. Select a Function radio button in the Select Function section.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose the Enter button.
7. You will see the Provider Screening Information screen (PS-S-290).
8. Choose the Risk Hist button.
9. You will see the Risk Category and Risk Score screen (PS-S-310).

Screens PS-S-320 Provider Site Visit and Criminal Background Check Screen

General Information

This screen is used to view provider site visit and criminal background check data.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	Site Visit and Criminal Background Check (PST320)
MAPSET	PS320VA
TRAN ID	VTS5 (Inquiry, Update)

SAMPLE	**Provider Site Visit and Criminal Background Check Screen (PS-S-320)**

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

Screen ID: PS-S-320
Trans ID: VTS5
Program ID: PST320

VIRGINIA MEDICAID
PROVIDER INFORMATION - HISTORY
SITE VISIT AND CRIMINAL BACKGROUND CHECK

Date: 09/05/201
Time: 17:05

Provider ID: [redacted]
Name: [redacted]
Address: [redacted]

Last Update: 08/28/2013
Typ/Loc:

Site Visit Type	Site Visit Date	Site Visit Comments	Background Check Type	Background Check Date	Background Check Comments
5			5		
5			5		
5			5		
5			5		

Scroll Up | Scroll Down

DATA DISPLAYED.

Return | Sub Menu | Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider ID National Provider Identifier (DE4700)	Edits: N/A Messages: N/A	A unique identification number assigned to the servicing or billing provider. UPDATE/INQUIRE (P) System displayed.
2	Name Provider Contact Name (DE4201)	Edits: N/A Messages: N/A	Displays the contact name for the screening provider. UPDATE/INQUIRE (P) System displayed.
3	Last Update Row Update Date (DE0011)	Edits: N/A Messages: N/A	Last update date for the screening information. UPDATE/INQUIRE (P) System displayed.
4	Address Provider Address Line (DE4097) + Provider Address City Name (DE4130) + Provider Address State (DE4098) + Provider Address ZIP Code (DE4099)	Edits: N/A Messages: N/A	Displays the street address, city, state, and zip code for the screening provider. UPDATE/INQUIRE (P) System displayed.
5	Typ/Loc (Number) Calculated (DE0002) using Provider Type (DE4006) + Provider Locality Code (DE4089)	Edits: N/A Messages: N/A	Type/Location number of the screening provider. UPDATE/INQUIRE (P) System displayed.
6	Site Visit Type Screening Case Type (DE4711)	Edits: N/A Messages: N/A	This is the screening case type. Valid values are: D – DMAS Request E - Enrollment M - Monthly Monitoring

			R - Revalidation U - Update to Disclosure Information UPDATE (R/U) Enter a valid value. INQUIRE (P) System displayed.
7	Site Visit Date Site Visit Completion Date (DE4722)	Edits: Must be a valid date in the format of MM/DD/CCYY. Messages: DATE IS INVALID INVALID DATE	This is the date that the provider site visit was completed. Format is MM/DD/CCYY. UPDATE (R/U) Enter a valid date. INQUIRE (P) System displayed.
8	Site Visit Comment Site Visit Comments (DE4723)	Edits: N/A Messages: N/A	These are comments related to the provider site visit. UPDATE (R/U) Enter free-form text. INQUIRE (P) System displayed.
9	Background Check Type Screening Case Type (DE4711)	Edits: N/A Messages: N/A	This is the screening case type. Valid values are: D – DMAS Request E - Enrollment M - Monthly Monitoring R - Revalidation U - Update to Disclosure Information UPDATE (R/U) Enter a valid value. INQUIRE (P) System displayed.
10	Background Check Complete Date Criminal Background Check Completion Date	Edits: Must be a valid date in the format of MM/DD/CCYY.	This is the date that the criminal background check was completed against the disclosed individual/entity. Format is MM/DD/CCYY.

	(DE4725)	Messages: DATE IS INVALID INVALID DATE	UPDATE (R/U) Enter a valid date. INQUIRE (P) System displayed.
11	Background Check Comments Criminal Background Check Comments (DE4726)	Edits: N/A Messages: N/A	This contains comments related to the criminal background check. UPDATE (R/U) Enter free-form text. INQUIRE (P) System displayed.

NAVIGATION	**Provider Site Visit and Criminal Background Check Screen (PS-S-320)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Scroll Up	Display the previous set of data (if any)	N/A
Scroll Down	Display the next set of data (if any)	N/A
Return	Returns to the previous screen accessed.	N/A
Sub Menu	Returns to the Provider Main Menu.	PS-S-000 (R)
Main Menu	Returns to the Main Systems Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
1	BEGIN DATE MUST BE LESS THAN END DATE	Enter a valid Begin Date.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	Information message.
68	DATA REFRESHED	Information message.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
95	CICS ERROR	Contact Xerox Operations for assistance.

5017	DATE IS INVALID	Enter a valid date.
5031	DATA DISPLAYED	Information message.
5160	DATA IS CORRRECT. YOU MAY NOW UPDATE THE RECORD.	Information message.
8080	DUPLICATE RECORD FOUND	Information message.
9927	INVALID DATE	Enter a valid date.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You will see the Provider Main Menu screen (PS-S-000).
3. Select Screening Information from the drop-menu in the Selection Field.
4. Select a Function radio button in the Select Function section.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose the Enter button.
7. You will see the Provider Screening Information screen (PS-S-290).
8. Choose the Site Hist button.
9. You will see the Site Visit and Criminal Background Check screen (PS-S-320).

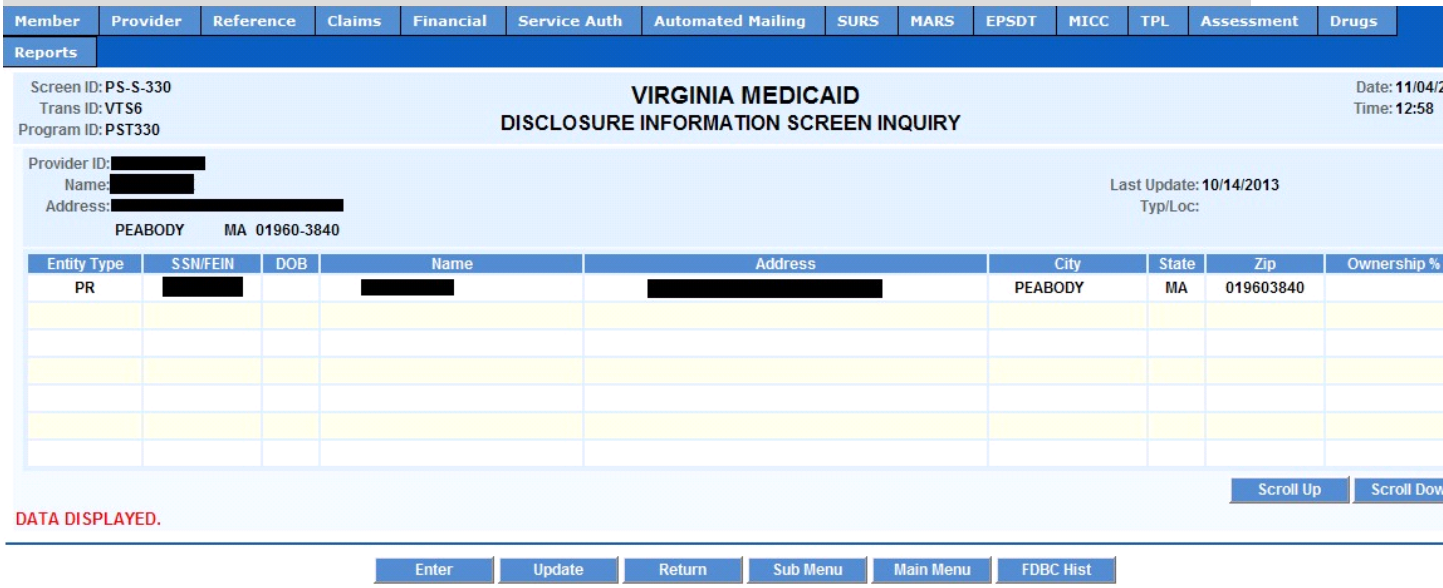
Screens PS-S-330 Disclosure Information Screen

General Information

This screen is used to view the entity disclosure information.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	Disclosure Information (PST330)
MAPSET	PS330VA
TRAN ID	VTS6 (Inquiry), VTS7 (Update)

SAMPLE	Disclosure Information Screen (PS-S-330)



Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider ID National Provider Identifier (DE4700)	Edits: N/A Messages: N/A	A unique identification number assigned to the servicing or billing provider. System displayed.

2	Name Provider Contact Name (DE4201)	Edits: N/A Messages: N/A	Displays the contact name for the screening provider. System displayed.
3	Last Update Row Update Date (DE0011)	Edits: N/A Messages: N/A	Last update date for the screening information. System displayed.
4	Address Provider Address Line (DE4097) + Provider Address City Name (DE4130) + Provider Address State (DE4098) + Provider Address ZIP Code (DE4099)	Edits: N/A Messages: N/A	Displays the street address, city, state, and zip code for the screening provider. System displayed.
5	Typ/Loc (Number) Calculated (DE0002) using Provider Type (DE4006) + Provider Locality Code (DE4089)	Edits: N/A Messages: N/A	Type/Location number of the screening provider. System displayed.
6	Entity Type Disclosed Individual/Entity Type (DE4732)	Edits: N/A Messages: TBD	This is the type of disclosed individual/entity. Values are: AE - Assessed Penalty Entity AI - Assessed Penalty Individual CE - Control Interest Entity CI - Control Interest Individual FE - Criminal Offense Entity FI - Criminal Offense Individual ME - Managing Employee Entity MI - Managing Employee Individual OE - Owner Entity OI - Owner Individual PE - Provider Entity PI - Provider Individual PR - Provider Record

			SE - Subcontractor Entity SI - Subcontractor Individual TE - Other Entity TI - Other Individual UPDATE (R/U) Enter a valid value. INQUIRE (P) System displayed.
7	SSN/FEIN Disclosed Individual/Entity SSN/TIN (DE4742)	Edits: N/A Messages: MUST BE NUMERIC	This is the SSN or EIN of the disclosed individual/entity. UPDATE (R/U) Enter a 9-digit numeric value. INQUIRE (P) System displayed.
8	DOB Disclosed Individual Date of Birth (DE4733)	Edits: N/A Messages: INVALID DATE OF BIRTH	This is the date of birth of the disclosed individual/entity. Format is MM/DD/CCYY. UPDATE (R/U) Enter a valid date. INQUIRE (P) System displayed.
9	Name Disclosed Individual/Entity Name (DE4734)	Edits: N/A Messages: N/A	This is the name of the disclosed individual/entity. UPDATE (R/U) Enter an alphanumeric value. INQUIRE (P) System displayed.
10	Address Disclosed Individual/Entity Street (DE4752)	Edits: N/A Messages: N/A	This is the street address of the disclosed individual/entity. UPDATE (R/U) Enter an alphanumeric value. INQUIRE (P)

			System displayed.
11	City Disclosed Individual/Entity City (DE4755)	Edits: N/A Messages: N/A	This is the city of the disclosed individual/entity. UPDATE (R/U) Enter an alphanumeric value. INQUIRE (P) System displayed.
12	State Disclosed Individual/Entity State (DE4753)	Edits: N/A Messages: N/A	This is the state of the disclosed individual/entity. UPDATE (R/U) Enter a valid 2-character state code. INQUIRE (P) System displayed.
13	Zip Disclosed Individual/Entity Zip Code (DE4754)	Edits: N/A Messages: INVALID ZIP CODE	This is the zip code of the disclosed individual/entity. UPDATE (R/U) Enter a 5-digit or 9-digit numeric value. INQUIRE (P) System displayed.
14	Ownership % Disclosed Individual/Entity Controlling Interest Percentage (DE4736)	Edits: N/A Messages: N/A	This is the percent of controlling interest the disclosed individual or entity has in the provider. The sum of all ownerships must equal 100. UPDATE (R/U) Enter 1 to 3-digit numeric value between 1 and 100. INQUIRE (P) System displayed.

NAVIGATION	**Disclosure Information Screen (PS-S-330)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)

Scroll Up	Displays the next set of disclosure information for the provider.	PS-S-330 (B)
Scroll Down	Displays the previous set of disclosure information for the provider.	PS-S-330 (B)
Enter	Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
Update	Command button to save edited information entered in add/update mode. If any errors are found, a message is sent to the screen.	N/A
Return	Returns to the previous screen accessed.	N/A
Sub Menu	Returns to the Provider Main Menu.	PS-S-000 (R)
Main Menu	Returns to the Main Systems Menu.	RF-S-010 (R)
FDBC Hist	Branches to the Federal Database Check Screen.	PS-S-335 (B)

Error Messages

Error	Description	Resolution
1	BEGIN DATE MUST BE LESS THAN END DATE	Enter a valid Begin Date.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
25	RECORD UPDATED	Information message.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	Information message.
68	DATA REFRESHED	Information message.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
77	MUST BE NUMERIC	Enter a numeric value.
95	CICS ERROR	Contact Xerox Operations for assistance.
3097	INVALID ZIP CODE	Enter a numeric zip code.
4118	NO RECORD IS SELECTED	Select a record and try the function again.
5017	DATE IS INVALID	Enter a valid date.
5031	DATA DISPLAYED	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task
5160	DATA IS CORRECT. YOU MAY NOW UPDATE	Update the record.

	THE RECORD.	
8080	DUPLICATE RECORD FOUND	Information message.
9927	INVALID DATE	Enter a valid date.
10185	INVALID DATE OF BIRTH	Enter a valid date.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You will see the Provider Main Menu screen (PS-S-000).
3. Select Screening Information from the drop-menu in the Selection Field.
4. Select a Function radio button in the Select Function section.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose the Enter button.
7. You will see the Provider Screening Information screen (PS-S-290).
8. Choose the Prov Disc button.
9. You will see the Disclosure Information screen (PS-S-330).

Screens PS-S-335 Federal Database Check Screen

General Information

This screen is used to view federal database check data.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	Federal Database Check (PST335)
MAPSET	PS335VA
TRAN ID	VTS8 (Inquiry), VTS9 (Update)

SAMPLE	Federal Database Check Screen (PS-S-335)

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

Screen ID: PS-S-335
Trans ID: VTS8
Program ID: PST335

VIRGINIA MEDICAID
FEDERAL DATABASE CHECK - INQUIRY

Date: 11/15/20
Time: 11:31

Provider ID: [redacted]
Name: [redacted]
Address: [redacted]
PEABODY MA[redacted]

Last Update: 11/08/2013
Typ/Loc:

SSN/FEIN	Database	Date Checked	Result	Ovr Ind	Ovr Date	Ent Type	Cse Type	Override Comments
987456321	EP	11/08/2013				OI	R	
987456321	LE	11/08/2013				OI	R	
987456321	SA	11/08/2013				OI	R	
987456321	EP	11/08/2013				OI	R	
987456321	LE	11/08/2013				OI	R	
987456321	SA	11/08/2013				OI	R	
876876987	NP	11/04/2013	0	N		PR	M	

Scroll Up | Scroll Down

DATA DISPLAYED.

Enter | Update | Return | Sub Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Provider ID National Provider Identifier (DE4700)	Edits: N/A Messages: N/A	A unique identification number assigned to the servicing or billing provider. System displayed.

2	Name Provider Contact Name (DE4201)	Edits: N/A Messages: N/A	Displays the contact name for the screening provider. System displayed.
3	Last Update Row Update Date (DE0011)	Edits: N/A Messages: N/A	Last update date for the screening information. System displayed.
4	Address Provider Address Line (DE4097) + Provider Address City Name (DE4130) + Provider Address State (DE4098) + Provider Address ZIP Code (DE4099)	Edits: N/A Messages: N/A	Displays the street address, city, state, and zip code for the screening provider. System displayed.
5	Typ/Loc (Number) Calculated (DE0002) using Provider Type (DE4006) + Provider Locality Code (DE4089)	Edits: N/A Messages: N/A	Type/Location number of the screening provider. System displayed.
6	SSN/FEIN Disclosed Individual/Entity SSN/TIN (DE4742)	Edits: N/A Messages: N/A	This is the SSN or EIN of the disclosed individual/entity. System displayed.
7	Database Database Searched (DE4743)	Edits: N/A Messages: N/A	The Federal Database Check database that was searched. Valid values are: DH - DHP EP - EPLS LE - LEIE MC - MCSIS NP - NPPES PC - PECOS SA - SSA-DMF System displayed.
8	Date Checked	Edits: N/A	The date the Federal Database Check database

	Database Search Date (DE4744)	Messages: N/A	was searched. System displayed.
9	Result Database Match Level/Search Results (DE4745)	Edits: N/A Messages: N/A	The result of the Federal Database Check database search. Valid values are: 0 – FDBC Level 0 Pass 1 – FDBC Level 1 Fail 2 – FDBC Level 2 Fail System displayed.
10	Ovr Ind False Positive Override (DE4746)	Edits: Values are: Y – Yes (Override) N – N (Do Not Override) Messages: ENTER VALID VALUE	An indicator used to identify a false positive in the FDBC results. UPDATE (R/U) Enter Y or N. INQUIRE (P) System displayed.
11	Ovr Date False Positive Override Date (DE4748)	Edits: Date format is MM/DD/CCYY. Messages: INVALID DATE DATE IS INVALID	This is the date that the false positive override was applied. Format is MM/DD/CCYY. UPDATE (R/U) Enter a valid date. INQUIRE (P) System displayed.
12	Ent Type Disclosed Individual/Entity Type (DE4732)	Edits: N/A Messages: N/A	This is the type of disclosed individual/entity. INQUIRE (P) System displayed.
13	Cse Type Screening Case Type (DE4711)	Edits: N/A Messages: N/A	This is the screening case type. INQUIRE (P) System displayed.
14	Override Comments False Positive Override	Edits: N/A Messages: N/A	This contains comments related to the false positive override.

	Comment (DE4747)		UPDATE (R/U) Enter a free form text. INQUIRE (P) System displayed.

NAVIGATION	Federal Database Check Screen (PS-S-335)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Scroll Up	Display the previous set of data (if any)	N/A
Scroll Down	Display the next set of data (if any)	N/A
Enter	Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
Update	Command button to save edited information entered in add/update mode. If any errors are found, a message is sent to the screen.	N/A
Return	Returns to the previous screen accessed.	N/A
Sub Menu	Returns to the Provider Main Menu.	PS-S-000 (R)
Main Menu	Returns to the Main Systems Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
1	BEGIN DATE MUST BE LESS THAN END DATE	Enter a valid Begin Date.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
25	RECORD UPDATED	Information message.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	Information message.
68	DATA REFRESHED	Information message.
69	ENTER MANDATORY FIELDS	You must enter the fields to complete the task.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT	Information message.

	SCROLL FURTHER	
77	MUST BE NUMERIC	Enter a numeric value.
95	CICS ERROR	Contact Xerox Operations for assist-ance.
4118	NO RECORD IS SELECTED	Select a record and try the function again.
4620	ENTER VALID VALUE	Enter a valid value for the field.
5017	DATE IS INVALID	Enter a valid date.
5031	DATA DISPLAYED	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task
5160	DATA IS CORRECT. YOU MAY NOW UPDATE THE RECORD.	Update the record.
8080	DUPLICATE RECORD FOUND	Information message.
9927	INVALID DATE	Enter a valid date.

Screen Access

From the VaMMIS Main System Menu:
1. Choose the Provider button.
2. You will see the Provider Main Menu screen (PS-S-000).
3. Select Screening Information from the drop-menu in the Selection Field.
4. Select a Function radio button in the Select Function section.
5. Enter the Provider Identification Number in the ID Value Field.
6. Choose the Enter button.
7. You will see the Provider Screening Information screen (PS-S-290).
8. Choose the FDBC Hist button.
9. You will see the Federal Database Check screen (PS-S-335).
From the Disclosure Information screen (PS-S-330):
1. Choose the FDBC Hist button.
2. You will see the Federal Database Check screen (PS-S-335).