AMMIS Provider User Manual

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Related documentation

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2. Provider Introduction

Provider User Manual Overview

The AMMIS has several functional areas that perform specific operations for the system users. This user manual is designed to cover the information necessary to perform the tasks associated with the Provider functional area.

This manual covers the following:

- Provider Overview
- Provider System Navigation
- System Wide Common Terminology and Layouts
- Provider Pages/Panels
- Provider Reports

Provider User Manual Objective

This section explains the objective of the AMMIS Provider User Manual is to provide system users with detailed descriptions of the online system, including pages/panels and report field descriptions, pages/panels functionality descriptions and graphical representations of pages/panels and report layouts.

This manual contains references to current Alabama Medicaid Management Information System (AMMIS) screens, when applicable. This information will be deleted after implementation training, and is identified in the narrative text in italics.

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3. Provider Overview

Introduction to Provider

The Provider Data Maintenance function maintains comprehensive current and historical information about providers eligible to participate in the state's medical assistance program. The establishment and maintenance of a single provider data repository with provider demographic, certification, rate, and financial summary information, supports accurate and timely claim records processing, enhanced management reporting and utilization review reporting as well as surveillance activities. The AMMIS must be capable of meeting the requirements of the National Provider Identifier (NPI) standards of the Health Insurance Portability and Accountability Act (HIPAA). This requires identifying providers using the NPI and/or using standards consistent with NPI and HIPAA requirements. This includes identifying all locations, provider types, specialties, authorization, certifications and licensing for services and other required data for that provider as a logical record utilizing only one unique number for a provider. The AMMIS Provider Data Maintenance function objectives are to:

- Encourage the participation of qualified providers by making enrollment and re-enrollment an efficient and accurate process;
- Ensure that providers are qualified to render specific services by screening applicants for state licensure and certification;
- Provide for the processing of provider contracts and changes in a timely and accurate manner;
- Maintain control over all provider data; and
- Maintain all demographic and rate information to support claims processing and reporting functions.

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4. Provider System Navigation

Overview

The AMMIS is designed according to a set of development standards. This section is designed to introduce users to standard system navigation features within the AMMIS.

System Security

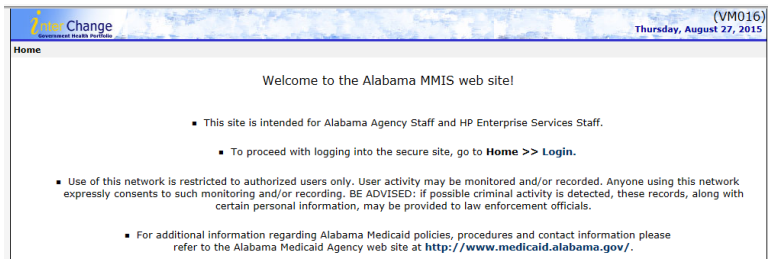
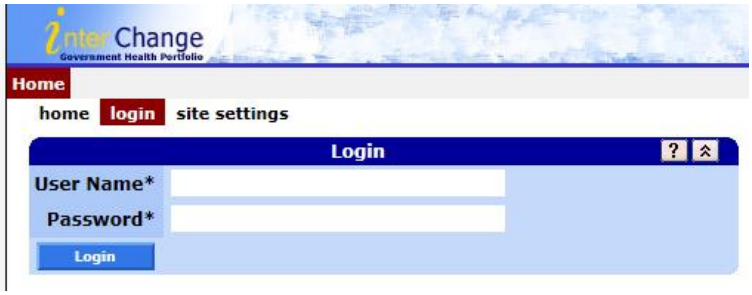
System security is handled by your system administrator. For all other security concerns with operating the system, refer to your department's business rules and practices.

Logging In/Logging Out

Users must successfully log in to the AMMIS website in order to utilize the services available within the secure portal.

4.1.1 Logging on to the AMMIS

Follow the steps below to log in to the website:

Step	Action	Response
1	Click **Internet Explorer** or **Netscape Communicator** browser located on your workstation.	Internet Explorer or Netscape Communicator launches.
2	Enter https://pro.alxix.slg.eds.com/alabama/default.aspx and press **Enter** key on your keyboard.	Security Alert message displays.
3	AMMIS Home page displays.  	AMMIS Authentication Home page displays.
4	Click Home -> Login  Note: All field edits are available on iTRACE for login panel.	
5	Enter **User Name** and **Password**. Click **OK**.	

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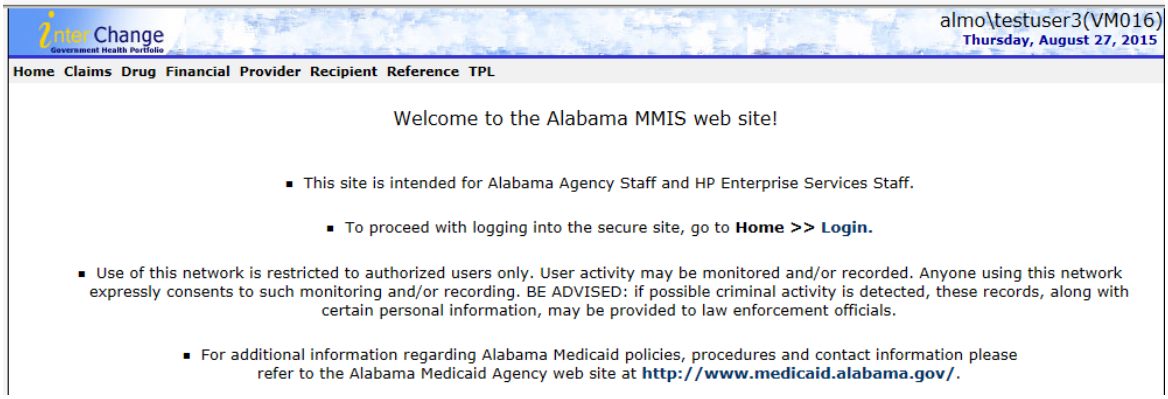
Step	Action	Response
		

4.1.2 Logging off the AMMIS

Click the Exit button on your internet browser or Click Home -> LogOff to log off the AMMIS.

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Changing Passwords

The Change Password panel allows users to change their account password.

Navigation Path: [Home] – [Change Password]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

Follow the steps below to change your password:

Step	Action	Response
1	Enter Current password.	
2	Press **Tab**.	User is taken to the New password field.
3	Enter New password.	
4	Press **Tab**.	User is taken to the Confirm password field.
5	Confirm password by entering it again.	
6	Press **Change Password** button.	Password successfully changed. Note: If a user enters an invalid password the system displays an error message. HPE employees with password problems will need to contact the LAN team. Agency employees with password problems will need to contact theAssistant MMIS Coordinator.

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Screen Display Features

The AMMIS is designed to display within Web browser pages that fit on a computer (PC) desktop with a screen resolution of 1024 x 768 pixels. However, in order to fit large system objects such as panels, pages, reports, and letters into one screen print, the user has the option of resetting the text size of the Web browser so that the selected area of the system fits into a screen print.

In addition, there may be some Web browser pages that use a lower pixel configuration and cause a horizontal scroll bar to appear at the bottom of the page for viewing the left side and the right side of the information displayed. In general, pages should only require vertical scrolling.

4.1.3 To Set System Text Size

To set system text size, perform the following steps:

Step	Action	Response
1	Log into interChange	Home page displays.
2	Select View.	View menu displays.
3	Point to Text Size and click Smaller.	Default text size is set to medium. After the user selects smaller, the system objects appear smaller.

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5. System Wide Common Terminology and Layouts

The following section identifies common system terminology and features, and where applicable, an associated screen capture or design layout. This is not an all-inclusive list of common system terms and layouts; however, it is a basic foundation for the beginning user to view and understand prior to navigating the system. These terms are used by technical team members, training specialists and help desk staff when discussing or more importantly documenting, aspects of the system.

For information about system wide objects, instead of clicking a subsystem link within the technical design page, the user clicks the System Wide link to open documentation of system objects which are common system wide within the application.

Below is a partial list of common terms described within this document:

Page

Page Header

Page Footer

Sub Menu

Shortcut Keys (ctrl + alt + letter)

Main Menu bar

Panel

Advanced Search

Mini Search panel

Information panel

Navigation panel

Task List panel

Title Bar Icons

Help Functionality

Page Layout

A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed, a Main Menu bar, a Sub Menu, and any associated panels. The bottom of the page contains the Page Footer with the Hewlett Packard Enterprise (HPE) copyright text displayed.

The Main Menu bar contains a horizontal set of links which display pull-down menus. Each pull down menu opens an associated page within the system.

Beneath the Main Menu bar is the Sub Menu of horizontal links that opens an associated page within the system. The Sub Menu links appear in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.

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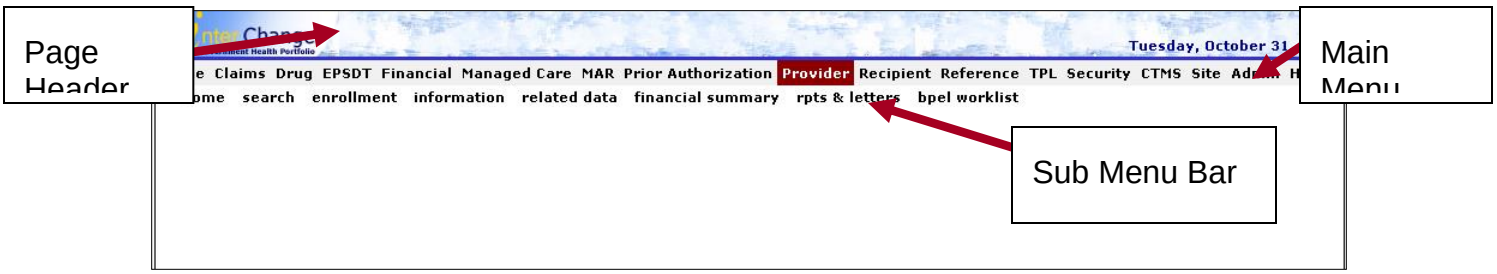
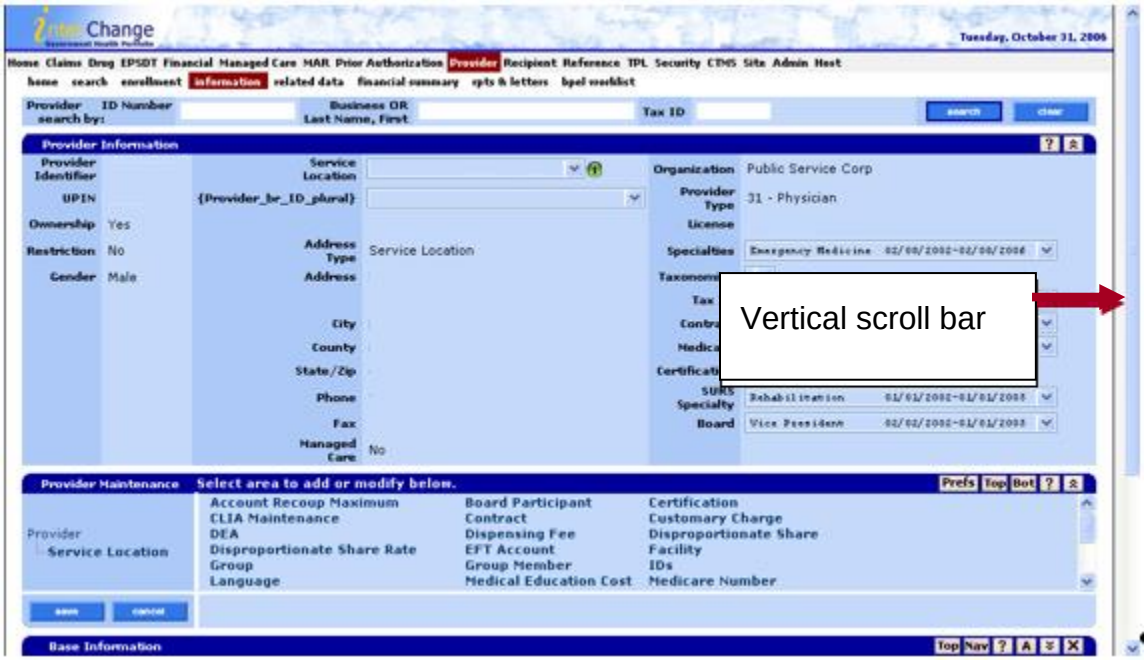
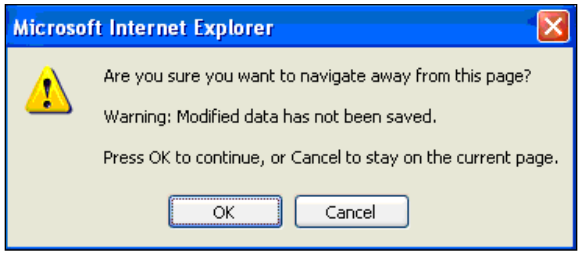


In general, when navigating a page, the vertical scroll bar should be the only scroll bar needed to view panels stacked in a vertical manner.



If a user adds, updates or deletes information and then attempts to navigate away from the page without saving or canceling the changes first, the system prompts the user with a pop-up window message. The detail panels on the page are locked open and navigating away from the page is not permitted until changes are either correctly saved or cancelled.



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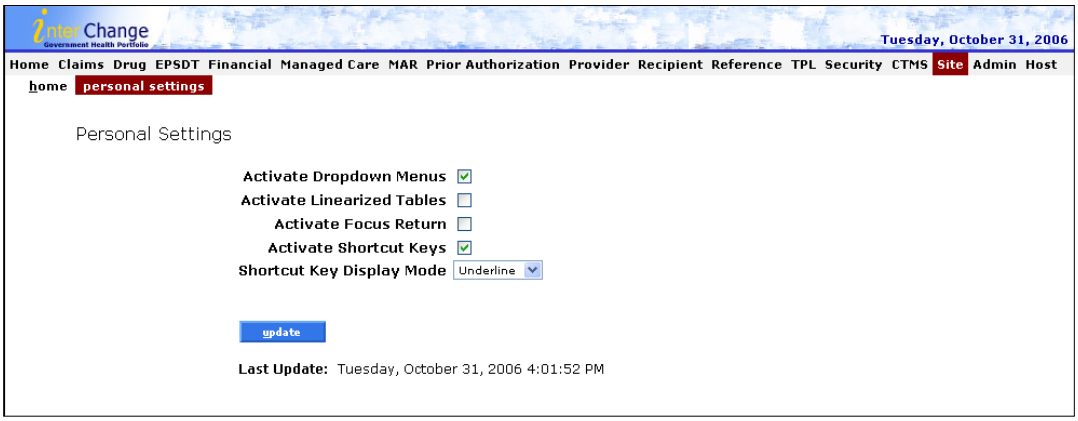
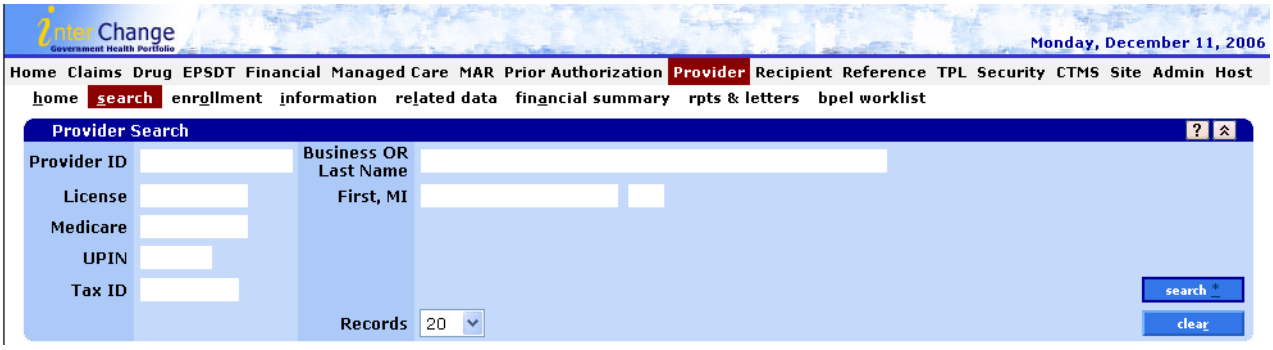
Shortcut Keys

If the user activates the shortcut keys function, the Sub Menu links can be used in combination with (Ctrl +Alt + shortcut key) to quickly open the associated page.

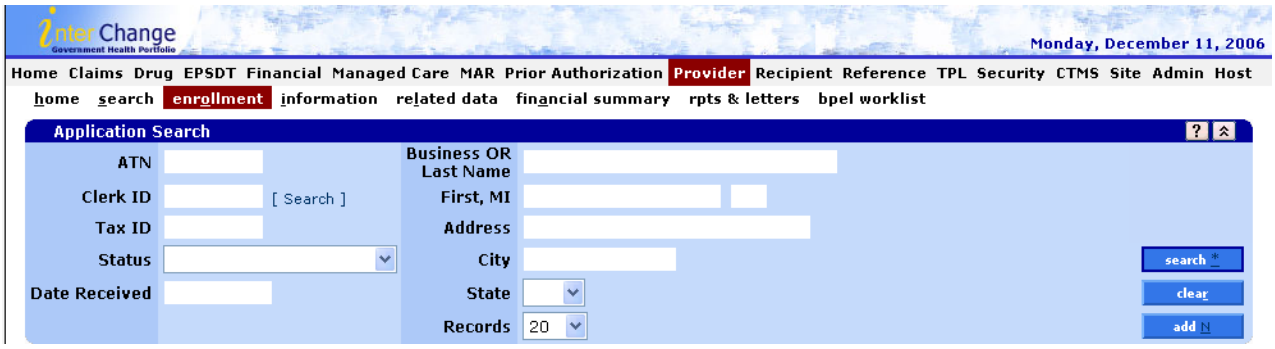
To active the shortcut key, click on the Site link, then click on “Personal Settings”, check “Activate Shortcut Keys” and click the blue “Update” button.



To know which letter to use in combination with the (Ctrl + Alt) shortcut keys, the user must look at the Sub Menu name. Within the name, the letter that has a horizontal bar below it is the shortcut key letter.



Within the Provider Sub Menu, the user can use the shortcut keys to quickly navigate from the Provider Search panel to the Application Search panel by using the following shortcut key combination: (Ctrl + Alt + O) since the letter “O” is found within the horizontal bars on the Sub Menu enrollment link.



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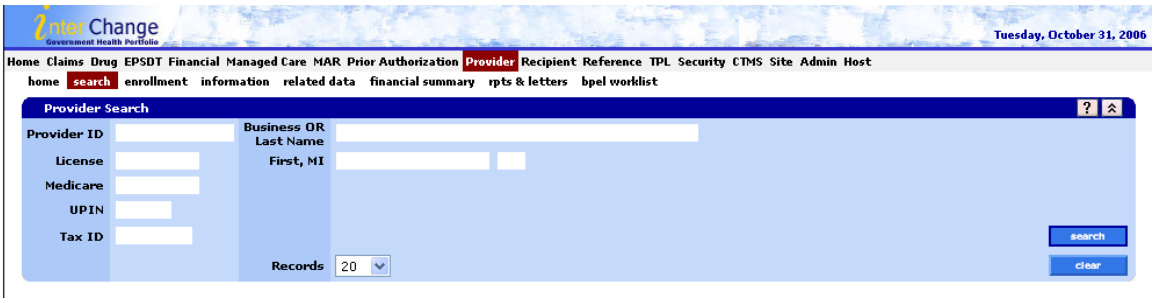
Search Options

There are several search options available within interChange.

5.1.1 Search Panels

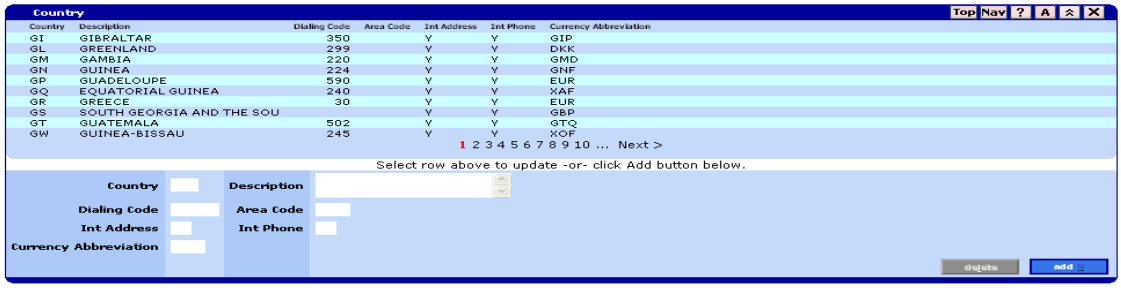
The AMMIS contains two types of search panels: Search and Advanced Search. An example of the Provider Search panel with the Search button displaying is shown below:



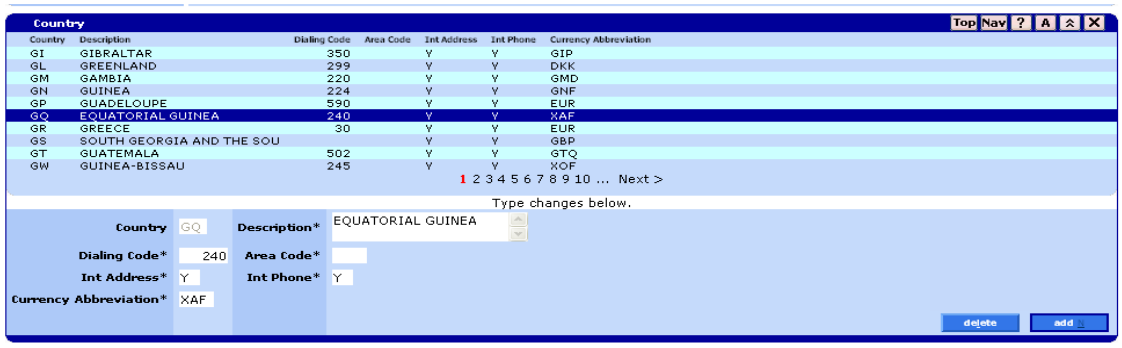
Note: The Advanced Search button functionality does not exist in the Provider subsystem.

5.1.2 Search Results

Search results can be sorted in ascending or descending order by clicking the column name in the Search Results panel. All search results are resorted, not just the search results displayed on the current search result panel.



If the user clicks once on a search result row, the associated information panel opens. In the following figure, the user clicks the sixth row of the Country panel and detailed information is displayed at the bottom of the panel.



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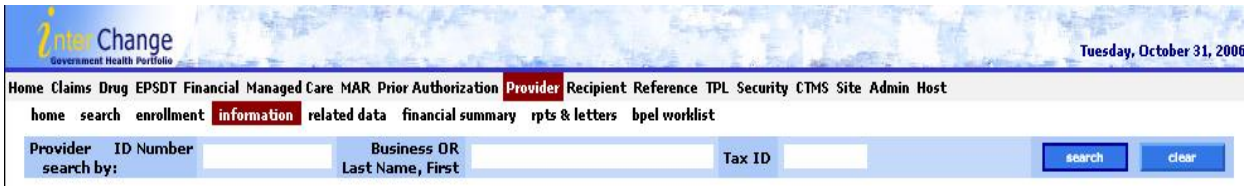
5.1.3 Mini Search

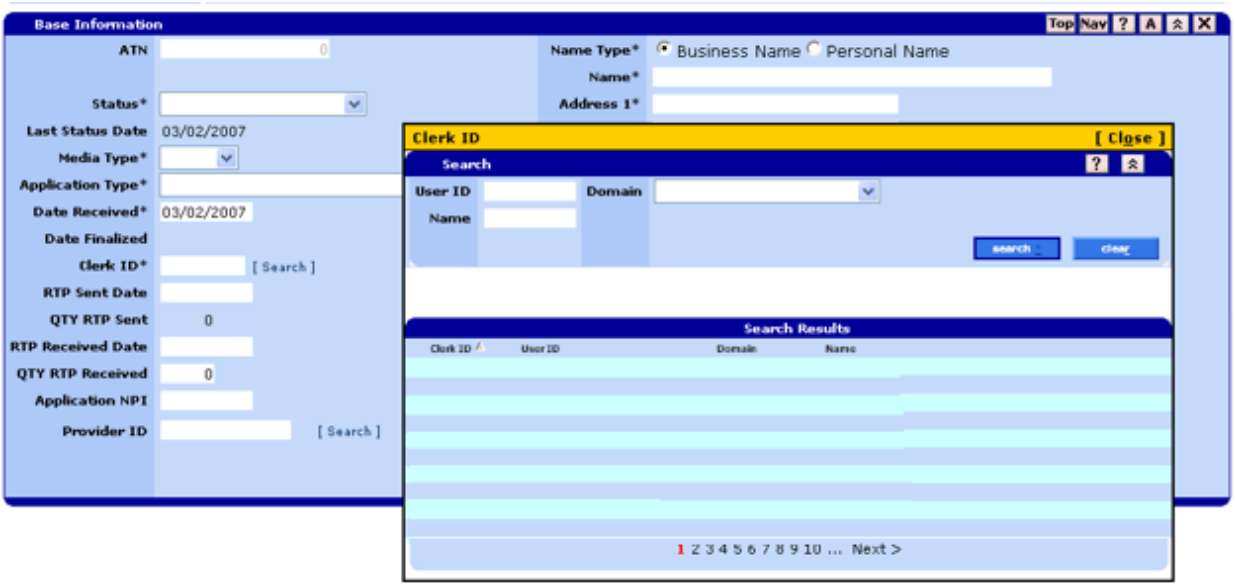
After the user has viewed at least one search result in an information panel, another search can be completed by using the primary search fields within the Mini Search panel located above the information panel containing the search result.

Mini Search panels contain one or two primary search fields related to the business process. The Provider Information panel contains three search fields as noted in the following image:



5.1.4 Pop Up Search

A Pop-Up Search allows the user to search for field data without leaving the page. By clicking on the (Search) link, the user accessed the search panel that is associated with that particular field.



Panel Layout

A panel is defined as a portion of a page that performs a well-defined unit of functionality. Some panels always appear on a page, while others only appear when invoked by the user.

5.1.5 Panel Type and Functions

The system contains various panel types with specific functions for each panel type. Some panels have common icons while other panels have icons specific to their functions. Listed below are icons that can be found on one or more types of panels:

Name	Icon	Description
Add Button	add	Inserts a new data record.

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Name	Icon	Description
Delete Button	delete	Deletes a selected data record.
Cancel Button	cancel	Cancels all changes applied to all panels on the page. Can be found on the navigation panel.
Save Button	save	Saves all changes to all panels on the page. If validation errors occur, an error message displays in the Task List panel. Can be found on the navigation panel.
Maintain Button	maintain	Maintains a selected data record.
Preferences Button	Prefs	Displays a checkmark box next to each Navigator Item link. By checking the box, the link automatically opens whenever the user browses the page. To hide the boxes, click on the button a second time. Can be found only on the Navigation panel.
Top Button	Top	Allows user to jump to the top of the page.
Bottom Button	Bot	Allows user to jump to the bottom of the page.
Help Button	?	Opens a window that displays the panel help page.
Maximize Button		Expands a panel to display all of its content.
Minimize Button		Collapses a panel.
Navigation Button	Nav	Allows user to jump to the Navigation panel.
Audit History Button	A	Opens the Audit History Panel for a specific panel.
Close Button	X	Closes a panel.
Green Information Button		Opens information file for the associated field.

Among the panel types are the following:

Maintenance panel

Task List panel

Maintenance Item Panel

Audit panel

5.1.6 Maintenance Panel

A maintenance panel is a special control panel that uses links to open or close panels on a Web page. By clicking on a Maintenance Group Link, the associated Maintenance Item panel is displayed. Changes to Maintenance Items displayed on the page are saved or cancelled by clicking the Save or Cancel buttons on the Maintenance panel.

The Maintenance panel is used to navigate within a page, never to leave the page.

The following image demonstrates Maintenance Group Links (Provider and Service Location) and the associated Maintenance Item links.

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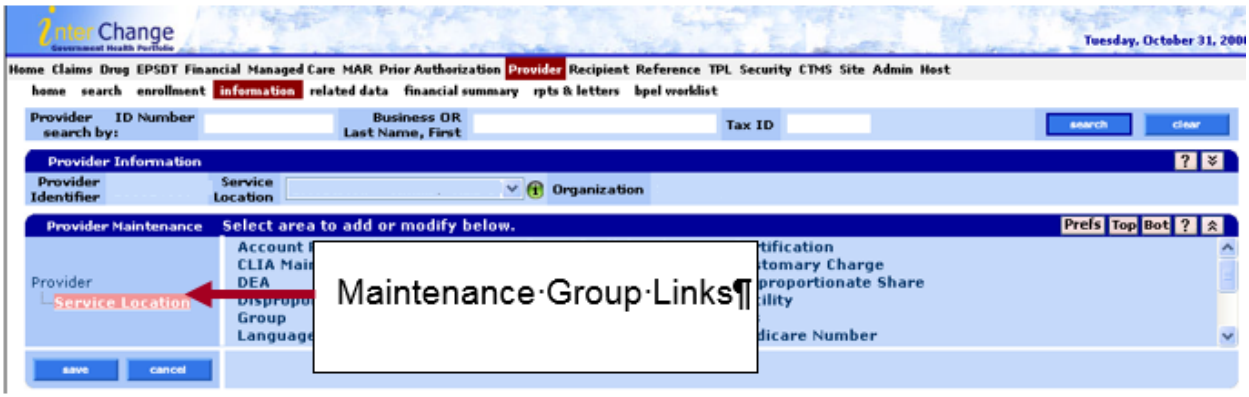
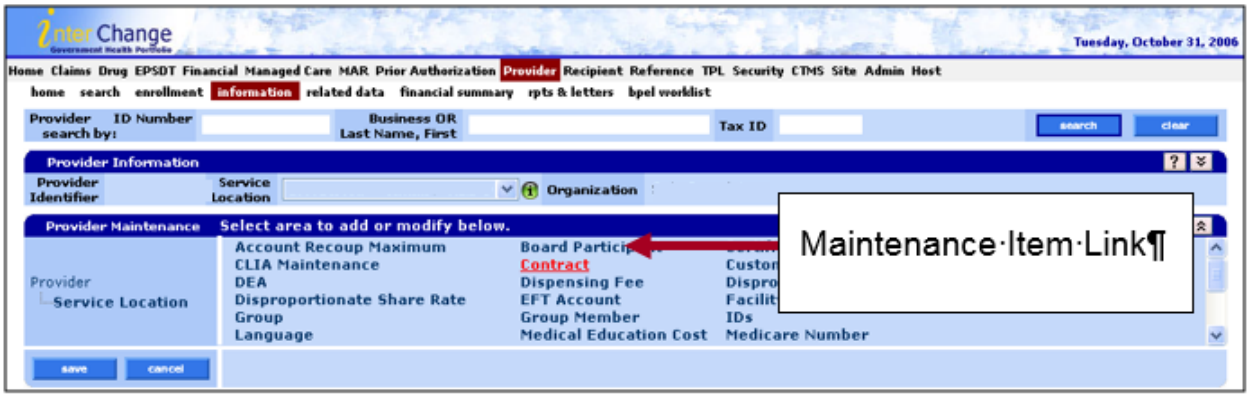
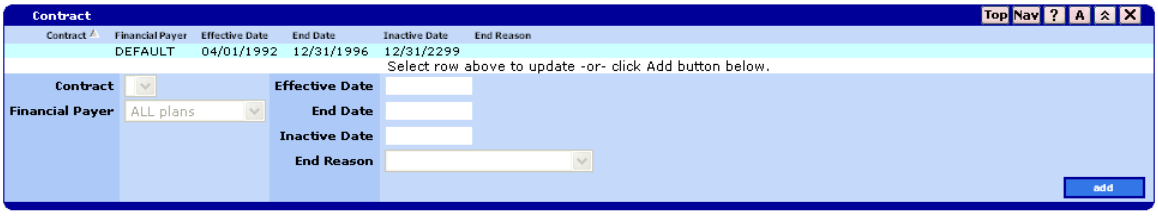


By clicking on a Maintenance Item Link (such as Contract), the associated panel opens.



Results: Contract Panel displays



5.1.7 Task List Panel

Task List panels appear within navigation panels and provide messages to the user regarding whether the data was successfully saved, or if errors occurred to prevent the data from being successfully saved, or warning messages which may or may not include a radio button selection for the user to activate prior to completing the task.

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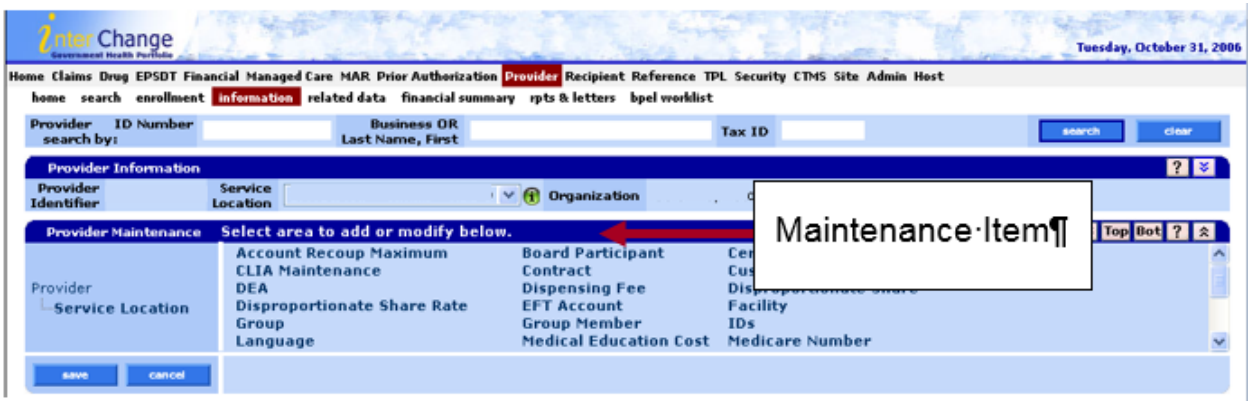
The task list contains both the name of the panel where the error occurred, and the field name or row in order to help users quickly identify key areas to correct prior to attempting another save action.

Warning messages provide users with a warning about the data they are trying to update, delete, add or save. For example, if the user attempts to add duplicate record, the system generates a warning message.

An error message can also contain additional information which is accessed by clicking on a square node icon in the lower left side of the Task List panel.

5.1.8 Maintenance Item Panel

A Maintenance Item panel is opened by clicking a link on the Maintenance panel. Maintenance Items allow detail data to be viewed and updated. Usually a Maintenance Item has a list of data records and a panel to perform data updates. Click the Add button to enter a new data record. Or click a data record from the list to perform field updates or to delete the record. Once selected, a data record is deleted by clicking the Delete button. All adds, deletes and updates must be followed by a Save before the transaction is permanent.



5.1.9 Audit Panel

Audit panels display data change history for a given Navigator Item panel. Every insert, update or delete that is performed (on an updatable panel) in the system causes a "before" image of

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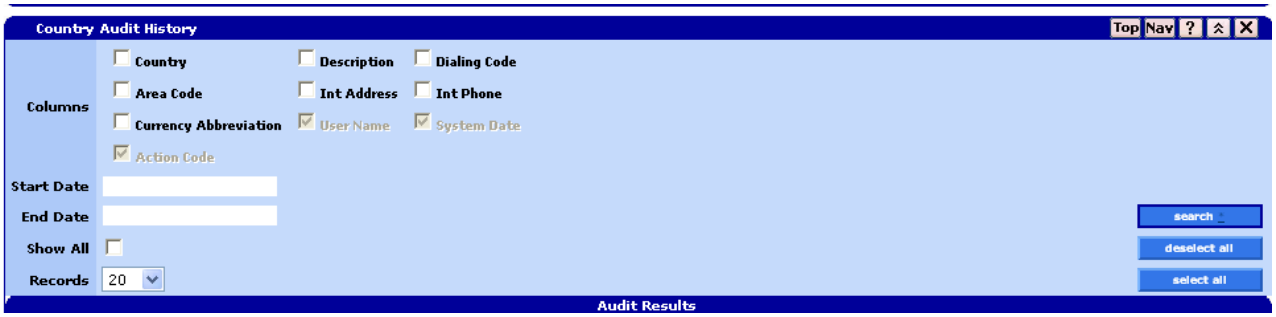
the data to be saved to the audit table. Users can then use the audit panel to display this information.

Audit panels are opened by clicking the button in the Navigator Item panel.



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6. Provider Pages/Panels

This section gives a brief description of each page/panel, shows a sample, and describes all associated page/panel fields and field edits.

Note: Any names, addresses, or other personal information displayed in page/panel images are fictitious and are not representative of an actual person.

The page/panels Field Description table is sorted in alphabetical order. There may be some instances in which the publication script has altered this sort order and these anomalies were not changed during production of this document.

Each page/panel covers the following:

- Page/Panel Narrative
- Page/Panel Layout
- Page/Panel Field Descriptions
- Page/Panel Field Edit Error Code Tables
- Page/Panel Extra Features
- Page/Panel Accessibility

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Provider Search Panel Overview

6.1.1 Provider Search Panel Narrative

The Provider Search panel is used to access provider records using flexible selection criteria. The provider record is selected by keying data in the desired search criteria. This panel allows for the entry of search criteria regarding provider files and is for inquiry only.

Navigation Path: [Provider] – [Search]

6.1.2 Provider Search Panel Layout

6.1.3 Provider Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Business OR Last Name	Name of the business of the owner or last name of provider.	Field	Character	50
Clear	Allows the user to clear any changes on the Provider Search panel.	Button	N/A	0
First, MI	First name and middle initial of provider.	Field	Character	50
License	License number assigned to the provider.	Field	Character	10
Medicare	Medicare number.	Field	Character	10
Provider ID	Identification number of the provider.	Field	Character	9
Records	Allows the user to select the number of records to retrieve during a search.	Comb o Box	Drop Down List Box	0
Search	Initiates the Search by Provider ID, Business OR Last Name, License, Medicare, UPIN and Tax ID.	Button	N/A	0
Tax ID	Tax identification number of the provider.	Field	Character	9
UPIN	Provider's Universal Provider Identification Number.	Field	Character	6

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6.1.4 Provider Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.5 Provider Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.6 Provider Search Panel Accessibility

6.1.6.1 To Access the Provider Search Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.

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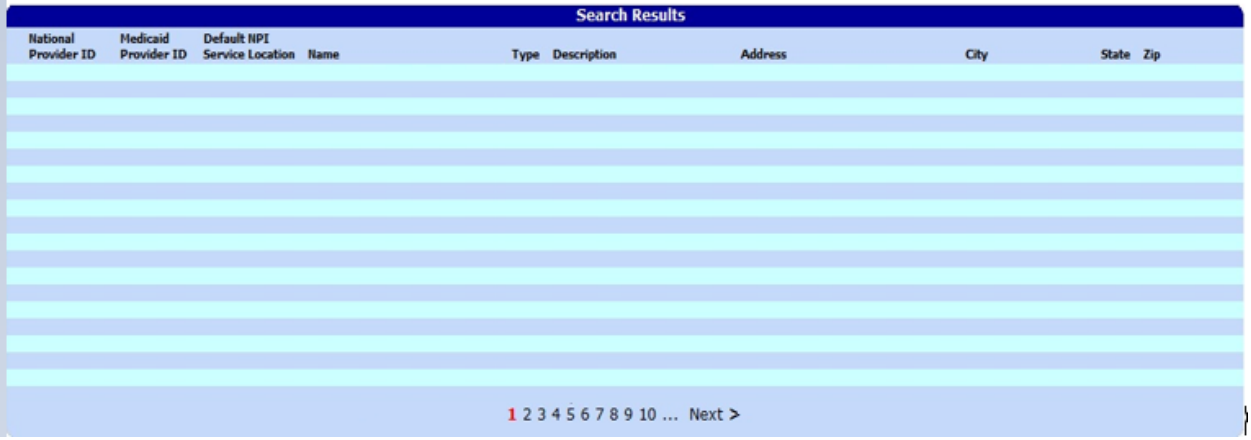
Provider Search Results Panel Overview

6.1.7 Provider Search Results Panel Narrative

The Provider Search Results panel displays provider records based on search criteria. This panel is display only.

Navigation Path: [Provider] – [Search] - [enter search criteria] - [select row from search results]

6.1.8 Provider Search Results Panel Layout



6.1.9 Provider Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address	Address of the provider.	Field	Character	30
Base Provider ID	Base identification number of the provider.	Field	Character	10
City	The city of the provider.	Field	Character	15
Description	Provider type description for that particular service location.	Field	Character	50
Medicaid Provider ID	The Medicaid provider identification number of the provider.	Field	Character	10
Name	Last name, first name, middle initial or business name of provider.	Field	Character	50
National Provider ID	The National Provider Identifier of the provider.	Field	Character	10
State	The state of the provider.	Field	Character	2
Type	Provider type for that particular service location.	Field	Character	2
Zip	The zip code of the provider.	Field	Number (Integer)	9

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6.1.10 Provider Search Results Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.11 Provider Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.12 Provider Search Results Panel Accessibility

6.1.12.1 To Access the Provider Search Results Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** on the Provider Search panel.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of provider to display in the search results panel.

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Provider Mini-Search Panel Overview

6.1.13 Provider Mini-Search Panel Narrative

The Provider Mini-Search allows search by Provider ID/name/tax ID from the Provider Information page. This panel allows entry of search criteria regarding provider files and is inquiry only.

Navigation Path: [Provider] – [Information]

6.1.14 Provider Mini-Search Panel Layout

6.1.15 Provider Mini-Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Business OR Last Name, First	Business or last name, first name of the provider.	Field	Character	50
Clear	Allows the user to clear any changes on the Provider Mini-Search panel.	Button	N/A	0
ID Number	Identification number of the provider.	Field	Character	9
Search	Initiates the Search by ID Number, Business OR Last Name, First, or Tax ID.	Button	N/A	0
Tax ID	Tax identification number of the provider.	Field	Character	9

6.1.16 Provider Mini-Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.17 Provider Mini-Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.18 Provider Mini-Search Panel Accessibility

6.1.18.1 To Access the Provider Mini-Search Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Information**.	Provider Information panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.

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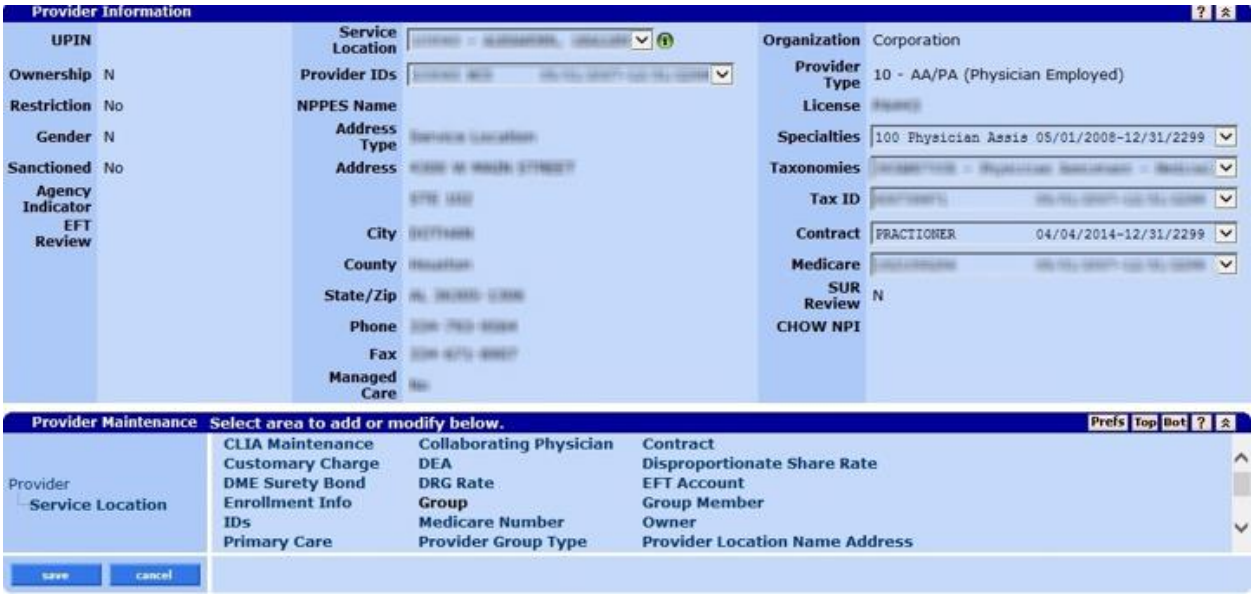
Provider Information Panel Overview

6.1.19 Provider Information Panel Narrative

The Provider Information displays provider related information. This panel is display only.

Navigation Path: [Provider] – [Search] - [select row from search results]

6.1.20 Provider Information Panel Layout



6.1.21 Provider Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address	The address of the provider.	Field	Character	15
Address Type	Type of address with valid value to include: Home Office Address, Mail-To Address, Pay-To Address and Service Location Address.	Field	Character	15
Certification	Field which displays the provider's Certification Information, Certification Start Date and Certification End Date.	Combo Box	Drop Down List Box	0
City	The city of the provider.	Field	Character	2
Contract	Field which displays the provider's Contract Eligibility Information, Contract Start Date and Contract End Date.	Combo Box	Drop Down List Box	0
County	The county of the provider.	Field	Character	15

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Field	Description	Field Type	Data Type	Length
EFT Review	The code that indicates if/when the provider's current EFT is suspended for review.	Field	Character	1
Fax	The fax number of the provider.	Field	Character	10
Gender	The gender of the provider.	Field	Character	1
License	Provider's state license number.	Combo Box	Drop Down List Box	0
Managed Care	Indicator for Managed Care.	Combo Box	Drop Down List Box	0
Medicare	Field which displays the provider's Medicare Number, Medicare Start Date and Medicare End Date.	Combo Box	Drop Down List Box	0
Organization	The organization of the provider.	Field	Character	15
Ownership	Field to indicate whether the provider has a controlling ownership interest in any other Health Coverage Programs, provider facility or practice with valid values to include Yes and No.	Combo Box	Drop Down List Box	0
Phone	Provider's phone number.	Field	Character	10
Provider IDs	Field which displays the provider's Provider Numbers, Start Date and End Date.	Combo Box	Drop Down List Box	0
Provider Identifier	The identification number of the provider.	Field	Character	9
Provider Type	Provider type for that particular service location.	Field	Character	20
Restriction	Field to indicate if the provider is currently on prepay review utilization with valid values to include Yes and No.	Field	Character	3
Sanctioned	Field that indicates if a provider is under a State or Federal Sanction which revokes the provider's participation in Medicaid. Valid values are Yes and No	Field	Character	3
Service Location	The service location of the provider.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Specialties	Field which displays the provider's Specialty Code, Specialty Start Date and Specialty End Date.	Combo Box	Drop Down List Box	0
State/Zi0070	Provider's state and zip code.	Field	Character	2
SURS Specialty	Assumes the values 'Y' or 'N' depending on whether a Provider is under review or not	Field	Character	0
Tax ID	Field which displays the provider's Tax ID, Tax ID Start Date and Tax ID End Date	Combo Box	Drop Down List Box	0
Taxonomies	Field which displays the Provider's taxonomy codes (if more than one), Taxonomy Start Date, and Taxonomy End Date.	Combo Box	Drop Down List Box	0
UPIN	Provider's Universal Provider Identification Number.	Field	Character	6

6.1.22 Provider Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.23 Provider Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.24 Provider Information Panel Accessibility

6.1.24.1 To Access the Provider Information Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information panel displays.

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Provider Maintenance Panel Overview

6.1.25 Provider Maintenance Panel Narrative

The Provider Maintenance panel contains links to information at the provider level. This panel is utilized as a navigation tool to access provider related panels such as the Comment panel. This panel is inquiry only.

Navigation Path: [Provider] – [Search] - [select row from search results]

6.1.26 Provider Maintenance Panel Layout

6.1.27 Provider Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Base Information	Link to the Base Information panel.	Hyperlink	N/A	0
Cancel	Allows the user to cancel any changes on the Provider Maintenance panels.	Button	N/A	0
Comment	Link to the Comment panel.	Hyperlink	N/A	0
Save	Allows the user to save a record on the Provider Maintenance panels.	Button	N/A	0

6.1.28 Provider Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.29 Provider Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.30 Provider Maintenance Panel Accessibility

6.1.30.1 To Access the Provider Maintenance Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria

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Step	Action	Response
		entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Maintenance panel displays.
5	Select **Provider** hyperlink on the Provider Maintenance panel.	Provider Maintenance panel displays.

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Provider Base Information Panel Overview

6.1.31 Provider Base Information Panel Narrative

The Provider Base Information panel allows the user to update base information carried at the provider level. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Provider] - [Base Information] OR [Provider] – [Enrollment] - [(Add button) OR (select row from search results)] - [Base Information] - [Enroll Contract (only available when application status is Approved and Provider ID field = blank)] - [Base Information]

6.1.32 Provider Base Information Panel Layout

6.1.33 Provider Base Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Date of Birth	The date of birth of the provider.	Field	Date (MM/DD/CCYY)	8
Gender	The gender of the provider. Valid values include: female, male and organization.	Combo Box	Drop Down List Box	0
Ownership	Field to indicate whether the provider has a controlling ownership interest in any other Health Coverage Contracts provider facility or practice. Valid values include: Yes and No.	Combo Box	Drop Down List Box	0
SSN	The Social Security Number of the provider.	Field	Number (Integer)	9
UPIN	Provider's Universal Provider Identification Number.	Field	Character	6

6.1.34 Provider Base Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
UPIN	Field	10	UPIN must be Alphanumeric.	Verify keying. The UPIN must be 6 alphanumeric characters.
	Field	18	UPIN must be 6 character(s) in length.	Verify keying. The UPIN must be 6 alphanumeric characters.

6.1.35 Provider Base Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.36 Provider Base Information Panel Accessibility

6.1.36.1 To Access the Provider Base Information Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria for an application in Approved status and click **Search**; Or click **Search** and select a line item with a status of Approved.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
4	Select a detail line from the results displayed.	Enroll Provider link displays at the bottom of the browser page.
5	Click Enroll Provider link.	Provider Base Information panel displays.

6.1.36.2 To Add on Provider Base Information Panel

Step	Action	Response
1	Enter **UPIN**.	
2	Select **Ownership** Indicator.	
3	Enter **SSN**.	
4	Select **Gender**, if applicable.	
5	Enter **Date of Birth** in MM/DD/CCYY format.	
6	Click **Save**.	Provider Base Information is saved.

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Provider ID Search Panel Overview

6.1.37 Provider ID Search Panel Narrative

The Provider ID Search panel is a Pop-up Search panel used to access provider records using flexible selection criteria. The provider record is selected by keying data in the desired search criteria. This panel allows for the entry of search criteria regarding provider files and is for inquiry only.

Navigation Path: [Claims] – [Search] – [Provider ID]

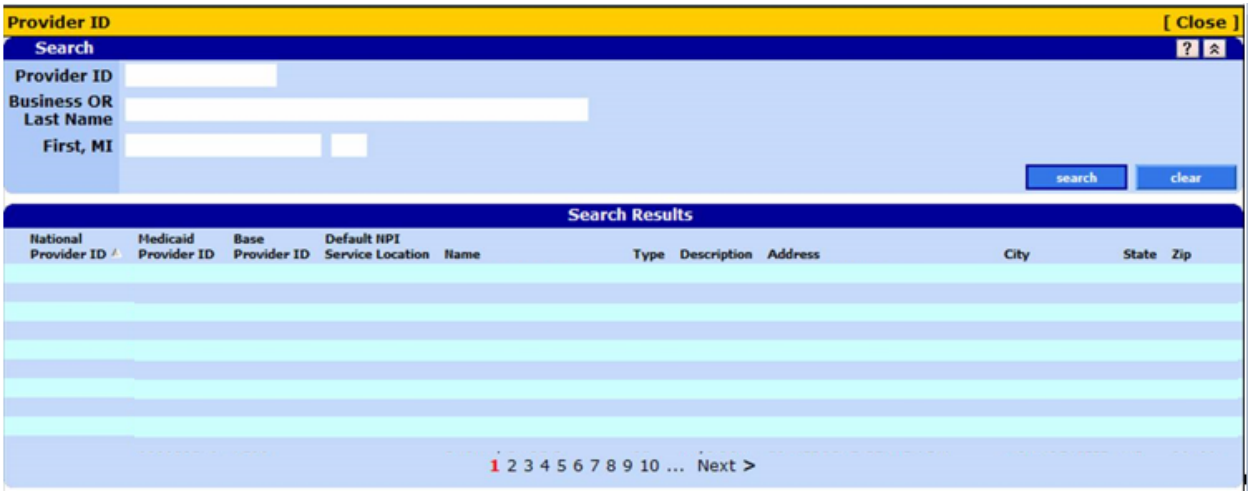
Or

[Prior Authorization] – [Search] – [Provider ID]

Or

[TPL] – [Prebill Claims Search] – [Provider]

6.1.38 Provider ID Search Panel Layout



6.1.39 Provider ID Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address	Provider Address.	Field	Character	30
Base Provider ID	Base Provider Identifier. This is a read only field controlled by entries on the Provider IDs panel.	Field	Alphanumeric	15
Business OR Last Name	The name of the business of the owner or Last Name of Provider.	Field	Character	50
City	Provider City.	Field	Character	30

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Field	Description	Field Type	Data Type	Length
Clear	Allows the user to clear any changes on the Provider Search panel.	Button	N/A	0
Default NPI Service Location	For NPI entries, indicates that this is the default service location for this NPI.	Field	Character	1
Description	Provider type description for that particular service location.	Field	Character	50
First, MI	The First Name and Middle Initial of the Provider.	Field	Character	50
Medicaid Provider ID	Medicaid Provider Identifier. This is a read only field controlled by entries on the Provider IDs panel.	Field	Alphanumeric	15
Name	Last Name, First Name and Middle Initial of Provider.	Field	Character	50
National Provider ID	National Provider Identifier. This is a read only field controlled by entries on the Provider IDs panel.	Field	Alphanumeric	15
Provider ID	The ID of the provider.	Field	Alphanumeric	15
Search	Allows user to search for a record.	Button	N/A	0
State	Provider State.	Field	Character	2
Type	Provider Type for that particular service location.	Field	Character	2
Zip	Provider Zip.	Field	Character	5

6.1.40 Provider ID Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.41 Provider ID Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.42 Provider ID Search Panel Accessibility

6.1.42.1 To Access the Provider ID Search Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Claims** and click **Search**.	Claims Search panel displays.
3	Click on **Provider ID** search link	Provider ID Search panel displays.

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Provider Comment Panel Overview

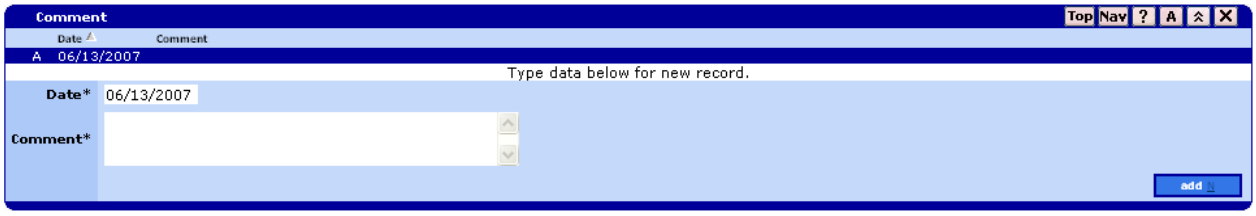
6.1.43 Provider Comment Panel Narrative

The Provider Comment panel is used to hold any comments the user has regarding a provider.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [(Add button) OR (select row from search results)] - [Comment]

6.1.44 Provider Comment Panel Layout



6.1.45 Provider Comment Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a comment.	Button	N/A	0
Comment	Comment field used to notate information regarding a provider's application.	Field	Character	250
Date	Date when comment was entered into system.	Field	Date (MM/DD/CCYY)	8

6.1.46 Provider Comment Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Comment	Field	1	Comment is required.	Enter a Comment.
Date	Field	1	Date is required.	Enter a valid comment Date.

6.1.47 Provider Comment Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.48 Provider Comment Panel Accessibility

6.1.48.1 To Access the Provider Comment Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria

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Step	Action	Response
		entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information Maintenance panel displays.
5	Click hyperlink for **Comment** panel.	Provider Comment panel displays.

6.1.48.2 To Add on Provider Comment Panel

Step	Action	Response
1	Click **Add**.	
2	Enter **Date** in MM/DD/CCYY format.	
3	Enter **Comment**.	
4	Click **Save**.	Provider Comment information is saved.

6.1.48.3 To Update the Provider Comment Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Provider Comment information is saved.

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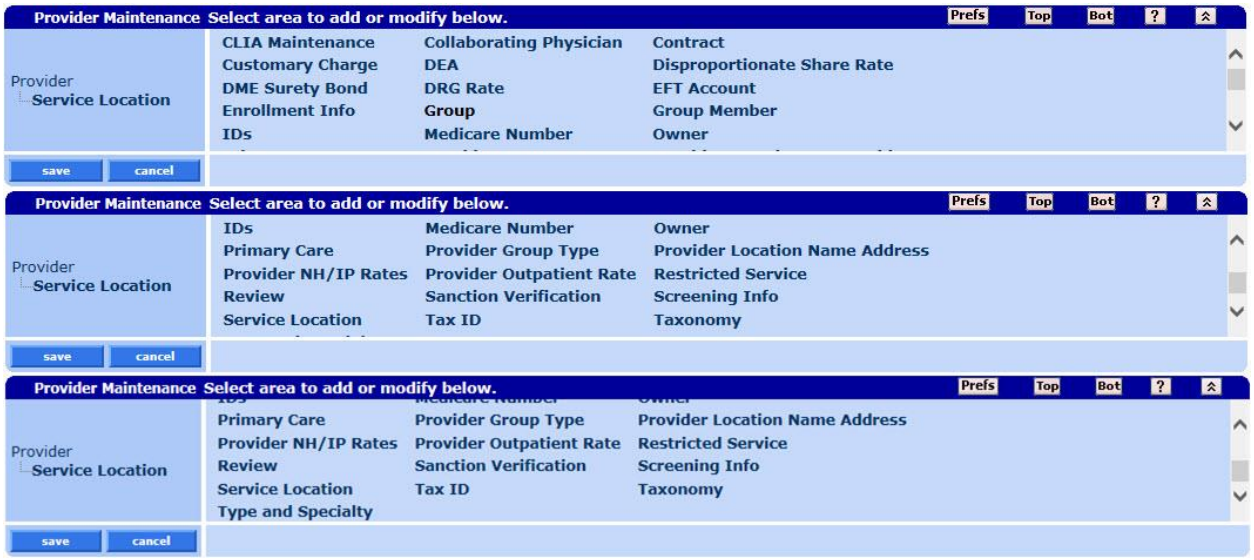
Provider Maintenance Service Location Panel Overview

6.1.49 Provider Maintenance Service Location Panel Narrative

Provider Maintenance Service Location panel contains links to information at the provider service location level. This panel is inquiry only.

Navigation Path: [Provider] – [Search] – [Service Location] - [select row from search results]

6.1.50 Provider Maintenance Service Location Panel Layout



6.1.51 Provider Maintenance Service Location Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Provider Maintenance Service Location panel.	Button	N/A	0
CLIA Maintenance	Link to the CLIA Maintenance panel.	Hyperlink	N\A	0
Collaborating Physician	Link to Collaborating Physician	Hyperlink	N\A	0
Contract	Link to the Contract panel.	Hyperlink	N\A	0
Customary Charge	Link to the Customary Charge panel.	Hyperlink	N\A	0
DEA	Link to the DEA panel.	Hyperlink	N\A	0
Disproportionate Share Rate	Link to the Disproportionate Share Rate panel.	Hyperlink	N\A	0
DME Surety Bond	Link to the DME Surety Bond panel.	Hyperlink	N/A	0
DRG Rate	Link to the DRG Rate Panel	Hyperlink	N/A	0
EFT Account	Link to the EFT Account panel.	Hyperlink	N\A	0
Enrollment Info	Link to the Enrollment Info panel.	Hyperlink	N\A	0

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Field	Description	Field Type	Data Type	Length
Group	Link to the Group panel.	Hyperlink	N\A	0
Group Member	Link to the Group Member panel.	Hyperlink	N\A	0
IDs	Link to the IDs panel.	Hyperlink	N\A	0
Medicare Number	Link to the Medicare Number panel.	Hyperlink	N\A	0
Owner	Link to the Owner panel.	Hyperlink	N/A	0
Primary Care	Link to the Primary Care panel.	Hyperlink	N/A	0
Provider Group Type	Link to the Provider Group Type panel.	Hyperlink	N/A	0
Provider Location Name Address	Link to the Provider Location Name Address panel.	Hyperlink	N/A	0
Provider NH /IP Rate	Link to the NH/IP Rate panel.	Hyperlink	N/A	0
Provider Outpatient Rates	Link to the Provider Outpatient Rates panel.	Hyperlink	N/A	0
Restricted Service	Link to the Restricted Service panel.	Hyperlink	N/A	0
Review	Link to the Review panel.	Hyperlink	N/A	0
Save	Allows the user to save a record for Service Location.	Button	N/A	0
Screening Info	Link to the Screening Info panel.	Hyperlink	N/A	0
Service Location	Link to the Service Location panel.	Hyperlink	N/A	0
Tax ID	Link to the Tax ID panel.	Hyperlink	N/A	0
Taxonomy	Link to the Taxonomy panel.	Hyperlink	N/A	0
Type and Specialty	Link to the Type and Specialty panel.	Hyperlink	N/A	0

6.1.52 Provider Maintenance Service Location Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.53 Provider Maintenance Service Location Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.54 Provider Maintenance Service Location Panel Accessibility

6.1.54.1 To Access the Provider Maintenance Service Location Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Maintenance panel displays.
5	Select **Service Location** hyperlink on the Provider Maintenance panel.	Provider Maintenance Service Location panel displays.

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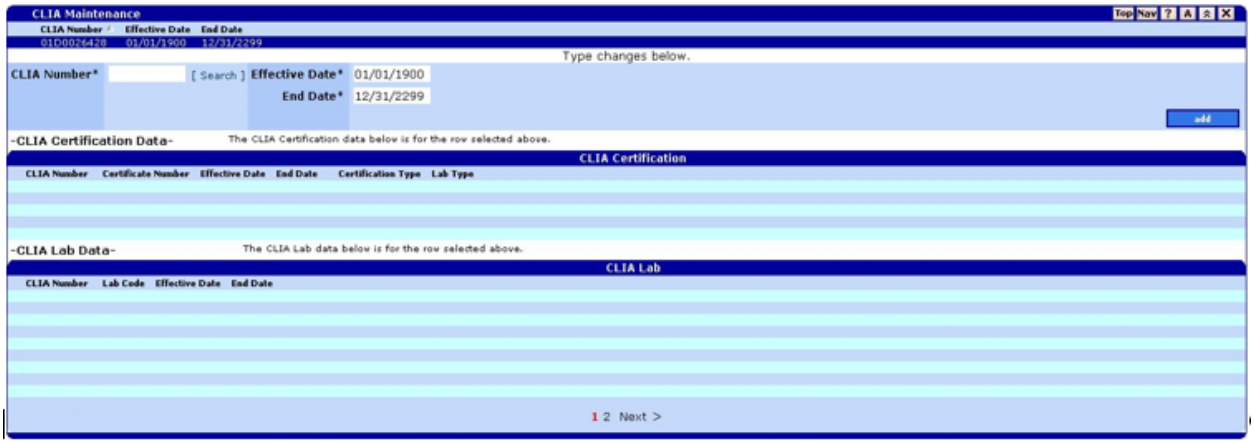
CLIA Maintenance Panel Overview

6.1.55 CLIA Maintenance Panel Narrative

The CLIA Maintenance panel is used to view and update provider Clinical Laboratory Improvement Act (CLIA) numbers and effective dates. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [CLIA Maintenance]

6.1.56 CLIA Maintenance Panel Layout



6.1.57 CLIA Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add provider Clinical Laboratory Improvement Act (CLIA) information.	Button	N/A	0
CLIA Number –[CLIA Certification Detail]	Provider's Clinical Laboratory Improvement Act (CLIA) identification number.	Field	Character	10
CLIA Number – [CLIA Lab Data]	Provider's Clinical Laboratory Improvement Act (CLIA) identification number.	Field	Character	10
Certificate Number [CLIA Certification Data]	Certificate number of the Clinical Laboratory Improvement Act (CLIA) number, 1 should be the most current.	Field	Number (Integer)	2
Certificate Type [CLIA Certification Data]	Clinical Laboratory Improvement Act (CLIA) certificate type.	Field	Number (Integer)	1
Effective Date (CLIA Certification Data and CLIA Lab Data)	Effective date for certificate and lab codes.	Field	Date (CCYYMMDD)	8

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Field	Description	Field Type	Data Type	Length
Effective Date	Provider's effective date of certification		Date (MM/DD/CCYY)	8
End Date (CLIA Certification Data and CLIA Lab Data)	End date for certificate and lab codes.	Field	Date (CCYYMMDD)	8
End Date	Provider's end date of certification.	Field	Date (MM/DD/CCYY)	8
Lab Code [CLIA Lab Data]	Valid lab codes for this Clinical Laboratory Improvement Act (CLIA) number.	Field	Number (Integer)	3
Lab Type [CLIA Certification Data]	Lab type code.	Field	Character	1

6.1.58 CLIA Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
CLIA Number	Field	1	CLIA Number is required.	Verify keying. The CLIA Number field is required.
	Field	10	CLIA Number must be AlphaNumeric.	Verify keying. Entry must be 0-9 or A-Z.
	Field	18	CLIA Number must be 10 character(s) in length.	Verify keying. The CLIA Number must be 10 characters in length.
	Field	5000	Warning: There is no matching CLIA Number from CMS.	Verify keying. The CLIA Number entered is not on the CMS CLIA file. If it is correct select "OK" to save changes, otherwise select "Cancel".
Effective Date	Field	1	Effective Date is required.	Verify keying. Effective Date is required.
	Field	2	Effective Date must be less than or equal to 12/31/2299.	Verify keying. The Effective Date must be less than or equal to 12/31/2299.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. The Effective Date must be greater than or equal to 01/01/1900.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Enter Effective Date than is less than or equal to the End Date.
	Field	17	Date segments can not overlap.	Verify keying. The date segments of two rows with the same CLIA number can not overlap.

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Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	1	End Date is required.	Verify keying. End Date is required.
	Field	2	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	4	End Date must be greater than or equal to 01/01/1900.	Verify keying. End Date must be greater than or equal to 01/01/1900.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Enter End Date greater than or equal to Effective Date.
	Field	17	Date segments can not overlap.	Verify keying. The date segments of two rows with the same CLIA Number cannot overlap.

6.1.59 CLIA Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.60 CLIA Maintenance Panel Accessibility

6.1.60.1 To Access the CLIA Maintenance Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **CLIA Maintenanc**e hyperlink on the Provider Maintenance panel.	CLIA Maintenance panel displays.

6.1.60.2 To Add on CLIA Maintenance Panel

Step	Action	Response
1	Click **Add**.	
2	Click [**Search**] to select a **CLIA number** from the list.	
3	Enter **Effective Date** in MM/DD/CCYY format.	

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Step	Action	Response
4	Enter **End Date** in MM/DD/CCYY format, if applicable.	
5	Click **Save**.	CLIA Maintenance information is saved.

6.1.60.3 To Update on CLIA Maintenance Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	CLIA Maintenance information is saved.

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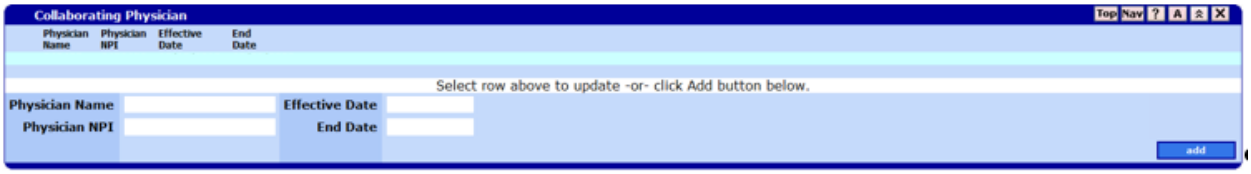
6.11 Collaborating Physician Panel Overview

6.11.1 Collaborating Physician Panel Narrative

This panel holds Supervising/Collaborating physician names and their NPI ID's.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Collaborating Physician]

6.11.2 Collaborating Physician Panel Layout



6.11.3 Collaborating Physician Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add provider collaborating physician information.	Button	N/A	0
Effective Date	This is the begin date for the supervising physician.	Field	Date (MM/DD/CCYY)	8
End Date	This is the end date for the supervising physician.	Field	Date (MM/DD/CCYY)	8
Physician Name	Person name for the physician that provides oversight for the provider.	Field	Character	50
Physician NPI	National Provider Identification # assigned to the collaborating physician.	Field	Character	15

6.11.4 Collaborating Physician Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Verify keying. Effective Date is required.
	Field	2	Effective Date must be less than or equal to 12/31/2299.	Verify keying. The Effective Date must be less than or equal to 12/31/2299.
	Field	3	Effective Date must be less than or equal to End Date.	Verify keying. Enter Effective Date than is less than or equal to the End Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	4	Date segments cannot overlap.	Verify keying. The date segments of two rows with the same collaborating Physician number cannot overlap.
End Date	Field	5	End Date is required.	Verify keying. End Date is required.
	Field	6	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	7	End Date must be greater than or equal to 01/01/1900.	Verify keying. End Date must be greater than or equal to 01/01/1900.
	Field	8	Effective Date must be less than or equal to End Date.	Verify keying. Enter End Date greater than or equal to Effective Date.
	Field	9	Date segments cannot overlap.	Verify keying. The date segments of two rows with the same CLIA Number cannot overlap.
Physician Name	Field	10	Physician Name is required.	Physician Name is required.
Physician NPI	Field	11	Physician NPI is required.	Physician NPI is required.

6.11.5 Collaborating Physician Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.11.6 Collaborating Physician Panel Accessibility

6.11.6.1 To Access the Collaborating Physician Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Collaborating Physician** hyperlink on the Provider Maintenance panel.	Collaborating Physician panel displays.

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6.11.6.2 To Add on Collaborating Physician Panel

Step	Action	Response
1	Click **Add**.	
2	Enter **Physician Name**.	
3	Enter **Physician NPI**.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format, if applicable.	
6	Click **Save**.	CLIA Maintenance information is saved.

6.11.6.3 To Update on Collaborating Physician Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Collaborating Physician information is saved.

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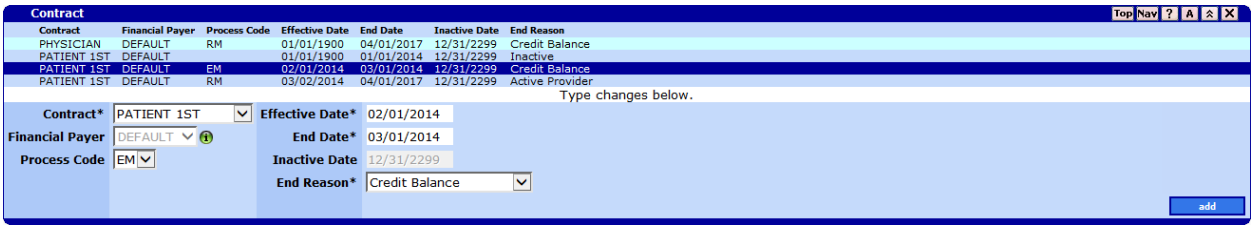
Contract Panel Overview

6.1.61 Contract Panel Narrative

The Contract panel is used to view or update provider contract enrollment information. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Contract] OR [Provider - Enrollment] - [(Add button) OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is Approved and Provider ID field <> blank) OR Enroll Contract (only available when application status is Approved and Provider ID field = blank)] - [Contract]

6.1.62 Contract Panel Layout



6.1.63 Contract Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add provider contract information.	Button	N/A	0
Contract	Name of the contract(s) in which the provider is or has been enrolled. Valid values include: Injection, Laboratory, Physician, Radiology and Outside State.	Combo Box	Drop Down List Box	0
Effective Date	Effective date of enrollment for the chosen contract.	Field	Date (MM/DD/CCYY)	8
End Date	Date enrollment was terminated for the chosen contract.	Field	Date (MM/DD/CCYY)	8
End Reason	Status of eligibility.	Combo Box	Drop Down List Box	0
Financial Payer	Financial payer.	Combo Box	Drop Down List Box	0
Inactive Date	Date enrollment of contract chosen is inactive.	Field	Date (MM/DD/CCYY)	8
Process Code	Hold the code, which indicates the reason for provider contract closure/reopen. Valid values for this field are EG, EM, RM and Blank.	Field	Drop Down List Box	2

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6.1.64 Contract Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Contract	Field	1	A valid Contract is required.	Select a Contract.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. Effective Date must be greater than or equal to 12/31/2299.
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap for the same Contract and same End Reason.	Verify keying. Date segments cannot overlap for the same contract and same End Reason.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	End Date must be greater than or equal to 01/01/1900.	Verify keying. End Date must be greater than or equal to 01/01/1900.
	Field	3	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	4	End Date may not be greater than deceased date.	Verify that no End Dates are greater than the deceased date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap for the same Contract and same End Reason.	Verify keying. Date segments cannot overlap for the same contract and same End Reason.
End Reason	Field	1	A valid End Reason is required.	Select an End Reason.
	Field	3	End Reason must have 'Active' Status.	Must select an 'Active' status when Process Code is RM.
Financial Payer	Field	1	A valid Financial Payer is required.	Select a contract. The Financial Payer automatically populates depending on the contract value chosen.

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Field	Field Type	Error Code	Error Message	To Correct
Inactive Date	Field	0	Inactive Date is required.	Verify keying. Panel requires entry of an End Date which is populated as the Inactive Date. Enter an End Date if not already entered.

6.1.65 Contract Panel Extra Features

Field	Field Type
A warning message "There are overlapping contract dates. Would you like to ignore overlaps?" will appear if date is overlap between same contract type but End reason is different.	

6.1.66 Contract Panel Accessibility

6.1.66.1 To Access the Contract Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Search results display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel display.
5	Click **Contract** on the Provider Maintenance panel.	Contact panel displays.

6.1.66.2 To Add on Contract Panel

Step	Action	Response
1	Click **Add.**	Activates fields for entry of data or selection from lists.
2	Select **Contract** from drop down list.	
3	Enter **Effective Date** of contract in MM/DD/CCYY format.	
4	Enter **End Date** of contract in MM/DD/CCYY format, if applicable.	
5	Enter **Inactive Date** of contract in MM/DD/CCYY format, if applicable.	
6	Select **End Reason** from drop down list, if applicable.	
7	Click **Save**.	Contract information is saved.

6.1.66.3 To Update the Contract Panel

Step	Action	Response

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1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Contract information is saved.

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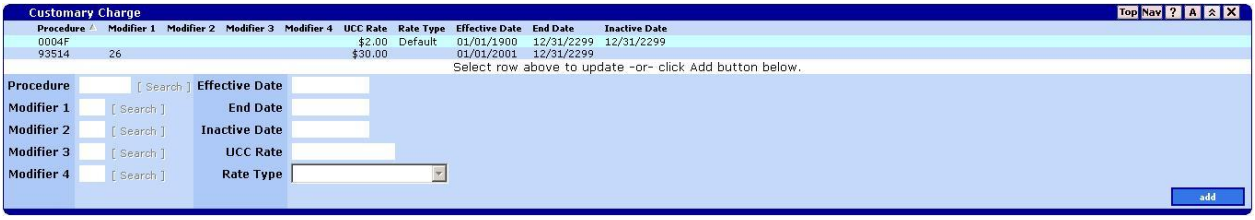
Customary Charge Panel Overview

6.1.67 Customary Charge Panel Narrative

The Customary Charge panel is used to update Usual Customary Charge (UCC) rates. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Customary Charge]

6.1.68 Customary Charge Panel Layout



6.1.69 Customary Charge Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add provider customary charge information.	Button	N/A	0
Effective Date	Effective date of Usual Customary Charge (UCC) rate.	Field	Date (MM/DD/CCYY)	8
End Date	End date of Usual Customary Charge (UCC) rate.	Field	Date (MM/DD/CCYY)	8
Inactive Date	Inactive date of Usual Customary Charge (UCC) rate.	Field	Date (MM/DD/CCYY)	8
Modifier 1	Modifier code 1.	Field	Character	2
Modifier 2	Modifier code 2.	Field	Character	2
Modifier 3	Modifier code 3.	Field	Character	2
Modifier 4	Modifier code 4.	Field	Character	2
Procedure	Procedure code.	Field	Character	5
Rate Type	Usual and Customary Charge rate. Valid values include: Regular Medicaid, Rural Rate, Teaching Physician, Technical Component and Vaccines for Children.	Combo Box	Drop Down List Box	0
[Search]	Allows the user to search for a procedure code or modifier code.	Hyperlink	N/A	0
UCC Rate	Usual and Customary Charge Rate.	Field	Number (Decimal)	9

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6.1.70 Customary Charge Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same procedure code and modifier (if applicable) where the status code is Active.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same procedure code and modifier (if applicable) where the status code is Active.
Procedure	Field	29	A valid Procedure is required.	Search for or enter a valid Procedure Code.
UCC Rate	Field	15	UCC Rate must be greater than or equal to 0.01.	Verify keying. UCC Rate must be greater than zero.
	Field	16	UCC Rate must be less than or equal to 9999.99.	Verify keying. UCC Rate must be less than or equal to $9,999.99.

6.1.71 Customary Charge Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.72 Customary Charge Accessibility

6.1.72.1 To Access the Customary Charge Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.

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Step	Action	Response
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Customary Charge** hyperlink on the Provider Maintenance panel.	Customary Charge panel displays.

6.1.72.2 To Add on Customary Charge Panel

Step	Action	Response
1	Click **Add.**	Activates fields for entry of data or selection from lists.
2	Enter a **Procedure code**; Or click [Search] to select a Procedure from the list.	
3	Enter a **Modifier 1** code; Or click [Search] to select a Modifier from the list.	
4	Enter a **Modifier 2** code; Or click [Search] to select a Modifier from the list.	
5	Enter a **Modifier 3** code; Or click [Search] to select a Modifier from the list.	
6	Enter a **Modifier 4** code; Or click [Search] to select a Modifier from the list.	
7	Enter **Effective Date** in MM/DD/CCYY format.	
8	Enter **End Date** in MM/DD/CCYY format, if applicable.	
9	Enter **Inactive Date** in MM/DD/CCYY format, if applicable.	
10	Enter UCC Rate.	
11	Select **Rate Type** from drop down list.	
12	Click **Save**.	Customary Charge information is saved.

6.1.72.3 To Update on Customary Charge Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Customary Charge information is saved.

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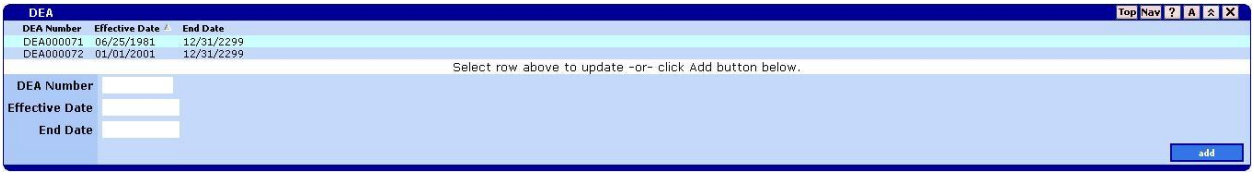
DEA Panel Overview

6.1.73 DEA Panel Narrative

The Drug Enforcement Agency (DEA) panel is used to view and update provider numbers and effective dates. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [DEA]

6.1.74 DEA Panel Layout



6.1.75 DEA Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Provider Drug Enforcement Agency (DEA) information.	Button	N/A	0
DEA Number	Provider's Drug Enforcement Agency (DEA) number.	Field	Character	9
Effective Date	Effective date of Drug Enforcement Agency (DEA) number.	Field	Date (MM/DD/CCYY)	8
End Date	End date of Drug Enforcement Agency (DEA) number.	Field	Date (MM/DD/CCYY)	8

6.1.76 DEA Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
DEA Number	Field	1	DEA Number is required.	Enter a DEA number.
	Field	10	DEA Number must be Alphanumeric.	Verify keying. DEA number must be A-Z and/or 0-9.
	Field	18	DEA Number must be 9 character(s) in length.	Verify keying. The DEA number must be 9 characters in length.
	Field	19	DEA Number contains an invalid value.	Verify keying. DEA number must be greater than zero.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. Effective Date must be greater than 01/01/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same DEA number.
End Date	Field	1	Effective Date is required.	Enter an End Date.
	Field	4	End Date must be greater than or equal to 01/01/1900.	Verify keying. Effective Date must be greater than 01/01/1900.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same DEA number.

6.1.77 DEA Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.78 DEA Panel Accessibility

6.1.78.1 To Access the DEA Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **DEA** hyperlink on the Provider Maintenance panel.	DEA panel displays.

6.1.78.2 To Add on DEA Panel

Step	Action	Response
1	Click **Add.**	Activates fields for entry of data or selection from lists.
2	Enter DEA Number.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format, if applicable.	

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Step	Action	Response
5	Click **Save**.	DEA information is saved.

6.1.78.3 To Update on DEA Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	DEA information is saved.

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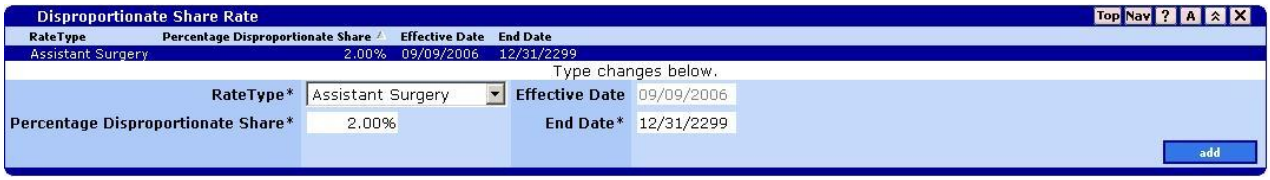
Disproportionate Share Rate Panel Overview

6.1.79 Disproportionate Share Rate Panel Narrative

The Disproportionate Share Rate panel provides information regarding expenditures that were automatically generated by the system to meet this disproportionate share payment. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Disproportionate Share Rate]

6.1.80 Disproportionate Share Rate Panel Layout



6.1.81 Disproportionate Share Rate Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add disproportionate share rate information.	Button	N/A	0
Effective Date	Effective date of the disproportionate share percentage.	Field	Date (MM/DD/CCYY)	8
End Date	End date of the disproportionate share percentage.	Field	Date (MM/DD/CCYY)	8
Percentage Disproportionate Share	Disproportionate share in percentage with four decimals.	Field	Number (Decimal)	4
Rate Type	Rate Type. Valid values include: Regular Medicaid, Rural Rate, Teaching Physician, Technical Component and Vaccines for Children.	Comb o Box	Drop Down List Box	0

6.1.82 Disproportionate Share Rate Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	2	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective date must be less than or equal to 12/31/2299.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. Enter an Effective Date greater than 01/01/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same rate code.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	End Date must be less than or equal to 12/31/2299.	Verify keying. The End Date must be less than or equal to 12/31/2299.
	Field	4	End Date must be greater than or equal to 01/01/1900.	Verify keying. Enter an Effective Date greater than 01/01/1900.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same rate code.
Percentage Disproportionate Share	Field	15	Percentage Disproportionate Share must be greater than or equal to 00.01.	Verify keying. The percentage must be greater than zero.
	Field	16	Percentage Disproportionate Share must be less than or equal to 999.9900.	Verify keying. The percentage cannot exceed 999.99%.
Rate Type	Field	1	Rate Type is required.	Choose a Rate Type.

6.1.83 Disproportionate Share Rate Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.84 Disproportionate Share Rate Panel Accessibility

6.1.84.1 To Access the Disproportionate Share Rate Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.

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Step	Action	Response
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Disproportionate Share Rate** hyperlink on the Provider Maintenance panel.	Disproportionate Share Rate panel displays.

6.1.84.2 To Add on Disproportionate Share Rate Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Rate Type** from drop down list.	
3	Enter Percentage Disproportionate Share.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format, if applicable.	
6	Click **Save**.	Disproportionate Share Rate information is saved.

6.1.84.3 To Update on Disproportionate Share Rate Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Disproportionate Share Rate information is saved.

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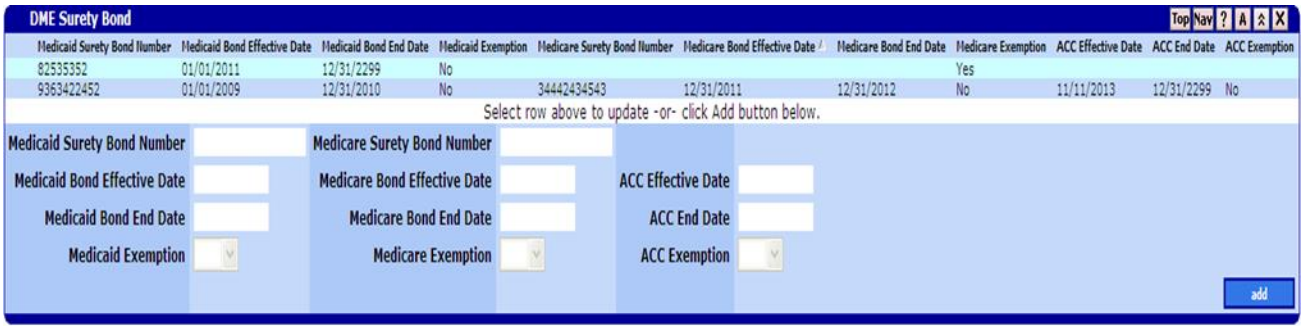
DME Surety Bond Panel Overview

6.1.85 DME Surety Bond Panel Narrative

The Agency and HP Enterprise Services use the DME Surety Bond panel to view and update provider bond numbers and effective/end dates.

Navigation Path: [Provider] – [Search] - [select row from search results] - [DME Surety Bond]

6.1.86 DME Surety Bond Panel Layout



6.1.87 DME Surety Bond Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
ACC Effective Date[Detail]	Effective date of accreditation. Used to signify the start of a span or period related to the Accreditation.	Field	Date (MM/DD/CCYY)	8
ACC Effective Date [List]	Effective date of accreditation. Used to signify the start of a span or period related to the Accreditation.	Field	Date (MM/DD/CCYY)	8
ACC End Date [Detail]	End date of accreditation. Used to signify the end of a span or period related to the Accreditation.	Field	Date (MM/DD/CCYY)	8
ACC End Date [List]	End Date of accreditation. Used to signify the end of a span or period related to the Accreditation.	Field	Date (MM/DD/CCYY)	8
ACC Exemption [Detail]	Indicator showing a provider's exemption status for an ACC certificate	Comb o Box	Drop Down List Box	3
ACC Exemption [Detail]	Indicator showing a provider's exemption status for an ACC certificate	Field	Character	3

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Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Provider DME Surety Bond information.	Button	N/A	0
Medicaid Bond Effective Date [Detail]	Effective date of Medicaid Surety Bond. Used to signify the start of a span or period related to the Surety Bond.	Field	Date (MM/DD/CCYY)	8
Medicaid Bond Effective Date [List]	Effective date of Medicaid Surety Bond. Used to signify the start of a span or period related to the Surety Bond.	Field	Date (MM/DD/CCYY)	8
Medicaid Bond End Date [Detail]	End date of Medicaid Surety Bond. Used to signify the end of a span or period related to the Surety Bond.	Field	Date (MM/DD/CCYY)	8
Medicaid Bond End Date [List]	End date of Medicaid Surety Bond. Used to signify the end of a span or period related to the Surety Bond.	Field	Date (MM/DD/CCYY)	8
Medicaid Exemption [Detail]	Indicator showing a provider's exemption status for a Medicaid Surety Bond.	Combo Box	Drop Down List Box	0
Medicaid Exemption [List]	Indicator showing a provider's exemption status for a Medicaid Surety Bond.	Field	Character	3
Medicaid Surety Bond Number [Detail]	Medicaid Bond Number shown on certificate.	Field	Character	15
Medicaid Surety Bond Number [List]	Medicaid Bond Number shown on certificate.	Field	Character	15

6.1.88 DME Surety Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
ACC Effective Date [Detail]	Field	1	ACC Effective Date must be greater than or equal to 1/1/1900.	Verify keying. ACC Effective Date must be greater than 1/1/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	ACC Effective Date must be less than or equal to ACC End Date.	Verify keying. ACC Effective Date must be less than or equal to the ACC End Date.
	Field	3	ACC Date segments cannot overlap.	Verify keying. ACC Date Segments cannot overlap.
	Field	4	ACC Effective Date must be less than or equal to 12/31/2299.	Verify keying. ACC Effective Date must be less than 12/31/2299.
	Field	5	Medicare Accreditation dates required for a Non-Exempt Provider	Enter ACC Effective Date which must be less than 12/31/2299
	Field	6	Medicare Accreditation dates NOT required for an Exempt Provider	Delete ACC Effective Date
	Field	7	Medicare Accreditation dates NOT required for Non-DME Provider	Delete ACC Effective Date
ACC End Date [Detail]	Field	1	ACC End Date must be greater than or equal to 1/1/1900.	Verify keying. ACC End date must be greater than 1/1/1900.
	Field	2	ACC End Date must be less than or equal to 12/31/2299.	Verify keying. ACC End date must be less than 12/31/2299.
	Field	3	Medicare Accreditation dates required for a Non-Exempt Provider	Enter ACC End Date which must be less than 12/31/2299
	Field	4	Medicare Accreditation dates NOT required for an Exempt Provider	Delete ACC End Date
	Field	5	Medicare Accreditation dates NOT required for Non-DME Provider	Delete ACC End Date
Medicaid Bond Effective Date [Detail]	Field	1	Effective Date must be greater than or equal to 1/1/1900.	Verify keying. Effective Date must be greater than 1/1/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	3	DME Surety Bond Date segments cannot overlap.	Verify keying. DME Surety Date segments cannot overlap.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than 12/31/2299.
	Field	5	Medicaid Surety Bond Number and dates required for a Non-Exempt Provider	Enter Medicaid Bond Effective Date which must be less than 12/31/2299
	Field	6	Medicaid Surety Bond Number and dates NOT required for an Exempt Provider	Delete Medicaid Bond Effective Date
	Field	7	Medicaid Surety Bond Number and dates NOT required for Non-DME Provider	Delete Medicaid Bond Effective Date
Medicaid Bond End Date [Detail]	Field	1	End Date must be greater than or equal to 1/1/1900.	Verify keying. End Date must be greater than 1/1/1900.
	Field	2	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than 12/31/2299.
	Field	3	Medicaid Surety Bond Number and dates required for a Non-Exempt Provider	Enter Medicaid Bond End Date which must be less than 12/31/2299
	Field	4	Medicaid Surety Bond Number and dates NOT required for an Exempt Provider	Delete Medicaid Bond End Date
	Field	5	Medicaid Surety Bond Number and dates NOT required for Non-DME Provider	Delete Medicaid Bond End Date

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Field	Field Type	Error Code	Error Message	To Correct
Medicaid Surety Bond Number [Detail]	Field	1	Medicaid Bond Number contains an invalid value.	Verify keying. Surety Bond Number must be greater than zero.
	Field	2	Medicaid Bond Number must be Alphanumeric.	Verify keying. Surety Bond Number must be A-Z and/or 0-9.
	Field	3	Required input must be between 3 And 15.	Verify keying. Length of Surety Bond Number must be between 3 and 15.
	Field	4	Medicaid Surety Bond Number and dates required for a Non-Exempt Provider	Enter Medicaid Surety Bond Number
	Field	5	Medicaid Surety Bond Number and dates NOT required for an Exempt Provider	Delete Medicaid Surety Bond Number
	Field	6	Medicaid Surety Bond Number and dates NOT required for Non-DME Provider	Delete Medicaid Surety Bond Number.
Medicare Bond Effective Date [Detail]	Field	1	Medicare Bond Effective Date must be greater than or equal to 1/1/1900.	Verify keying. Medicare Bond Effective Date must be greater than 1/1/1900.
	Field	2	Medicare Bond Effective Date must be less than or equal to Medicare Bond End Date.	Verify keying. Medicare Bond Effective Date must be less than or equal to the Medicare End Date.
	Field	3	Medicare Date segments cannot overlap.	Verify keying. Medicare Bond Date Segments cannot overlap.
	Field	4	Medicare Bond Effective Date must be less than or equal to 12/31/2299.	Verify keying. Medicare Bond Effective Date must be less than 12/31/2299.
	Field	5	Medicare Surety Bond Number and dates required for a Non-Exempt Provider	Enter Medicare Bond Effective Date

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Field	Field Type	Error Code	Error Message	To Correct
	Field	6	Medicare Surety Bond Number and dates NOT required for an Exempt Provider	Delete Medicare Bond Effective Date
	Field	7	Medicare Surety Bond Number and dates NOT required for Non-DME Provider	Delete Medicare Bond Effective Date
Medicare Bond End Date [Detail]	Field	1	Medicare Bond End Date must be greater than or equal to 1/1/1900.	Verify keying. Medicare Bond End Date must be greater than 1/1/1900.
	Field	2	Medicare Bond End Date must be less than or equal to 12/31/2299.	Verify keying. Medicare Bond End Date must be less than 12/31/2299.
	Field	3	Medicare Surety Bond Number and dates required for a Non-Exempt Provider	Enter Medicare Bond End Date
	Field	4	Medicare Surety Bond Number and dates NOT required for an Exempt Provider	Delete Medicare Bond End Date
	Field	5	Medicare Surety Bond Number and dates NOT required for Non-DME Provider	Delete Medicare Bond End Date
Medicare Surety Bond Number [Detail]	Field	1	Medicare Bond Number contains an invalid value.	Verify keying. Medicare Bond Number must be greater than zero.
	Field	2	Medicare Bond Number must be Alphanumeric.	Verify keying. Medicare Bond Number must be A-Z and/or 0-9.
	Field	3	Required input must be between 3 And 15.	Verify keying. Length of Medicare Bond Number must be between 3 and 15.
	Field	4	Medicare Surety Bond Number and dates required for a Non-Exempt Provider	Enter Medicare Surety Bond Number

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Field	Field Type	Error Code	Error Message	To Correct
	Field	5	Medicare Surety Bond Number and dates NOT required for an Exempt Provider	Delete Medicare Surety Bond Number
	Field	6	Medicare Surety Bond Number and dates NOT required for Non-DME Provider	Delete Medicare Surety Bond Number

6.1.89 DME Surety Bond Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.90 DME Surety Bond Panel Accessibility

6.1.90.1 To Access the DME Surety Bond Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click Search; Or click Search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **DME Surety Bond** hyperlink on the Provider Maintenance panel.	DME Surety Bond panel displays.

6.1.90.2 To Add on DME Surety Bond Panel

To Add on DME Surety Bond Pane

Step	Action	Response
1	Click Add.	Activates fields for entry of data or selection from lists.
To Enter a Non-Exempt Provider (Medicaid Exemption)		
1	Select “No” in Medicaid Exemption Dropdown Box	
2	Enter Surety Bond Number.	Medicaid Bond End Date will be populated with the date 12/31/2299 (This date can be modified)

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Step	Action	Response
3	Enter Effective Date in MM/DD/CCYY format.	
4	Enter/Modify End Date in MM/DD/CCYY format.	
To Enter a Non-Exempt Provider (ACC Exemption)		
1	Select "No" in ACC Exemption Dropdown Box	
2	Enter ACC Effective Date in MM/DD/CCYY format	ACC End Date will be populated with the date 12/31/2299 (/This date can be modified)
3	Enter/Modify ACC End Date in MM/DD/CCYY format.	
To Enter a Non-Exempt Provider (Medicare Exemption)		
1	Select "No" in Medicare Exemption Dropdown Box	
2	Enter Medicare Bond Effective Date in MM/DD/CCYY format	Medicare Bond End Date will be populated with the date 12/31/2299 (This date can be modified)
3	Enter/Modify Medicare Bond End Date in MM/DD/CCYY format.	
To Enter an Exempt Provider (Medicaid, Medicare or ACC Exemption)		
1	Select "Yes" in the Exemption Dropdown Box	
2	Do not enter data in Bond Number or Date Boxes	
To Enter a Non-DME Provider (Medicaid, Medicare or ACC)		
1	Leave/Select the Default selection (blank selection) in the Dropdown Box	
2	Do not enter Data in Bond Number or Date Boxes.	
Click Save after making the required selections as outlined above		DME Surety Bond information is saved

6.1.90.3 To Update on DME Surety Bond Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click Save.	DME Surety Bond information is saved.

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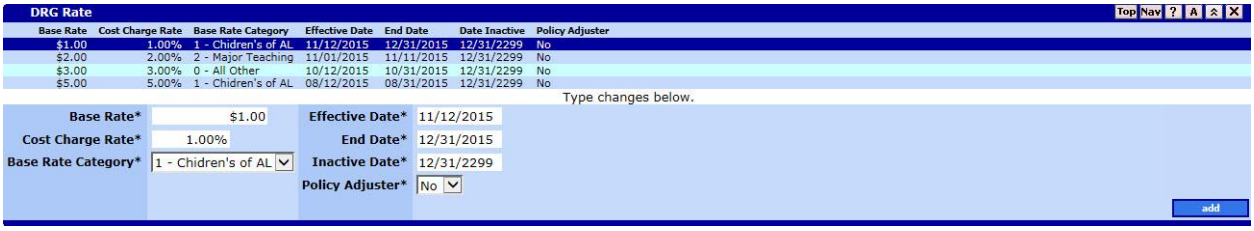
DRG Rate Panel Overview

6.1.91 DRG Rate Panel Narrative

The DRG Rate panel is used to create and update Provider Diagnosis Related Group rates.

Navigation Path: [Provider - Search] - [select row from search results] - [DRG Rate]

6.1.92 DRG Rate Panel Layout



6.1.93 DRG Rate Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a DRG Rate.	Button	N/A	0
Base Rate	Amount for the current Rate. Format 99999999.99.	Field	Number (Decimal)	10
Base Rate Category	Base Rate Category: 0=All Other; 1=Children's of AL; 2=Major Teaching; 3 = USA Women's and Children's.	Field	Drop Down List Box	1
Cost Charge Rate	Percentage to be charged. Format 999.99.	Field	Number (Decimal)	5
Effective Date	The date on which a DRG rate segment becomes applicable.	Field	Date (MM/DD/CCYY)	8
End Date	The date after which the DRG rate segment is no longer applicable.	Field	Date (MM/DD/CCYY)	8
Inactive Date	This is the date the rate can no longer be used for the current Provider ID, regardless of the dates of service on the claim.	Field	Date (MM/DD/CCYY)	0
Policy Adjuster	Policy Adjuster is a Y or N value. Yes means the DRG policy adjustors (multipliers) apply to claims from that provider; No is the Default and means the DRG policy adjustors do not apply to claims from that provider.	Field	Drop Down List Box	1

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6.1.94 DRG Rate Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Base Rate	Field	1	Base Rate is required.	Enter a base rate.
	Field	200	Base Rate must be greater than zero.	Verify the Base Rate it must be greater than zero.
	Field	91001	Enter a valid value.	The value must be in 99999999.99 format
Base Rate Category	Field	1	Base Rate Category is required.	Select a base rate category.
Cost Charge Rate	Field	1	Cost Charge Rate is required.	Enter a cost charge rate.
	Field	100	Cost Charge Rate must be greater than zero.	Verify the Cost Charge Rate it must be greater than zero.
	Field	91001	Enter a valid value.	The value must be in 999.99 format
Effective Date	Field	1	Effective Date is required.	Enter an effective date.
	Field	2	Effective Date must be greater than or equal to 1/1/1900.	Verify keying. Effective date must be greater than 1/1/1900
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective date must be less than 12/31/2299.
	Field	4	Acute Care specialty date range not within DRG Rate date range.	Verify keying. Date range of DRG Rates must cover the date range of Acute Care specialty.
	Field	8012	Effective Date must be less than or equal to End Date.	Verify keying. End Date must be >= to Effective Date.
	Field	91001	Invalid date. Format is mm/dd/yyyy.	The date must be in MM/DD/CCYY format.
	Field	91030	DRG Rate Date segments cannot overlap.	Verify dates against existing segment. DRG code "0" means all DRGs, therefore if there is a segment with DRG code "0", then you cannot enter a DRG code for those date segments.
End Date	Field	1	End Date is required	Enter an end date.
	Field	2	End Date must be greater than or equal to 1/1/1900.	Verify keying. End date must be greater than 1/1/1900.
	Field	3	End Date must be less than or equal to 12/31/2299.	Verify keying. End date must be less than 12/31/2299.

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6.1.95 DRG Rate Panel Extra Features

Field	Field Type
A warning message “Out of State provider does not require DRG Rate.” will appear if an out-of-state provider has a DRG Rate on record. An error message "DRG Rate required for Acute Care Hospitals." will appear if a hospital-type provider with an Acute Care specialty does not have a DRG Rate on record.	

6.1.96 DRG Rate Panel Accessibility

6.1.96.1 To Access the DRG Rate Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Search results display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel display.
5	Click **DRG Rate** hyperlink on the Provider Maintenance panel.	DRG Rate panel displays.

6.1.96.2 To Add on DRG Rate Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Update **Base Rate** in 99999999.99 format.	
3	Update **Cost Charge Rate** in 999.99 format	
4	Select **Base Rate Category** from the drop down list	
5	Update **Effective Date** in MM/DD/CCYY format.	
6	Update **End Date** in MM/DD/CCYY format.	
7	Update **Inactive Date** in MM/DD/CCYY format	
8	Select the **Policy Adjuster** from the drop down list.	
9	Enter data in remaining fields as required.	
10	Click **Save**.	Provider DRG Rate information is saved.

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6.1.96.3 To Update on DRG Rate Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click field to update and perform update.	
3	Click **Save**.	Provider DRG Rate is saved.

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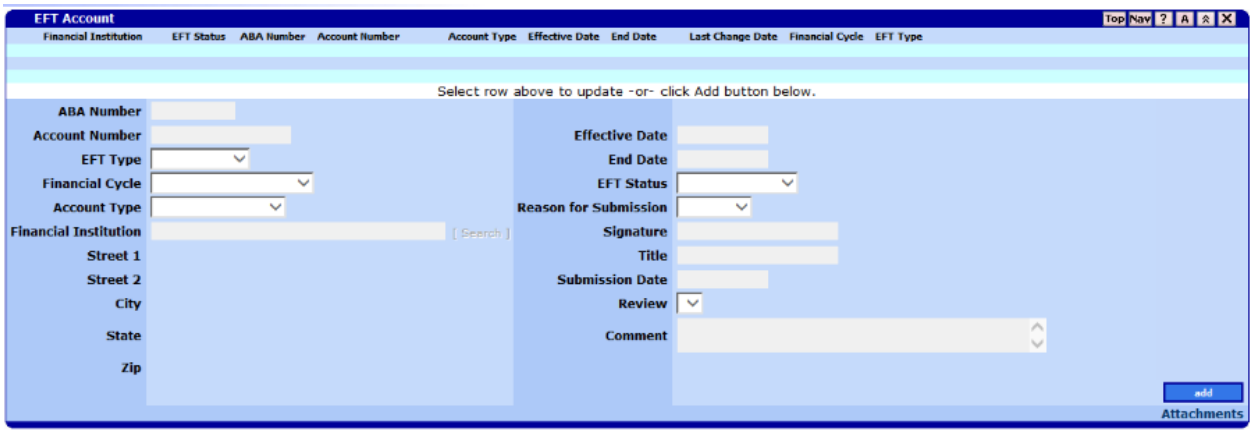
EFT Account Panel Overview

6.1.97 EFT Account Panel Narrative

The EFT Account panel is used to capture Electronic Funds Transfer (EFT) information for providers who wish to receive their payments via EFT. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [EFT Account]

6.1.98 EFT Account Panel Layout



6.1.99 EFT Account Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
ABA Number	Indicates the provider's bank routing number to which the Electronic Funds Transfer (EFT) is transferred. The American Bankers Association (ABA) number can be duplicated in a provider's EFT file. Once an ABA number is changed to an active status, the field is protected.	Field	Character	9
Account Number	Indicates the provider's bank account number. When two Electronic Funds Transfer (EFT) entries in a specific provider's file have the same American Bankers Association (ABA) number, the account numbers cannot be the same. Once an account number is changed to an active status, the field is protected.	Field	Character	14
Account Type	Indicates the account type. Valid values include: Checking, Savings and Transfer-State.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Add	Allows the user to add provider Electronic Funds Transfer (EFT) information.	Button	N/A	0
City	City of the financial institution.	Field	Character	15
Comment	Free form text field where users may provide details about the review reason, associated document number, etc.	Field	Character	50
Effective Date	Indicates the date when the Electronic Funds Transfer (EFT) information becomes active. This date will generate to today's date. If we start during pre-notifications in the future, this date should be no less the 18 days in the future.	Field	Date (MM/DD/CCYY)	8
EFT Status	Indicates the status of the Electronic Funds Transfer (EFT). The EFT status can be changed from any status except canceled.	Combo Box	Drop Down List Box	0
EFT Type	Type of Electronic Funds Transfer (EFT). Valid values include: Deposit.	Combo Box	Drop down List Box	0
End Date	Indicates the date when an Electronic Funds Transfer (EFT) entry will end. Before a new entry can be saved, the End Date associated with any open entries must be updated if the Effective Date of the new entry overlaps with an End Date of any conflicting entries. The End Date can be updated when the entry is in any status except canceled.	Field	Date (MM/DD/CCYY)	8
Financial Cycle	Indicates the financial cycle.	Combo Box	Drop Down List Box	0
Financial Institution	Name of the financial institution.	Field	Character	39
Reason for Submission	Indicates if submission was for the following reasons: N=New C=Change X=Cancel.	Combo Box	Drop Down List Box	1
Review	Indicates if a provider's EFT has ended due to investigation, or if suspension has been lifted.	Combo Box	Drop Down List Box	1
Signature	Electronic Signature of Person Submitting Enrollment.	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Submission Date	Submission Date of Application.	Field	Date (MM/DD/CCYY)	8
Title	Printed Title of Person Submitting Enrollment.	Field	Character	40
State	State of the financial institution.	Field	Character	2
Street 1	Street address 1 of the financial institution.	Field	Character	30
Street 2	Street address 2 of the financial institution.	Field	Character	30
Zip	Zip code of the financial institution.	Field	Character	5
Zip + 4	Zip code extension of the financial institution.	Field	Character	4

6.1.100 EFT Account Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
ABA Number	Field	1	ABA Number is required.	Validate keying. Enter a valid ABA Number.
	Field	2	Invalid Financial Institution.	Verify keying. ABA Number entered does not relate to Financial Institutions on file.
	Field	3	Account Number is not allowed for State Transfers.	For a State Transfer this field is not allowed. Please remove data.
Account Number	Field	3	For a State Transfer this field is not allowed. Please remove data.	Account Number is not allowed for State Transfers.
Account Type	Combo Box	1	Account Type is required.	Select an account type.
Comment	Field	1	You have exceeded the maximum characters allowed for this field. Your text has been truncated to the maximum 50 characters.	Enter not more than 50 characters in comment box.
EFT Status	Combo Box	0	EFT Status can be changed from Active to Cancel only.	Validate keying. If previous status was Active, it can only be changed to Cancel.
	Combo Box	1	EFT Status is required.	Select an EFT status.

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Field	Field Type	Error Code	Error Message	To Correct
	Combo Box	2	Cannot change status to Active.	Validate keying. If previous status was Cancelled or Interrupt, then status cannot be changed to Active.
	Combo Box	3	Pending status allowed only when the present status is Interrupt.	Verify selection. If present status is not Interrupt, status cannot be changed to Pending.
Effective Date	Field	1	Effective Date is required.	Validate keying. Enter the appropriate Effective Date.
	Field	5	Effective Date must be at least Today.	Validate keying. The Effective Date cannot be less than today's date.
	Field	16	Effective Date must be less than or equal to End Date.	Validate keying. Correct the Effective or End Date.
	Field	17	Date segments cannot overlap.	Correct segment. EFT segments have overlapping dates.
	Field	19	Effective date must be less than or equal to 12/31/2299.	Verify keying. Enter a date less than or equal to 12/31/2299.
	Field	20	Invalid date. Format is mm/dd/ccyy.	Enter a valid date of the year using 8 digits or in the stated format.
End Date	Field	1	End Date is required.	Validate keying. Enter the appropriate End Date.
	Field	4	End Date cannot be 12/31/2299 for canceled status.	Please enter the correct End Date for this segment.
	Field	16	Effective Date must be less than or equal to End Date.	Validate keying. Correct the Effective or End Date.
	Field	17	Date segments cannot overlap.	Correct segment. EFT segments have overlapping dates.
	Field	19	End Date must be less than or equal to 12/31/2299.	Verify keying. Enter an End Date that is less than or equal to 12/31/2299.
	Field	20	End Date must be greater than today.	Validate keying. The end date cannot be less than or equal to today's date.
	Field	21	Invalid date. Format is mm/dd/ccyy.	Enter a valid date of the year using 8 digits or in the stated format.

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Field	Field Type	Error Code	Error Message	To Correct
Financial Cycle	Field	1	Financial Cycle is required.	Select a Financial Cycle.
	Combo Box	2	Verify the Financial Cycle selected is appropriate. A user should normally select Main Financial Cycle.	Select the checkbox and click on Continue.
Submission Date	Field	1	Submission Date must be less than or equal to 12/31/2299.	Please enter a valid Submission date that is greater than 12/31/1889 and less than or equal to 12/31/2299.
	Field	2	Submission Date must be greater than or equal to 1/1/1900.	Please enter a valid Submission date that is less than 01/01/2300 and greater than or equal to 12/31/1900.
	Field	3	Invalid date. Format is mm/dd/ccyy.	Please enter a valid date using 8 digits only or in the format mm/dd/ccyy.

6.1.101 EFT Account Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.102 EFT Account Panel Accessibility

6.1.102.1 To Access the EFT Account Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **EFT Account** hyperlink on the Provider Maintenance panel.	EFT Account panel displays.

6.1.102.2 To Add on EFT Account Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.

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Step	Action	Response
2	Click [**Search**] to select a Financial Institution from the list.	ABA Number, Financial Institution, Street 1, Street 2, City, State and Zip+4 associated to institution selected from list populates.
3	Enter **Account Number**.	
4	Select **EFT Type** from drop down list.	
5	Select **Financial Cycle** from drop down list.	
6	Select **Account Type** from drop down list.	
7	Enter **Effective Date** in MM/DD/CCYY format.	
8	Enter **End Date** in MM/DD/CCYY format, if applicable.	
9	Select **Reason for Submission** from drop down list, if available.	
10	Enter **Signature**, if available.	
11	Enter **Title**, if available.	
12	Enter **Submission Date**, if available.	
13	Select **Review** reason from drop down list, if available.	
14	Enter **Comment**, if available.	
15	Click **Save**.	EFT Account information is saved.

6.1.102.3 To Update on EFT Account Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	EFT Account information is saved.

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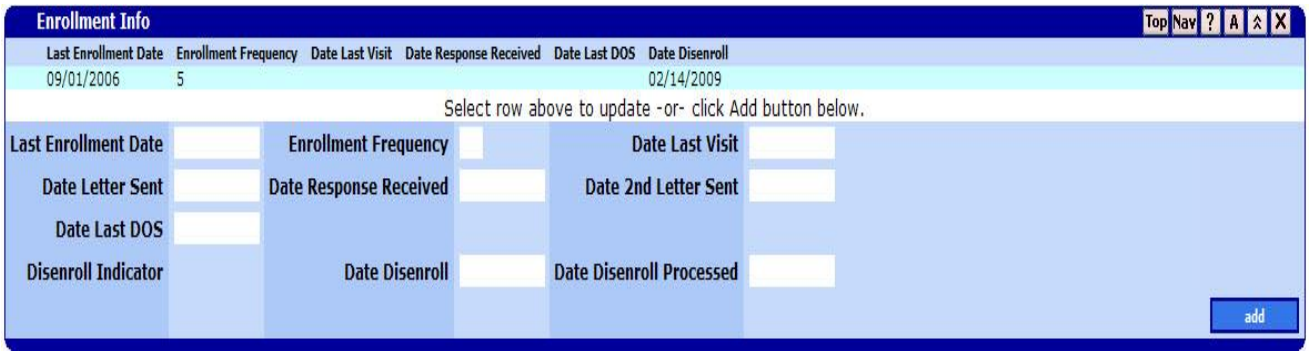
Enrollment Info Panel Overview

6.1.103 Enrollment Info Panel Narrative

The Provider Enrollment Info panel is used to view or maintain provider enrollment information

Navigation Path: [Provider - Search] - [select row from search results] - [Enrollment Info]

6.1.104 Enrollment Info Panel Layout



6.1.105 Enrollment Info Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Provider Enrollment information.	Button	N/A	0
Date 2nd Letter Sent	Date second re-enrollment letter sent to Provider.	Field	Date (MM/DD/CCYY)	8
Date Disenroll	Date used to update Provider's contracts end date when End Reason is Prov. Purge/De-activate.	Field	Date (MM/DD/CCYY)	8
Date Disenroll Processed	Date Provider disenrollment/de-activation process ran.	Field	Date (MM/DD/CCYY)	8
Date Last DOS	Most recent DOS from paid claim, in which provider was billing, performing, or rendering Provider.	Field	Date (MM/DD/CCYY)	8
Date Last Visit	Date of last site visit for Providers.	Field	Date (MM/DD/CCYY)	8
Date Letter Sent	Date re-enrollment letter sent to Provider.	Field	Date (MM/DD/CCYY)	8
Date Response Received	Date Provider re-enrollment response received.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Disenroll Indicator	Indicator of whether disenrollment was through: Valid options include: C = Inactive prior to Conversion D = De-activation E = Enrolled F = Failure to re-enroll O = Other P = Pending De-activation X = Exclude from De-activation/Disenrollment.	Field	Character	1
Enrollment Frequency	Frequency that re-enrollment is required.	Field	Character	1
Last Enrollment Date	Date Provider last enrolled.	Field	Date (MM/DD/CCYY)	8

6.1.106 Enrollment Info Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Date Disenroll	Field	1	Date Disenroll[xx/xx/xxxx 12:00:00 AM] must be greater than Last Enrollment Date[xx/xx/xxxx 12:00:00 AM] and Date Disenroll[xx/xx/xxxx 12:00:00 AM] must be greater than or equal to Date Response Received[xx/xx/xxxx 12:00:00 AM]	Enter a valid date which is greater than Last Enrollment Date and greater than or equal to Date Response Received.
	Field	4	Date Disenroll[xx/xx/xxxx 12:00:00 AM] must be greater than or equal to Date Response Received[xx/xx/xxxx 12:00:00 AM]	Enter a valid date which is greater than or equal to Date Response Received.
	Field	5	Date Disenroll must be less than or equal to 12/31/2299.	Enter a valid date which is less than or equal to 12/31/2299.
	Field	6	Date Disenroll must be greater than or equal to 1/1/1900.	Enter a valide date which is greater than or equal to 1/1/1900.
Date Last Visit	Field	7	Date Last Visit must be less than or equal to 12/31/2299.	Enter a valid date which is less than or equal to 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	8	Date Last Visit must be greater than or equal to 1/1/1900.	Enter a valid date which is greater than or equal to 1/1/1900.
	Field	12	Date Last Visit[xx/xx/xxxx 12:00:00 AM must be greater than Date Letter Sent[xx/xx/xxxx 12:00:00 AM]	Enter valid Date Last Visit which is greater than Date Letter Sent.
Date Response Received	Field	3	Date Response Received [xx/xx/xxxx 12:00:00 AM] must be greater than Date Letter Sent [xx/xx/xxxx12:00:00 AM]	Enter valid date for Date Response Received.
	Field	11	Date Response Received must be less than or equal to 12/31/2299.	Enter a valid date which is less than or equal to 12/31/2299.
Last Enrollment Date	Field	2	Last Enrollment Date xx/xx/xxxx cannot be less than Current Date.	Enter a valid date which is greater than current date for Last Enrollment Date.
	Field	9	Last Enrollment Date must be less than or equal to 12/31/2299.	Enter a valid date which is less than or equal to 12/31/2299.
	Field	10	Last Enrollment Date must be greater than or equal to 1/1/1900.	Enter a valid date which is greater than or equal to 1/1/1900.

6.1.107 Enrollment Info Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.108 Enrollment Info Panel Accessibility

6.1.108.1 To Access the Enrollment Info Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Search results display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel display.

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Step	Action	Response
5	Click **Enrollment Info** hyperlink on the Provider Maintenance panel.	Enrollment Info panel displays.

6.1.108.2 To Add on Enrollment Info Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Update **Last Enrollment Date** in MM/DD/CCYY format if required.	
3	Click **Save**.	Provider Enrollment information is saved.

6.1.108.3 To Update on Enrollment Info Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click field to update and perform update.	
3	Click **Save**.	Provider Enrollment information is saved.

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Group Panel Overview

6.1.109 Group Panel Narrative

The Group panel is used to view or update a group's members. A group member provider cannot be a group at the same service location. Therefore, if a provider is a group member the Group link is not available. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Group]

6.1.110 Group Panel Layout

6.1.111 Group Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add provider group information.	Button	N/A	0
Effective Date	Group membership effective date.	Field	Date (MM/DD/CCYY)	8
End Date	End date of group membership.	Field	Date (MM/DD/CCYY)	8
Member ID	Groups provider identification number.	Field	Character	9
Member ID Type	Member identification type.	Field	Character	3
Member Name	The name of the group.	Field	Character	50
[Search]	Allows the user to perform a search for a Member ID.	Hyperlink	N/A	0

6.1.112 Group Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same member provider number and service location.

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Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same member provider number and service location.
Member Number	Field	5000	Both a Provider ID & Location Code is needed.	Enter a member Provider ID and service location or search and select a member.
	Field	5003	You cannot have a member that's a group.	Verify keying. The member Provider ID and service location entered is a group. A group provider cannot be a member.

6.1.113 Group Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.114 Group Panel Accessibility

6.1.114.1 To Access the Group Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Group** hyperlink on the Provider Maintenance panel.	Group panel displays.

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6.1.114.2 To Add on Group Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Click [**Search**] to select a **Member ID** from the list.	Member Name populates.
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format, if applicable.	
5	Click **Save**.	Group information is saved.

6.1.114.3 To Update on Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Group information is saved.

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Group Member Panel Overview

6.1.115 Group Member Panel Narrative

The Group Member panel is used to view or update provider enrollment in a group or in multiple groups if applicable. A group provider cannot be a member at the same service location. Therefore, if a provider is in a group the Group Member link will not be available. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider– [Search] - [select row from search results] - [Group Member]

6.1.116 Group Member Panel Layout

6.1.117 Group Member Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add provider group member information.	Button	N/A	0
Effective Date	Group membership effective date.	Field	Date (MM/DD/CCYY)	8
End Date	End date of group membership.	Field	Date (MM/DD/CCYY)	8
Group Member ID	Group member's provider identification number.	Field	Character	9
Group Member ID Type	Group member's provider identification type.	Field	Character	3
Group Member Name	The name of the group member.	Field	Character	50
[Search]	Allows a user to perform a detailed search for a Group Member ID using Provider ID, Business OR Last Name, and First, MI.	Hyperlink	N/A	0

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6.1.118 Group Member Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter a valid Effective Date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be sequentially before the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same group Provider ID and service location.
End Date	Field	1	End Date is required.	Enter a valid End Date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be sequentially before the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same group Provider ID and service location.
Group Number	Field	5002	There is no Provider in the system with that ID & Location Code.	Verify keying. Group Provider ID and service location does not exist.
	Field	5003	You cannot have a group that's a member.	Verify keying. The Group Provider ID and service location you have entered is a member. Please enter a group Provider ID and service location.

6.1.119 Group Member Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.120 Group Member Panel Accessibility

6.1.120.1 To Access the Group Member Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.

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Step	Action	Response
5	Click **Group Member** hyperlink on the Provider Maintenance panel.	Group Member panel displays.

6.1.120.2 To Add on Group Member Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Click [Search] to select a **Group Member ID** from the list.	Group Member Name populates.
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format, if applicable.	
5	Click **Save**.	Group Member information is saved.

6.1.120.3 To Update on Group Member Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Group Member information is saved.

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Provider Group Type Panel Overview

6.1.121 Provider Group Type Panel Narrative

The Provider Group Type panel shows all the respective data of Provider Group Type based on the Provider ID.

This panel is display only.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Provider Group Type]

6.1.122 Provider Group Type Panel Layout

6.1.123 Provider Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Description	Description of the provider type.	Field	Alphanumeric	50
Effective Date	The date of service on which the provider becomes valid for the provider group.	Field	Date (MM/DD/CCYY)	8
End Date	The date of service on which the provider becomes is no longer valid for the provider group.	Field	Date (MM/DD/CCYY)	8
Provider Group Type	System assigned key for a unique provider group that represents a single or collection of provider codes.	Field	Number (Integer)	9
Provider ID	Internal key for a unique program or provider.	Field	Character	15

6.1.124 Provider Group Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.125 Provider Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.126 Provider Group Type Panel Accessibility

6.1.126.1 To Access the Provider Group Type Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Provider Group Type** hyperlink on the Provider Maintenance panel.	Provider Group Type panel displays.

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IDs Panel Overview

6.1.127 IDs Panel Narrative

The Agency and HPE use the Provider ID panel to view and update provider numbers and effective dates.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [IDs]

6.1.128 IDs Panel Layout

6.1.129 IDs Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add provider identification information.	Button	N/A	0
Default NPI Service Location	Default NPI Service Location. Valid values include Yes and No.	Combo Box	Drop Down List Box	0
Delete	Allows the user to remove provider identification information.	Button	N/A	0
Effective Date	The effective date of the provider.	Field	Date (MM/DD/CCYY)	8
End Date	The end date of the provider.	Field	Date (MM/DD/CCYY)	8
End Date Reason	The reason for the end date.	Combo Box	Drop Down List Box	0
End Date Reason Code	The reason for the end date.	Field	Character	0
ID Type	Identification type associated with Provider ID. Valid values include Yes and No.	Combo Box	Drop Down List Box	0
NPI Verified	Indicates if NPI was verified. Valid values include Yes and No.	Combo Box	Drop Down List Box	0
Provider ID	Medicaid, NPI or other provider number.	Field	Alphanumeric	10

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6.1.130 IDs Panel Field Edit Error

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	12	Effective Date is required.	Enter an Effective Date of the ID.
	Field	55	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. Enter a date greater than or equal to 01/01/1900.
	Field	56	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Enter a date less than or equal to 12/31/2299.
	Field	60	EffectiveDate can not be less than today date.	EffectiveDate can not be less than today date.
End Date	Field	13	End Date is required.	Enter an End Date of the ID.
	Field	55	End Date must be greater than or equal to 01/01/1900.	Verify keying. Enter a date greater than or equal to 01/01/1900.
	Field	56	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	57	End Date and End Date Reason Code cannot be applied separately	Force the user to apply both the End Date and End Date Reason Code for an ERX ID (ERX ID only) if the end date applied is less than 12312299
	Field	63	Future end date cannot be greater than 30 days from the current date	Future end date cannot be greater than 30 days from the current date if end date value is not equal to 12/31/2299
	Field	61	End Date must be greater than or equal to the effective Date	End Date must be greater than or equal to the effective Date
End Date Reason Code	Field	58	Apply correct end date reason code	Restrict a user to applying only a N = 'Not ERX Eligible' End Date Reason Code if the ID type is ERX
Provider ID	Field	26	A Provider ID must be enter for that type of Provider Identifier.	Verify selection. Enter Provider ID for selected identifier.
	Field	27	A Provider ID cannot be entered for that type of Provider Identifier. The	Verify selection. If selection is correct,

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Field	Field Type	Error Code	Error Message	To Correct
			Provider ID must be left blank.	remove Provider ID entered.
	Field	28	A duplicate Provider ID has been detected. For this to be allowed, both Provider IDs must belong to the same Provider.	Verify keying. Enter a Provider ID that is unique to this Provider.
	Field	59	This Provider is not valid for ERX ID.	This Provider is not valid for ERX ID.
ID Type	Field	14	A valid ID type is required.	Select an ID type.

6.1.131 IDs Panel Extra Features

Field	Field Type
To prevent replacement of system assigned Medicaid IDs users cannot update Provider ID if ID type is MCD (Medicaid).	

6.1.132 IDs Panel Accessibility

6.1.132.1 To Access the IDs Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **IDs** hyperlink on the Provider Maintenance panel.	IDs panel displays.

6.1.132.2 To Add on IDs Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Provider ID**.	
3	Select **ID Type** from drop down list box.	
4	Select **Default NPI Service Location** from drop down list box.	
5	Select **NPI Verified** from drop down list box.	
6	Enter **Effective Date** in MM/DD/CCYY format.	

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7	Enter **End Date** in MM/DD/CCYY format, if applicable.	
8	Select **End Date Reason** from drop down list box.	
9	Click **Save**.	IDs information is saved.

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6.1.132.3 To Update on IDs Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	IDs information is saved.

6.1.132.4 To Delete from the IDs Panel

Step	Action	Response
1	Select line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Medicare Number Panel Overview

6.1.133 Medicare Number Panel Narrative

The Medicare Number panel is used to view and update Medicare Billing Provider numbers, Medicare or Durable Medical Equipment Resource Center (DMERC) Contracts, and effective dates. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Medicare Number]

6.1.134 Medicare Number Panel Layout

6.1.135 Medicare Number Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add provider Medicare number information.	Button	N/A	0
Effective Date	Effective date of Medicare number.	Field	Date (MM/DD/CCYY)	8
End Date	Ending date of Medicare number.	Field	Date (MM/DD/CCYY)	8
Medicare Number	Provider's Medicare number.	Field	Number (Integer)	10
Medicare/DMERC	Indicates if the number is a Medicare or DMERC number.	Combo Box	Drop Down List Box	0

6.1.136 Medicare Number Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	15	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. Effective Date must be greater than 01/01/1900.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same Medicare number and Medicare/DMERC combination.
	Field	18	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	15	End Date must be greater than or equal to 01/01/1900.	Verify keying. End Date must be greater than 01/01/1900.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same Medicare number and Medicare/DMERC combination.
	Field	18	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
Medicare Number	Field	1	Medicare Number is required.	Enter a Medicare number.
	Field	10	Medicare Number must be Alphanumeric.	Verify keying. Medicare number must be A-Z and/or 0-9.
Medicare/DMERC	Field	1	Medicare/DMERC is required.	Choose a Medicare/DMERC.

6.1.137 Medicare Number Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.138 Medicare Number Panel Accessibility

6.1.138.1 To Access the Medicare Number Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Medicare Number** hyperlink on the Provider Maintenance panel.	Medicare Number panel displays.

6.1.138.2 To Add on Medicare Number Panel

Step	Action	Response

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1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Medicare Number.	
3	Select **Medicare/DMERC** from drop down list.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format, if applicable.	
6	Click **Save**.	Medicare Number information is saved.

6.1.138.3 To Update on Medicare Number Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Medicare Number information is saved.

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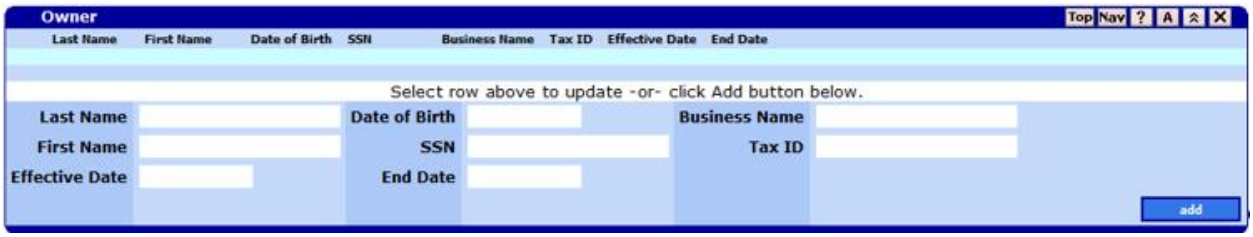
Owner Overview

6.1.139 Owner Panel Narrative

Provider Owner panel is utilized by Provider Enrollment Staff to enter ownership information from provider disclosure pages.

Navigation Path: [Provider - Search] - [select row from search results] - [Owner]

6.1.140 Owner Panel Layout



6.1.141 Owner Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
add	Allows the user to add a provider owner record.	Button	N/A	0
Business Name [Detail]	The business name of the owner.	Field	Character	50
Business Name [List]	The business name of the owner.	Field	Character	50
Effective Date [Detail]	This is the date the ownership of the provider begins.	Field	Date (MM/DD/CCYY)	8
Effective Date [List]	This is the date the ownership of the provider begins.	Field	Date (MM/DD/CCYY)	8
End Date [Detail]	This is the date the ownership of the provider ends.	Field	Date (MM/DD/CCYY)	8
End Date [List]	This is the date the ownership of the provider ends.	Field	Date (MM/DD/CCYY)	8
First Name [Detail]	This is the first name of the owner.	Field	Character	24
First Name [List]	This is the first name of the owner.	Field	Character	24
Last Name [Detail]	This is the last name of the owner.	Field	Character	24
Last Name [List]	This is the last name of the owner.	Field	Character	24
SSN [Detail]	This is the SSN or FEIN for a provider or owner.	Field	Number (Integer)	9

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Field	Description	Field Type	Data Type	Length
SSN [List]	This is the SSN or FEIN for a provider or owner.	Field	Number (Integer)	9
Tax ID [Detail]	This is the tax identification number assigned to a provider or owner by the Internal Revenue Service.	Field	Character	9
Tax ID [List]	This is the tax identification number assigned to a provider or owner by the Internal Revenue Service.	Field	Character	9
Date of Birth [Detail]	The date of birth of the owner.	Field	Date (MM/DD/CCYY)	8
Date of Birth [List]	The date of birth of the owner.	Field	Date (MM/DD/CCYY)	8

6.1.142 Owner Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Business Name [Detail]	Field	1	Please enter a business name or a last and first name.	Enter a business name or a last and first name.
	Field	2	Enter either business or personal name.	Delete the business name or the first and last names.
Effective Date [Detail]	Field	3	Effective Date is required.	Enter an effective date.
	Field	4	Effective Date [mm/dd/ccyy hh:mm:ss] must be less than or equal to End Date[mm/dd/ccyy	Verify keying. The effective date must be less than or equal to the end date.
	Field	5	Provider Ownership date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same owner.
	Field	6	Invalid date. Format is mm/dd/ccyy.	Verify keying. Date format must be mm/dd/ccyy.
	Field	14	Effective Date must be greater than or equal to 1/1/1900.	Verify keying. Effective Date must be greater than or equal to 1/1/1900.
	Field	15	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
End Date [Detail]	Field	4	Effective Date [mm/dd/ccyy hh:mm:ss] must be less than or equal to End Date[mm/dd/ccyy hh:mm:ss].	Verify keying. The effective date must be less than or equal to the end date.
	Field	5	Provider Ownership date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same owner.
	Field	6	Invalid date. Format is mm/dd/ccyy.	Verify keying. Date format must be mm/dd/ccyy.
	Field	7	End Date is required.	Enter an end date.
	Field	14	End Date must be greater than or equal to 1/1/1900.	Verify keying. End Date must be greater than or equal to 1/1/1900.
	Field	15	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
First Name [Detail]	Field	1	Please enter a business name or a last and first name.	Enter a business name or a last and first name.
	Field	2	Enter either business or personal name.	Delete the business name or the first and last names.
	Field	8	Please enter both last and first names.	Enter both last name and first name.
Last Name [Detail]	Field	1	Please enter a business name or a last and first name.	Enter a business name or a last and first name.
	Field	2	Enter either business or personal name.	Delete the business name or the first and last names.
	Field	8	Please enter both last and first names.	Enter both last name and first name.
SSN [Detail]	Field	9	Please enter a SSN for a personal name. Tax ID should not be entered.	Enter only a 9 digit SSN. Delete the Tax ID if one has been entered.
	Field	10	Please enter a Tax ID for a business name. SSN should not be entered.	Enter only a Tax ID. Delete the SSN if one has been entered.
	Field	13	Please enter a SSN for personal name or Tax ID for business name.	Enter a SSN for a personal name or Tax ID for business name.
Tax ID [Detail]	Field	9	Please enter a SSN for a personal name. Tax ID should not be entered.	Enter only a 9 digit SSN. Delete the Tax ID if one has been entered.
	Field	10	Please enter a Tax ID for a business name. SSN should not be entered.	Enter only a Tax ID. Delete the SSN if one has been entered.
	Field	11	Tax ID must be numeric.	Verify keying. Enter a numeric Tax
	Field	12	Tax ID must be 9 digits in length.	Verify keying. Enter a nine digit Tax ID.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	13	Please enter a SSN for personal name or Tax ID for business name.	Enter a SSN for a personal name or Tax ID for business name.
Date of Birth [Detail]	Field	1	Date of birth is required for individual board member entries containing SSN	Valid Date of Birth required

6.1.143 Owner Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.144 Owner Panel Accessibility

6.1.144.1 To Access the Owner Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click Search; Or click Search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Owner** hyperlink on the Provider Maintenance panel.	Provider Owner panel displays.

6.1.144.2 To Add on Owner Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter data for business owner or personal owner	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format.	
9	Click **Save**.	Provider Owner information is saved.

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6.1.144.3 To Update on Owner Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click Save.	Provider Owner information is saved.

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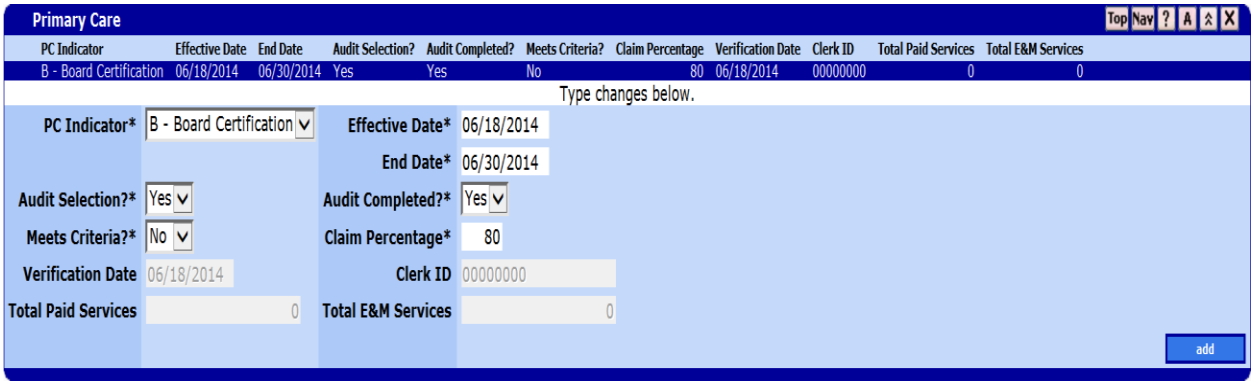
Primary Care Panel

6.1.145 Primary Care Panel Narrative

This is the Provider Enrollment Maintenance panel that contains the ACA Primary Care Physician indicator and associated effective and end dates.

Navigation Path: [Provider - Search] - [select row from search results] - [Primary Care]

6.1.146 Primary Care Panel Layout



6.1.147 Primary Care Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a Primary Care indicator record.	Button	N/A	0
Audit Completed?	Indicates if the audit was conducted and completed.	Combo Box	Drop Down List Box	1
Audit Selection?	Indicates if the provider has been selected for auditing purposes.	Combo Box	Drop Down List Box	1
Claim Percentage	The percentage of claims meeting the criteria	Field	Number (Integer)	3
Clerk ID	The logged in user's clerk id.	Field	Alphanumeric	8
Effective Date	This is the date the verification of the provider begins.	Field	Date (MM/DD/CCYY)	8
End Date	This is the date the verification of the provider ends.	Field	Date (MM/DD/CCYY)	8
Meets Criteria?	Indicates if the provider met the audit criteria.	Combo Box	Drop Down List Box	1
PC Indicator	This is an indicator for Provider verification. The valid values are: Claims (C) and Board Certification (B).	Combo Box	Drop Down List Box	1

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Field	Description	Field Type	Data Type	Length
Total E & M Services	Total number of submitted physician details that met PCP evaluation and management criteria for a provider of specific service location	Field	Number (Integer)	9
Total Paid Services	Total number of physician details submitted by a provider of specific service location.	Field	Number (Integer)	9
Verification Date	The date changes were saved.	Field	Date(MM/DD/CCYY)	8

6.1.148 Primary Care Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an ACC Effective Date.
	Field	2	Effective Date must be greater than or equal to 1/1/1900.	Verify keying. Effective Date must be greater than 1/1/1900.
	Field	3	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	4	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same Medicare number and Medicare/DMERC combination.
	Field	5	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than 12/31/2299.
	Field	6	Invalid date. Format is mm/dd/ccyy.	Enter a date in the mm/dd/ccyy format.
Claim Percentage	Field	1	Enter a valid value.	Enter a value that is not negative.
	Field	2	Claim Percentage must be less than or equal to 100.	Enter a value that is less than or equal to 100.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	End Date must be greater than or equal to 1/1/1900.	Verify keying. End date must be greater than 1/1/1900.
	Field	3	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	4	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same Medicare number and Medicare/DMERC combination.
	Field	5	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	6	Invalid date. Format is mm/dd/ccyy.	Enter a date in the mm/dd/ccyy format.
PC Indicator	Combo Box	1	PC Indicator is required.	Select a PC Indicator from the Dropdown box.

6.1.149 Primary Care Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.150 Primary Care Panel Accessibility

6.1.150.1 Access the Primary Care Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click Search; Or click Search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Primary Care** hyperlink on the Provider Maintenance panel.	Primary Care panel displays.

6.1.150.2 To Add on Primary Care Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select PC Indicator	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format.	
9	Click **Save**.	Primary Care information is saved.

6.1.150.3 To Update on Primary Care Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.

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Step	Action	Response
2	Click in field(s) to update and perform update.	
3	Click Save.	Primary Care information is saved.

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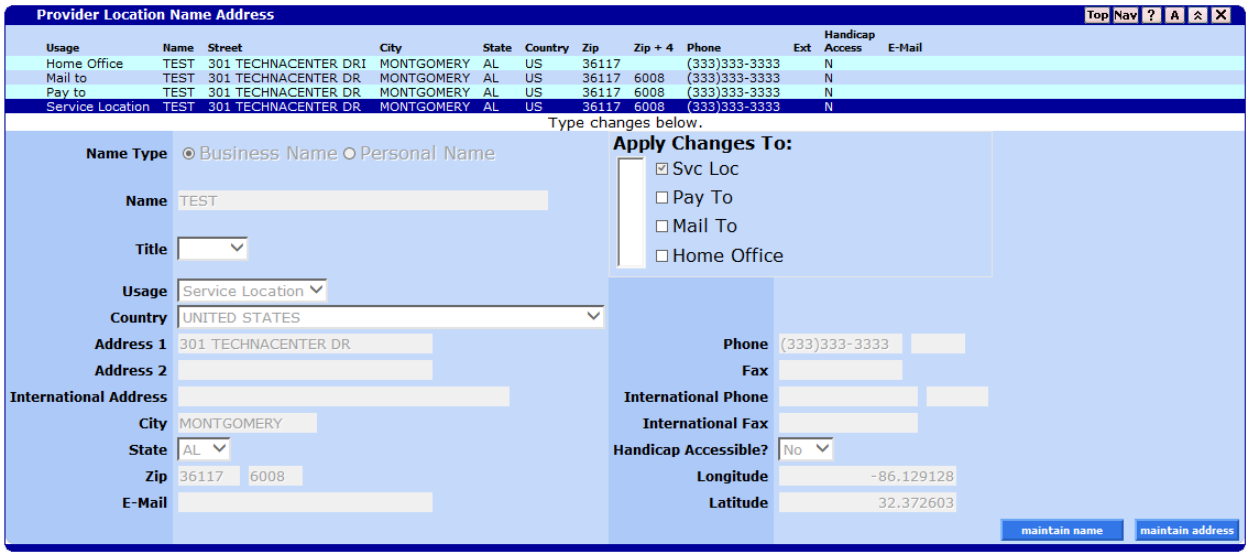
Provider Location Name Address Panel Overview

6.1.151 Provider Location Name Address Panel Narrative

The Provider Location Name Address panel is used to view and update provider names and addresses. The panel displays the list of names and addresses for a specific service location and the user has the capability to change the name and/or address by clicking on the Maintain Name or Maintain Address buttons. At that time, the user can either key in a new name or address or choose Select from List to select a name or address from the list of names and addresses the provider has on file. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Provider Location Name Address] OR [Provider] – [Enrollment] - [(Add button) OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is Approved and Provider ID field <> blank) OR Enroll Contract (only available when application status is Approved and Provider ID field = blank)] - [Location Name Address]

6.1.152 Provider Location Name Address Panel Layout



6.1.153 Provider Location Name Address Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address 1	Street address 1 of the financial institution.	Field	Character	30
Address 2	Street address 2 of the financial institution.	Field	Character	30
City	City of the financial institution.	Field	Character	15
Country	The country associated to the address selected.	Combo Box	Drop Down List Box	0
E-Mail	The email address of the provider.	Field	Character	40
Fax	The fax number of the provider.	Field	Character	10

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Field	Description	Field Type	Data Type	Length
Handicap Accessible	Provider's handicap access indicator. Valid values include Yes and No.	Combo Box	Drop Down List Box	0
Home Office	Mail office type of address.	Combo Box	Check Box	0
International Address	Provider’s international address.	Field	Character	51
International Fax	Provider’s international fax.	Field	Character	15
International Phone + Phone Ext	Provider's international phone number + Provider's international phone extension.	Field	Character	20
Latitude	Provider's calculated latitude.	Field	Number (Integer)	11
Longitude	Provider's calculated longitude.	Field	Number (Integer)	11
Mail To	Mail to type of address.	Combo Box	Check Box	0
Maintain Address	Allows the user to maintain provider address information.	Button	N/A	0
Maintain Name	Allows the user to maintain provider name information.	Button	N/A	0
Name	Provider's name.	Field	Character	50
Name Type	Type of name. Valid values are: Business Name or Personal Name.	Combo Box	Radio Button	0
Pay To	Pay to type of address.	Combo Box	Check Box	0
Phone	Provider's phone number.	Field	Character	10
Phone + Phone Ext	Provider's phone number + Provider's phone extension.	Field	Character	14
Phone Ext	Provider's phone extension.	Field	Character	4
Svc Loc	Provider's service location suffix.	Combo Box	Check Box	0
State	State of the financial institution.	Combo Box	Drop Down List Box	0
Street address 1 + Street address 2	Street address 1 and 2 of the financial institution.	Field	Character	30
Title	Provider's official title with valid values from the title list.	Combo Box	Drop Down List Box	0
Usage	Type of address with valid values to include: Home Office Address, Mail-To Address, Pay-To Address and Service Location Address.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Zip	Zip code of the financial institution.	Field	Character	5
Zip + 4	Zip code extension of the financial institution.	Field	Character	4

6.1.154 Provider Location Name Address Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address Line 1 is required.	Enter an Address 1.
City	Field	1	City is required.	Enter a City.
Latitude	Field	5000	Latitude and Longitude could not be calculated. Please review changes.	This is a warning message. The Latitude and Longitude could not be calculated for the address entered. Please review the changes.
Longitude	Field	5000	Latitude and Longitude could not be calculated. Please review changes.	This is a warning message. The Latitude and Longitude could not be calculated for the address entered. Please review the changes.
Name	Field	1	Name is required.	Enter a name.
	Field	231	Both First Name and Last Name are required.	Enter a first and last name.
Phone	Field	1	Phone is required.	Enter a Phone number.
State	Field	29	A valid State is required.	Choose a State code.
Toll Free Phone	Field	1	Toll Free phone number is required if Ext. is entered.	Enter a Toll Free Phone number.
Zip	Field	1	Zip is required.	Enter a Zip Code.

6.1.155 Provider Location Name Address Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.156 Provider Location Name Address Panel Accessibility

6.1.156.1 To Access the Provider Location Name Address Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.

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Step	Action	Response
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Provider Location Name Address** hyperlink on the Provider Maintenance panel.	Provider Location Name Address panel displays.

6.1.156.2 To Update the Provider Location Name Address Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click Maintain Name or Maintain Address button.	Fields are populated with data related to the line selected.
3	Click in field(s) to update and perform update.	
4	Click **Save**.	Provider Location Name Address information is saved.

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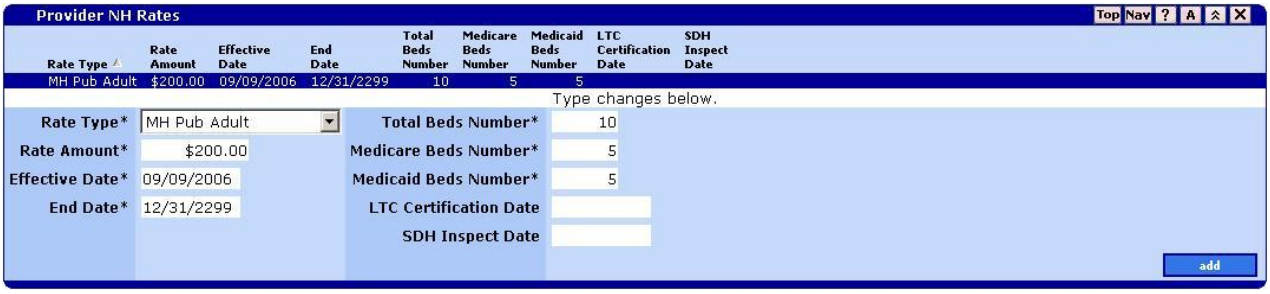
Provider NH/IP Rates Panel Overview

6.1.157 Provider NH/IP Rates Panel Narrative

The Provider NH/IP Rates panel is used to view or update provider specific nursing home and inpatient rate information for providers. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Provider NH/IP Rates]

6.1.158 Provider NH/IP Rates Panel Layout



6.1.159 Provider NH/IP Rates Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add rate information.	Button	N/A	0
Effective Date	Effective date of the rate.	Field	Date (MM/DD/CCYY)	8
End Date	End date of the rate.	Field	Date (MM/DD/CCYY)	8
LTC Certification Date	Date that the facility has been certified for long term care by the state.	Field	Date (MM/DD/CCYY)	8
Medicaid Beds Number	Total number of beds in the facility certified for Medicaid patients.	Field	Number (Integer)	5
Medicare Beds Number	Total number of beds in the facility certified for Medicare patients.	Field	Number (Integer)	5
Rate Amount	Provider's rate amount.	Field	Number (Decimal)	8
Rate Type	Provider's approved rate type with valid values. Valid values include: Regular Medicaid, Rural Rate, Teaching Physician, Technical Component and Vaccines for Children.	Comb o Box	Drop Down List Box	0
SDH Inspect Date	Date that the facility was inspected by the state.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Total Beds Number	Total number of beds in the facility.	Field	Number (Integer)	5

6.1.160 Provider NH/IP Rates Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same rate type code.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same rate type code.
Rate Amount	Field	15	Rate Amount must be greater than or equal to 0.01.	Verify amount is not zero or negative.
	Field	16	Rate Amount must be less than or equal to $99999.99.	Verify amount is less than or equal to $99,999.99.
Rate Type	Field	29	A valid Rate Type is required.	Select a Rate Type.

6.1.161 Provider NH/IP Rates Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.162 Provider NH/IP Rates Panel Accessibility

6.1.162.1 To Access the Provider NH/IP Rates Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.

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Step	Action	Response
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Provider NH/IP** Rates hyperlink on the Provider Maintenance panel.	Provider NH/IP Rates panel displays.

6.1.162.2 To Add on NH/IP Rates Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Rate Type** from drop down list.	
3	Enter Rate Amount.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format, if applicable.	
6	Enter Total Number of Beds.	
7	Enter Medicare Beds Number.	
8	Enter Medicaid Beds Number.	
9	Enter **LTC Certification Date** in MM/DD/CCYY format, if applicable.	
10	Enter **SDH Inspect Date** in MM/DD/CCYY format, if applicable.	
11	Click **Save**.	Provider NH/IP Rates information is saved.

6.1.162.3 To Update on NH/IP Rates Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Provider NH/IP Rates information is saved.

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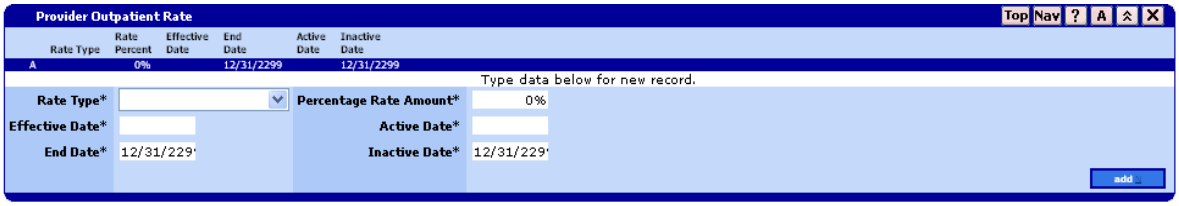
Provider Outpatient Rate Panel Overview

6.1.163 Provider Outpatient Rate Panel Narrative

The Provider Outpatient Rate panel is used to add or update hospital outpatient rates for a specific provider, which is utilized in claims processing. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [Select row from Search Results] - [Provider Maintenance] - [Click Service Location link] - [Click Provider Outpatient Rate link]

6.1.164 Provider Outpatient Rate Panel Layout



6.1.165 Provider Outpatient Rate Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Active Date	The outpatient rate active date of provider.	Field	Date (MM/DD/CCYY)	8
Add	Allows the user to add provider outpatient rate information.	Button	N/A	0
Effective Date	Provider outpatient rate effective date.	Field	Date (MM/DD/CCYY)	8
End Date	Provider outpatient rate end date.	Field	Date (MM/DD/CCYY)	8
Inactive Date	Provider outpatient rate inactive date.	Field	Date (MM/DD/CCYY)	8
Percentage Rate Amount	Percentage amount for the given rate.	Field	Number (Decimal)	6
Rate Percent	Percentage amount for the given rate.	Field	Number (Decimal)	6
Rate Type	Rate type to determine provider outpatient hospital reimbursement amount. Valid values include: Regular Medicaid, Rural Rate, Teaching Physician, Technical Component and Vaccines for Children.	Comb o Box	Drop Down List Box	0

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6.1.166 Provider Outpatient Rate Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Active Date	Field	2200	Active Date is required.	Enter Active Date (MM/DD/CCYY).
	Field	2300	Active Date must be greater than or equal to today.	Enter Active Date greater than or equal to current date.
	Field	2400	Active Date must be greater then or equal to 01/01/1900.	Enter Active Date greater or equal to 01/01/1900.
	Field	2500	Active Date must be less than or equal to 12/31/2299.	Enter an Active Date equal to current date or future date that is not greater than 12/31/2299.
	Field	2600	Active Date must be less than or equal to Inactive date.	Enter Active Date that is earlier than the inactive date on file.
	Field	2700	Active Date must be less than or equal to End date.	Enter Active Date that is earlier than the End Date on file.
Effective Date	Field	2210	Effective Date must be less than or equal to 12/31/2299.	Enter an Effective Date equal to current date or future date that is not greater than 12/31/2299.
	Field	2220	Effective Date must be less than or equal to end date.	Enter an Effective Date that is earlier than the End Date on file.
	Field	2260	Date segments cannot overlap.	Date segments cannot overlap for the same rate type.
	Field	2800	Effective Date is required.	Enter Effective Date in MM/DD/CCYY format.
	Field	2900	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date equal to current or future date.
End Date	Field	2230	End Date is required.	Enter End Date in MM/DD/CCYY format.
	Field	2240	End Date must be greater than or equal to 01/01/1900.	Enter an End Date equal to current or future dates.
	Field	2250	End Date must be less than or equal to 12/31/2299.	Enter an End Date equal to current date or future date that is not greater than 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2370	Date segments cannot overlap.	Date segments cannot overlap for the same rate type.
Inactive Date	Field	2310	Inactive Date is required.	Enter Inactive Date in MM/DD/CCYY format.
	Field	2320	Inactive Date must be greater than or equal to today.	Enter Inactive Date equal to current or future date.
	Field	2330	Inactive Date must be greater than or equal to 01/01/1900.	Enter an Inactive Date equal to current or future date.
	Field	2340	Inactive Date must be less than or equal to 12/31/2299.	Enter an Inactive Date equal to current date or future date that is not greater than 12/31/2299.
	Field	2350	Inactive Date must be greater than or equal to Effective Date.	Enter an Inactive Date that is later than the Effective Date on file.
Percentage Rate Amount	Field	5300	Percentage Rate Amount is required.	Enter a Percentage Rate amount.
	Field	5350	Percentage Rate Amount should have a value greater than 0.	Enter a Percentage Rate amount for more than 0.
	Field	5400	Percentage Rate Amount must be less than or equal to 99999.900.	Enter a Percentage Rate amount for max allowed or less.
Rate Type	Field	2510	A valid Rate Type is required.	Select a Rate Type from drop down list.

6.1.167 Provider Outpatient Rate Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.168 Provider Outpatient Rate Panel Accessibility

6.1.168.1 To Access the Provider Outpatient Rate Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria

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Step	Action	Response
		entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Provider Outpatient Rate** hyperlink on the Provider Maintenance panel.	Provider Outpatient Rate panel displays.

6.1.168.2 To Update on Provider Outpatient Rate Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Provider Outpatient Rate information is saved.

6.1.168.3 To Add on Provider Outpatient Rate Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Rate Type** from drop down list.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format, if applicable.	
5	Enter Percentage Rate Amount.	
6	Enter **Active Date** in MM/DD/CCYY format.	
7	Enter **Inactive Date** in MM/DD/CCYY format, if applicable.	
8	Click **Save**.	Provider Outpatient Rate information is saved.

6.1.168.4 To Update on Provider Outpatient Rate Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Provider Outpatient Rate information is saved.

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Restricted Service Panel Overview

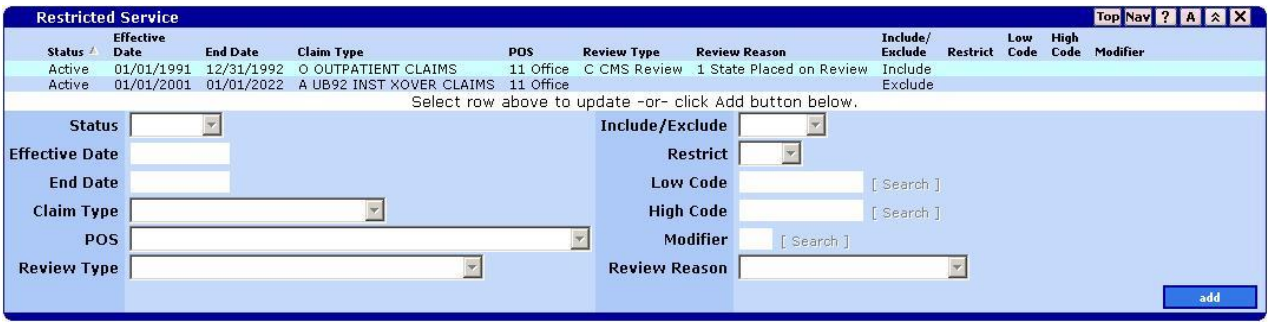
6.1.169 Restricted Service Panel Narrative

The Restricted Service panel allows the user to restrict the types of services a provider is allowed to perform.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Restricted Services]

6.1.170 Restricted Service Panel Layout



6.1.171 Restricted Service Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add restricted service information.	Button	N/A	0
Claim Type	Claim type information.	Combo Box	Drop Down List Box	0
Effective Date	Effective date of the restriction.	Field	Date (MM/DD/CCYY)	8
End Date	End date of restriction.	Field	Date (MM/DD/CCYY)	8
High Code	Highest number in a sequential range of codes.	Field	Character	11
Include/Exclude	Indicates whether the restriction is inclusive to the code displayed, or exclusive of the code displayed with valid values to include inclusive or exclusive.	Combo Box	Drop Down List Box	0
Low Code	Lowest number in a sequential range of restricted codes.	Field	Character	11
Modifier	Procedure code modifiers (if applicable).	Field	Character	2
POS	Provider's place of service.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Restrict	Type of restriction to be viewed. Valid values include: GCN, NDC, Proc and Rev.	Combo Box	Drop Down List Box	0
Review Reason	Reason for review. Valid values include: 0-Federal Investigation 1-State Placed on Review 2-HPES Placed on Review 3-Other 4-OIG Investigation 5-Malpractice	Combo Box	Drop Down List Box	0
Review Type	Type of review. Valid values include: A-OAG Review (Attorney General) C-CMS Review F-Fraud and Abuse I-OIG Review (Inspector General) M-Malpractice Z-Other Law Enforcement Agency Review	Combo Box	Drop Down List Box	0
Status	Status of the restriction. Valid values to include: A - Active, I - Inactive.	Combo Box	Drop Down List Box	0

6.1.172 Restricted Service Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Claim Type	Field	1	Claim Type or POS or Low Code and High Code are required.	Enter a restriction. Either a claim type, place of service, or restriction type with Low and High code must be entered.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	15	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. The Effective Date must be greater than 01/01/1900.
	Field	16	Effective Date [A] must be less than or equal to End Date [B].	Verify keying. The Effective Date must be less than or equal to the End Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same restriction type, high and low codes, modifier, claim type, place of service, and include/exclude indicator where the status is equal to active.
	Field	18	Effective Date less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	15	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. The Effective Date must be greater than or equal to 01/01/1900.
	Field	16	Effective Date [A] must be less than or equal to End Date [B].	Verify keying. The Effective Date must be greater than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same Restriction Type, High and Low codes, Modifier, Claim Type, Place of Service, and Include/Exclude indicator where the status is equal to active.
	Field	18	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
High Code	Field	1	Claim Type or POS or Low Code and High Code are required.	Enter a restriction. Either a Claim Type, Place of Service, or Restriction Type with Low and High code must be entered.
	Field	5000	The Low Code must be less than or equal to the High Code.	Verify keying. The Low Code must be less than or equal to the High Code.
Include/ Exclude	Field	1	Include/Exclude is required.	Choose Include or Exclude.
Low Code	Field	1	Claim Type or POS or Low Code and High Code are required.	Enter a restriction. Either a Claim Type, Place of Service, or Restriction Type with Low and High Code must be entered.
	Field	5000	The Low Code must be less than or equal to the High Code.	Verify keying. The Low Code must be less than or equal to the High Code.
Modifier	Field	5	Modifier is invalid for this Procedure.	Verify keying. The modifier entered is not valid for the Low Code, High Code, or both.

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Field	Field Type	Error Code	Error Message	To Correct
POS	Field	1	Claim Type or POS or Low Code and High Code are required.	Enter a restriction. Either a Claim Type, Place of Service, or Restriction Type with Low and High Code must be entered.
Review Reason	Field	1	A valid Review Reason is required.	Choose a Review Reason.
Review Type	Field	1	A valid Review Type is required.	Choose a Review Type.
Status	Field	1	Status is required.	Choose a Status.

6.1.173 Restricted Service Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.174 Restricted Service Panel Accessibility

6.1.174.1 To Access the Restricted Service Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Restricted Service** hyperlink on the Provider Maintenance panel.	Restricted Service panel displays.

6.1.174.2 To Add on Restricted Service Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Status** from the drop down list.	
3	Enter **Effective Date** in MM/DD/CCYY format.	
4	Enter **End Date** in MM/DD/CCYY format, if applicable.	
5	Select **Claim Type** from drop down list.	
6	Select **POS (Place of Service)** from drop down list.	

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Step	Action	Response
7	Select **Review Type** from drop down list.	
8	Select **Include/Exclude** from drop down list.	
9	Select **Restrict** indicator from drop down list.	
10	Click [Search] to select **Low Code** from list.	
11	Click [Search] to select **High Code** from list.	
12	Click [Search] to select **Modifier** from list.	
13	Select **Review Reason** from drop down list.	
14	Click **Save**.	Restricted Service information is saved.

6.1.174.3 To Update on Restricted Service Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Restricted Service information is saved.

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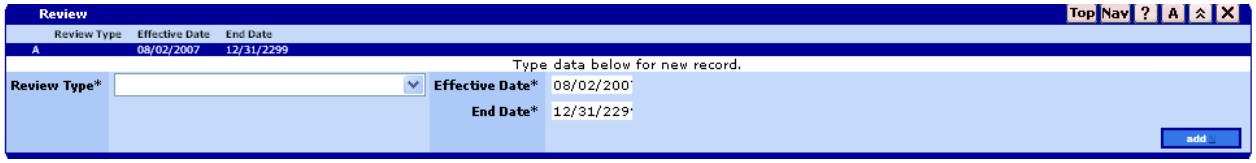
Review Panel Overview

6.1.175 Review Panel Narrative

The Review panel is utilized to show why a provider is on review as well as the date ranges for a given review reason. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Review]

6.1.176 Review Panel Layout



6.1.177 Review Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add review information.	Button	N/A	0
Effective Date	Effective date applicable to review type.	Field	Date (MM/DD/CCYY)	8
End Date	End date applicable to review type.	Field	Date (MM/DD/CCYY)	8
Review Type	Review Type Valid values include: CMS Review, Fraud and Abuse, Malpractice, OAG Review (Attorney General), OIG Review, (Inspector General) and Other Law Enforcement Agency Review.	Combo Box	Drop Down List Box	0

6.1.178 Review Panel Layout Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Verify keying. Enter Effective Date.
	Field	2	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. The Effective Date must be greater than or equal to 01/01/1900.
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.
	Field	4	Effective date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to End Date.
End Date	Field	1	End Date is required.	Verify keying. Enter End Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	3	End Date must be greater than or equal to 01/01/1900.	Verify keying. End Date must be greater than or equal to 01/01/1900.
	Field	4	Effective Date must be less than or equal to End Date.	Verify keying. End Date must be greater than or equal to Effective Date.
Review Type	Field	1	A valid Review Type is required.	Verify keying. Select a valid Review Type.
	Field	2	Review Date segments for [Review Type] cannot overlap.	Verify keying. Select a Review Type not already in use or modify to and from dates to avoid overlapping segments.

6.1.179 Review Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.180 Review Panel Accessibility

6.1.180.1 To Access the Review Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel displays.
5	Click **Review** hyperlink on the Provider Maintenance panel.	Review panel displays.

6.1.180.2 To Add on Review Panel

Step	Action	Response
1	Click **Add.**	Activates fields for entry of data or selection from lists.
2	Select **Review Type** from the drop down list.	

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Step	Action	Response
3	Enter **Effective Date** in MM/DD/CCYY format. Note: Effective Date defaults to current date.	
4	Enter **End Date** in MM/DD/CCYY format, if applicable. Note: End Date defaults to 12/31/2299.	
5	Select **Claim Type** from drop down list.	
6	Click **Save**.	Review information is saved.

6.1.180.3 To Update on Review Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Review information is saved.

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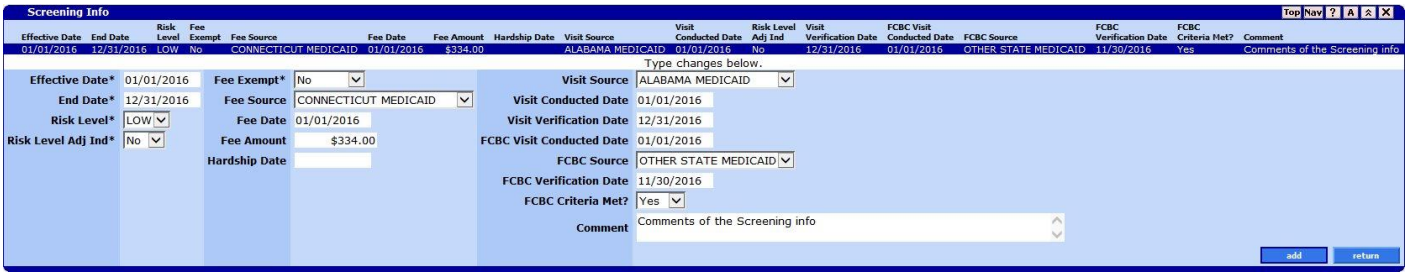
Screening Info Panel Overview

6.1.181 Screening Info Panel Narrative

The Screening Info panel is used to view or maintain provider screening information.

Navigation Path: [Provider - Search] - [select row from search results] - [Screening Info]

6.1.182 Screening Info Panel Layout



6.1.183 Screening Info Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Provider Screening information.	Button	N/A	0
Comment	Notations significant to the fee collection or return.	Field	Character	250
Effective Date	The date the screening information took effect.	Field	Date (MM/DD/CCYY)	8
End Date	The date the screening data is no longer valid.	Field	Date (MM/DD/CCYY)	8
FCBC Criteria Met?	Indication of whether the provider met the FCBC criteria.	Combo Box	Drop Down List Box	1
FCBC Source	Agency who conducted the visit.	Combo Box	Drop Down List Box	2
FCBC Verification Date	Date in which the clerk verified FCBC was completed.	Field	Date (MM/DD/CCYY)	8
FCBC Visit Conducted Date	Date the visit was conducted by the Agency.	Field	Date (MM/DD/CCYY)	8
Fee Amount	Enrollment Fee paid by provider.	Field	Number	9
Fee Date	Date the fee was paid to the Agency.	Field	Date(MM/DD/CCYY)	8
Fee Exempt	Whether the provider is exempt from paying a fee. Valid values are Yes or No.	Combo Box	Drop Down List Box	1

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Field	Description	Field Type	Data Type	Length
Fee Source	The State/Federal agency to whom the fee was paid. Valid values are: Alabama Medicaid, Chip, Medicare, and Other State Medicaid.	Combo Box	Drop Down List Box	2
Hardship Date	Date Hardship was approved/granted by Medicare.	Field	Date (MM/DD/CCYY)	8
Risk Level	Risk level involved with the provider.	Combo Box	Drop Down List Box	2
Risk Level Adj Ind	Indicator shows the risk level was adjusted manually.	Combo Box	Drop Down List Box	1
Visit Conducted Date	The date the visit was conducted by the State/Federal agency.	Field	Date (MM/DD/CCYY)	8
Visit Source	The State/Federal agency who conducted the visit. Valid values are: Alabama Medicaid, Medicare, and Other State Medicaid.	Combo Box	Drop Down List Box	2
Visit Verification Date	Verification Date.	Field	Date (MM/DD/CCYY)	8

6.1.184 Screening Info Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Comment	Field	1	Comment must be entered if Fee Exempt is 'Returned'.	Enter comment.
Effective Date	Field	1	Effective Date is required.	Enter a valid Effective Date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	Enter a valid Effective Date (MM/DD/CCYY).
	Field	3	Effective Date must be greater than or equal to 1/1/1900.	Enter a valid Effective Date greater than or equal to 01/01/1900.
	Field	4	Effective Date must be less than or equal to 12/31/2299.	Enter a valid Effective Date less than or equal to 12/31/2299.
	Field	5	Screening Information date segments cannot overlap.	Enter a valid date range which does not overlap with another segment.
End Date	Field	6	End Date is required.	Enter a valid End Date.
	Field	7	Invalid date. Format is mm/dd/ccyy.	Enter a valid End Date (MM/DD/CCYY).
	Field	8	End Date must be greater than or equal to 01/01/1900.	Enter a valid End Date greater than or equal to 01/01/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	9	End Date must be less than or equal to 12/31/2299.	Enter a valid End Date less than or equal to 12/31/2299.
	Field	10	Screening Information date segments cannot overlap.	Enter a valid date range which does not overlap with another segment.
	Field	11	End Date must be greater than Effective Date.	Enter a valid End Date after the Effective Date.
FCBC Criteria Met?	Combo Box	118	FCBC Criteria Met? must be 'Yes' or 'No' if FCBC Source, FCBC Visit Conducted Date or FCBC Verification Date is not blank.	Select 'Yes' or 'No' in the field FCBC Criteria Met? when any other FCBC field has data.
FCBC Source	Combo Box	1	Warning: FCBC Source, FCBC Verification Date and FCBC Visit Conducted Date are empty.	Select a valid FCBC Source.
	Combo Box	116	FCBC Source must be entered if FCBC Visit Conducted Date or FCBC Verification Date is not blank and FCBC Criteria Met? is 'Yes' or 'No'.	FCBC Source must not be empty when any other FCBC field has data.
FCBC Verification Date	Field	1	Warning: FCBC Source, FCBC Verification Date and FCBC Visit Conducted Date are empty.	Enter a valid date (MMDDCCYY).
	Field	2	FCBC Verification Date must be greater than or equal to 1/1/1900.	Verify keying. FCBC Verification Date must be greater than 1/1/1900.
	Field	3	FCBC Verification Date must be less than or equal to 12/31/2299.	Verify keying. FCBC Verification Date must be less than 12/31/2299.
	Field	4	Invalid date. Format is mm/dd/ccyy.	Enter a valid Fee Date (MM/DD/CCYY).
	Field	117	FCBC Verification Date must be entered if FCBC Source or FCBC Visit Conducted Date is not blank and FCBC Criteria Met is 'Yes' or 'No'.	Enter a valid FCBC Verification Date when the other FCBC fields has data.
FCBC Visit Conducted Date	Field	1	Warning: FCBC Source, FCBC Verification Date and FCBC Visit Conducted Date are empty.	Enter a valid date (MMDDCCYY).

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	FCBC Visit Conducted Date must be greater than or equal to 1/1/1900.	Verify keying. FCBC Visit Conducted Date must be greater than 1/1/1900.
	Field	3	FCBC Visit Conducted Date must be less than or equal to 12/31/2299.	Verify keying. FCBC Visit Conducted Date must be less than 12/31/2299.
	Field	4	Invalid date. Format is mm/dd/ccyy.	Enter a valid Fee Date (MM/DD/CCYY).
	Field	115	FCBC Visit Conducted Date must be entered if FCBC Source or FCBC Verification Date is not blank and FCBC Criteria Met? is 'Yes' or 'No'.	Enter a valid FCBC Visit Conducted Date when the other FCBC fields has data.
Fee Amount	Field	1	Fee Amount must be entered if Fee Exempt is 'No'.	Enter Fee Amount greater than zero.
	Field	2	Fee Amount must be greater than or equal to 0.00.	Enter Fee Amount greater than or equal to 0.00.
Fee Date	Field	1	Fee Date must be entered if Fee Source is not blank.	Enter a valid date (MMDDCCYY)
	Field	2	Fee Date must be blank if Fee Exempt is ‘Yes’.	Clear the Fee Date field.
	Field	3	Fee Date must be entered if Fee Exempt is ‘No’.	Enter a valid date (MMDDCCYY)
	Field	4	Fee Date must be greater than or equal to 1/1/1900.	Verify keying. Fee date must be greater than 1/1/1900.
	Field	5	Fee Date must be less than or equal to 12/31/2299.	Verify keying. Fee date must be less than 12/31/2299.
	Field	6	Invalid date. Format is MM/DD/CCYY.	Enter a valid Fee Date (MM/DD/CCYY).
Fee Exempt	Field	1	Fee Source, Fee Date and Fee Amount must be blank if Fee Exempt is 'Hardship'.	Remove Fee Source, Fee Date and Fee Amount.
	Field	2	Fee Exempt cannot be ‘Yes’ for this Provider Type.	Change Fee Exempt to a value other than ‘Yes’.
Fee Source	Field	12	Fee Source must be entered if Fee Exempt is ‘No’.	Select a valid Fee Source.
	Field	13	Fee Source must be blank if Fee Exempt is ‘Yes’.	Remove the Fee Source selection.
Hardship Date	Field	1	Hardship Date must be greater than or equal to 1/1/1900.	Verify keying. Hardship date must be greater than 1/1/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	Hardship Date must be less than or equal to 12/31/2299.	Verify keying. Hardship date must be less than 12/31/2299.
	Field	3	Hardship Date must be entered if Fee Exempt is 'Hardship'.	Enter a valid date (MMDDCCYY)
	Field	4	Invalid date. Format is MM/DD/CCYY.	Enter a valid Hardship Date (MM/DD/CCYY).
	Field	5	Hardship Date must be blank if Fee Exempt is other than 'Hardship'.	Remove Hardship Date if Fee Exempt is other than 'Hardship'.
Risk Level	Combo Box	1	Warning: Risk Level changed. Please update Risk Level Adj Ind as appropriate.	Update 'Risk Level Adj Ind' as appropriate.
Visit Source	Combo Box	18	Visit Source must be entered if Risk Level is ‘High’ or ‘Moderate’.	Select a valid Visit Source.
	Combo Box	19	Visit Source must be entered if Visit Conducted Date is not blank.	Select a valid Visit Source.
Visit Conducted Date	Field	20	Visit Conducted Date must be entered if Visit Source is not blank.	Enter a valid Visit Conducted Date.
	Field	21	Invalid date. Format is mm/dd/ccyy.	Enter a valid Visit Conducted Date (MM/DD/CCYY).
	Field	22	Visit Conducted Date must be greater than or equal to 01/01/1900.	Enter a valid Visit Conducted Date greater than or equal to 01/01/1900.
	Field	23	Visit Conducted Date must be less than or equal to 12/31/2299.	Enter a valid Visit Conducted Date less than or equal to 12/31/2299.
	Field	24	Visit Conducted Date must be entered if Risk Level is 'High' or 'Moderate'.	Enter a valid Visit Conducted Date.
Visit Verification Date	Field	1	Invalid date. Format is mm/dd/ccyy.	Enter a valid Visit Verification Date (MM/DD/CCYY).
	Field	2	Visit Verification Date must be greater than or equal to 1/1/1900.	Enter a valid Visit Verification Date greater than or equal to 01/01/1900.
	Field	3	Visit Verification Date must be less than or equal to 12/31/2299.	Enter a valid Visit Verification Date less than or equal to 12/31/2299.

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6.1.185 Screening Info Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.186 Screening Info Panel Accessibility

6.1.186.1 To Access the Screening Info Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Search results display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel display.
5	Click **Screening Info** hyperlink on the Provider Maintenance panel.	Screening Info panel displays.

6.1.186.2 To Add on Screening Info Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Update **Effective Date** in MM/DD/CCYY format.	
3	Update **End Date** in MM/DD/CCYY format.	
4	Select a **Risk Level** value from the drop down list.	
5	Select a **Fee Exempt** value from the drop down list.	
6	Enter data in remaining fields as required.	
7	Click **Save**.	Provider Screening Information is saved.

6.1.186.3 To Update on Screening Info Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click field to update and perform update.	
3	Click **Save**.	Provider Screening Information is saved.

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Service Location Panel Overview

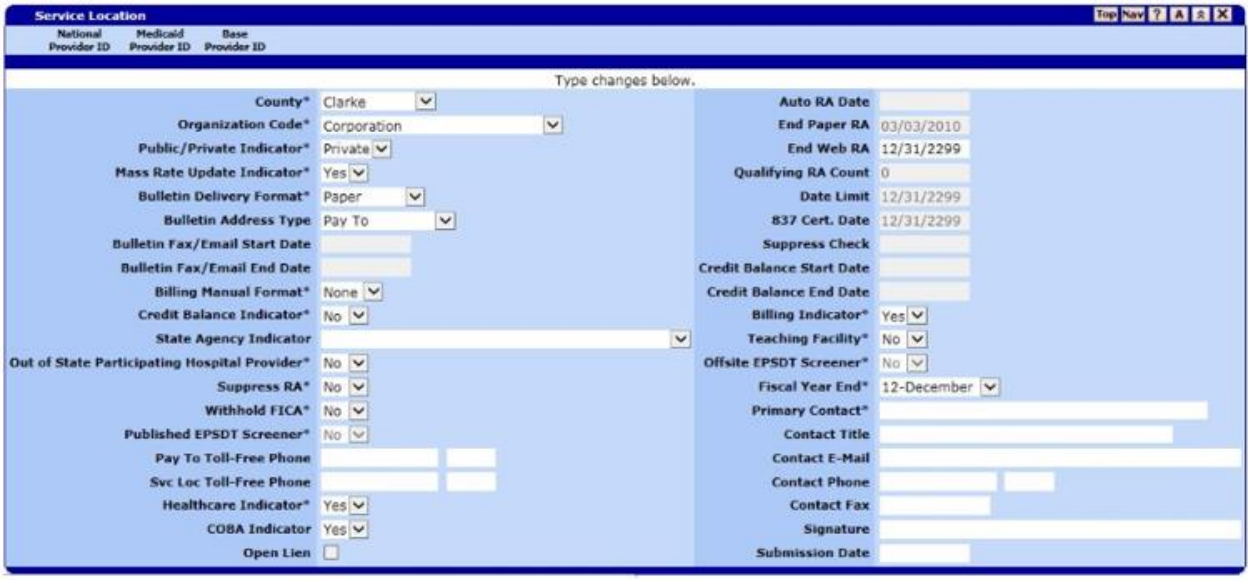
6.1.187 Service Location Panel Narrative

The Service Location panel is used to view or update provider information pertaining to a specific service location.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] - [Search] - [select row from search results] - [Service Location] OR [Provider - Enrollment] - [(Add button) OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is Approved and Provider ID field <> blank) OR Enroll Contract (only available when application status is Approved and Provider ID field = blank)] - [Service Location]

6.1.188 Service Location Panel Layout



6.1.189 Service Location Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
837 Cert. Date	The date a provider was certified to submit 837 electronic claims. This is a read only field controlled by the Electronic Data AMMIS (EDI) subsystem.	Field	Date (MM/DD/CCYY)	8
Auto RA Date	Provider's automatic remittance advice (RA) transmittal effective date. This is a read only field controlled by the Electronic Data AMMIS (EDI) subsystem.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Base Provider ID	Base Provider Identifier. This is a read only field controlled by entries on the Provider IDs panel.	Field	Alphanumeric	10
Billing Indicator	Indicator to tell the system if this is a billing provider. Valid values include Yes and No.	Combo Box	Drop Down List Box	0
Billing Manual Format	Provider's preference for their format of the Billing Manual. Valid values include Paper and CD.	Combo Box	Drop Down List Box	1
Bulletin Address Type	The address type to pull the street address, fax number, or email address from if Bulletin Delivery Format is anything other than 'None'. An address type must be selected when a Bulletin Delivery Format other than 'None' is chosen.	Combo Box	Drop Down List Box	1
Bulletin Delivery Format	Method of delivery for which a service location wishes to receive Provider Bulletins. Valid values include: paper, fax, email and none.	Combo Box	Drop Down List Box	1
Bulletin Fax/Email Start Date	Indicates when a service location would like to begin receiving their Provider Bulletins via the delivery method chosen. This field is required when a Bulletin Delivery Format other than 'None' is chosen.	Field	Date (MM/DD/CCYY)	8
Bulletin Fax/Email End Date	Indicates when a service location would like to stop receiving their Provider Bulletins via the delivery method chosen. This field is required when a Bulletin Delivery Format other than 'None' is chosen.	Field	Date (MM/DD/CCYY)	8
COBA Indicator	Indicates whether a provider's claims cross over. 'Y' if it should or 'N' if it should not.	Combo Box	Drop Down List Box	1
Contact E-Mail	E-mail address of the contact person.	Field	Character	50
Contact Fax	Fax number of the contact person.	Field	Number	10
Contact Phone	Phone number of the contact person.	Field	Number	10

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Field	Description	Field Type	Data Type	Length
Contact Phone Ext	Phone number extension of the contact person.	Field	Number	4
County	The county where the provider is located.	Combo Box	Drop Down List Box	0
Credit Balance Indicator	Indicator to tell if the service location has a credit balance or not. Valid values include Yes and No.	Combo Box	Drop Down List Box	8
Credit Balance Start Date	Effective date of the service locations credit balance.	Field	Date (MM/DD/CCYY)	8
Credit Balance End Date	End date of the service location's credit balance.	Field	Date (MM/DD/CCYY)	8
Date Limit	Maximum date that a provider may extend their PDF version of their paper RA.	Field	Date (MM/DD/CCYY)	8
End Paper RA	The date that the provider's paper RA will be stopped (when provider has requested automatic RA transmittal).	Field	Date (MM/DD/CCYY)	8
End Web RA	The Date when the provider should no longer receive a PDF version of their paper RA. PDF RA's with a date < this date will remain available on the web portal for download.	Field	Date (MM/DD/CCYY)	8
Fiscal Year End	The fiscal year end month of the provider.	Combo Box	Drop Down List Box	2
Healthcare Indicator	Indicates if the provider's type/specialty combination requires a NPI number.	Combo Box	Drop Down List Box	0
Mass Rate Update Indicator	Indicator for eligibility for mass rate update. Valid values include Yes and No.	Combo Box	Drop Down List Box	0
Medicaid Provider ID	Medicaid Provider Identifier. This is a read only field controlled by entries on the Provider IDs panel.	Field	Alphanumeric	10
National Provider ID	National Provider Identifier. This is a read only field controlled by entries on the Provider IDs panel.	Field	Alphanumeric	10
Offsite EPSDT Screener	Indicates if the provider is an offsite EPSDT screener. Valid values include Yes and No.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Open Lien	Indicates whether a provider has an open lien in the Financial page/panels.	Combo Box	Check Box	0
Organization Code	Provider's organization identification code (type of practice).	Combo Box	Drop Down List Box	0
Out of State Participating Hospital Provider	Out of State Participating Provider Indicator. Valid values include Yes and No.	Combo Box	Drop Down List Box	1
Pay to Toll-Free Phone	The toll-free phone number for the Pay To Address of a service location.	Field	Number (Integer)	10
Pay to Toll-Free Phone Extension	Pay to toll-free phone number extension.	Field	Number (Integer)	4
Primary Contact	The name of the primary contact person for a service location.	Field	Character	50
Public/Private Indicator	Indicator to tell the system that this provider is a private or public provider.	Combo Box	Drop Down List Box	0
Published EPSDT Screener	Indicator of whether provider is a published EPSDT screener. Valid values include Yes and No.	Combo Box	Drop Down List Box	0
Qualifying RA Count	The number of occurrences a provider has had a PDF version of their RA created when the provider receives an EFT with total amount paid > 0. Payment type NON and CHK are not considered for this count. This counter is incremented once the associated 835 file has been released.	Field	Number (Integer)	3
State Agency Indicator	The State Agency with which the provider is affiliated. Valid values include: ADPH, ADSS, ADHR, ADMH, ADRS, ADYS, ASDE, AIDB, UCP, and SPARKS.	Combo Box	Drop Down List Box	10
Suppress Check	Effective date of check suppression.	Field	Date (MM/DD/CCYY)	8
Suppress RA	Indicator to suppress the RA for this provider and service location. Valid values include Yes and No.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Svc Loc Toll-Free Phone	The toll-free phone number for the service location address of a service location.	Field	Number (Integer)	10
Svc Loc Toll-Free phone number extension	The service location toll-free phone number extension.	Field	Number (Integer)	4
Teaching Facility	Indicator stating if the service location is a teaching facility. Valid values include Yes and No.	Combo Box	Drop Down List Box	1
Withhold FICA	Indicator to tell financial if this service location should have FICA withheld from its checks. Valid values include Yes and No.	Combo Box	Drop Down List Box	0

6.1.190 Service Location Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
COBA Indicator	Field	1	For types other than 30, 56 and 58 the COBA Indicator must be Yes. Please validate.	Key in value of Y for COBA Indicator for provider types that is not 30, 56 or 58
	Field	2	For types 30, 56 and 58 the COBA Indicator must be NO. Please validate.	Key in value of N for COBA Indicator if provider type is either 30, 56 or 58.
County	Field	1	County is required.	Choose a County.
End Paper RA	Field	2	Trading partner agreement required to end Paper RA.	A provider must receive either an electronic or paper RA. The paper RA cannot end until the provider has a trading partner agreement to receive electronic.
	Field	5	End Paper RA [A] cannot be less than Auto RA Date [B].	A provider must receive either an electronic or paper RA. The paper RA cannot end until the provider has a trading partner agreement to receive electronic.
End Web RA	Field	1	End Web RA date must be greater than or equal to today.	The End Web RA date must be greater than or equal to today.
	Field	2	End Web RA date must be less than the Date Limit.	The End Web RA date must be less than the Date Limit.
	Field	3	End Web RA date is required.	Include a valid date on the End Web RA field.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	4	End Web RA must be greater than or equal to 1/1/1900.	The End Web RA must be greater than or equal to 1/1/1900.
	Field	5	End Web RA must be less than or equal to 12/31/2299.	The End Web RA must be less than or equal to 12/31/2299.
Fiscal Year End	Field	1	Fiscal Year End is required.	Choose a Fiscal Year End Date.
Organization Code	Field	1	Org Code is required.	Choose an Organization Code.

6.1.191 Service Location Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.192 Service Location Panel Accessibility

6.1.192.1 To Access the Service Location Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Search results display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel display.
5	Click **Service Location** hyperlink on the Provider Maintenance panel.	Service Location panel displays.

6.1.192.2 To Update on Service Location Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Provider Service Location information is saved.

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Tax ID Panel Overview

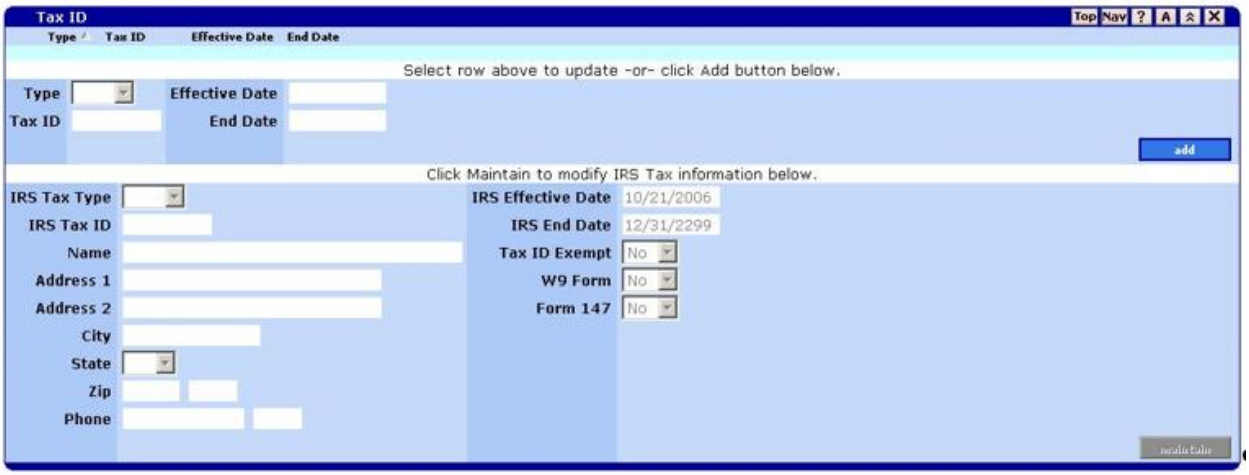
6.1.193 Tax ID Panel Narrative

The Tax ID panel is used to view and update provider Social Security or Tax ID number information.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider - Search] - [select row from search results] - [Tax ID]
OR [Provider] – [Enrollment] - [(Add button) OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is Approved and Provider ID field <> blank) OR Enroll Contract (only available when application status is Approved and Provider ID field = blank)] - [Tax ID]

6.1.194 Tax ID Panel Layout



6.1.195 Tax ID Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add provider tax identification information.	Button	N/A	0
Address 1	Address 1 of the provider.	Field	Character	30
Address 2	Address 2 of the provider.	Field	Character	30
City	City where the provider is located.	Field	Character	15
Effective Date	Effective date of the tax identification number.	Field	Date (MM/DD/CCYY)	8
End Date	End date of the tax identification number.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Form 147	Provider has submitted form 147, stating his name and tax identification number. Valid values are: Yes and No.	Combo Box	Drop Down List Box	0
IRS Effective Date	Effective date of IRS tax identification.	Field	Date (MM/DD/CCYY)	8
IRS End Date	End date of IRS tax identification number.	Field	Date (MM/DD/CCYY)	8
IRS Tax ID	Provider tax identification number.	Field	Character	9
IRS Tax Type	Provider tax identification number type. Valid values are SSN and FEIN.	Combo Box	Drop Down List Box	0
Maintain	Allows the user to modify IRS Tax information.	Button	N/A	0
Name	Provider name.	Field	Character	40
Phone	Provider phone number.	Field	Character	10
Phone Ext	Provider phone number extension.	Field	Character	4
State	State where the provider is located.	Field	Character	2
Tax ID	Provider tax identification number.	Field	Character	9
Tax ID Exempt	Provider is exempt from receiving a 1099. Valid values are: Yes and No.	Combo Box	Drop Down List Box	0
Type	Provider tax identification type Valid values are SSN and FEIN.	Combo Box	Drop Down List Box	0
W9 Form	Provider W9 form. Valid values are: Yes and No.	Combo Box	Drop Down List Box	0
Zip	First five digits of the provider's zip code.	Field	Character	5
Zip+4	Last four digits of the provider's zip code + 4.	Field	Character	4

6.1.196 Tax ID Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter Address 1.
City	Field	1	City is required.	Enter the City.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	15	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. Effective Date must be greater than or equal to 01/01/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify keying. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	3	Must have open-ended segment. (End Date = 12/31/2299).	Verify keying. The End Date for one date segment must be 12/31/2299.
	Field	15	End Date must be greater than or equal to 01/01/1900.	Verify keying. Effective Date must be greater than or equal to 01/01/1900.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	105	The fields Effective Date and End Date from row A cannot overlap with row B.	Verify keying. The date segment from row [A] overlaps with the date segment from row [B]. Overlapping date segments are not allowed.
IRS Effective Date	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap. A provider can only have one Tax ID per date segment.
	Field	5000	New IRS Effective Date must be less than or equal to old IRS Effective Date.	Verify keying. In an update transaction only Effective dates less than or equal to the current Effective Date can be added to prevent gaps in coverage.
IRS Tax ID	Field	1	IRS Tax ID is required.	Enter IRS Tax ID.
	Field	10	IRS Tax ID must be Numeric.	Verify keying. IRS Tax ID must be numeric.
	Field	18	IRS Tax ID must be 9 character(s) in length.	Verify keying. IRS Tax ID must be nine numbers.
IRS Tax ID Type	Field	1	IRS Tax Type is required.	Choose the IRS Tax Type.
Name	Field	1	Name is required.	Enter the Name.
State	Field	29	A valid State is required.	Choose a State.

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Field	Field Type	Error Code	Error Message	To Correct
Tax ID	Field	1	Tax ID is required.	Enter a Tax ID.
	Field	2	Warning: Tax ID [A] is assigned to another provider.	Verify keying. The Tax ID [A] is already assigned to one or more providers.
	Field	10	Tax ID must be numeric.	Verify keying. Verify the Tax ID is numeric.
	Field	18	Tax ID must be 9 character(s) in length.	Verify keying. Tax ID must be 9 numeric characters.
	Field	19	Tax ID contains an invalid value.	Verify keying. The Tax ID cannot be nine repeating numbers, for example 111111111 is not a valid Tax ID.
	Field	5000	IRS tax data must be added/updated before saving.	IRS tax information does not exist for some or all of the dates entered. Enter IRS tax ID information.
Tax ID Type	Field	1	Type is required.	Choose a Type.
Zip	Field	1	Zip is required.	Enter the Zip Code.

6.1.197 Tax ID Panel Extra Features

When a new IRS tax segment is created, the end date of the previous IRS date segment (the segment with the 12/31/2299 end date) is automatically set to 1 day before the new IRS effective date.

6.1.198 Tax ID Panel Accessibility

6.1.198.1 To Access the Tax ID Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Search results display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel display.
5	Click **Tax ID** hyperlink on the Provider Maintenance panel.	Tax ID panel displays.

6.1.198.2 To Add on Tax ID Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.

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Step	Action	Response
2	Select **Type** from drop down list.	
3	Enter **Tax ID**.	
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Click **Save**.	Provider Tax ID information is saved.

6.1.198.3 To Update on Tax ID Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click Maintain.	
3	Click field to update and perform update.	
4	Click **Save**.	Provider Tax ID information is saved.

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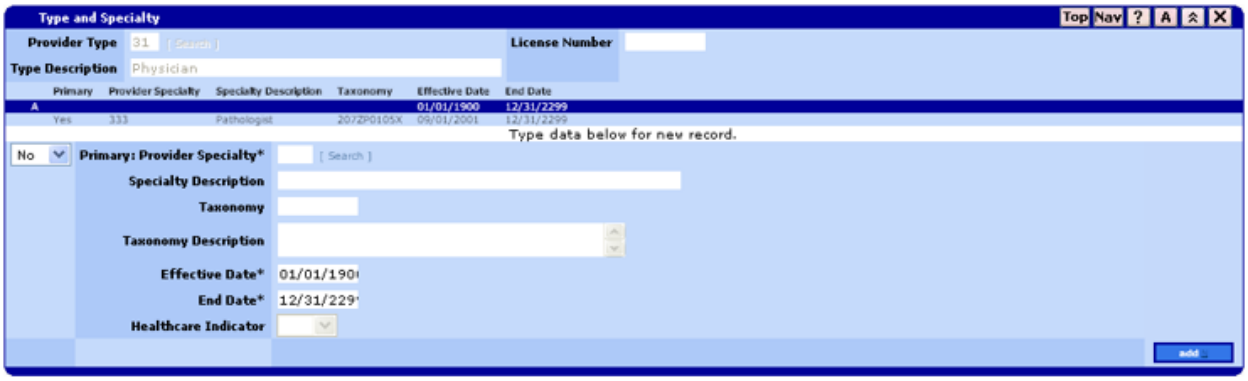
Type and Specialty Panel Overview

6.1.199 Type and Specialty Panel Narrative

The Type and Specialty panel is used to view and update provider type/specialty information by service location. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Type and Specialty]
OR
[Provider - Enrollment] - [(Add button) OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is Approved and Provider ID field <> blank) OR Enroll Contract (only available when application status is Approved and Provider ID field = blank)] - [Type and Specialty]

6.1.200 Type and Specialty Panel Layout



6.1.201 Type and Specialty Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add reason code information.	Button	N/A	0
Effective Date	Effective date of the provider specialty.	Field	Date (MM/DD/CCYY)	8
End Date	End date of the provider specialty.	Field	Date (MM/DD/CCYY)	8
Healthcare Indicator	Indicates whether a license is required for the given type/specialty. Valid values include Yes and No.	Combo Box	Drop Down List Box	0
License Number	Provider's state license number.	Field	Character	5
Primary	Provider's primary scope of practice (if more than one).	Field	Character	3
Primary: Provider Specialty	Provider's scope of practice.	Combo Box	Drop Down List Box	0
Provider Specialty	Provider's scope of practice.	Field	Character	3

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Field	Description	Field Type	Data Type	Length
Provider Type	Provider's type (license or certification).	Field	Character	2
Specialty Description	Written description of provider's specialty.	Field	N/A	0
Taxonomy	Provider taxonomy code.	Field	Character	10
Taxonomy Description	Description of provider taxonomy code.	Field	Character	50
Type Description	Written description of provider's type.	Field	Character	50

6.1.202 Type and Specialty Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date greater than the 01/01/1900 default date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be before the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same specialty code.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	4	End Date must be greater than or equal to 01/01/1900.	Enter an Effective Date greater than the 01/01/1900 default date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be before the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same specialty code.
License Number	Field	10	Provider License Number must be Alphanumeric.	Verify keying. License can only contain A-Z and/or 0-9 characters.
	Field	5000	Warning: Provider License Number is not on file.	This is a warning message. The License Number entered is not on the license file. Choose OK to save, otherwise Cancel.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	5001	Warning: Provider License Number is assigned to another provider.	This is a warning message. This License Number is already assigned to another provider in the system. Choose OK to save, otherwise Cancel.
	Field	5002	Warning: Provider License Number is required for this provider type.	This is a warning message. This provider type requires a license. Choose OK to save, otherwise Cancel.
Primary Specialty	Field	100	Select one Provider Specialty as Primary.	Verify keying. Select one Primary Specialty checkbox.
Provider Specialty	Field	100	Provider Type and Provider Specialty combination is invalid.	Verify keying. The chosen specialty is not valid for this Provider Type.
Type	Field	1	A valid Provider Type is required.	Enter or search for a Provider Type.

6.1.203 Type and Specialty Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.204 Type and Specialty Panel Accessibility

6.1.204.1 To Access the Type and Specialty Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Search**.	Provider Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Search results display.
4	Select a detail line from the results displayed.	Provider Information and Provider Maintenance panel display.
5	Click **Type and Specialty** hyperlink on the Provider Maintenance panel.	Type and Specialty panel displays.

6.1.204.2 To Add on Type and Specialty Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Click **Primary** checkbox, if applicable.	
3	Click [**Search**] to select a specialty from list.	

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Step	Action	Response
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Select **Healthcare Indicator**, if applicable.	
7	Click **Save**.	Type and Specialty information is saved.

6.1.204.3 To Update on Type and Specialty Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click field to update and perform update.	
3	Click **Save**.	Type and Specialty information is saved.

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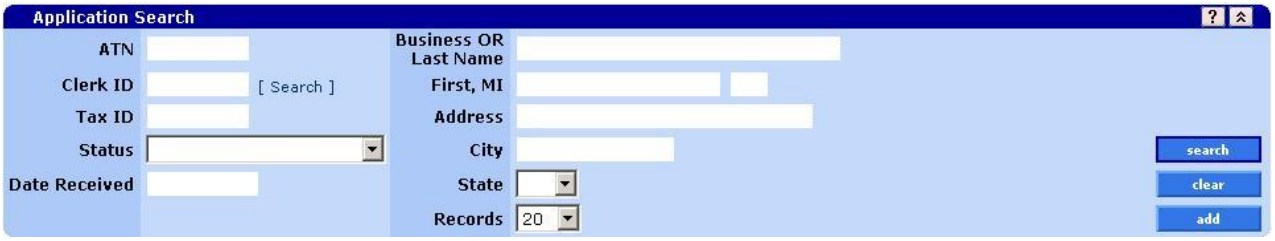
Application Search Panel Overview

6.1.205 Application Search Panel Narrative

The Application Search panel allows the user to enter search criteria and query for providers whose data matches those criteria. This panel allows the entry of search criteria for an application is progress.

Navigation Path: [Provider] – [Enrollment]

6.1.206 Application Search Panel Layout



6.1.207 Application Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add application information.	Button	N/A	0
ATN	System assigned key that uniquely identifies a provider application.	Field	Number (Integer)	9
Address	Provider's street address.	Field	Character	30
Business OR Last Name	Name of the business of provider or provider's last name.	Field	Character	50
City	City where the provider is located.	Field	Character	15
Clear	Allows the user to clear any changes on the Application Search panel.	Button	N/A	0
Clerk ID	The identification of the clerk.	Field	Character	8
Date Received	Date the application was received and put into the system.	Field	Date (MM/DD/CCYY)	8
First	The first name of the provider.	Field	Character	50
MI	The middle initial of the provider.	Field	Character	1
Records	Allows the user to select the number of records to retrieve during a search.	Combo Box	Drop Down List Box	0
Search	Initiates the Search by Current identification number.	Button	N/A	0
[Search]	Allows the user to search for a valid Clerk ID.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
State	State where the provider is located.	Combo Box	Drop Down List Box	0
Status	Status of the application in process.	Combo Box	Drop Down List Box	0
Tax ID	Tax identification of the provider.	Field	Character	9

6.1.208 Application Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
ATN	Field	1	Enter a valid value.	ATN value must be numeric.
Date Received	Field	1	Invalid date. Format is MM/DD/CCYY.	Ensure date entered is in a format of MM/DD/CCYY.

6.1.209 Application Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.210 Application Search Panel Accessibility

6.1.210.1 To Access the Application Search Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.

6.1.210.2 To Add Application Information via the Application Search Page

Step	Action	Response
1	Click **Add**.	Application Information, Application Information Maintenance and Base Information panels display.

6.1.210.3 To Update Application Information via the Application Search Page

Step	Action	Response
1	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.
2	Select a detail line from the results displayed.	Application Search panel displays.

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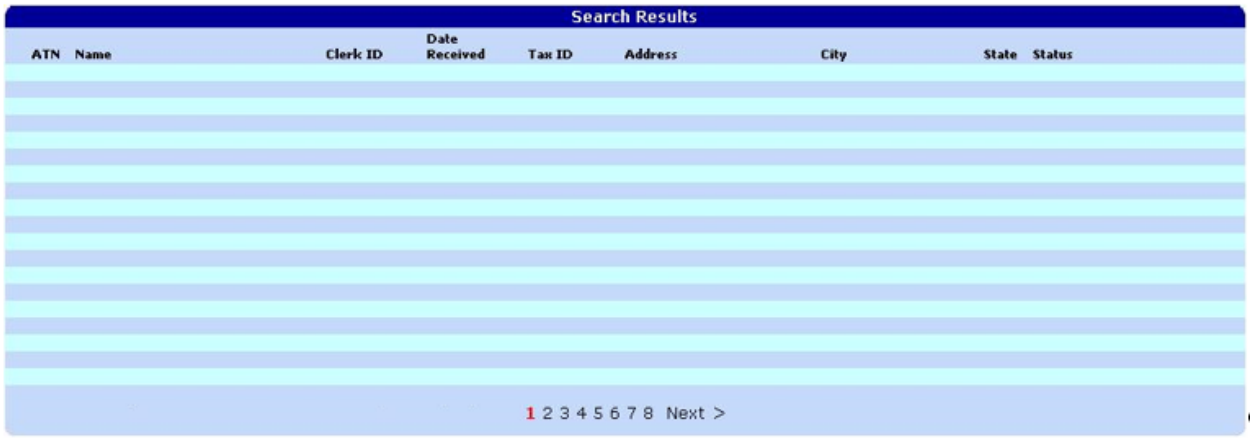
Application Search Results Panel Overview

6.1.211 Application Search Results Panel Narrative

The Application Search Results panel displays provider enrollment records using flexible selection criteria from enrollment search panel. This panel is display only.

Navigation Path: [Provider] – [Enrollment] [select row from search results]

6.1.212 Application Search Results Panel Layout



6.1.213 Application Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
ATN	Provider's enrollment tracking number.	Field	Character	9
Address	The street address where the provider is located.	Field	Character	30
City	The city where the provider is located.	Field	Character	15
Clerk ID	Identification number of the clerk.	Field	Character	8
Date Received	Date the application was received and put into the system.	Field	Date (MM/DD/CCYY)	8
Name	The last name and first name of provider.	Field	Character	50
State	The state where the provider is located.	Field	Character	2
Status	Status of the application in process.	Field	Character	25
Tax ID	Tax identification number of the provider.	Field	Character	9

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6.1.214 Application Search Results Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.215 Application Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.216 Application Search Results Panel Accessibility

6.1.216.1 To Access Application Search Results Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search** and select a line item.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of providers to display.

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Application Mini-Search Panel Overview

6.1.217 Application Mini-Search Panel Narrative

The Application Mini-Search panel provides the user with the ability to search for an application from the Provider Enrollment Application Information page. This panel is inquiry only and allows the entry of search criteria for an application in progress.

Navigation Path: [Provider] – [Application Information]

6.1.218 Application Mini-Search Panel Layout

6.1.219 Application Mini-Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
ATN	The provider's enrollment tracking number.	Field	Character	9
Business or Last Name, First	Provider's business, last, or first name.	Field	Character	50
Clear	Allows the user to clear any changes on the Application Mini Search panel.	Button	N/A	0
Search	Initiates the Search by ATN or Business Or Last Name, First.	Button	N/A	0

6.1.220 Application Mini-Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.221 Application Mini-Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.222 Application Mini-Search Panel Accessibility

6.1.222.1 To Access the Application Mini-Search Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
4	Select a detail line from the results displayed.	Application Mini-Search panel displays.

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Application Information Panel Overview

6.1.223 Application Information Panel Narrative

The Application Information panel displays a summary of the provider application information. This panel displays the basic information entered from the enrollment application. This panel is inquiry only.

Navigation Path: [Provider] – [Enrollment] - [(Add button) OR (select row from search results)]

6.1.224 Application Information Panel Layout

6.1.225 Application Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
ATN	The system assigned key that uniquely identifies a provider application.	Field	Number (Integer)	9
Address 1	Street address of the provider.	Field	Character	30
Address 2	Second street address of the provider.	Field	Character	30
Application NPI	National Provider Identification (NPI) for the provider.	Field	Character	10
Application Type	Type of application requested by the provider.	Field	Character	15
City	The city the provider is located.	Field	Character	15
Clerk ID	Clerk identification that entered the application.	Field	Character	8
Contact	Person with which HPE corresponds at the provider applicant's place of business.	Field	Character	15
Date Received	Date the application was received and put into the system.	Field	Date (MM/DD/CCYY)	8
Finalized	Date the application was finalized.	Field	Date (MM/DD/CCYY)	8
Last Status Date	Last date of the current known status of the provider's license.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
License	License number assigned to the provider.	Field	Character	10
License Certification	Effective date of certification.	Field	Date (MM/DD/CCYY)	8
License Certification End	End date of certification.	Field	Date (MM/DD/CCYY)	8
License State	State for which license was granted.	Field	Character	2
License Type	Type of license issued to the provider. Valid values are H for Health Board, P for Prescriber and Other.	Field	Character	15
Media Type	Indicates the method a provider receives media information. Valid values are: fax, mail, phone, email and web.	Field	Character	15
Name	Last Name, First Name and Middle Initial of provider.	Field	Character	50
Phone	Provider's phone number.	Field	Character	10
Provider ID	Provider identification number.	Field	Character	9
RTP Received	Date that the RTP (Return to Provider) object was returned to the account.	Field	Date (MM/DD/CCYY)	8
RTP Sent	Date the RTP (Return to Provider) object was sent.	Field	Date (MM/DD/CCYY)	8
Sanctioned	Indication if the provider is sanctioned. Valid values include Yes and No.	Field	Character	3
State	The state the provider is located.	Field	Character	2
Status	Provider’s enrollment status. Valid values are: Approved, Awaiting Additional Information, Awaiting Initial Info, Denied, Enrolled, In Process and System Converted.	Field	Character	15
Tax ID	Tax identification number of the provider member.	Field	Character	9
Tax ID Type	Provider tax identification type. Valid values are FEIN and SSN.	Field	Character	5
Zip	Provider's zip code.	Field	Character	9

6.1.226 Application Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

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6.1.227 Application Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.228 Application Information Panel Accessibility

6.1.228.1 To Access the Application Information Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
4	Select a detail line from the results displayed.	Application Information panel displays.

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Application Information Maintenance Panel Overview

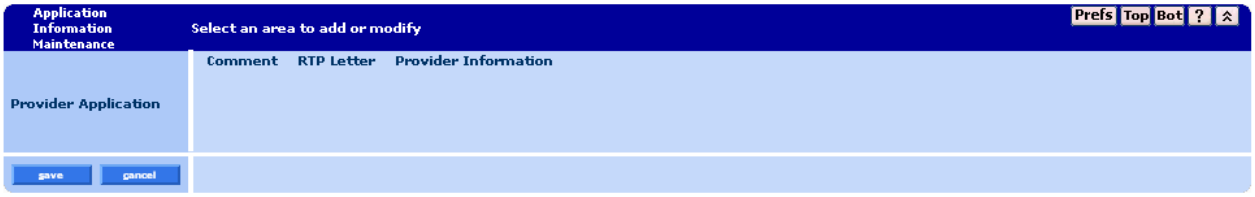
6.1.229 Application Information Maintenance Panel Narrative

The Application Information Maintenance panel provides links to the provider application information maintenance panels. During the enrollment process this panel is utilized as a navigation tool to panels such as the Comment panel.

This panel is inquiry only.

Navigation Path: [Provider] – [Enrollment] - [(Add button) OR (select row from search results)]

6.1.230 Application Information Maintenance Panel Layout



6.1.231 Application Information Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Provider Application panels.	Button	N/A	0
Comment	Link to the Comment panel.	Hyperlink	N/A	0
Provider Information	Link to the Provider Information page.	Hyperlink	N/A	0
RTP Letter	Link to the RTP (Return to Provider) Letter panel.	Hyperlink	N/A	0
Save	Allows the user to save a record on the Provider Application panels.	Button	N/A	0

6.1.232 Application Information Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.233 Application Information Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.234 Application Information Maintenance Panel Accessibility

6.1.234.1 To Access the Application Information Maintenance Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
4	Select a detail line from the results displayed.	Application Information Maintenance panel displays.

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Application Base Information Panel Overview

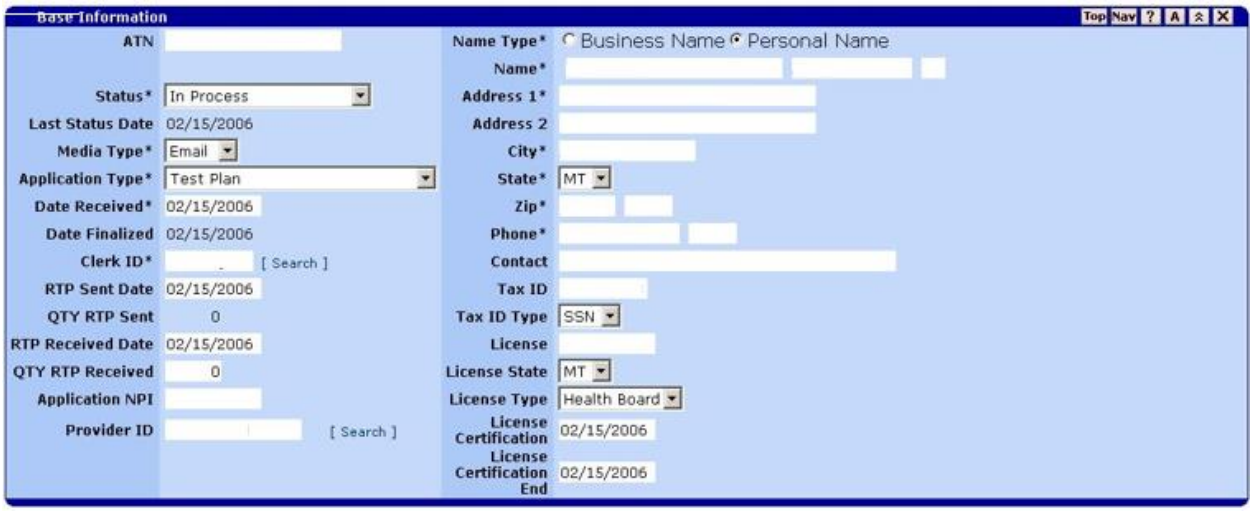
6.1.235 Application Base Information Panel Narrative

The Application Base Information panel allows users to view, update, or add provider application data. This panel is utilized in the application enrollment process to enter basic information regarding the provider enrolling.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Enrollment] [(Add button) OR (select row from search results)] - [Base Information]

6.1.236 Application Base Information Panel Layout



6.1.237 Application Base Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
ATN	Provider's application tracking number.	Field	Character	9
Address 1	Address 1 of provider.	Field	Character	30
Address 2	Address 2 of provider.	Field	Character	30
Application NPI	Providers National Provider Identifier.	Field	Character	15
Application Type	Type of application requested by the provider.	Combo Box	Drop Down List Box	0
City	Provider's city.	Field	Character	15
Clerk ID	Identification of the clerk who entered the application.	Field	Character	8
Contact	Person with which HPE corresponds at the provider applicant's place of business.	Field	Character	30

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Field	Description	Field Type	Data Type	Length
Date Finalized	Date the application was finalized.	Field	Date (MM/DD/CCYY)	8
Date Received	Date the application was received and put into the system.	Field	Date (MM/DD/CCYY)	8
Last Status Date	Last date of the current known status of the provider's license.	Field	Date (MM/DD/CCYY)	8
License	License number assigned to the provider.	Field	Character	10
License Certification	Effective date of certification.	Field	Date (MM/DD/CCYY)	8
License Certification End	End date of certification.	Field	Date (MM/DD/CCYY)	8
License State	State for which license was granted.	Combo Box	Drop Down List Box	0
License Type	Type of license issued to the provider. Valid values are H for Health Board, P for Prescriber and Other.	Combo Box	Drop Down List Box	0
Media Type	Indicates the method a provider receives media information. Valid values are: fax, mail, phone, email and web.	Combo Box	Drop Down List Box	0
Name	Name of provider.	Field	Character	50
Name Type	Name type of provider. Must choose between Business and Personal.	Combo Box	Radio Button	0
Phone	Area code and phone number for provider.	Field	Character	10
Provider ID	Identification number of the provider.	Field	Character	9
QTY RTP Received	QTY RTP (Quantity Returned to Provider) Received.	Field	Number (Integer)	1
QTY RTP Sent	QTY RTP (Quantity Returned to Provider) Sent.	Field	Number (Integer)	1
RTP Received Date	Date the RTP (Returned to Provider) object was received.	Field	Date (MM/DD/CCYY)	8
RTP Sent Date	Date the RTP (Returned to Provider) object was sent.	Field	Date (MM/DD/CCYY)	8
State	Provider’s state.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Status	Provider's enrollment status. Valid values are: Approved, Awaiting Additional Information, Awaiting Initial Info, Denied, Enrolled, In Process and System Converted.	Combo Box	Drop Down List Box	0
Tax ID	Tax identification of the provider member.	Field	Character	9
Tax ID Type	Provider tax identification type. Valid values are FEIN and SSN.	Combo Box	Drop Down List Box	0
Zip	Zip code of the provider.	Field	Number (Integer)	5
Zip + 4	Board zip code extension.	Field	Number (Integer)	4

6.1.238 Application Base Information Panel Field Edit Error Code Tables

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter Address 1 field.
Application Type	Field	1	A valid Application Type is required.	Choose an Application Type.
City	Field	1	City is required.	Enter a City.
Clerk ID	Field	5000	Clerk ID is not valid.	Enter a valid Clerk ID.
Date Received	Field	1	Date received is required.	Enter a received date.
	Field	5000	Date Received must be less than or equal to today.	Verify keying. The application received date must be less than or equal to today's date.
License	Field	5000	Warning: License Number already assigned to Provider [A].	This is a warning message. The license entered is assigned to one or more providers in the system. Please ensure this is not a duplicate enrollment.
	Field	5001	License Number must be at least 4 characters in length.	Verify keying. The License Number must be at least four characters.
	Field	5002	License Number must be Alphanumeric.	Verify keying. Entry must be 0-9 or A-Z.
Media Type	Field	1	Media Type is required.	Choose a Media Type.
Name	Field	1	Name is required.	Enter the provider name.
	Field	5000	Both First Name and Last Name are required.	Verify keying. If entering a personal name, the last name and first name fields are required.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	5001	Warning: Duplicate Name and Type.	This is a warning message. The name and name type entered is assigned to one or more providers in the system. Please ensure this is not a duplicate enrollment.
Phone	Field	1	Phone is required.	Enter the provider Phone number.
Provider ID	Field	5000	Provider ID must be a valid provider.	Verify keying. The Provider ID entered is not a valid Provider ID. Enter or search for a valid provider.
RTP Received Date	Field	5000	RTP (Returned to Provider) Received Date must be greater than or equal to Date Received.	Verify keying. The RTP received date must be greater than the received date.
RTP Sent Date	Field	5000	RTP (Returned to Provider) Sent Date must be greater than or equal to Date Received.	Verify keying. The RTP sent date must be greater than the received date.
State	Field	1	A valid State is required.	Choose a State.
Status	Field	1	Status is required.	Choose an application status.
	Field	5000	Cannot change Status to Enrolled.	Verify keying. Enrolled is a system assigned status. Please choose another status.
Tax ID	Field	5000	Tax ID must be 9 characters in length.	Verify keying. The Tax ID must be nine characters.
	Field	5001	Tax ID must be Numeric.	Verify keying. Enter a numeric Tax ID.
	Field	5002	Warning: Tax ID [A] is assigned to another provider.	This is a warning message. The Tax ID entered [A] is assigned to one or more providers in the system. Please ensure this is not a duplicate enrollment.
Zip	Field	1	Zip Code is required.	Enter a Zip Code.

6.1.239 Application Base Information Panel Extra Feature

Field	Field Type
No extra features found for this panel.	

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6.1.240 Application Base Information Panel Accessibility

6.1.240.1 Application Base Information Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Related Data page displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
4	Select a detail line from the results displayed.	Application Base Information panel displays.

6.1.240.2 To Add on Application Base Information Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Status** from drop down list.	
3	Select **Media Type** from drop down list.	
4	Select **Application Type** from drop down list.	
5	Enter **Date Received** in MM/DD/CCYY format.	
6	Enter Clerk ID.	
7	Enter **RTP Sent Date** (if applicable).	
8	Enter QTY RTP Sent.	
9	Enter Application NPI.	
10	Enter **Provider ID**; Or click [Search] and select Provider ID.	Clicking [Search] opens Provider ID search panel.
11	Select **Business** or **Personal Name Type** by clicking button.	
12	Enter Address 1.	
13	Enter **Address 2**, if applicable.	
14	Enter **City**.	
15	Select **State** from drop down list.	
16	Enter Zip+4 code.	
17	Enter **Area Code and Phone Number**; enter Extension, if applicable.	
18	Enter Contact Name.	
19	Enter **Tax ID**.	

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Step	Action	Response
20	Select **Tax ID Type** from drop down list.	
21	Enter License Number.	
22	Select **State** from the drop down list.	
23	Select **License Typ**e from the drop down list.	
24	Enter **License Certification Date** in MM/DD/CCYY format.	
25	Enter License Certification End Date in MM/DD/CCYY format.	
26	Click **Save**.	Application Base Information is saved.

6.1.240.3 To Update the Application Base Information Panel

Step	Action	Response
1	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
2	Select a detail line from the results displayed.	Base Information panel displays.
3	Click in field(s) to update and perform update.	
4	Click **Save**.	Application Base Information is saved.

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Application Comment Panel Overview

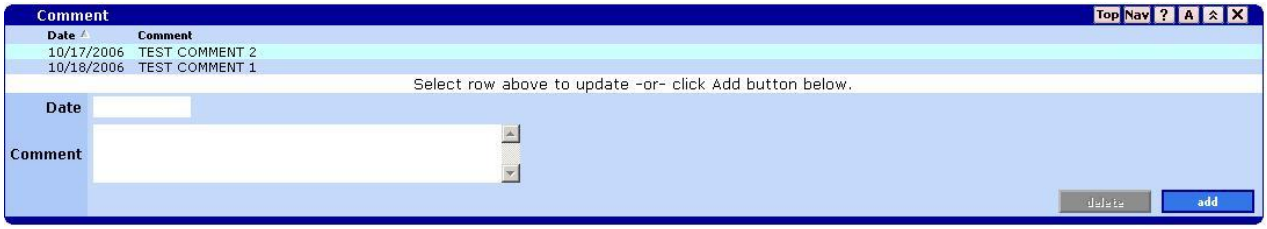
6.1.241 Application Comment Panel Narrative

The Application Comment panel is used to hold any comments the user has regarding the provider's application. The panel is utilized to add comments/notes regarding the application being processed or the provider enrolling.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Enrollment] - [(Add button) OR (select row from search results)] - [Comment]

6.1.242 Application Comment Panel Layout



6.1.243 Application Comment Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a comment.	Button	N/A	0
Comment	Comment field used to notate information regarding a provider's application.	Field	Character	250
Date	Date when comment was entered into system.	Field	Date (MM/DD/CCYY)	8
Delete	Allows the user to delete a record.	Button	N/A	0

6.1.244 Application Comment Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Comment	Field	1	Comment is required.	Enter a Comment.
Date	Field	1	Date is required.	Enter a valid comment date.
	Field	2	Date must be greater than or equal to 01/01/1900.	Enter a date greater than or equal to 01/01/1990.
	Field	3	Invalid date. Format is MM/DD/CCYY.	Enter a date with format MM/DD/CCYY.

6.1.245 Application Comment Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.246 Application Comment Panel Accessibility

6.1.246.1 To Access the Application Comment Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
4	Select a detail line from the results displayed.	Application Information Maintenance panel displays.
5	Click hyperlink for **Comment** panel.	Application Comment panel displays.

6.1.246.2 To Add on Application Comment Panel

Step	Action	Response
1	Click **Add**.	
2	Enter **Date** in MM/DD/CCYY format.	
3	Enter **Comment**.	
4	Click **Save**.	Application Comment information is saved.

6.1.246.3 To Update the Application Comment Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Application Comment information is saved.

6.1.246.4 To Delete from the Application Comment Panel

Step	Action	Response
1	Select line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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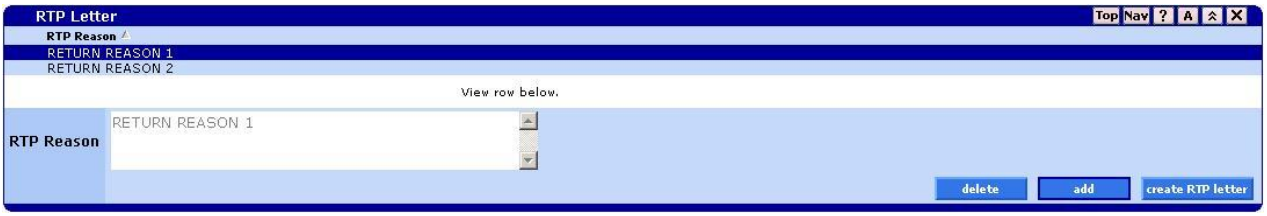
Application RTP Letter Panel Overview

6.1.247 Application RTP Letter Panel Narrative

The Application RTP (Return to Provider) Letter panel is used to save return to provider (RTP) reasons. The reasons then appear on the Provider RTP Letter when the Generate RTP Letter button is selected. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Enrollment] - [(Add button) OR (select row from search results)] - [RTP Letter]

6.1.248 Application RTP Letter Panel Layout



6.1.249 Application RTP Letter Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add return to provider (RTP) information.	Button	N/A	0
Create RTP Letter	Allows the user to create a provider letter.	Button	N/A	0
Delete	Allows the user to delete return to provider (RTP) information.	Button	N/A	0
RTP Reason	The reason that the application has been returned to the provider with valid values.	Field	Character	250

6.1.250 Application RTP Letter Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
RTP Reason	Field	1	RTP (Return to Provider) Reason is required.	Enter an RTP Reason.

6.1.251 Application RTP Letter Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.252 Application RTP Letter Panel Accessibility

6.1.252.1 To Access the Application RTP Letter Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
4	Select a detail line from the results displayed.	Application Information Maintenance panel displays.
5	Click hyperlink for **RTP Letter** panel.	Application RTP Letter panel displays.

6.1.252.2 To Add on Application RTP Letter Panel

Step	Action	Response
1	Click **Add**.	
2	Enter RTP Reason.	
3	Click **Save**.	Application RTP Letter information is saved.

6.1.252.3 To Update the Application RTP Letter Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Application RTP Letter information is saved.

6.1.252.4 To Delete from the Application RTP Letter Panel

Step	Action	Response
1	Select line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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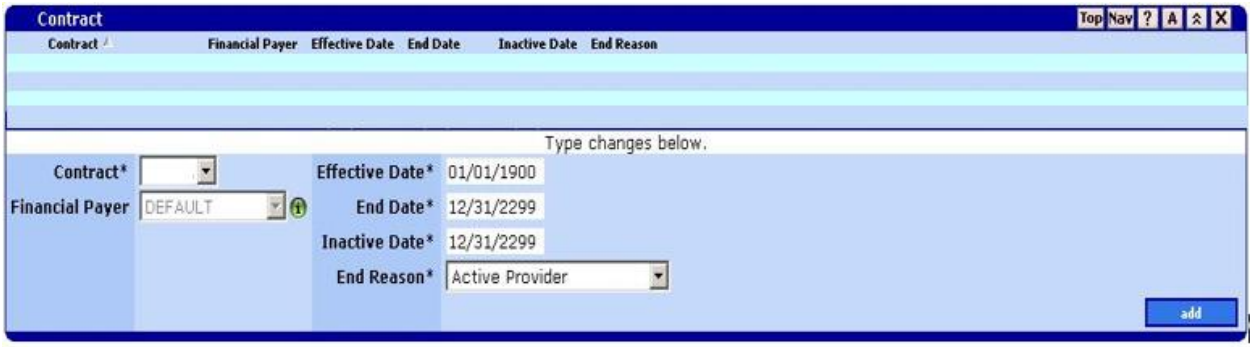
Application Contract Panel Overview

6.1.253 Application Contract Panel Narrative

The Application Contract Maintenance is used during enrollment to add contract eligibility information. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Enrollment] - [(Add button) OR (select row from search results)] - [Base Information] - [Enroll Provider (only available when application status is Approved and Provider ID field <> blank)]

6.1.254 Application Contract Panel Layout



6.1.255 Application Contract Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add application contract information.	Button	N/A	0
Contract	Name of the contract(s) in which the provider can be enrolled.	Combo Box	Drop Down List Box	0
Effective Date	Effective date of enrollment for the chosen contract.	Field	Date (MM/DD/CCYY)	8
End Date	End date of the enrollment for the chosen contract.	Field	Date (MM/DD/CCYY)	8
End Reason	Status of eligibility.	Combo Box	Drop Down List Box	0
Financial Payer	Financial Payer.	Combo Box	Drop Down List Box	0
Inactive Date	Inactive date of the enrollment for the chosen contract.	Field	Date (MM/DD/CCYY)	8

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6.1.256 Application Contract Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Contract	Field	1	A valid Contract is required.	Select a Contract.
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Verify keying. Effective Date must be less than or equal to 12/31/2299.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same contract.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	2	End Date must be greater than or equal to 01/01/1900.	Verify keying. End Date must be greater than or equal to 01/01/1900.
	Field	3	End Date must be less than or equal to 12/31/2299.	Verify keying. End Date must be less than or equal to 12/31/2299.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same contract.
End Reason	Field	1	A valid End Reason is required.	Select an End Reason.
Financial Payer	Field	1	A valid Financial Payer is required.	Select a contract. The Financial Payer automatically populates depending on the contract value chosen.
Inactive Date	Field	0	Inactive Date is required.	Verify keying. Panel requires entry of a end date which is populated as the inactive date. Enter an End Date if not already entered.

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6.1.257 Application Contract Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.258 Application Contract Panel Accessibility

6.1.258.1 To Access the Application Contract Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria for an application in Approved status and click **Search**; Or click **Search** and select a line item with a status of Approved.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
4	Select a detail line from the results displayed.	Enroll Provider link displays at the bottom of the browser page.
5	Click Enroll Provider link.	Contract panel displays.

6.1.258.2 To Add on Application Contract Panel

Step	Action	Response
1	Click line item shown for new contract.	
2	Select **Contract** from drop down list.	
3	Enter **Effective Date** of contract in MM/DD/CCYY format.	
4	Enter **End Date** of contract in MM/DD/CCYY format, if applicable.	
5	Enter **Inactive Date** of contract in MM/DD/CCYY format, if applicable.	
6	Select **End Reason** from drop down list, if applicable.	
7	Click **Save**.	Application Contract information is saved.

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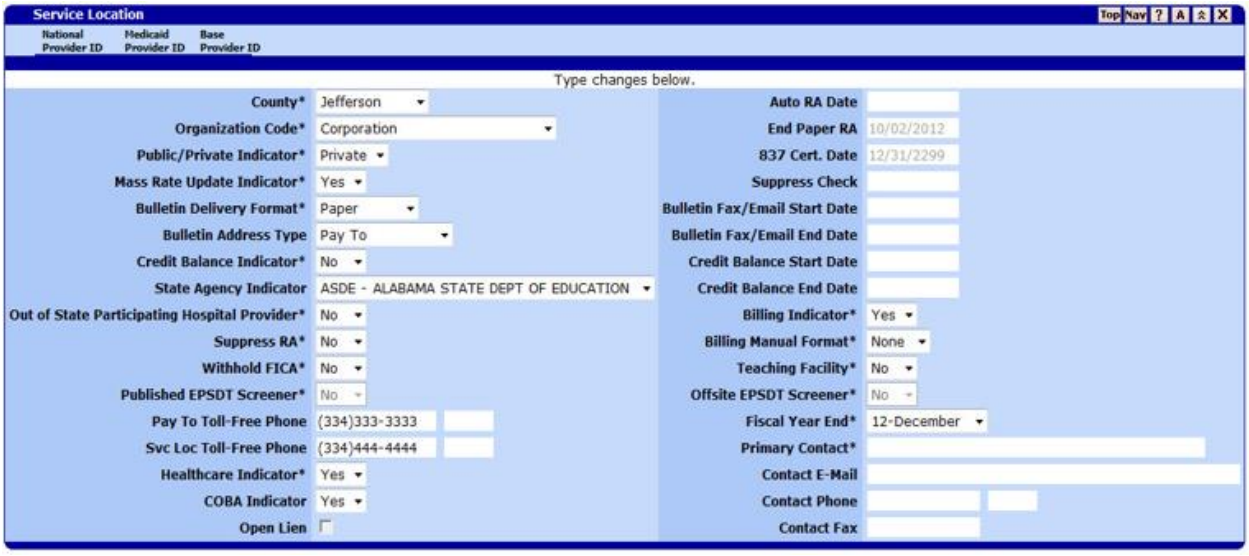
Provider Enrollment Application Information Service Location Panel Overview

6.1.259 Provider Enrollment Application Information Service Location Panel Narrative

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Enrollment] - (select row from search results)] - [Base Information] - [Enroll Provider (only available when application status is Approved and Provider ID field <> blank)]

6.1.260 Provider Enrollment Application Information Service Location Panel Layout



6.1.261 Provider Enrollment Application Information Service Location Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
No field descriptions found for this panel.				

6.1.262 Provider Enrollment Application Information Service Location Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
County	Field	1	County is required.	Choose a County.
End Paper RA	Field	2	Trading partner agreement required to end Paper RA.	A provider must receive either an electronic or paper RA. The paper RA cannot end until the provider has a trading partner agreement to receive electronic.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	5	End Paper RA [A] cannot be less than Auto RA Date [B].	A provider must receive either an electronic or paper RA. The paper RA cannot end until the provider has a trading partner agreement to receive electronic.
Fiscal Year End	Field	1	Fiscal Year End is required.	Choose a Fiscal Year End date.
Organization Code	Field	1	Org Code is required.	Choose an Organization Code.

6.1.263 Provider Enrollment Application Information Service Location Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.264 Provider Enrollment Application Information Service Location Panel Accessibility

6.1.264.1 To Access the Provider Enrollment Application Information Service Location Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria for an application in Approved status and click **Search**; Or click **Search** and select a line item with a status of Approved.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
4	Select a detail line from the results displayed.	Enroll Provider link displays at the bottom of the browser page.
5	Click Enroll Provider link.	Service Location panel displays.

6.1.264.2 To Add on Application Information Service Location Panel

Step	Action	Response
1	Click Enroll Provider link.	Service Location panel displays.
2	Select **County** from drop down list.	
3	Select **Organization Code** from drop down list.	
4	Select **Public/Private Indicato**r from drop down list.	
5	Select **Mass Rate Update Indicator** from drop down list.	

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Step	Action	Response
6	Select **Bulletin Delivery Format** from drop down list.	
7	Select **Bulletin Address Type** from drop down list, if applicable.	
8	Select **Credit Balance Indicator** from drop down list.	
9	Select Out of State Provider Indicator from drop down list.	
10	Select **Suppress RA Indicator** from drop down list.	
11	Select **Withhold FICA Indicator** from drop down list.	
12	Select Published EPSDT Screener Indicator from drop down list.	
13	Enter **Pay To Toll Free Phone** and extension, if applicable.	
14	Enter **Svc Loc Toll Free Phone** and extension, if applicable.	
15	Select **Healthcare Indicator** from drop down list.	
16	Enter **End Paper RA** date in MM/DD/CCYY format, if applicable.	
17	Enter **Bulletin Fax/Email Start Date** in MM/DD/CCYY format, if applicable.	
18	Enter **Bulletin Fax/Email End Date** in MM/DD/CCYY format, if applicable.	
19	Enter **Credit Balance Start Date** in MM/DD/CCYY format, if applicable.	
20	Enter **Credit Balance End Date** in MM/DD/CCYY format, if applicable.	
21	Select **Billing Indicator** from drop down list.	
22	Select **Teaching Facility** indicator from drop down list.	
23	Select **Offsite EPSDT Screener** indicator, if applicable.	
24	Select **Fiscal Year End** month from drop down list.	
25	Enter **Primary Contact** name, if applicable.	
26	Check **Open Lien** check box, if applicable.	

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Step	Action	Response
27	Click **Save**.	Application Information Service Location is saved.

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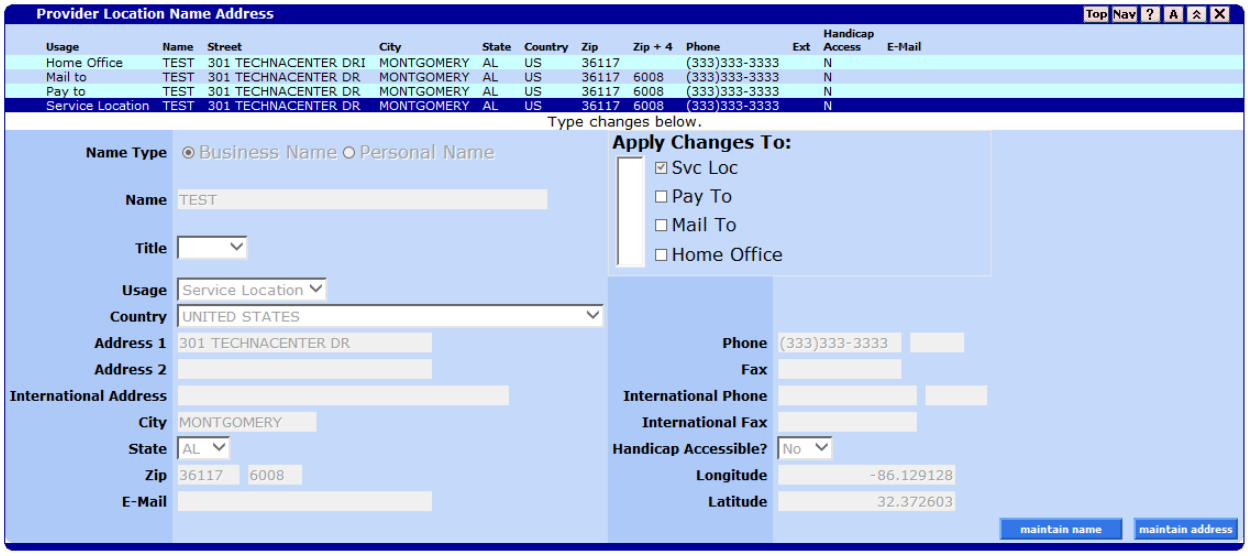
Application Location Name Address Panel Overview

6.1.265 Application Location Name Address Panel Narrative

The Application Location Name Address panel is used to view and update provider names and addresses. The panel displays the list of names and addresses for a specific service location and the user has the capability to change the name and/or address by clicking on the Maintain Name or Maintain Address buttons. At that time, the user can either key in a new name or address or choose Select from List to select a name or address from the list of names and addresses the provider has on file. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Search] - [select row from search results] - [Location Name Address] OR [Provider] – [Enrollment] - [(Add button) OR (select row from search results)] - [Base Information] - [Add Service Location (only available when application status is Approved and Provider ID field <> blank) OR Enroll Contract (only available when application status is Approved and Provider ID field = blank)] - [Location Name Address]

6.1.266 Application Location Name Address Panel Layout



6.1.267 Application Location Name Address Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address 1	Street address 1 of the financial institution.	Field	Character	30
Address 2	Street address 2 of the financial institution.	Field	Character	30
City	City of the financial institution.	Field	Character	15
Country	The country associated to the address selected.	Combo Box	Drop Down List Box	0
Email	Provider's email address.	Field	Character	40

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Field	Description	Field Type	Data Type	Length
Fax	Provider's fax number.	Field	Character	10
Handicap accessible	Provider's handicap access indicator. Valid values include Yes and No.	Combo Box	Drop Down List Box	0
Home Office	Mail office type of address.	Combo Box	Check Box	0
International Address	Provider’s international address.	Field	Character	51
International Fax	Provider’s international fax.	Field	Character	15
International Phone	Provider’s international phone.	Field	Character	15
International Phone Extension	Provider’s international phone extension.	Field	Character	5
Latitude	Provider's calculated latitude.	Field	Number (Integer)	11
Longitude	Provider's calculated longitude.	Field	Number (Integer)	11
Mail To	Mail to type of address.	Combo Box	Check Box	0
Name	Provider's name.	Field	Character	50
Name Type	Type of name: Business or Personal.	Combo Box	Radio Button	0
Pay To	Pay to type of address.	Combo Box	Check Box	0
Phone	Provider's phone number.	Field	Character	10
Phone + Phone Ext	Provider's phone number + provider's phone extension.	Field	Character	14
Phone Ext	Provider's phone extension.	Field	Character	4
State	State of the financial institution.	Combo Box	Drop Down List Box	0
Street address 1 + Street address 2	Street address 1 and 2 of the financial institution.	Field	Character	30
Svc Loc	Service location type of address.	Combo Box	Check Box	0
Title	Provider's official title with valid values from the title list.	Combo Box	Drop Down List Box	0
Usage	Type of address with valid value to include: Home Office Address, Mail-To Address, Pay-To Address, and Service Location Address.	Combo Box	Drop Down List Box	0
Zip	Zip code of the financial institution.	Field	Character	5

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Field	Description	Field Type	Data Type	Length
Zip + 4	Zip code extension of the financial institution.	Field	Character	4

6.1.268 Application Location Name Address Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address Line 1 is required.	Enter an Address 1.
City	Field	1	City is required.	Enter a City.
Latitude	Field	5000	Latitude and Longitude could not be calculated. Please review changes.	This is a warning message. The Latitude and Longitude could not be calculated for the address entered. Please review the changes.
Longitude	Field	5000	Latitude and Longitude could not be calculated. Please review changes.	This is a warning message. The Latitude and Longitude could not be calculated for the address entered. Please review the changes.
Name	Field	1	Name is required.	Enter a Name.
	Field	231	Both First Name and Last Name are required.	Enter a first and last name.
Phone	Field	1	Phone is required.	Enter a Phone Number.
State	Field	29	A valid State is required.	Choose a State code.
Toll Free Phone	Field	1	Toll Free phone number is required if Ext. is entered.	Enter a Toll Free phone number.
Zip	Field	1	Zip is required.	Enter a Zip Code.

6.1.269 Application Location Name Address Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.270 Application Location Name Address Panel Accessibility

6.1.270.1 To Access the Application Location Name Address Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria for an application in Approved status and click **Search**; Or click **Search** and select a line item with a status of Approved.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.

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Step	Action	Response
4	Select a detail line from the results displayed.	Enroll Provider link displays at the bottom of the browser page.
5	Click Enroll Provider link.	Application Location Name Address panel displays.

6.1.270.2 To Update the Application Location Name Address Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click Maintain Name or Maintain Address button.	Fields are populated with data related to the line selected.
3	Click in field(s) to update and perform update.	
4	Click **Save**.	Application Location Name information is saved.

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Provider Enrollment Application Information Enroll Provider Page Overview

6.1.271 Provider Enrollment Application Information Enroll Provider Page Narrative

The Provider Enrollment Application Information Enroll Provider page displays the Application Information, Application Information Maintenance, Application Mini-Search and Base Information panels.

This page is display only.

Navigation Path: [Provider] – [Enrollment] - [(Add button) OR (select row from search results)] - [Base Information] - [Enroll Provider (only available when application status is Approved and Provider ID field <> blank)]

6.1.272 Provider Enrollment Application Information Enroll Provider Page Layout

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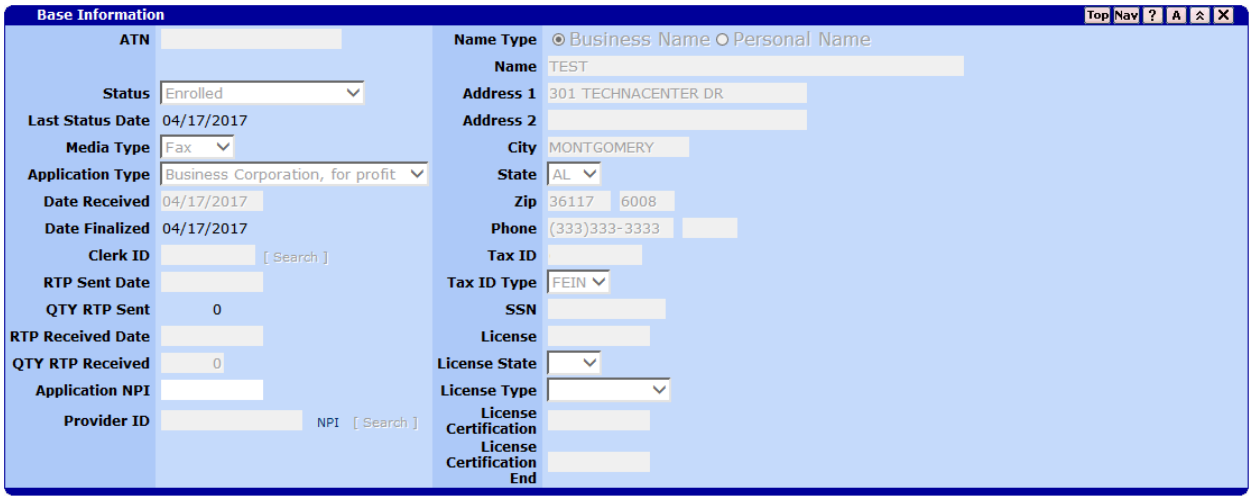

6.1.273 Provider Enrollment Application Information Enroll Provider Page Field Descriptions

Field	Description	Field Type	Data Type	Length
No field descriptions found for this page.				

6.1.274 Provider Enrollment Application Information Enroll Provider Page Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

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6.1.275 Provider Enrollment Application Information Enroll Provider Page Extra Features

Field	Field Type
No extra features found for this page.	

6.1.276 Provider Enrollment Application Information Enroll Provider Page Accessibility

6.1.276.1 To Access the Provider Enrollment Application Information Enroll Provider Page

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Enrollment**.	Application Search panel displays.
3	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of applications to display.
4	Select a detail line from the results displayed.	Application Information panel displays.

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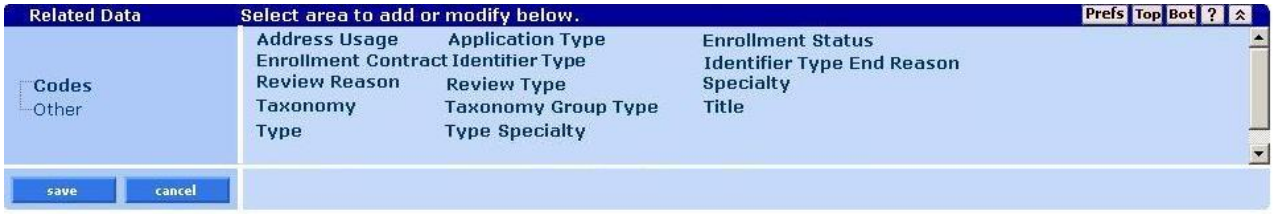
Provider Related Data Codes Page Overview

6.1.277 Provider Related Data Codes Page Narrative

The Provider Related Data Codes page displays the Address Usage, Application Type, Enrollment Contract, Enrollment Status, Identifier Type, Identifier Type End Reason, Review Reason, Review Type, Specialty, Taxonomy, Taxonomy Group Type, Title, Type and Type Specialty panels. This panel is utilized as a navigation tool to access related data panels.

Navigation Path: [Provider] – [Related Data] - [Codes]

6.1.278 Provider Related Data Codes Page Layout



6.1.279 Provider Related Data Codes Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Address Usage	Link to the Address Usage panel.	Hyperlink	N/A	0
Application Type	Link to the Application Type panel.	Hyperlink	N/A	0
Cancel	This allows the user to cancel any changes on the Related Data-Codes panel.	Button	N/A	0
Enrollment Contract	Link to the Enrollment Contract panel.	Hyperlink	N/A	0
Enrollment Status	Link to the Enrollment Status panel.	Hyperlink	N/A	0
Identifier Type	Link to the Identifier Type panel.	Hyperlink	N/A	0
Identifier Type End Reason	Link to the Identifier Type End Reason panel.	Hyperlink	N/A	0
Review Reason	Link to the Review Reason panel.	Hyperlink	N/A	0
Review Type	Link to the Review Type panel.	Hyperlink	N/A	0
Save	This allows the user to save a record for Related Data.	Button	N/A	0
Specialty	Link to the Specialty panel.	Hyperlink	N/A	0
Taxonomy	Link to the Taxonomy panel.	Hyperlink	N/A	0
Taxonomy Group Type	Link to the Taxonomy Group Type panel.	Hyperlink	N/A	0
Title	Link to the Title panel.	Hyperlink	N/A	0

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Field	Description	Field Type	Data Type	Length
Type	Link to the Type panel.	Hyperlink	N/A	0
Type Specialty	Link to the Type Specialty panel.	Hyperlink	N/A	0

6.1.280 Provider Related Data Codes Page Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

6.1.281 Provider Related Data Codes Page Extra Features

Field	Field Type
No extra features found for this page.	

6.1.282 Provider Related Data Codes Page Accessibility

6.1.282.1 To Access the Provider Related Data Codes Page

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Click **Codes**.	Related Data-Codes panel displays.

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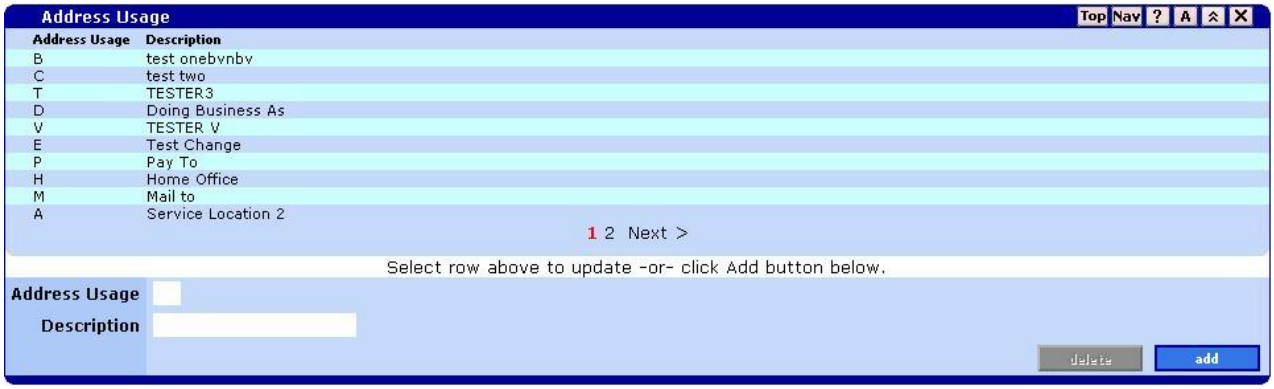
Address Usage Panel Overview

6.1.283 Address Usage Code Panel Narrative

The Address Usage panel is used to maintain address usage codes which feed into the selections available in the Usage drop-down list on the Provider Location Name Address panel. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] - [Codes] - [Address Usage]

6.1.284 Address Usage Panel Layout



6.1.285 Address Usage Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add address usage code information.	Button	N/A	0
Address Usage	Code associated with the address usage description.	Field	Character	1
Delete	Allows the user to remove address usage code information.	Button	N/A	0
Description	Type of address with valid value to include: Home Office Address, Mail-To Address, Pay-To Address and Service Location Address.	Field	Character	20

6.1.286 Address Usage Code Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Address Usage	Field	1	Address Usage is required.	Enter an Address Usage.
	Field	10	Address Usage must be Alphanumeric.	Verify keying. Address Usage must be 0-9 or A-Z.
	Field	5000	A duplicate record cannot be saved.	Verify keying. The address code entered already exists.
Description	Field	1	Description is required.	Enter a Description.

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6.1.287 Address Usage Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.288 Address Usage Panel Accessibility

6.1.288.1 To Access the Address Usage Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Click **Address Usage** hyperlink on Related Data panel.	Address Usage panel displays.

6.1.288.2 To Add on Address Usage Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Address Usage Code.	
3	Enter **Description** of the code.	
4	Click **Save**.	Address Usage information is saved.

6.1.288.3 To Update the Address Usage Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Address Usage information is saved.

6.1.288.4 To Delete from the Address Usage Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Application Type Panel Overview

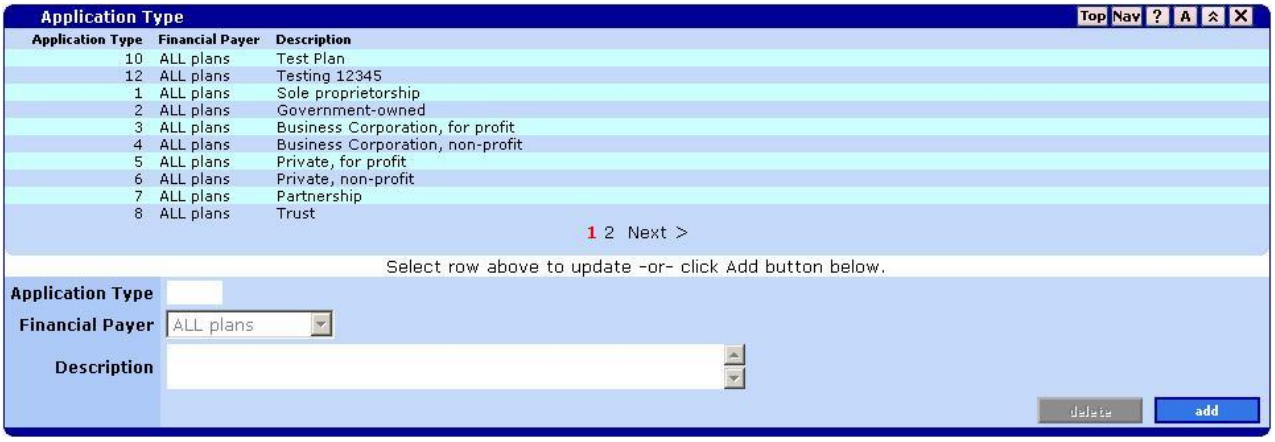
6.1.289 Application Type Panel Narrative

The Application Type panel is used to maintain application type codes which feed into the selections available in the Application Type drop-down list on the Provider Application Base Information panel.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] - [Related Data] - [Codes] - [Application Type]

6.1.290 Application Type Panel Layout



6.1.291 Application Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add application type code information.	Button	N/A	0
Application Type	Application type code.	Field	Number (Integer)	3
Delete	Allows the user to remove application type code information.	Button	N/A	0
Description	The description of the application type.	Field	Character	100
Financial Payer	Financial payer.	Combo Box	Drop Down List Box	0

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6.1.292 Application Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Application Type	Field	1	Enter a valid value.	Verify value enter is numeric.
	Field	15	Application Type must be greater than or equal to 1.	Verify keying. The Application Type must be greater than or equal to zero.
	Field	16	Application Type must be less than or equal to 999.	Verify keying. The Application Type must be less than or equal to 999.
	Field	5000	A duplicate record cannot be saved.	Verify keying. The Application Type entered already exists.
Description	Field	1	Description is required.	Description is required.
Financial Payer	Field	1	A valid Financial Payer is required.	Choose a Financial Payer.

6.1.293 Application Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.294 Application Type Panel Accessibility

6.1.294.1 To Access the Application Type Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select Application Type.	Application Type panel displays.

6.1.294.2 To Add on Application Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Application Type.	
3	Select **Financial Payer** from drop down list.	
4	Enter **Description** of the code.	
5	Click **Save**.	Application Type information is saved.

6.1.294.3 To Update the Application Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.

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2	Click in field(s) to update and perform update.	
3	Click **Save**.	Application Type information is saved.

6.1.294.4 To Delete from the Application Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Enrollment Contract Panel Overview

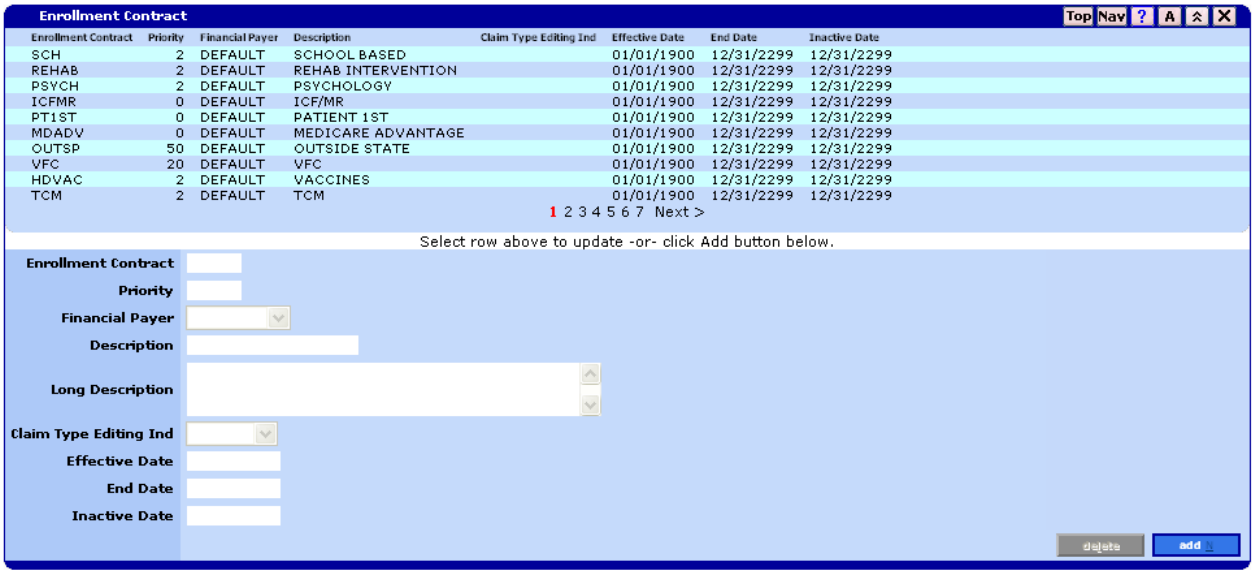
6.1.295 Enrollment Contract Panel Narrative

The Enrollment Contract panel is used to maintain enrollment contract codes which feed into the selections available in the Contract drop-down list on the Provider Contract panel.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] - [Codes] - [Enrollment Contract]

6.1.296 Enrollment Contract Panel Layout



6.1.297 Enrollment Contract Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add enrollment contract code information.	Button	N/A	0
Claim Type Editing Ind	Indicator for claim type editing.	Comb o Box	Drop Down List Box	0
Delete	Allows the user to remove enrollment contract code information.	Button	N/A	0
Description	Short description of the provider enrollment contract.	Field	Character	20
Effective Date	The effective date of the provider enrollment contract.	Field	Date (MM/DD/CCYY)	8
End Date	The end date of the provider enrollment contract.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Enrollment Contract	Code that represents a provider enrollment contract.	Field	Character	5
Financial Payer	Financial payer for the provider enrollment contract.	Comb o Box	Drop Down List Box	0
Inactive Date	The date the provider enrollment contract became inactive.	Field	Date (MM/DD/CCYY)	8
Long Description	Long description of the provider enrollment contract.	Field	Character	4000
Priority	Priority of the enrollment contract.	Field	Character	5

6.1.298 Enrollment Contract Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Effective Date	Field	1	Effective Date is required.	Enter a valid date [MM/DD/CCYY].
End Date	Field	1	End Date is required.	Enter a valid date [MM/DD/CCYY].
Enrollment Contract	Field	1	Enrollment Contract is required.	Enter an Enrollment Contract.
	Field	2	Enrollment Contract must be at least 3 characters in length.	Enter an Enrollment Contract with 3 characters or more.
	Field	10	Enrollment Contract must be Alphanumeric.	Verify keying. Entry must be 0-9 or A-Z.
	Field	5000	A duplicate record cannot be saved.	Verify keying. The Enrollment Contract entered already exists.
Financial Payer	Field	29	A valid Financial Payer is required.	Choose a Financial Payer.
Inactive Date	Field	1	Inactive Date is required.	Inactive Date must be a valid date [MM/DD/CCYY].
	Field	1	Inactive date is required.	Enter a valid date [MM/DD/CCYY]].
Long Description	Field	1	Long Description is required.	Enter a Long Description.

6.1.299 Enrollment Contract Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.300 Enrollment Contract Panel Accessibility

6.1.300.1 To Access the Enrollment Contract Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	A list of hyperlinks to panel(s) displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select Enrollment Contract.	Enrollment Contract Code panel displays.

6.1.300.2 To Add on Enrollment Contract Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Enrollment Contract Code.	
3	Enter Priority.	
4	Select Financial Payer.	
5	Enter **Description** of the code.	
6	Enter Long Description.	
7	Select Claim Type Editing Indicator.	
8	Enter Effective Date.	
9	Enter End Date.	
10	Enter Inactive Date.	
11	Click **Save**.	Enrollment Contract information is saved.

6.1.300.3 To Update the Enrollment Contract Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Enrollment Contract information is saved.

6.1.300.4 To Delete from the Enrollment Contract Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Enrollment Status Panel Overview

6.1.301 Enrollment Status Panel Narrative

The Enrollment Status panel is used to maintain enrollment status codes which feed into the selections available in the End Reason drop-down list on the Provider Contract panel.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] - [Codes] - [Enrollment Status]

6.1.302 Enrollment Status Panel Layout

6.1.303 Enrollment Status Panel Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add enrollment status code information.	Button	N/A	0
Delete	Allows the user to remove enrollment status code information.	Button	N/A	0
Description	Description of the enrollment status code.	Field	Character	21
Enrollment Status	Enrollment status code.	Field	Character	1

6.1.304 Enrollment Status Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Enrollment Status	Field	1	Enrollment Status is required.	Enter an Enrollment Status.
	Field	10	Enrollment Status must be Alphanumeric.	Verify keying. Enrollment status must be 0-9 or A-Z.
	Field	5000	A duplicate record cannot be saved.	Verify keying. The Enrollment Status entered already exists.

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6.1.305 Enrollment Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.306 Enrollment Status Panel Accessibility

6.1.306.1 To Access the Enrollment Status Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select Enrollment Status.	Enrollment Status panel displays.

6.1.306.2 To Add on Enrollment Status Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Enrollment Status.	
3	Enter **Description** of the code.	
4	Click **Save**.	Enrollment Status information is saved.

6.1.306.3 To Update the Enrollment Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Enrollment Status information is saved.

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6.1.306.4 To Delete from the Enrollment Status Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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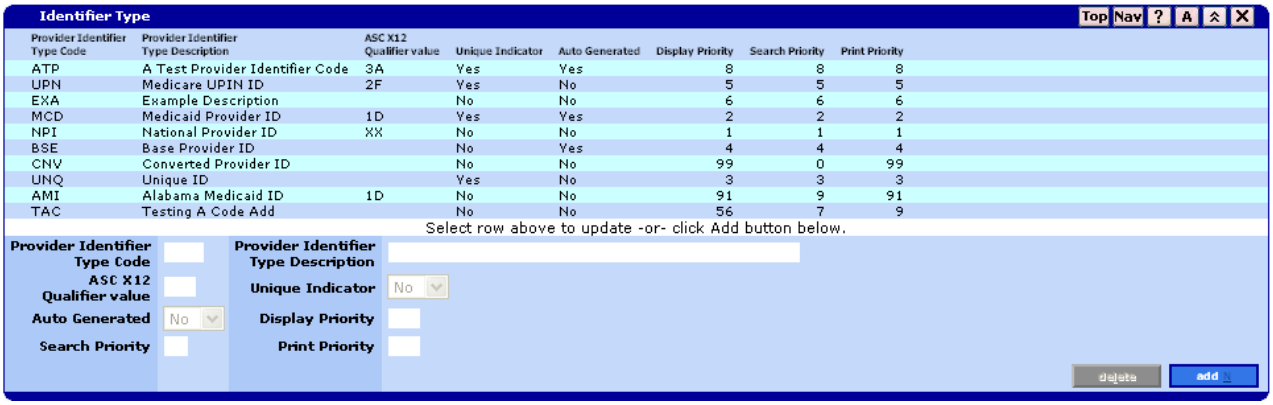
Identifier Type Panel Overview

6.1.307 Identifier Type Panel Narrative

The Identifier Type Code panel contains the values that are applicable to the Identifier Type drop down field on the IDs panel. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] – [Codes] - [Identifier Type]

6.1.308 Identifier Type Panel Layout



6.1.309 Identifier Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Identifier type information.	Button	N/A	0
ASC X12 Qualifier value	ASC X12 qualifier value.	Field	Character	2
Auto Generated	Auto generated indicator. Valid values include Yes and No.	Combo Box	Drop Down List Box	0
Delete	Allows the user to remove identifier type information.	Button	N/A	0
Display Priority	Display priority.	Field	Number (Integer)	2
Print Priority	Print priority.	Field	Character	2
Provider Identifier Type Code	Provider identifier type code.	Field	Character	3
Provider Identifier Type Description	Description of the identifier type.	Field	Character	50
Search Priority	Allows the user to set the search priority.	Field	Number (Integer)	1

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Field	Description	Field Type	Data Type	Length
Unique Indicator	Unique Indicator. Valid values are Yes and No.	Combo Box	Drop Down List Box	0

6.1.310 Identifier Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Display Indicator	Field	1	Display indicator must be greater than or equal to 1.	Verify keying. Enter Display Indicator value (1-9).
	Field	2	Display Priority is already in use. The Display Priority must be unique.	Verify keying. Select a Display Priority not already in use.
Provider Identifier Type Code	Field	1	Provider Identifier Type Code is required.	Verify keying. Enter a Provider Identifier Type Code.
Provider Identifier Type Description	Field	1	Provider Identifier Type Description is required.	Verify keying. Enter a Provider Identifier Type Description.
Search Priority	Field	1	Search Priority is already in use. The Search Priority must be unique.	Verify keying. Select a Search Priority not already in use.
Auto Generated	Combo Box	1	Auto Generated is required.	Verify keying. Select Yes or No from Auto Generated drop down list.
Print Priority	Field	1	Print Priority must be greater than or equal to 1.	Verify keying. Enter Print Priority value (1-9).
	Field	2	Print Priority is already in use. The Print Priority must be unique.	Verify keying. Select a Print Priority not already in use.
Unique Indicator	Combo Box	1	Unique indicator is required.	Verify keying. Select Yes or No from Unique Indicator drop down list.

6.1.311 Identifier Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.312 Identifier Type Panel Accessibility

6.1.312.1 To Access the Identifier Type Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select Identifier Type.	Identifier Type panel displays.

6.1.312.2 To Add on Identifier Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Provider Identifier Type Code.	
3	Enter ASC X12 Qualifier Value.	
4	Select **Auto Generated** from the drop down list box.	
5	Enter Search Priority.	
6	Enter Provider Identifier Type Description.	
7	Select **Unique Identifier** from the drop down list box.	
8	Enter Display Priority.	
9	Enter Print Priority.	
10	Click **Save**.	Identifier Type information is saved.

6.1.312.3 To Update the Identifier Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Identifier Type information is saved.

6.1.312.4 To Delete from the Identifier Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Identifier Type End Reason Panel Overview

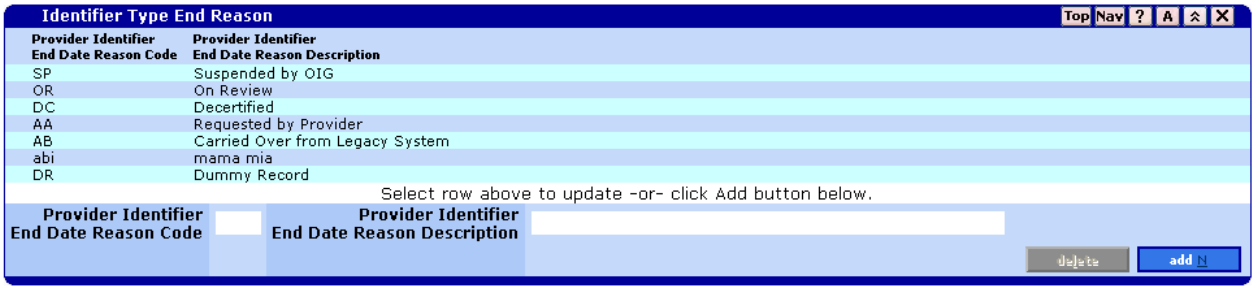
6.1.313 Identifier Type End Reason Panel Narrative

The Identifier Type End Reason Code panel contains the reasons for which an ID can be terminated.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] – [Codes] - [Identifier Type End Reason]

6.1.314 Identifier Type End Reason Panel Layout



6.1.315 Identifier Type End Reason Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add identifier type end reason information.	Button	N/A	0
Delete	Allows the user to remove identifier type end reason information.	Button	N/A	0
Provider Identifier End Date Reason Code	Provider Identifier End Date Reason Code.	Field	Character	3
Provider Identifier End Date Reason Description	Provider Identifier End Date Reason Description.	Field	Character	50

6.1.316 Identifier Type End Reason Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Provider Identifier End Date Reason Code	Field	1	Provider Identifier End Date Reason Code is required.	Verify keying. Enter a Provider Identifier End Date Reason Code.
	Field	2	A duplicate record cannot be saved.	Verify keying. A duplicate record cannot be saved.
Provider Identifier End Date Reason Description	Field	1	Provider Identifier End Date Reason Description is required.	Verify keying. Enter a Provider Identifier End Date Reason Description.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	A duplicate record cannot be saved.	Verify keying. A duplicate record cannot be saved.

6.1.317 Identifier Type End Reason Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.318 Identifier Type End Reason Panel Accessibility

6.1.318.1 To Access the Identifier Type End Reason Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select Identifier Type End Reason.	Identifier Type End Reason panel displays.

6.1.318.2 To Add on Identifier Type End Reason Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Provider Identifier End Date Reason Code.	
3	Enter Provider Identifier End Date Reason Description.	
4	Click **Save**.	Identifier Type End Reason information is saved.

6.1.318.3 To Update the Identifier Type End Reason Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Identifier Type End Reason information is saved.

6.1.318.4 To Delete from the Identifier Type End Reason Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Review Reason Panel Overview

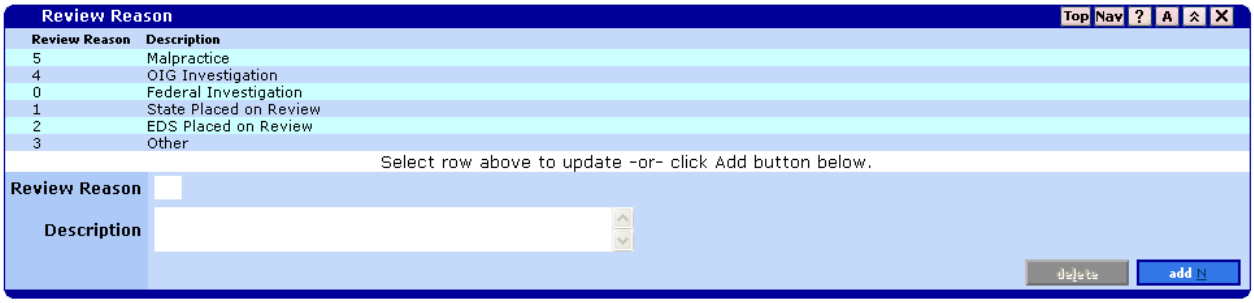
6.1.319 Review Reason Panel Narrative

The Review Reason panel contains the reason codes and associated descriptions which populate the Review Reason drop down on the Restricted Service panel.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] – [Codes] - [Review Reason]

6.1.320 Review Reason Panel Layout



6.1.321 Review Reason Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add review reason information.	Button	N/A	0
Delete	Allows the user to remove review reason information.	Button	N/A	0
Description	Description of the Review Reason.	Field	Character	50
Review Reason	Code associated with the Review Reason.	Field	Alphanumeric	1

6.1.322 Review Reason Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Verify keying. Enter Description.
	Field	2	A duplicate record cannot be saved.	Verify keying. A duplicate record cannot be saved.
Review Reason	Field	1	Review Reason is required.	Verify keying. Enter Review Reason.
	Field	2	A duplicate record cannot be saved.	Verify keying. A duplicate record cannot be saved.

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6.1.323 Review Reason Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.324 Review Reason Panel Accessibility

6.1.324.1 To Access the Review Reason Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select Review Reason.	Review Reason panel displays.

6.1.324.2 To Add on Review Reason Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Review Reason.	
3	Enter Description.	
4	Click **Save**.	Review Reason information is saved.

6.1.324.3 To Update the Review Reason Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Review Reason information is saved.

6.1.324.4 To Delete from the Review Reason Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Review Type Panel Overview

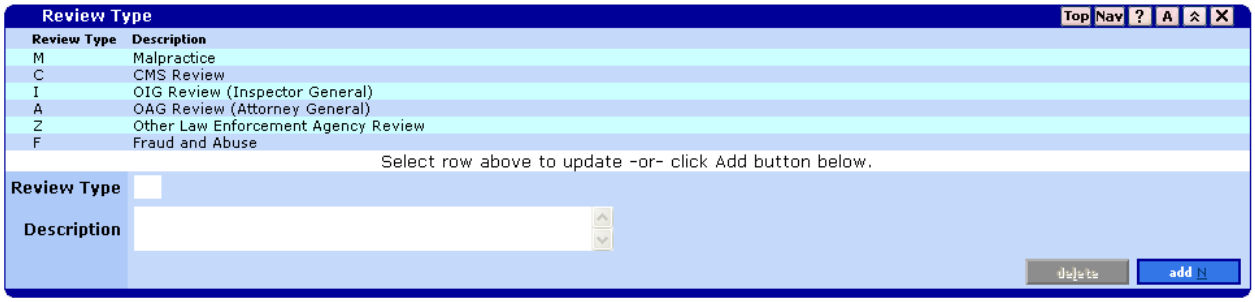
6.1.325 Review Type Panel Narrative

The Review Type panel contains the codes and descriptions which populate the Review Type drop down list of the Restricted Service and Review panels.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] – [Codes] - [Review Type]

6.1.326 Review Type Panel Layout



6.1.327 Review Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add review type information.	Button	N/A	0
Delete	Allows the user to remove review type information.	Button	N/A	0
Description	Review Type Code Description.	Field	Character	50
Review Type	Review Type Code.	Field	Character	1

6.1.328 Review Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Verify keying. Enter Description.
	Field	2	A duplicate record cannot be saved.	Verify keying. A duplicate record cannot be saved.
Review Type	Field	1	Review Type is required.	Verify keying. Enter Review Type.
	Field	2	A duplicate record cannot be saved.	Verify keying. A duplicate record cannot be saved.

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6.1.329 Review Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.330 Review Type Panel Accessibility

6.1.330.1 To Access the Review Type Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select Review Type.	Review Type panel displays.

6.1.330.2 To Add on Review Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Review Type.	
3	Enter Description.	
4	Click **Save**.	Review Type information is saved.

6.1.330.3 To Update the Review Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Review Type information is saved.

6.1.330.4 To Delete from the Review Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Specialty Panel Overview

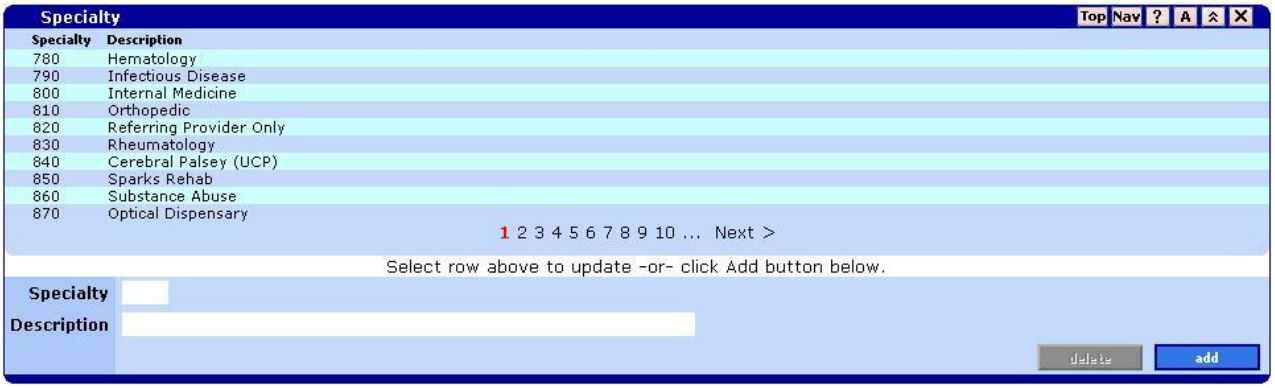
6.1.331 Specialty Panel Narrative

The Specialty panel is used to maintain specialty codes which feed into the selections applicable to the specialty field on the Provider Type Specialty panel.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] – [Codes] - [Specialty]

6.1.332 Specialty Panel Layout



6.1.333 Specialty Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add specialty code information.	Button	N/A	0
Delete	Allows the user to remove specialty code information.	Button	N/A	0
Description	Specialty Code Description.	Field	Character	50
Specialty	Specialty Code.	Field	Number (Integer)	3

6.1.334 Specialty Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Specialty	Field	1	Specialty is required.	Enter a Specialty.
	Field	10	Specialty must be Alphanumeric.	Verify keying. Specialty must be 0-9 or A-Z.
	Field	18	Specialty must be 3 character(s) in length.	Verify keying. Specialty code must be three characters.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	5000	A duplicate record cannot be saved.	Verify keying. The Specialty entered already exists.

6.1.335 Specialty Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.336 Specialty Panel Accessibility

6.1.336.1 To Access the Specialty Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select Specialty.	Specialty panel displays.

6.1.336.2 To Add on Specialty Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Specialty Code.	
3	Enter **Description** of the code.	
4	Click **Save**.	Specialty information is saved.

6.1.336.3 To Update the Specialty Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Specialty information is saved.

6.1.336.4 To Delete from the Specialty Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Taxonomy Panel Overview

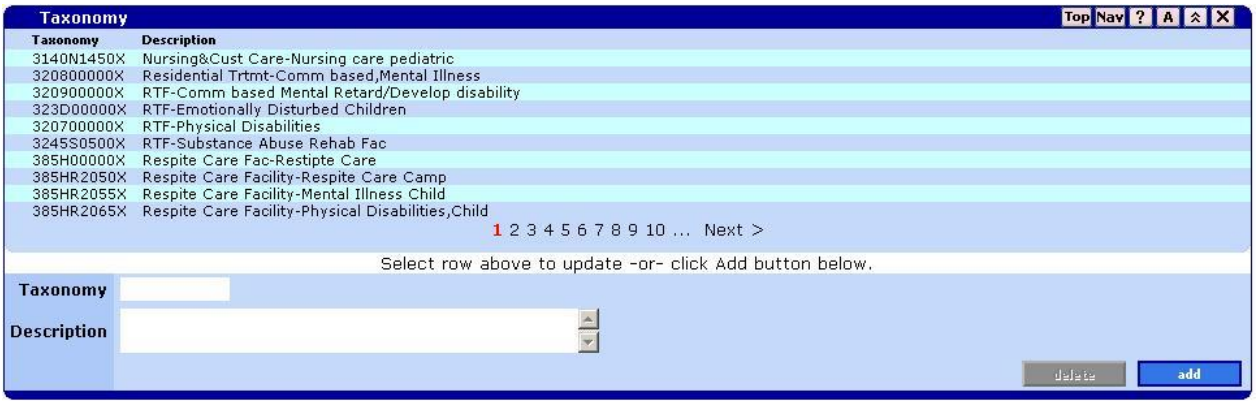
6.1.337 Taxonomy Panel Narrative

The Taxonomy panel is used to maintain taxonomy codes which feed into the selections applicable to the taxonomy field on the Provider Type Specialty panel.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] – [Codes] - [Taxonomy]

6.1.338 Taxonomy Panel Layout



6.1.339 Taxonomy Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add taxonomy code information.	Button	N/A	0
Delete	Allows the user to remove taxonomy code information.	Button	N/A	0
Description	Taxonomy Description.	Field	Character	100
Taxonomy	Taxonomy Code.	Field	Character	10

6.1.340 Taxonomy Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Taxonomy	Field	1	Taxonomy is required.	Enter a Taxonomy.
	Field	10	Taxonomy must be Alphanumeric.	Verify keying. Entry must be 0-9 or A-Z.
	Field	18	Taxonomy must be 10 character(s) in length.	Verify keying. The Taxonomy code must be 10 characters.
	Field	5000	A duplicate record cannot be saved.	Verify keying. The Taxonomy code already exists.

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6.1.341 Taxonomy Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.342 Taxonomy Panel Accessibility

6.1.342.1 To Access the Taxonomy Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) display.
4	Select **Taxonomy**.	Taxonomy panel displays.

6.1.342.2 To Add on Taxonomy Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Taxonomy.	
3	Enter **Description** of the code.	
4	Click **Save**.	Taxonomy information is saved.

6.1.342.3 To Update the Taxonomy Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Taxonomy information is saved.

6.1.342.4 To Delete from the Taxonomy Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Taxonomy Group Type Panel

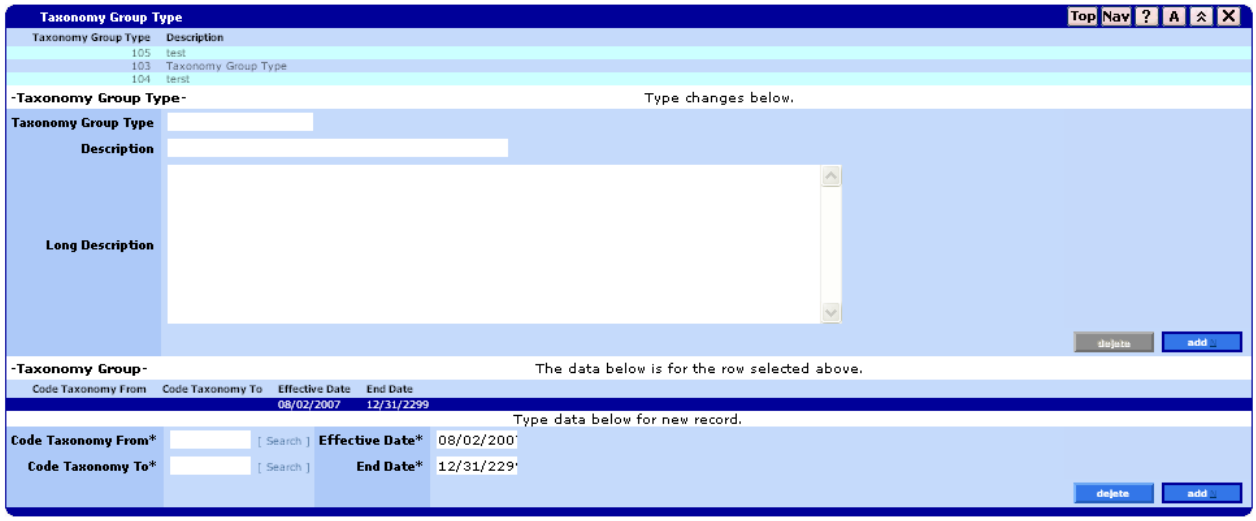
6.1.343 Taxonomy Group Type Panel Narrative

The Taxonomy Group Type panel displays the data used to group Taxonomy information into types.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] – [Codes] - [Taxonomy Group Type]

6.1.344 Taxonomy Group Type Panel Layout



6.1.345 Taxonomy Group Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add [Taxonomy Group Type]	Allows the user to add taxonomy group type information.	Button	N/A	0
Add [Taxonomy Group]	Adds a new taxonomy group to the current taxonomy type.	Button	N/A	0
Code Taxonomy From	The lower range of a group of taxonomy codes.	Field	Number (Integer)	9
Code Taxonomy To	The upper range of a group of taxonomy codes.	Field	Number (Integer)	9
Delete [Taxonomy Group Type]	Allows the user to remove taxonomy group type information.	Button	N/A	0
Delete [Taxonomy Group]	Deletes the current taxonomy group from the current taxonomy type.	Button	N/A	0
Description	Describes the taxonomy type.	Field	Alphanumeric	50

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Field	Description	Field Type	Data Type	Length
Effective Date	The date that the taxonomy is to become effective for the taxonomy type in claims processing.	Field	Date (MM/DD/CCYY)	8
End Date	The last date that the taxonomy is in effect for the taxonomy type in claims processing.	Field	Date (MM/DD/CCYY)	8
Long Description	Definition of where and/or how this taxonomy group is used.	Field	Alphanumeric	4000
Taxonomy Group Type	System assigned key for a unique taxonomy type, that represents a collection of taxonomies.	Field	Number (Integer)	9

6.1.346 Taxonomy Group Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Code Taxonomy From	Field	1	A valid Code Taxonomy From is required.	Enter a valid Code Taxonomy when adding or modifying.
Code Taxonomy To	Field	1	A valid Code Taxonomy To is required.	Enter a valid Taxonomy Code when adding or modifying.
Description	Field	1	Description is required.	Enter a Description when adding.
Effective Date	Field	1	Effective Date is required.	Enter a valid Date (MM/DD/CCYY).
	Field	2	Effective Date must be greater than or equal to 01/01/1900.	Enter a Date greater than or equal to 01/01/1900.
	Field	3	Effective Date must be less than or equal to 12/31/2299.	Enter a date less than or equal to 12/31/2299.
	Field	4	Effective Date [DD/MM/CCYY HH:MM:SS] must be less than or equal to End Date [DD/MM/CCYY HH:MM:SS].	Enter an Effective Date less than or equal to the End Date.
End Date	Field	1	End Date is required.	Enter a valid date (MM/DD/CCYY).
	Field	2	End Date must be greater than or equal to 01/01/1900.	Enter a date greater than or equal to 01/01/1900.
	Field	3	End Date must be less than or equal to 12/31/2299.	Enter a date less than or equal to 12/31/2299.

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Field	Field Type	Error Code	Error Message	To Correct
Long Description	Field	1	Long Description is required.	Enter a description when adding.

6.1.347 Taxonomy Group Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.348 Taxonomy Group Type Panel Accessibility

6.1.348.1 To Access the Taxonomy Group Type Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) display.
4	Select Taxonomy Group Type.	Taxonomy Group Type panel displays.

6.1.348.2 To Add on Taxonomy Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Description.	
3	Enter **Long Description** of the code.	
4	Click **Save**.	Taxonomy Group Type information is saved.

6.1.348.3 To Add on Taxonomy Group Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Click [**Search**] to locate Code Taxonomy From. Enter Taxonomy, Description or select from the list of search results.	Code Taxonomy From field is populated.
3	Click [**Search**] to locate Code Taxonomy To. Enter Taxonomy, Description or select from the list of search results.	Code Taxonomy To field is populated.
4	Enter **Effective Date** in MM/DD/CCYY format.	
5	Enter **End Date** in MM/DD/CCYY format.	
6	Click **Save**.	Taxonomy Group information is saved.

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6.1.348.4 To Update the Taxonomy Group Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Taxonomy Group Type information is saved.

6.1.348.5 To Update the Taxonomy Group Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Taxonomy Group information is saved.

6.1.348.6 To Delete from the Taxonomy Group Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

6.1.348.7 To Delete from the Taxonomy Group Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Title Panel Overview

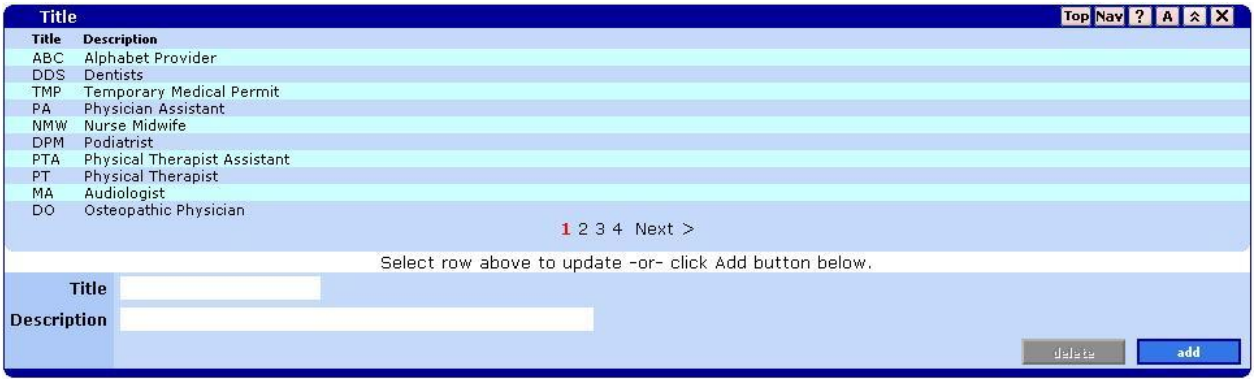
6.1.349 Title Panel Narrative

The Title panel is used to maintain title codes which feed into the selections applicable to the title field on the Provider Location Name Address panel.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] - [Codes] - [Title]

6.1.350 Title Panel Layout



6.1.351 Title Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add title code information.	Button	N/A	0
Delete	Allows the user to remove title code information.	Button	N/A	0
Description	Title Code Description.	Field	Character	50
Title	Title Code.	Field	Character	15

6.1.352 Title Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Title	Field	1	Title is required.	Enter a Title.
	Field	10	Title must be Alphanumeric.	Verify keying. Title must be 0-9 or A-Z.
	Field	5000	A duplicate record cannot be saved.	Verify keying. The Title entered already exists.

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6.1.353 Title Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.354 Title Panel Accessibility

6.1.354.1 To Access the Title Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select **Title**.	Title panel displays.

6.1.354.2 To Add on Title Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Title**.	
3	Enter **Description** of the code.	
4	Click **Save**.	Title information is saved.

6.1.354.3 To Update the Title Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Title information is saved.

6.1.354.4 To Delete from the Title Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Type Panel Overview

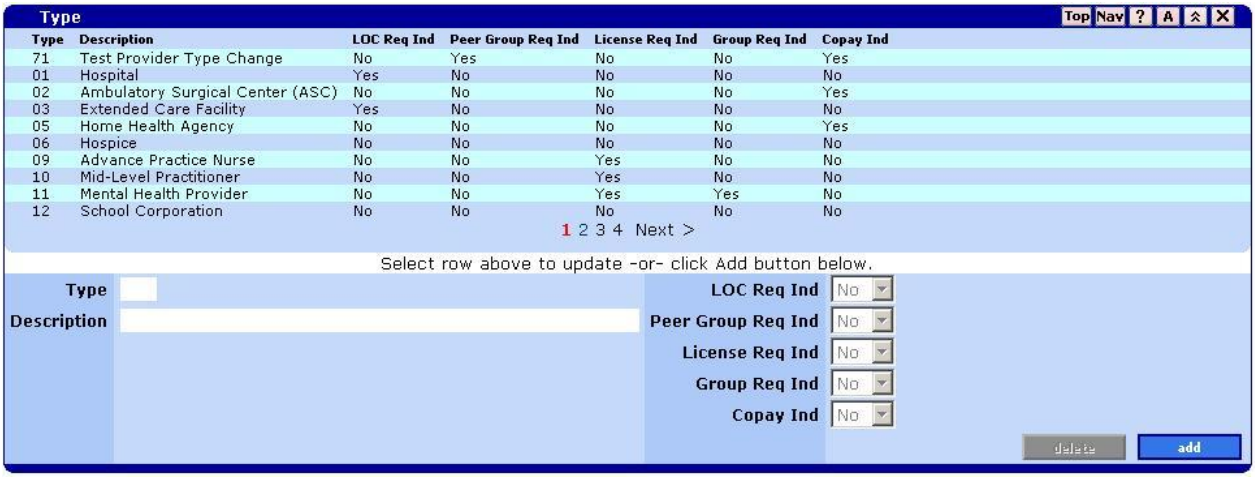
6.1.355 Type Panel Narrative

The Type panel is used to maintain type codes which feed into the selections applicable to the type field on the Provider Type Specialty panel.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] - [Codes] - [Type]

6.1.356 Type Panel Layout



6.1.357 Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add type code information.	Button	N/A	0
Copay Ind	Copay Required Indicator. LOC Required Indicator. Valid values include: Yes and No.	Comb o Box	Drop Down List Box	0
Delete	Allows the user to remove type code information.	Button	N/A	0
Description	Type code description.	Field	Character	50
Group Req Ind	Group Required Indicator. LOC Required Indicator. Valid values include: Yes and No.	Comb o Box	Drop Down List Box	0
License Req Ind	License Required Indicator. LOC Required Indicator. Valid values include: Yes and No.	Comb o Box	Drop Down List Box	0
LOC Req Ind	LOC Required Indicator. Valid values include: Yes and No.	Comb o Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Peer Group Req Ind	Peer Group Required Indicator. LOC Required Indicator. Valid values include: Yes and No.	Combo Box	Drop Down List Box	0
Type	Type Code.	Field	Character	2

6.1.358 Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Type	Field	1	Type is required.	Enter a Type.
	Field	10	Type must be Alphanumeric.	Verify keying. Type must be 0-9 or A-Z.
	Field	18	Type must be 2 character(s) in length.	Verify keying. The Type must be two characters.
	Field	5000	A duplicate record cannot be saved.	Verify keying. The Type entered already exists.

6.1.359 Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.360 Type Panel Accessibility

6.1.360.1 To Access the Type Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select **Type**.	Type panel displays.

6.1.360.2 To Add on Type Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter **Type**.	
3	Enter **Description** of the code.	
4	Select **LOC Req Ind**. (Required Indicator)	

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Step	Action	Response
5	Select **Peer Group Req Ind**. (Required Indicator)	
6	Select **License Req Ind**. (Required Indicator)	
7	Select **Group Req Ind**. (Required Indicator)	
8	Select **Copay Ind**. (Required Indicator)	
9	Click **Save**.	Type information is saved.

6.1.360.3 To Update the Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Type information is saved.

6.1.360.4 To Delete from the Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Type Specialty Panel Overview

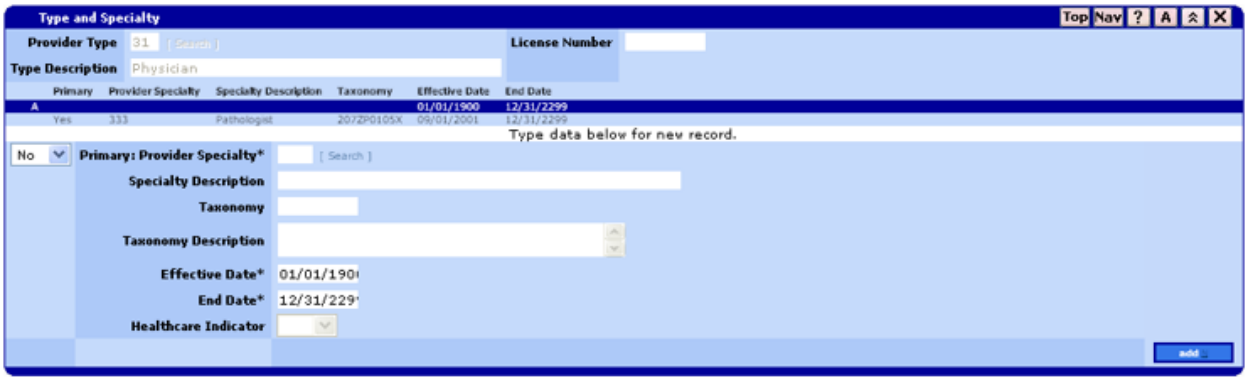
6.1.361 Type Specialty Panel Narrative

The Type Specialty panel is used to maintain the cross reference between provider type and provider specialty codes which feed into the selections applicable to the specialty field on the Provider Type Specialty panel.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] - [Codes] - [Type Specialty]

6.1.362 Type Specialty Panel Layout



6.1.363 Type Specialty Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add type specialty code information.	Button	N/A	0
Delete	Allows the user to remove type specialty code information.	Button	N/A	0
Description	Provider Type Code Description.	Field	Character	50
Healthcare Indicator	Indicator showing specialty is a healthcare specialty.	Comb o Box	Drop Down List Box	0
Provider Specialty	Provided specialty.	Field	Character	50
Provider Taxonomy	Provider taxonomy.	Field	Character	100
Provider Type	Provider type code.	Field	Character	3
Specialty	Specialty code.	Field	Character	3
Specialty Description	Description of the specialty code.	Field	Character	50
Taxonomy	Taxonomy code.	Field	Number (Integer)	9
Taxonomy Description	Description of the taxonomy code.	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Type	Provider type code.	Field	Character	50

6.1.364 Type Specialty Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Enter an Effective Date.
	Field	4	Effective Date must be greater than or equal to 01/01/1900.	Enter an Effective Date greater than the 01/01/1900 default date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be before the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same specialty code.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	4	End Date must be greater than or equal to 01/01/1900.	Enter an Effective Date greater than the 01/01/1900 default date.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be before the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap for the same specialty code.
License Number	Field	10	Provider License Number must be Alphanumeric.	Verify keying. License can only contain A-Z and/or 0-9 characters.
	Field	5000	Warning: Provider License Number is not on file.	This is a warning message. The License Number entered is not on the license file. Choose OK to save, otherwise Cancel.
	Field	5001	Warning: Provider License Number is assigned to another provider.	This is a warning message. This License Number is already assigned to another provider in the system. Choose OK to save, otherwise Cancel.
	Field	5002	Warning: Provider License Number is required for this provider type.	This is a warning message. This provider type requires a license. Choose OK to save, otherwise Cancel.

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Field	Field Type	Error Code	Error Message	To Correct
Primary: Provider Specialty	Field	100	Select one Provider Specialty as Primary.	Verify keying. Select one primary specialty checkbox.
		101	Specialty 113 not allowed without specialty 860.	Enter a valid specialty 860.
		102	Specialty 860 date range not within specialty 113 date range.	Change the date range of the specialty 860.
Provider Type	Field	100	Verify keying. The chosen specialty is not valid for this provider type.	Provider Type and Provider Specialty combination is invalid.

6.1.365 Type Specialty Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.366 Type Specialty Panel Accessibility

6.1.366.1 To Access the Type Specialty Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select Type Specialty.	Type Specialty panel displays.

6.1.366.2 To Add on Type Specialty Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter Title Code.	
3	Enter **Description** of the code.	
4	Click **Save**.	Type Specialty information is saved.

6.1.366.3 To Update the Type Specialty Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Type Specialty information is saved.

6.1.366.4 To Delete from the Type Specialty Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Provider Related Data Other Page Overview

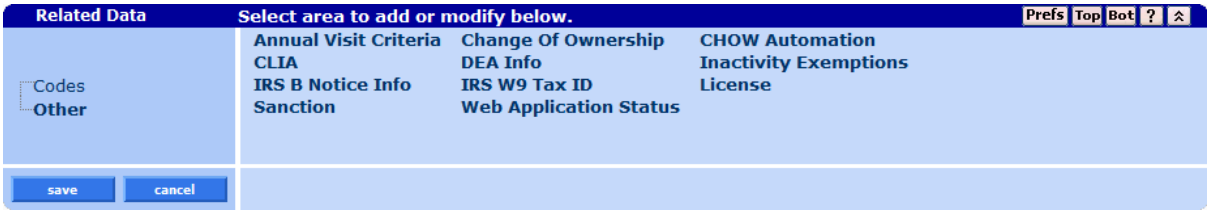
6.1.367 Provider Related Data Other Page Narrative

The Provider Related Data Other page displays the CLIA, Inactivity Exemptions, IRS B Notice Info, IRS W9 Tax ID, License and Sanction panels.

This panel is utilized as a navigation tool to access related data panels.

Navigation Path: [Provider] – [Related Data] - [Other]

6.1.368 Provider Related Data Other Page Layout



6.1.369 Provider Related Data Other Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Related Data-Other panel.	Button	N/A	0
Change of Ownership	Link to the Change Of Ownership Maintenance panel.	Hyperlink	N/A	0
CHOW Automation	Link to the CHOW Automation panel	Hyperlink	N/A	0
CLIA	Link to the CLIA panel.	Hyperlink	N/A	0
DEA Info	Link to the DEA Info panel.	Hyperlink	N/A	0
Inactivity Exemptions	Link to the Inactivity Exemptions panel.	Hyperlink	N/A	0
IRS B Notice Info	Link to the IRS B Notice Info panel.	Hyperlink	N/A	0
IRS W9 Tax ID	Link to the IRS W9 Tax ID panel.	Hyperlink	N/A	0
License	Link to the License panel.	Hyperlink	N/A	0
Sanction	Link to the Sanction panel.	Hyperlink	N/A	0
Save	Allows the user to save a record for Related Data-Other.	Button	N/A	0
Web Application Status	Link to Web Application Status Panel	Hyperlink	N/A	0

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6.1.370 Provider Related Data Other Page Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

6.1.371 Provider Related Data Other Page Extra Features

Field	Field Type
No extra features found for this page.	

6.1.372 Provider Related Data Other Page Accessibility

6.1.372.1 To Access the Provider Related Data Other Page

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Click **Other** link on Related Data panel.	Provider Related Data Other page displays.

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Annual Visit Criteria Panel

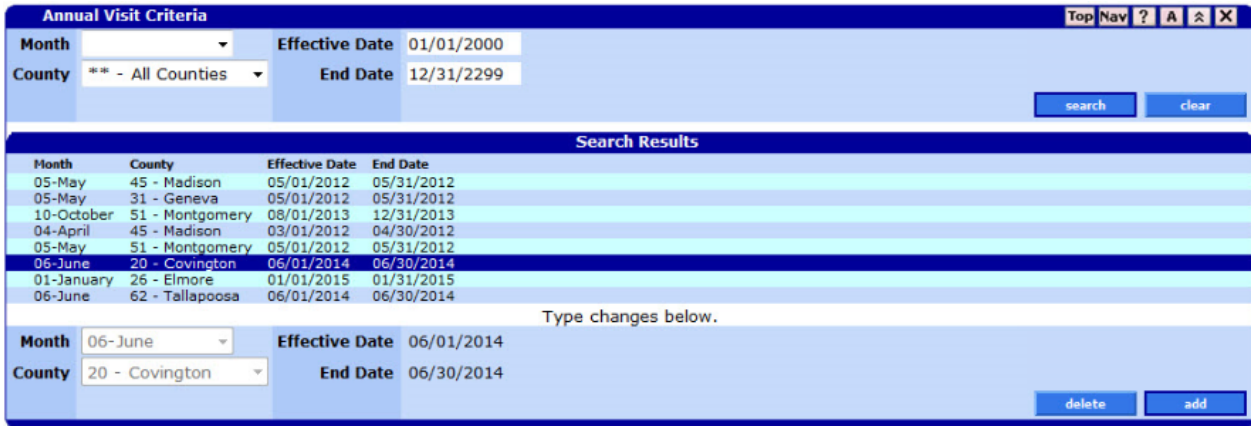
6.1.373 Annual Visit Criteria Panel Narrative

The Annual Visit Criteria panel allows the user to search and view Annual Visit Criteria information.

This panel is needed so visits to providers in the same or neighboring counties can be organized into the same months to minimize travel and avoid travel to northern counties in winter months. Uses Table T_PR_ANNUAL_VISIT_CRIT.

Navigation Path: [Provider - Related Data] - [Other] - [Annual Visit Criteria]

6.1.374 Annual Visit Criteria Panel Layout



6.1.375 Annual Visit Criteria Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a new Annual Visit Criteria record.	Button	N/A	0
Clear	Clears the search fields.	Button	N/A	0
Delete	Deletes the Annual Visit Criteria record.	Button	N/A	0
Search	Initiates the Search by Month or County or Date.	Button	N/A	0
County	The county code used to identify a geographical/political area in the state.	Field	Drop Down List Box	10
Effective Date	Start date of timeframe for visits to this county in this month.	Field	Date (MM/DD/CCYY)	8
End Date	End date of timeframe for visits to this county in this month.	Field	Date (MM/DD/CCYY)	8
Month	Month in which providers in a county should be visited.	Field	Drop Down List Box	2

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6.1.376 Annual Visit Criteia Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date / End Date overlapping with another segment.	Select a Different month from the Month dropdown list.

6.1.377 Annual Visit Criteria Extra Feature

Field	Field Type
No extra features found for this panel.	

6.1.378 Annual Visit Criteria Panel Accessibility

6.1.378.1 To Access the Annual Visit Criteria Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select **Annual Visit Criteria.**	Annual Visit Criteria panel displays.

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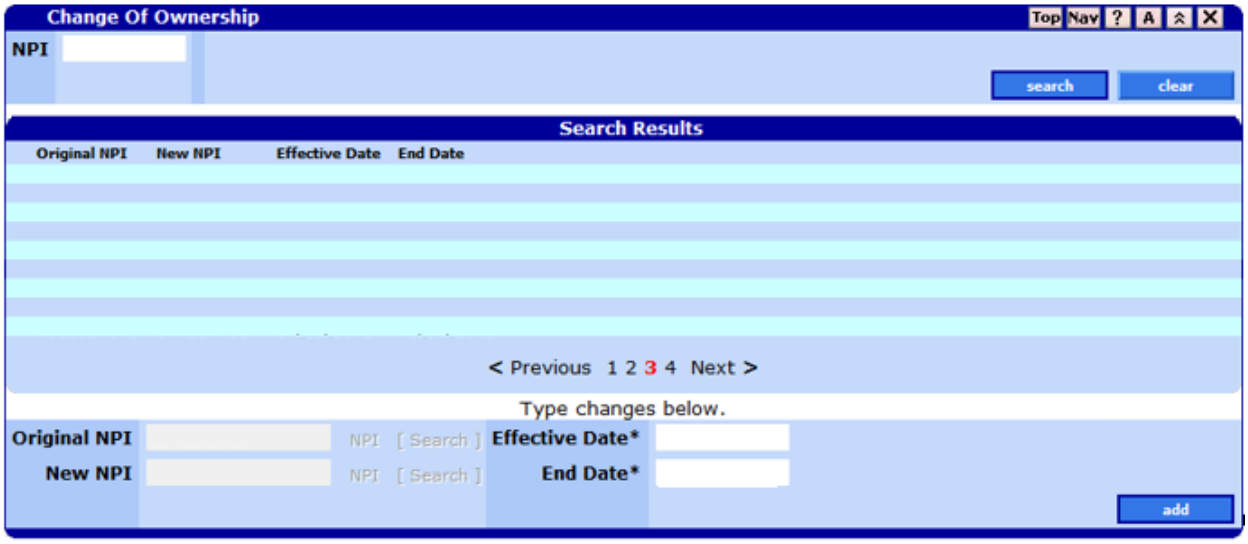
Change of Ownership Panel Overview

6.1.380 Change of Ownership Panel Narrative

The Change of Ownership panel displays CHOW data. This panel serves as a maintenance tool to access, review and edit CHOW information.

Navigation Path: [Provider] – [Related Data] - [Other] - [Change of Ownership]

6.1.381 Change of Ownership Panel Layout



6.1.382 Change of Ownership Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a new Change of Ownership record.	Button	N/A	0
Effective Date	Start date of timeframe for the Change of Ownership record.	Field	Date	8
End Date	End date of timeframe for the Change of Ownership record.	Field	Date	8
NPI	National Provider Identifier.	Field	Character	15
New NPI	New National Provider Identifier.	Field	Character	15
Original NPI	Original National Provider Identifier.	Field	Character	15

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6.1.383 Change of Ownership Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Date	1	Invalid date. Format is mm/dd/ccyy.	Enter a valid date in the field.
	Date	2	Effective Date must be greater than or equal to 1/1/1900.	Enter a valid date in the field.
	Date	3	Effective Date must be less than or equal to 12/31/2299.	Enter a valid date in the field.
	Date	4	Effective date is required.	Enter a valid date in the field.
	Date	5	Effective Date must be less than or equal to End Date.	Enter a valid date in the field.
End Date	Date	1	Invalid date. Format is mm/dd/ccyy.	Enter a valid date in the field.
	Date	2	End Date must be greater than or equal to 1/1/1900.	Enter a valid date in the field.
	Date	3	End Date must be less than or equal to 12/31/2299.	Enter a valid date in the field.
	Date	4	End date is required.	Enter a valid date in the field.
	Date	5	Effective Date must be less than or equal to End Date.	Enter a valid date in the field.
New NPI	Field	1	A valid New NPI is required.	Enter a valid NPI in the field.
	Field	2	Original NPI must be not Equal to New NPI.	Enter a different NPI in the field.
	Field	3	A duplicate record cannot be saved.	Enter criteria that is not currently listed.
	Field	4	ID entered must be NPI.	Enter a valid NPI in the field.
Original NPI	Field	1	A valid Original NPI is required.	Enter a valid NPI in the field.
	Field	2	Original NPI must be not Equal to New NPI.	Enter a different NPI in the field.
	Field	3	A duplicate record cannot be saved.	Enter criteria that is not currently listed.
	Field	4	ID entered must be NPI.	Enter a valid NPI in the field.

6.1.384 Change of Ownership Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.385 Change of Ownership Panel Accessibility

6.1.385.1 To Access the Change of Ownership Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select **Change of Ownership**.	Change of Ownership panel displays the list of CHOW data.

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CHOW Automation Panel Overview

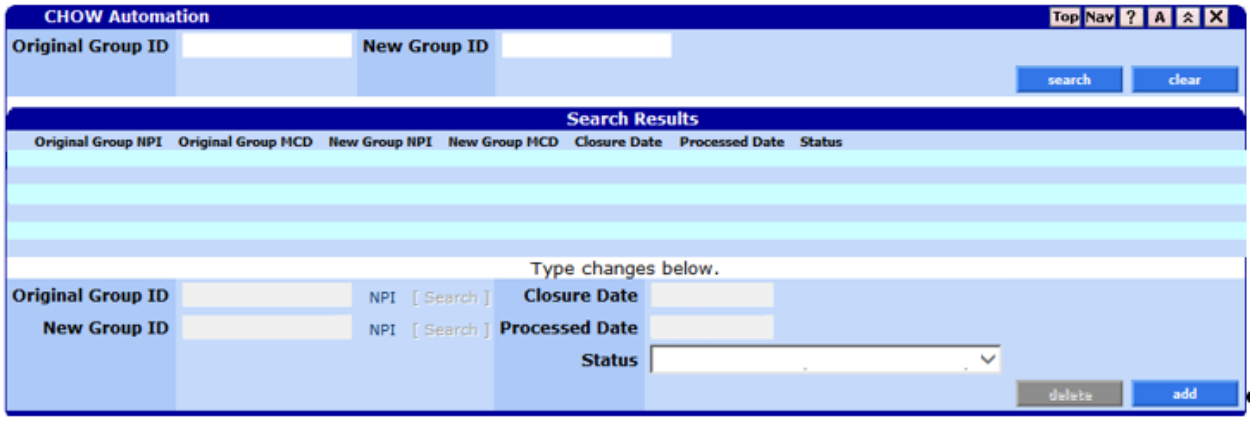
6.1.386 Change of Ownership Panel Narrative

The CHOW Automation panel displays CHOW data. This panel serves as a maintenance tool to access, review and edit CHOW information.

Navigation Path: [Provider - Related Data] - [Other] - [CHOW Automation]

Table: T_PR_CHOW_GRP_MBR

6.1.387 CHOW Automation Panel Layout



6.1.388 CHOW Automation Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add a new CHOW Automation record.	Button	N/A	0
Clear	Allows the user to clear any changes on search panel.	Button	N/A	0
Closure Date	Date that the provider is setup for CHOW group member association.	Field	Date	8
Delete	Allows the user to delete a CHOW Automation record.	Button	N/A	0
New Group ID	New Group ID that uniquely identifies the provider enrollment tracking.	Field	Character	15
New Group MCD	New group Medicaid provider ID.	Field	Character	15
New Group NPI	New group National Provider ID.	Field	Character	15

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Field	Description	Field Type	Data Type	Length
Original Group ID	Original Group ID that uniquely identifies the provider enrollment tracking.	Field	Character	15
Original Group MCD	Original group Medicaid provider ID.	Field	Character	15
Original Group NPI	Original group National Provider ID.	Field	Character	15
Processed Date	Date the batch process completed the member move.	Field	Date	8
Search	Allows user to search by Original Group ID or New Group ID.	Button	N/A	0
Status	Status of the membership move. Accepted Values: R -> Ready to be processed, C -> Process completed successfully, E -> Error processing record.	Field	Character	1

6.1.389 CHOW Automation Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Closure Date	Field	1	Closure Date must be greater than or equal to today.	Verify keying. Closure date must be greater than or equal to today.
	Field	2	Invalid date. Format is mm/dd/ccyy.	Enter a valid closure date (MM/DD/CCYY).
	Field	3	Closure Date must be greater than or equal to 1/1/1900.	Verify keying. Closure date must be greater than 1/1/1900.
	Field	4	Closure Date must be less than or equal to 12/31/2299.	Verify keying. Closure date must be less than 12/31/2299.
	Field	5	Closure Date is required.	Enter a closure date.
New Group ID	Field	1	A valid New Group ID is required.	Enter a valid new group ID.
	Field	3	New Group ID must be NPI.	Enter a valid NPI in the field.
Original Group ID	Field	1	A valid Original Group ID is required.	Enter a valid original group ID.
	Field	2	Original Group ID must be NPI.	Enter a valid NPI in the field.
	Field	4	Original Group ID and New Group ID cannot be same.	Verify keying. Original group ID and new group ID cannot be same.

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6.1.390 CHOW of Automation Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.391 CHOW Automation Panel Accessibility

6.1.391.1 To Access the CHOW Automation Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select **CHOW Automation**.	CHOW Ownership panel displays the list of CHOW data.

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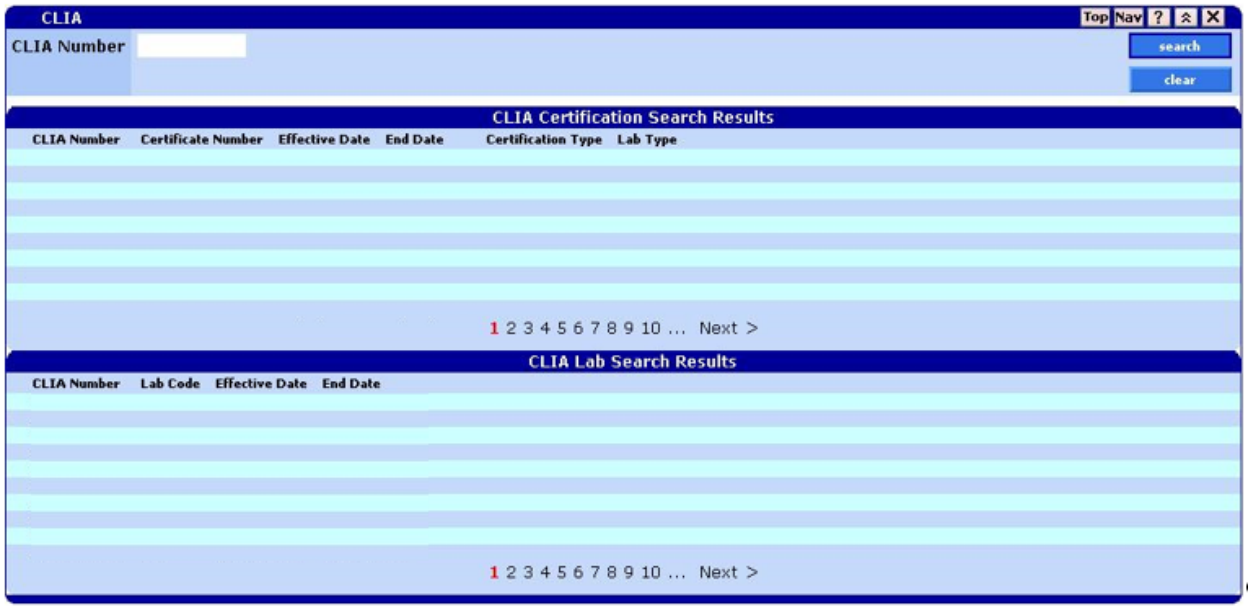
CLIA Panel Overview

6.1.392 CLIA Panel Narrative

The CLIA panel displays CLIA data from CMS as read only. This panel serves as a navigation tool to access and review CLIA information provided by CMS.

Navigation Path: [Provider] – [Related Data] - [Other] - [CLIA]

6.1.393 CLIA Panel Layout



6.1.394 CLIA Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Certificate Number [CLIA Certification Search Results]	Similar to a sak short, this is a certificate number of the Clinical Laboratory Improvement Act (CLIA) number, 1 should be the most current.	Field	Character	2
Certification Type [CLIA Certification Search Results]	Provider certification type.	Field	Character	20
Clear	Allows the user to clear any changes on the CLIA panel.	Button	N/A	0
CLIA Number [CLIA Certification Search Results]	Provider's Clinical Laboratory Improvement Act (CLIA) identification number.	Field	Character	10
CLIA Number [CLIA Lab Search Results]	Provider's Clinical Laboratory Improvement Act (CLIA) identification number.	Field	Character	10

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Field	Description	Field Type	Data Type	Length
CLIA Number [Search]	Provider's Clinical Laboratory Improvement Act (CLIA) identification number.	Field	Character	10
Effective Date [CLIA Certification Search Results]	Effective date for certificate and lab codes.	Field	Date (MM/DD/CCYY)	8
Effective Date [CLIA Lab Search Results]	Provider's effective date of certification.	Field	Date (MM/DD/CCYY)	8
End Date [CLIA Certification Search Results]	End date for certificate and lab codes.	Field	Date (MM/DD/CCYY)	8
End Date [CLIA Lab Search Results]	End date of Clinical Laboratory Improvement Act (CLIA) number.	Field	Date (MM/DD/CCYY)	8
Lab Code [CLIA Lab Search Results]	Valid Lab codes for this Clinical Laboratory Improvement Act (CLIA) number.	Field	Number (Integer)	3
Lab Type [CLIA Certification Search Results]	Lab type code.	Field	Character	1
Search	Initiates the Search by CLIA Number.	Button	N/A	0

6.1.395 CLIA Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.396 CLIA Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.397 CLIA Panel Accessibility

6.1.397.1 To Access the CLIA Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select **CLIA**.	CLIA panel displays.
5	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of CLIA data to display.

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DEA Info Panel OverviewDEA Info Panel Narrative

6.68.1 DEA Info Panel Narrative

The DEA Info panel is used to view from T_PR_DEA_LIC.

Navigation Path: [Provider] – [Related Data] - [Other] - [DEA Info]

6.1.2 DEA Info Panel Layout

6.68.3 DEA Info Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Business Activity	Business activity code.	Field	Character	1
Business Activity Sub	Business activity subcode.	Field	Character	1
Clear	Allows the user to clear any changes on the DEA Info panel.	Button	N/A	0
Date Added	Date of original registration.	Field	Date (MM/DD/CCYY)	8
DEA Number	Drug Enforcement Administration identification number for a provider.	Field	Character	9
Degree Name	Provider Degree.	Field	Character	3
Drug Schedule	Drug Schedules.	Field	Character	12
Expiration Date	Provider License Expiration Date.	Field	Date (MM/DD/CCYY)	8
Provider CS License Number	Provider State CS License Number.	Field	Character	15
Provider License Number	Provider State License Number.	Field	Character	15
Provider Name	Provider Name.	Field	Character	40

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Field	Description	Field Type	Data Type	Length
Search	Initiates the Search by DEA Number or Provider Name.	Button	N/A	0
SSN	Provider Social Security Number.	Field	Character	9
Tax ID	Provider Tax ID.	Field	Character	13

6.68.4 DEA Info Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edit error codes.				

6.68.5 DEA Info Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.6 DEA Info Panel Accessibility

6.1.6.1 To Access the DEA Info Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select **DEA Info**.	DEA Info panel displays.
5	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of DEA data to display.

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Inactivity Exemptions Panel Overview

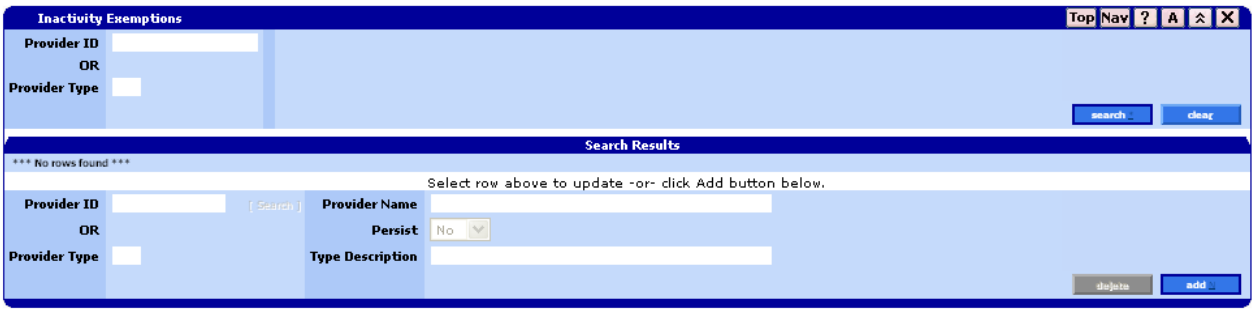
6.1.7 Inactivity Exemptions Panel Narrative

The Inactivity Exemptions panel is used to view, modify, add and delete Provider/Service Locations and Provider Types from T_PR_INACTV_EXMPT.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] - [Other] - [Inactivity Exemptions]

6.1.8 Inactivity Exemptions Panel Layout



6.1.9 Inactivity Exemptions Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add inactivity exemptions information.	Button	N/A	0
Clear	Allows the user to clear any changes on the Inactivity Exemptions panel.	Button	N/A	0
Delete	Allows the user to remove inactivity exemptions information.	Button	N/A	0
Persist	Will keep the record from being removed from the table after every Inactive Provider Deactivation process runs. Valid values include: Yes and No.	Combo Box	Drop Down List Box	0
Provider ID	Provider identification to be exempt from Inactive Provider Deactivation process.	Field	Character	9
Provider Name	Provider name to be exempt from Inactive Provider Deactivation process.	Field	Alphanumeric	50
Provider Type	Provider type to be exempt from the Inactive Provider Deactivation process.	Field	Character	2
Search	Initiates the Search by Provider ID or Provider Type.	Button	N/A	0
Type Description	Type to be exempt from the Inactive Provider Deactivation process.	Field	Alphanumeric	0

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6.1.10 Inactivity Exemptions Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Provider ID	Field	2910	Provider ID or Provider Type is required.	Enter either a Provider ID or a provider type as exemption criteria.
	Field	2930	A duplicate cannot be saved.	Enter criteria that is not currently listed.
Provider Type	Field	2920	Provider ID or Provider Type is required.	Enter either a Provider ID or a Provider Type as exemption criteria.
	Field	2930	A duplicate cannot be saved.	Enter criteria that is not currently listed.
	Field	2940	Provider Type is invalid.	Enter a Provider Type that is recognized in the system.

6.1.11 Inactivity Exemptions Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.12 Inactivity Exemptions Panel Accessibility

6.1.12.1 To Access the Inactivity Exemptions Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select Inactivity Exemptions.	Inactivity Exemptions panel displays.
5	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of Inactivity Exemptions data to display.

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IRS B Notice Info Panel Overview

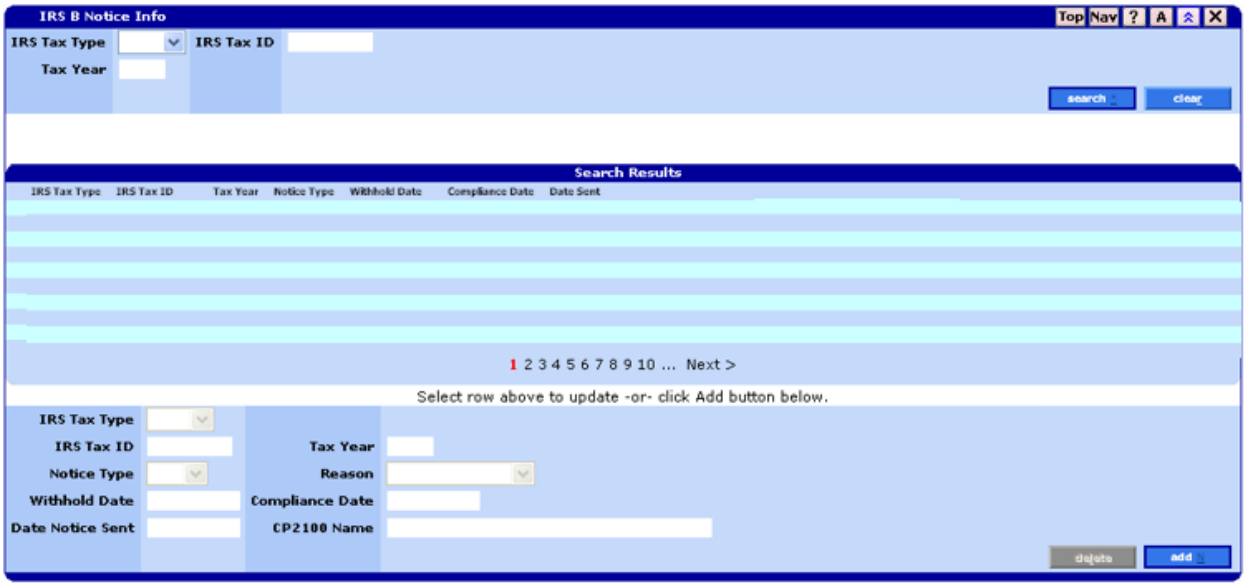
6.1.13 IRS B Notice Info Panel Narrative

The IRS B Notice Information panel is used to maintain B Notice information.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] - [Other] - [IRS B Notice Info]

6.1.14 IRS B Notice Info Panel Layout



6.1.15 IRS B Notice Info Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add IRS B Notice information.	Button	N/A	0
Clear	Allows the user to clear any changes on the IRS B Notice Info panel.	Button	N/A	0
Compliance Date	Date the provider complied with the requirements of the B Notice.	Field	Date (MM/DD/CCYY)	8
CP2100 Name	Name that came in on the CP2100 file.	Field	Character	40
Date Notice Sent	Date the B Notice was sent out.	Field	Date (MM/DD/CCYY)	8
Date Sent	List field for the Notice Sent Date.	Field	Date (MM/DD/CCYY)	8
Delete	Allows the user to remove IRS B Notice information.	Button	N/A	0
IRS Tax ID	Tax identification number assigned to a provider by the Internal Revenue Service.	Field	Character	9

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Field	Description	Field Type	Data Type	Length
IRS Tax ID [Search]	Search field for the Tax ID Number.	Field	Character	10
IRS Tax Type	Indicates whether the tax ID is a Social Security Number or an FEIN. The valid values are "S" (SSN) and "F" (FEIN).	Combo Box	Drop Down List Box	0
IRS Tax Type [Search]	Search field for the IRS Tax Type.	Combo Box	Drop Down List Box	0
Notice Type	1st or 2nd Notice Indicator. Valid values are "1" (for 1st Notice) and "2" (for 2nd Notice).	Combo Box	Drop Down List Box	0
Reason	Reason for the CP2100 Record. Valid values are "1"(TIN Missing), "2" (TIN Not Issued), and "3" (TIN is Incorrect).	Combo Box	Drop Down List Box	0
Search	Initiates the Search by IRS Tax Type, IRS Tax ID or Tax Year.	Button	N/A	0
Tax Year	Tax year for the CP2100.	Field	Character	4
Tax Year [Search]	Search field for the Tax Year.	Field	Character	4
Withhold Date	Date to begin withholding a percentage from the provider's payment due to sending the 1st B Notice.	Field	Date (MM/DD/CCYY)	8

6.1.16 IRS B Notice Info Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
IRS Tax Type	Combo Box	1	IRS Tax Type is required.	Select a valid value.
	Combo Box	100	The Tax ID Number/Tax ID Type does NOT exist on the T_IRS_W9_INFO table. Check on the IRS W9 Tax ID panel.	You must have a valid Tax ID/Type combination that exists on the T_IRS_W9_INFO table.
Notice Type	Combo Box	1	Notice Type is required.	Enter a valid Notice Type.
Reason	Combo Box	1	Reason is required.	Select a valid Reason.
CP2100 Name	Field	1	CP2100 Name is required.	Enter a Name.
Compliance Date	Field	1	Invalid date. Format is MM/DD/CCYY.	Enter a valid date.
	Field	2	Withhold Date[MM/DD/YYYY 12:00:00 AM] must be less than or equal to Compliance Date[MM/DD/YYYY 12:00:00 AM].	Enter a date that is greater than the Withhold Date.
Date Notice Sent	Field	1	Date Notice Sent is required.	Enter a valid date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	Invalid date. Format is MM/DD/CCYY.	Enter a valid date.
IRS Tax ID	Field	1	IRS Tax ID is required.	Enter a valid IRS Tax ID.
	Field	2	IRS Tax ID must be 9 character(s) in length.	Enter 9 digits.
	Field	100	The Tax ID Number/Tax ID Type does NOT exist on the T_IRS_W9_INFO table. Check on the IRS W9 Tax ID panel.	You must have a valid Tax ID/Type combination that exists on the T_IRS_W9_INFO table.
Tax Year	Field	1	Tax Year is required.	Enter a valid Tax Year.
	Field	2	Tax Year must be 4 character(s) in length.	Enter 4 digits.
	Field	3	Tax Year must be Numeric.	Enter 4 numeric digits.
Withhold Date	Field	1	Withhold Date is required.	Enter a valid date.
	Field	2	Invalid date. Format is MM/DD/CCYY.	Enter a valid date.
	Field	3	Withhold Date [MM/DD/YYYY 12:00:00 AM] must be less than or equal to Compliance Date[MM/DD/YYYY 12:00:00 AM].	Enter a date that is less than the Compliance date.

6.1.17 IRS B Notice Info Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.18 IRS B Notice Info Panel Accessibility

6.1.18.1 To Access the IRS B Notice Info Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select IRS B Notice Info.	IRS B Notice Info panel displays.
5	Enter search criteria and click **Search**; Or click **Search**.	Entering search criteria and clicking search allows results to display that are based on the criteria entered; Clicking search allows a list of IRS B Notice Info data to display.

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IRS W9 Tax ID Panel Overview

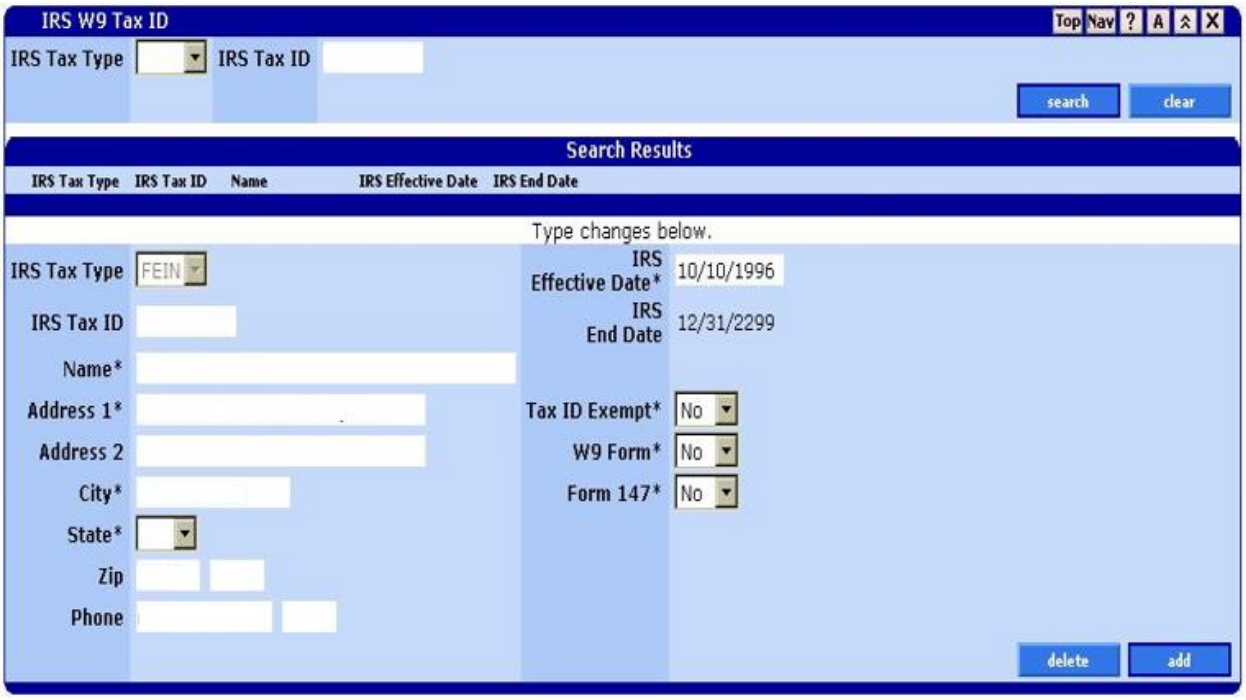
6.1.19 IRS W9 Tax ID Panel Narrative

The IRS W9 Tax ID panel is used to maintain IRS tax data which feeds data into the Tax ID panel.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] - [Other] - [IRS W9 Tax ID]

6.1.20 IRS W9 Tax ID Panel Layout



6.1.21 IRS W9 Tax ID Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add IRS W9 Tax ID information.	Button	N/A	0
Address 1	Provider's first street Address.	Field	Character	30
Address 2	Provider's second street address.	Field	Character	30
City	Provider's city.	Field	Character	15
Clear	Allows the user to clear any changes on the IRS W9 Tax ID panel.	Button	N/A	0
Delete	Allows the user to remove IRS W9 Tax ID information.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Form 147	Provider has submitted form 147, stating his name and tax ID. Valid values include: Yes and No.	Combo Box	Drop Down List Box	0
IRS Effective Date	Effective date of tax identification number.	Field	Date (MM/DD/CCYY)	8
IRS End Date	End date of the tax identification number.	Field	Date (MM/DD/CCYY)	8
IRS Tax ID	IRS Tax identification number.	Field	Character	9
IRS Tax ID [Search]	Provider tax identification number.	Field	Character	9
IRS Tax Type	Internal Revenue Service Tax Type.	Combo Box	Drop Down List Box	0
IRS Tax Type [Search]	Provider tax identification type. Valid values include: FEIN and SSN.	Combo Box	Drop Down List Box	0
Name	Provider's name.	Field	Character	40
Phone	Provider's phone number and extension.	Field	Character	10
Search	Initiates the Search by IRS Tax ID Type or IRS Tax ID.	Button	N/A	0
State	Provider's state.	Combo Box	Drop Down List Box	0
Tax ID Exempt	Provider is exempt from receiving a 1099. Valid values include: Yes and No.	Combo Box	Drop Down List Box	0
W9 Form	Provider W9 form. Valid values include: Yes and No.	Combo Box	Drop Down List Box	0
Zip	Provider's zip code.	Field	Character	5
Zip + 4	Provider's zip + 4.	Field	Character	4

6.1.22 IRS W9 Tax ID Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Address 1	Field	1	Address 1 is required.	Enter the Address 1.
City	Field	1	City is required.	Enter the City.
IRS Effective Date	Field	1	Invalid date. Format is MM/DD/CCYY.	Date entered must have format of MM/DD/CCYY.
	Field	2	IRS Effective Date must be greater than or equal to 01/01/1900.	Enter a date greater than or equal to 01/01/1900.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be less than or equal to the End Date.
	Field	17	Date segments cannot overlap.	Verify keying. Date segments cannot overlap. A provider can only have one Tax ID per date segment.
	Field	5000	New IRS Effective Date must be less than or equal to old IRS Effective Date.	Verify keying. In an update transaction only Effective dates less than or equal to the current Effective Date can be added to prevent gaps in coverage.
IRS Effective Date	Field	3	New IRS Effective Date must be greater than the most current IRS Effective Date.	Enter date greater than the IRS current date.
IRS End Date	Field	1	Effective date and end date range overlap an existing record.	Verify and try again.
IRS Tax ID	Field	1	IRS Tax ID is required.	Enter the IRS Tax ID.
	Field	10	Tax ID must be numeric.	Verify keying. Verify the Tax ID is numeric.
	Field	18	Tax ID must be 9 character(s) in length.	Verify keying. Tax ID must be 9 numeric characters.
	Field	19	Tax ID contains an invalid value.	Verify keying. The Tax ID cannot be nine repeating numbers, for example 111111111 is not a valid tax ID.
IRS Tax ID [Search]	Field	1	Effective date and end date range overlap an existing record.	Verify information and try again.
IRS Tax Type	Field	1	IRS Tax Type is required.	Select an IRS Tax Type.
Name	Field	1	Name is required.	Enter the Name.
Phone	Field	1	Enter a valid value.	Phone Number must be numeric.
	Field	2	Phone must be 10 character(s) in length.	Enter a Phone Number with 10 characters.
State	Field	29	A valid State is required.	Choose a State code.
Zip	Field	1	Zip is required.	Enter a Zip Code.

6.1.23 IRS W9 Tax ID Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.24 IRS W9 Tax ID Panel Accessibility

6.1.24.1 To Access the IRS W9 Tax ID Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select IRS W9 Tax ID.	IRS W9 Tax ID Panel displays.

6.1.24.2 To Add on IRS W9 Tax ID Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select IRS Tax Type.	
3	Enter IRS Tax ID.	
4	Enter **Name**.	
5	Enter **Address 1** information.	
6	Enter **Address 2** information.	
7	Enter **City**.	
8	Select **State** from drop down list.	
9	Enter Zip Code.	
10	Enter Zip Code extension.	
11	Enter **Phone and extension**, if applicable.	
12	Enter **IRS Effective date** in MM/DD/CCYY format.	IRS End Date defaults to 12/31/2299.
13	Select **Tax ID Exempt** indicator from drop down list.	
14	Select **W9 Form** indicator from drop down list.	
15	Select **Form 147** indicator from drop down list.	
16	Click **Save**.	IRS W9 Tax ID information is saved.

6.1.24.3 To Update the IRS W9 Tax ID Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	IRS W9 Tax ID information is saved.

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6.1.24.4 To Delete from the IRS W9 Tax ID Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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License Panel Overview

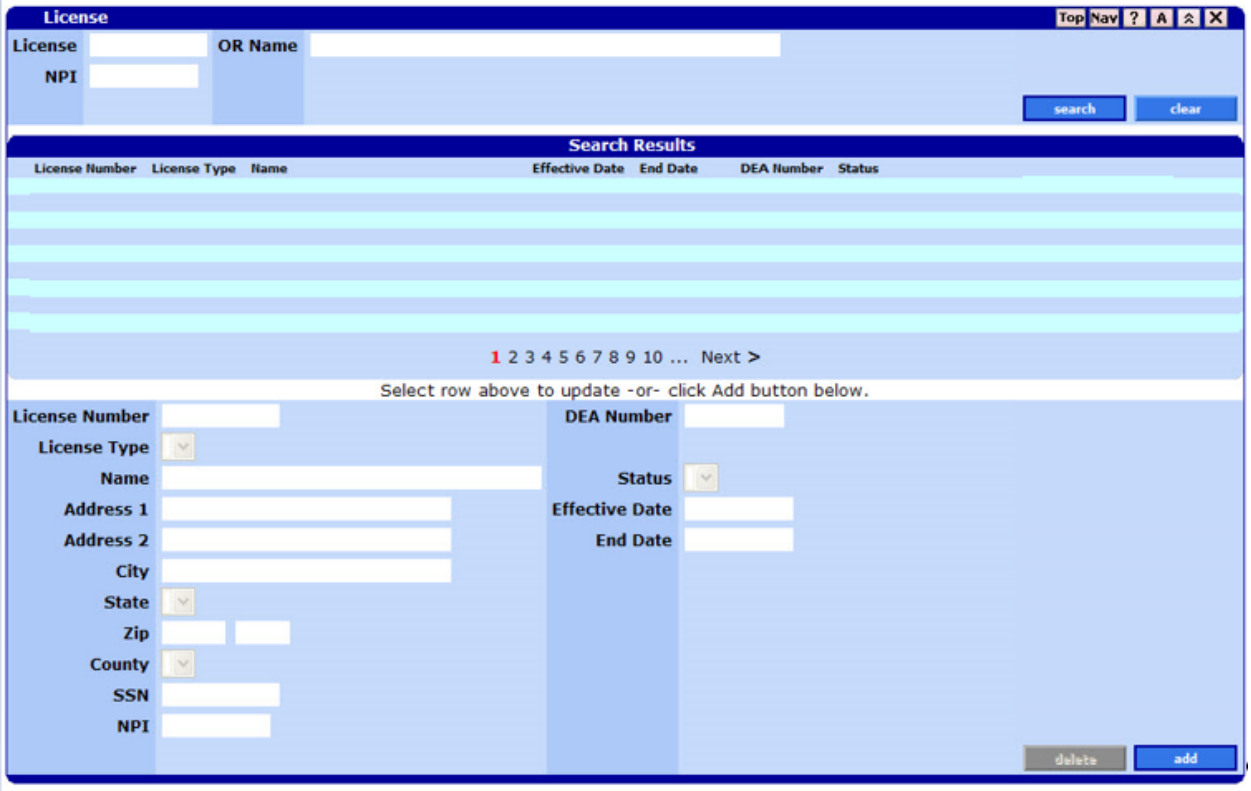
6.1.25 License Panel Narrative

The License panel allows the user to maintain license information.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] - [Other] - [License]

6.1.26 License Panel Layout



6.1.27 License Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add license information.	Button	N/A	0
Address 1	Street address this license was issued on.	Field	Character	30
Address 2	Second street address field.	Field	Character	30
City	City of the provider.	Field	Character	23
Clear	Allows the user to clear any changes on the License panel.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
County	County the license was issued in. Valid values are selected from a drop down list.	Combo Box	Drop Down List Box	0
Delete	Allows the user to remove License information.	Button	N/A	0
Effective Date	Date this license went into effect.	Field	Date (MM/DD/CCYY)	8
End Date	Date this license expired.	Field	Date (MM/DD/CCYY)	8
License Number	License number assigned to the provider.	Field	Character	10
License [Search]	License number assigned to the provider.	Field	Character	10
License Type	Type of license issued to the provider. Valid values are 'H' for Health Board and 'P' for Prescriber.	Combo Box	Drop Down List Box	0
Name	Name of the provider holding this license.	Field	Character	50
Name [Search]	Name of the provider holding this license.	Field	Character	50
NPI	National Provider Identifier (NPI).	Field	Character	15
NPI [Search]	National Provider Identifier (NPI) search field.	Field	Character	15
Search	Initiates the Search by License, Number or NPI.	Button	N/A	0
SSN	Social Security Number of the provider.	Field	Number (Integer)	9
State	State of the provider. Valid values are selected from a drop down list.	Combo Box	Drop Down List Box	0
Status	Current known status of the provider's license. Valid values are 'A' for Active and 'I' for Inactive.	Combo Box	Drop Down List Box	0
Zip	Zip code of the provider.	Field	Number (Integer)	9

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6.1.28 License Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Address	Field	1	Address 1 is required.	Enter the Address 1.
City	Field	1	City is required.	Enter the City.
County	Field	29	A valid County is required.	Choose a County Code.
Effective Date	Field	1	Effective Date is required.	Enter the Effective Date.
	Field	15	Effective Date must be greater than or equal to 01/01/1900.	Verify keying. Effective Date must be greater than or equal to 01/01/1900.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Effective Date and End Date range overlap an existing record.	Verify keying. Date segments cannot overlap for the same license number and license type.
End Date	Field	1	End Date is required.	Enter an End Date.
	Field	15	End Date must be greater than or equal to 01/01/1900.	Verify keying. End Date must be greater than or equal to 01/01/1900.
	Field	16	Effective Date must be less than or equal to End Date.	Verify keying. The Effective Date must be less than or equal to the End Date.
	Field	17	Effective date and end date range overlap an existing record.	Verify keying. Date segments cannot overlap for the same license number and license type.
License Number	Field	1	License Number is required.	Enter the License Number.
	Field	10	License Number must be at least 4 characters in length.	Verify keying. The License Number must be between four and ten characters.
	Field	5000	License Number must be alphanumeric.	Verify keying. Entry must be 0-9 or A-Z.
License Type	Field	1	License Type is required.	Choose the License Type.
Name	Field	1	Name is required.	Enter the Name.
SSN	Field	1	SSN is required.	Enter the SSN.
State	Field	29	A valid State is required.	Choose a State code.
Status	Field	1	Status is required.	Choose a Status.
Zip	Field	1	Zip is required.	Enter the Zip Code.

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6.1.29 License Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.30 License Panel Accessibility

6.1.30.1 To Access the License Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays
4	Select **License**.	License panel displays.

6.1.30.2 To Add on License Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter License Number.	
3	Select **License Type** from drop down list.	
4	Enter **Name**.	
5	Enter **Address 1** information.	
6	Enter **Address 2** information.	
7	Enter **City**.	
8	Select **State**.	
9	Enter Zip Code.	
10	Enter Zip Code extension.	
11	Enter **County**.	
12	Enter **SSN** (Social Security Number).	
13	Enter **NPI** (National Provider Identifier), if applicable.	
14	Select **Status** from drop down menu.	
15	Enter **Effective Date** in MM/DD/CCYY format.	
16	Enter **End Date** in MM/DD/CCYY format.	
17	Click **Save**.	License information is saved.

6.1.30.3 To Update the License Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.

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2	Click in field(s) to update and perform update.	
3	Click **Save**.	License information is saved.

6.1.30.4 To Delete from the License Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Sanction Panel Overview

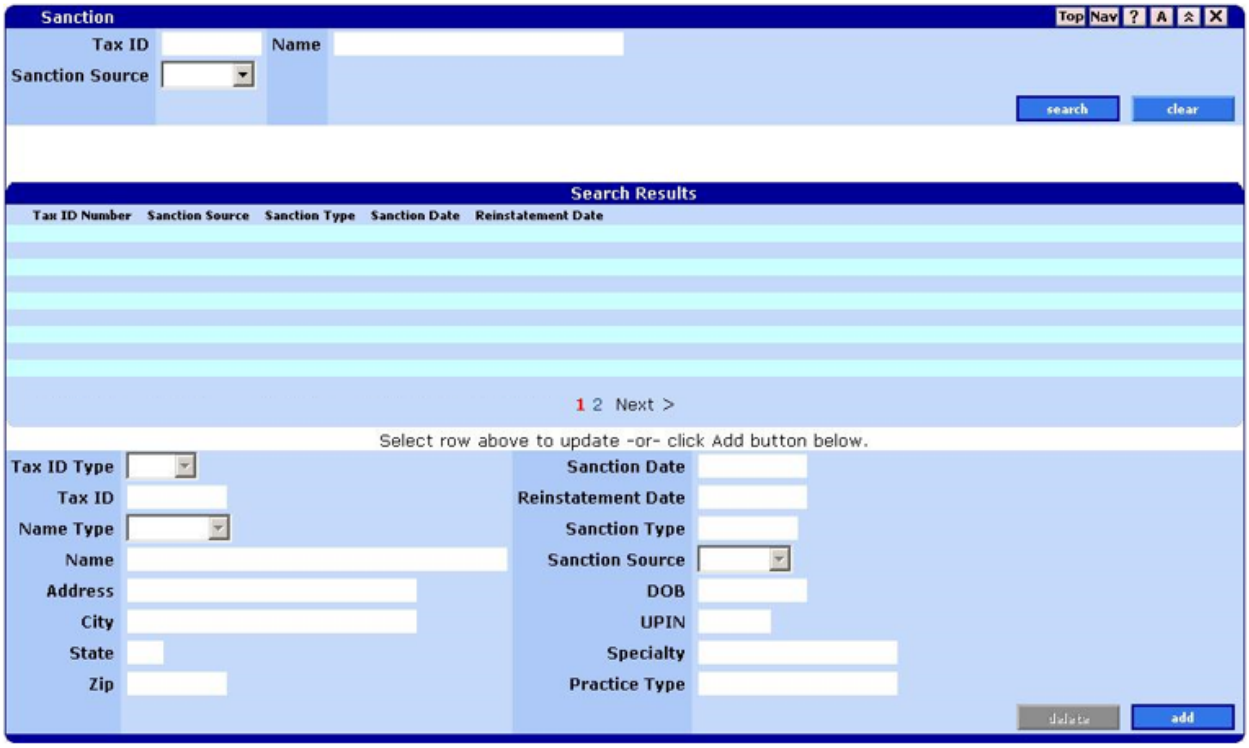
6.1.31 Sanction Panel Narrative

The Sanction panel is used to view and update Sanctioned Providers.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Related Data] – [Other] – [Sanction]

6.1.32 Sanction Panel Layout



6.1.33 Sanction Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add sanctioned provider information.	Button	N/A	0
Address	Sanctioned provider's address.	Field	Character	30
City	Sanctioned provider's city.	Field	Character	30
Clear	Allows the user to clear any changes on the Sanctioned Provider panel.	Button	N/A	0
DOB	Sanctioned provider's date of birth.	Field	Date (MM/DD/CCYY)	8
Delete	Allows the user to remove sanctioned provider information.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Name	Name of provider.	Field	Character	50
Name [Search]	Name of provider.	Field	Character	50
Name Type	Personal or business.	Combo Box	Drop Down List Box	0
Practice Type	Sanctioned provider's practice type.	Field	Character	20
Reinstatement Date	Date of reinstatement.	Field	Date (MM/DD/CCYY)	8
Sanction Date	Date of the sanction.	Field	Date (MM/DD/CCYY)	8
Sanction Source	Source of sanction. Valid values include: Federal and State.	Combo Box	Drop Down List Box	0
Sanction Source [Search]	Source of sanction. Valid values include: Federal and State.	Combo Box	Drop Down List Box	0
Sanction Type	Sanction type code.	Field	Alphanumeric	10
Search	Initiates the Search by Tax ID, Name or Sanctioned Source.	Button	N/A	0
Specialty	Sanctioned Provider's Specialty Description.	Field	Character	20
State	Sanctioned provider's state.	Field	Character	2
Tax ID	Tax identification number of sanctioned provider.	Field	Character	9
Tax ID [Search]	Tax identification number of sanctioned provider.	Field	Character	9
Tax ID Number	Tax identification number of the sanctioned provider.	Field	Character	9
Tax ID Type	FEIN or Social Security Number.	Combo Box	Drop Down List Box	0
UPIN	Sanctioned provider's Universal Provider Identification Number.	Field	Alphanumeric	10
Zip	Sanctioned provider's zip code.	Field	Number (Integer)	9

6.1.34 Sanction Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Name Type	Combo Box	1	Name Type is Required.	Verify keying. Select Name Type appropriate for the name entered.
Name	Field	1	Name is Required.	Verify keying. Enter Name of business or person being sanctioned.

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Field	Field Type	Error Code	Error Message	To Correct
Reinstatement Date	Field	1	Reinstatement Date must be greater than or equal to 01/01/1900.	Verify keying. Enter Reinstatement Date greater than or equal to 01/01/1900.
	Field	2	Reinstatement Date must be less than or equal to 12/31/2299.	Verify keying. Enter Reinstatement Date less than or equal to 12/31/2299.
	Field	3	Sanction Date and/or Reinstatement Date overlaps an existing record's date range.	Verify keying. Sanction Date and/or Reinstatement Date overlaps the date range of an existing record for this Tax ID, Sanction Source and Sanction Type.
Sanction Date	Field	1	Sanction Date is Required.	Verify keying. Enter date of sanction.
	Field	2	Sanction Date must be greater than or equal to 01/01/1900.	Verify keying. Enter sanction date greater than or equal to 1/1/1900.
	Field	3	Sanction Date must be less than or equal to 12/31/2299.	Verify keying. Enter sanction date less than or equal to 12/31/2299.
	Field	4	Sanction Date must be less than or equal to Reinstatement Date.	Verify keying. Sanction Date cannot be greater than Reinstatement Date entered.
	Field	5	Sanction Date and/or Reinstatement Date overlaps an existing records date range.	Verify keying. Sanction Date and/or Reinstatement Date overlaps the date range of an existing record for this Tax ID, Sanction Source and Sanction Type.
Sanction Source	Field	1	An open sanction already exists for this Tax ID, Sanction Source and Sanction Type.	Verify keying. User cannot enter a record containing the same Tax ID, Sanction Source and Sanction Type as an open existing record.
Sanction Type	Field	1	Sanction Type is Required.	Verify keying. Enter Sanction Type.
	Field	2	An open sanction already exists for this Tax ID, Sanction Source and Sanction Type.	Verify keying. User cannot enter a record containing the same Tax ID, Sanction Source and Sanction Type as an open existing record.
Tax ID	Field	1	Tax ID is Required.	Verify keying. Enter SSN or Tax ID of business or person being sanctioned.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	An open sanction already exists for this Tax ID, Sanction Source and Sanction Type.	Verify keying. User cannot enter a record containing the same Tax ID, Sanction Source and Sanction Type as an open existing record.
Tax ID Type	Field	1	Tax ID Type is Required.	Verify keying. Select Tax ID Type appropriate for Tax ID entered.
Zip	Field	1	Zip must be Numeric.	Verify keying. Enter numeric values only as zip code.

6.1.35 Sanction Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.36 Sanction Panel Accessibility

6.1.36.1 To Access the Sanction Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Related Data**.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select **Sanction**.	Sanction Panel displays.

6.1.36.2 To Add on Sanction Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Select **Tax ID Type** from drop down list.	
3	Enter **Tax ID**.	
4	Select **Name Type** from drop down list.	
5	Enter **Name**.	
6	Enter **Address**.	
7	Enter **City**.	
8	Select **State**.	
9	Enter Zip Code +4 digit extension.	
11	Enter **Sanction Date** in MM/DD/CCYY format.	

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Step	Action	Response
12	Enter **Reinstatement Date** in MM/DD/CCYY format, if applicable.	
13	Enter Sanction Type.	
14	Select **Sanction Source** from drop down menu.	
15	Enter **DOB** (date of birth) in MM/DD/CCYY format, if applicable.	
16	Enter **UPIN** (Universal Provider Identifier Number).	
17	Enter Specialty.	
18	Enter Practice Type.	
19	Click **Save**.	Sanction information is saved.

6.1.36.3 To Update the Sanction Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Sanction information is saved.

6.1.36.4 To Delete from the Sanction Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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Web Application Status Panel

6.1.37 Web Application Status Panel Narrative

MMIS UI panel where HPE PE staff can update the status of web enrollment application submitted via the web portal product. Statuses on this panel may be applied via user interaction and/or batch processes. Statuses and dates posted to this panel will drive batch process activities such as moving application data from temp table to production tables, etc.

Fields for this panel are Application Tracking Number (ATN), Provider Name, Provider ID and Status. Date will be displayed on the panel. The date displayed is associated to the system date at the time the current status was applied. Fields other than Status are not updatable by the user. The Application Tracking Number (ATN), Provider Name and Provider ID are based on the information submitted by the provider on the application through the HPE Provider Enrollment portal product.
Status values are:

System Validation Occurring
Agency Review Required
Ready for Review
Under Review
Data Corrections Required
Corrections Applied
Rejected by Reviewer
Response Time Passed
Override
Denied
Approved
Moved to Production
Waiting on Documentation

UI editing will prevent the application or usage of an inappropriate status by a user.

Navigation Path: [Provider] – [Related Data] – [Other] – [Web Application Status]

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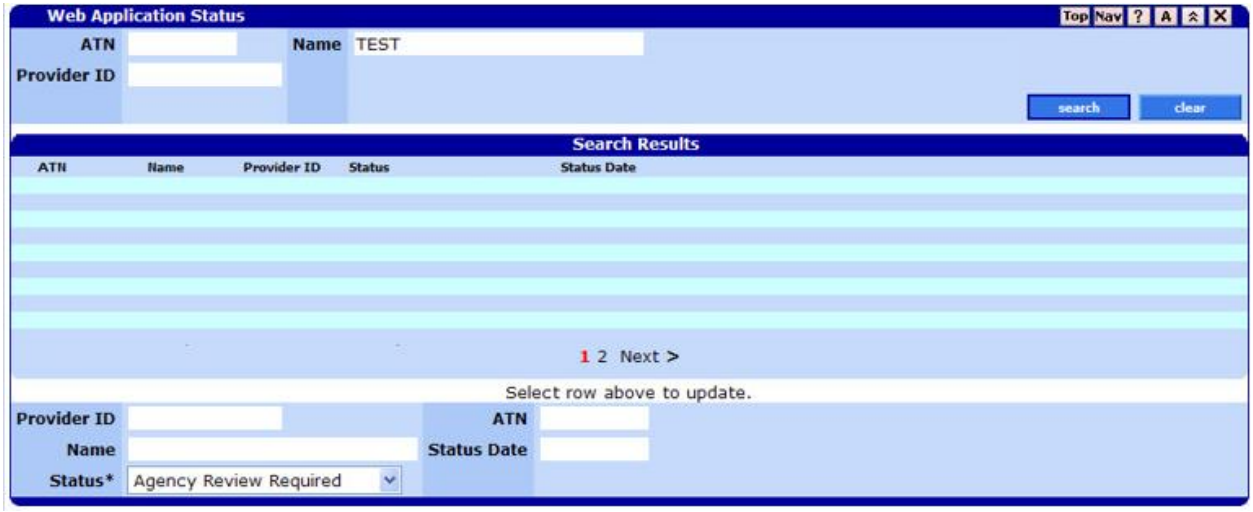
6.1.38 Web Application Status Panel Layout



6.1.39 Web Application Status Field Descriptions

Field	Description	Field Type	Data Type	Length
ATN	Application Tracking Number (ATN).	Field	Integer	15
Clear	Clear all search criteria entered.	Button	N/A	0
Name	Name of provider from application submitted through the web portal product.	Field	Character	50
Provider ID	Provider's NPI submitted via the web portal product.	Field	Alphanumeric	10
Status	Status of the provider application. Valid options include: Agency Review Required, Approved, Corrections Applied, Data Corrections Required, Denied, Incomplete, Moved to Production, Override, Primary Facsimile, Ready for Review, Rejected by Reviewer, Response Time Passed, Resubmit Application, Secondary Facsimile, System Validation Occurring, Under Review and Waiting for Documentation	Field	Drop Down List Box	30
Status Date	Current system date as of the time the current status was applied to an application.	Field	Date (MM/DD/CCYY)	8
Search	Initiate the Provider Application Status.	Button	N/A	0

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6.1.40 Web Application Status Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Status	Drop Down List Box	1	Previous Status must be Agency Review Required.	Prior Status should be Agency Review Required.
	Drop Down List Box	2	User does not have clearance to post status.	User will need to cancel transaction, have an unrestricted user apply this status and/or select an appropriate status.
	Drop Down List Box	3	Previous Status must be Override.	Prior Status should be Override.
	Field	4	Previous Status must be Under Review.	Prior Status should be Under Review.

6.1.41 Web Application Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.42 Web Application Status Panel Accessibility

6.1.42.1 To Access the Sanction Panel

Step	Action	Response
1	Navigate to **Provider** and click **Related Data**.	Related Data panel displays.
2	Select **Other**.	A list of hyperlinks to panel(s) displays.
3	Select Web **Application Status.**	Web Application Status Panel displays.

6.1.42.2 To Update the Web Application Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Web Application Status information is saved.

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Provider Financial Payment Summary Panel Overview

6.1.43 Provider Financial Payment Summary Panel Narrative

The Provider Financial Payment Summary panel allows the entry of search criteria regarding a provider's payment information from the Provider subsystem. This panel is inquiry only.

Navigation Path: [Provider] – [Financial Summary]

6.1.44 Provider Financial Payment Summary Panel Layout

6.1.45 Provider Financial Payment Summary Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Allows the user to clear any changes on the Provider Financial Payment Summary panel.	Button	N/A	0
Month	Month to search for the financial payment summary.	Combo Box	Drop Down List Box	0
Provider ID	Unique provider identification number.	Field	Character	9
Provider Name	Provider name.	Field	Character	50
Search	Initiates the Search by Provider ID.	Button	N/A	0
[Search]	Allows user to locate a Provider by Provider ID, Business OR Last Name and First, MI.	Hyperlink	N/A	0
Year	Year to search for the financial payment summary.	Field	Date (CCYY)	4

6.1.46 Provider Financial Payment Summary Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Provider ID	Field	1	There is no Provider in the system with that ID.	Enter or search for a valid Provider ID.

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6.1.47 Provider Financial Payment Summary Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.48 Provider Financial Payment Summary Panel Accessibility

6.1.48.1 To Access the Provider Financial Payment Summary Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Provider and click Financial Summary.	Provider Financial Payment Summary Panel displays.

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Provider Financial Summary Search Results Panel Overview

6.1.49 Provider Financial Summary Search Results Panel Narrative

This panel provides the search results for Provider Financial Summary. This panel is display only.

Navigation Path: [Provider] – [Financial Summary] - [enter search criteria]

6.1.50 Provider Financial Summary Search Results Panel Layout

Search Results

Category	Claims Paid Count	Claims Denied Count	Adjustment Paid Count	Total Payment Amount
Year to Date:	3	1	0	$527.0(
Month to Date:	2	1	0	$277.0(
Current Cycle:	0	0	0	$0.0(
State Year to Date:	3	1	0	$93,010.77

6.1.51 Provider Financial Summary Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Adjustment Paid Count [Year to Date]	The number of year to date paid adjusted claims.	Field	Number (Integer)	5
Adjustment Paid Count [Month to Date]	The number of month to date paid adjusted claims.	Field	Number (Integer)	5
Adjustment Paid Count [Current Cycle]	The number of paid adjusted claims for the cycle date displayed.	Field	Number (Integer)	5
Adjustment Paid Count [State Year to Date]	The number of state fiscal year to date paid adjusted claims.	Field	Number (Integer)	5
Category	Category under which numbers fall under, for example, Claims Paid Count Year to Date.	Field	Character	0
Claims Denied Count [Year to Date]	The number of year to date denied claims.	Field	Number (Integer)	5
Claims Denied Count [Month to Date]	The number of month to date denied claims.	Field	Number (Integer)	5
Claims Denied Count [Current Cycle]	The number of denied claims for the cycle date displayed.	Field	Number (Integer)	5
Claims Denied Count [State Year to Date]	The number of state fiscal year to date denied claims.	Field	Number (Integer)	5
Claims Paid Count [Year to Date]	The number of year to date paid claims.	Field	Number (Integer)	5
Claims Paid Count [Month to Date]	The number of month to date paid claims.	Field	Number (Integer)	5

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Field	Description	Field Type	Data Type	Length
Claims Paid Count [Current Cycle]	The number of paid claims for the cycle date displayed.	Field	Number (Integer)	5
Claims Paid Count [State Year to Date]	The number of state fiscal year to date paid claims.	Field	Number (Integer)	5
Total Payment Amount [Year to Date]	The year to date total payment amount.	Field	Number (Decimal)	6
Total Payment Amount [Month to Date]	The month to date total payment amount.	Field	Number (Decimal)	6
Total Payment Amount [Current Cycle]	The total payment amount for the cycle date displayed.	Field	Number (Decimal)	6
Total Payment Amount [State Year to Date]	The state fiscal year total payment amount.	Field	Number (Decimal)	6

6.1.52 Provider Financial Summary Search Results Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.1.53 Provider Financial Summary Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.54 Provider Financial Summary Search Results Panel Accessibility

6.1.54.1 To Access the Provider Financial Summary Search Results Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Provider and click Financial Summary.	Provider Financial Payment Summary Panel displays.
3	Enter search criteria and click **Search.**	Provider Financial Summary Search Results Panel displays.

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Provider - Reports Page Overview

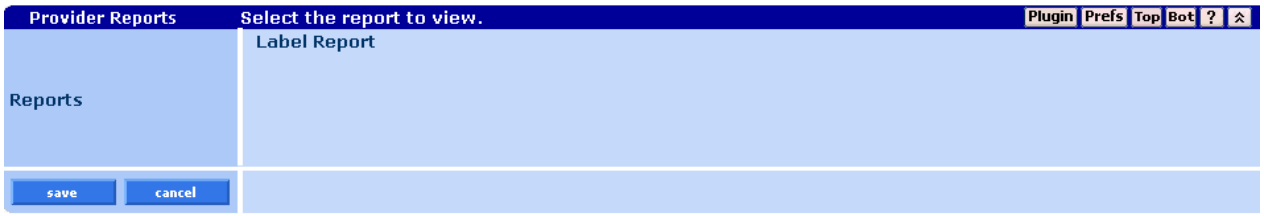
6.1.55 Provider - Reports Page Narrative

The Reports page displays the Provider Reports panel which contains a link to the Label Report panel.

This panel is inquiry only.

Navigation Path: [Provider] – [Rpts] – [Reports]

6.1.56 Provider - Reports Page Layout



6.1.57 Provider - Reports Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Provider - Reports page.	Button	N/A	0
Label Report	Link to the Label Report panel.	Hyperlink	N/A	0
Save	Allows the user to save a record.	Button	N/A	0

6.1.58 Provider - Reports Page Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

6.1.59 Provider - Reports Page Extra Features

Field	Field Type
No extra features found for this page.	

6.1.60 Provider - Reports Page Accessibility

6.1.60.1 To Access the Provider - Reports Page

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Rpts**.	Provider Reports panel displays.
3	Click **Reports** hyperlink.	Hyperlinks associated to reports appear.

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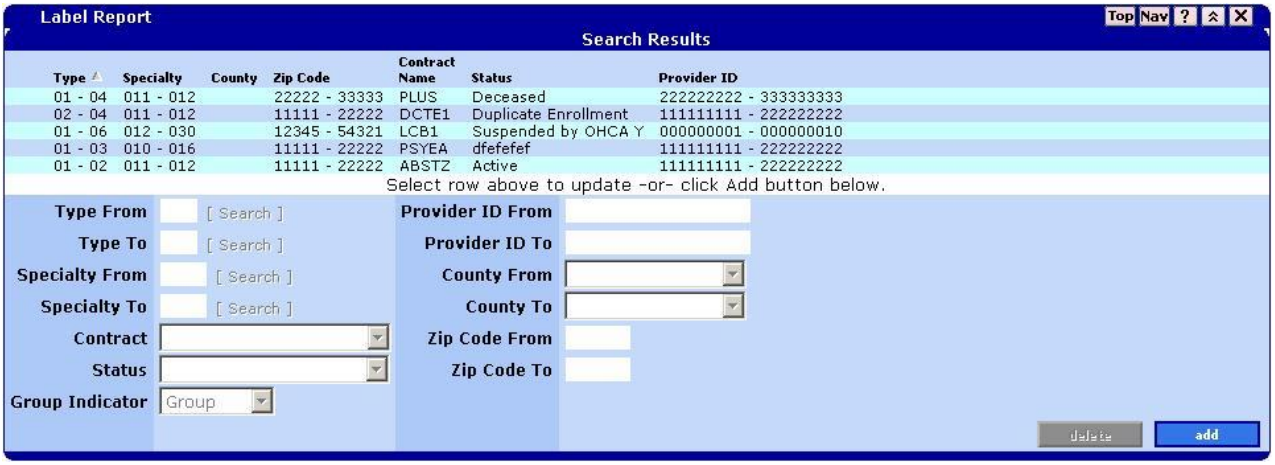
Label Report Panel Overview

6.1.61 Label Report Panel Narrative

The Label Report allows the user to enter a request for labels to be printed. Only users with update authority are allowed to modify this panel.

Navigation Path: [Provider] – [Rpts] - [Label Report]

6.1.62 Label Report Panel Layout



6.1.63 Label Report Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add label report information.	Button	N/A	0
Contract	User can choose to only produce labels for a specific provider contract by choosing a value from the drop down.	Combo Box	Drop Down List Box	0
Contract Name	Provider contract name.	Field	Character	20
County	Provider county range.	Field	Character	7
County From	Provider county from value.	Combo Box	Drop Down List Box	0
County To	Provider county to value.	Combo Box	Drop Down List Box	0
Delete	Allows the user to remove label report information.	Button	N/A	0
Group Indicator	User can choose to only produce labels for a groups or individual providers by choosing a value from the drop down.	Combo Box	Drop Down List Box	0
Provider ID	Provider identification number range.	Field	Character	9

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Field	Description	Field Type	Data Type	Length
Provider ID From	Provider identification number from value.	Field	Character	9
Provider ID To	Provider identification number to value.	Field	Character	9
Specialty	Provider specialty range.	Field	Character	9
Specialty From	Provider specialty from value.	Field	Character	3
Specialty To	Provider specialty to value.	Field	Character	3
Status	User can choose to only produce labels for a specific provider status by choosing a value from the drop down.	Comb o Box	Drop Down List Box	0
Type	Provider type range.	Field	Character	7
Type From	Provider type from value.	Field	Character	2
Type To	Provider type to value.	Field	Character	2
Zip Code	Provider zip code range.	Field	Character	13
Zip Code From	Provider zip code from value.	Field	Character	5
Zip Code To	Provider zip code to value.	Field	Character	5

6.1.64 Label Report Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
County To	Field	145	County To cannot be less than County From.	Verify keying. County To must be greater than or equal to County From.
Provider ID From	Field	1	Provider ID From must be 9 character(s) in length.	Enter a Provider ID From with 9 characters.
	Field	148	Provider From ID cannot be greater than Provider ID To.	Verify keying. Provider ID From must be less than or equal to Provider ID To.
Provider ID To	Field	1	Provider ID To must be 9 character(s) in length.	Enter a Provider ID To with 9 characters.
Specialty From	Field	146	From Specialty Code cannot be greater than To Specialty Code.	Verify keying. Specialty From must be less than or equal to Specialty To.
	Field	5000	Specialty From not valid.	Verify keying. Enter or search for a valid Specialty code.
Specialty To	Field	5000	Specialty To not valid.	Verify keying. Enter or search for a valid Specialty code.

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Field	Field Type	Error Code	Error Message	To Correct
Type From	Field	147	Provider Type From Code cannot be greater than To Provider Type Code.	Verify keying. Provider Type From must be less than or equal to Provider Type To.
	Field	5000	Type From not valid.	Verify keying. Enter or search for a valid Provider Type.
Type To	Field	5000	Type To not valid.	Verify keying. Enter or search for a valid Provider Type.
Zip Code From	Field	149	Zip Code From cannot be greater than Zip Code To.	Verify keying. Zip Code From must be less than or equal to Zip Code To.

6.1.65 Label Report Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.66 Label Report Panel Accessibility

6.1.66.1 To Access the Label Report Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Provider** and click **Rpts**.	Provider Reports panel displays.
3	Click **Label Report** hyperlink.	Label Report Panel displays.

6.1.66.2 To Add on the Label Report Panel

Step	Action	Response
1	Click **Add**.	Activates fields for entry of data or selection from lists.
2	Enter designated label criteria.	
3	Click **Save**.	Label criteria is saved.

6.1.66.3 To Update the Label Report Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Label Report information is saved.

6.1.66.4 To Delete from the Label Report Panel

Step	Action	Response

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1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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7. Provider Reports

The Provider Reports section provides the following information for each report:

Narrative: Provides a brief description of the report functionality and usage

Layout: Provides a representation of the report and details the exact placement and format of the field names, values and heading information

Field Descriptions: Lists the fields included on the report, with a definition of each field

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PRV-0002-M -- License Expiration Report

7.1.1 PRV-0002-M -- License Expiration Report Narrative

The License Expiration report is a monthly report that lists all active providers whose health board license expires in 30 days or is expired. This report is produced monthly.

7.1.2 PRV-0002-M -- License Expiration Report Layout

```
Report   : PRV-0002-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process  : PRVJM410                   MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: PRVP400M                           LICENSE EXPIRATION REPORT                                     Page:    999,999
                                                                                 REPORT PERIOD: MM/CCYY

   PROVIDER                  PROVIDER                                    LICENSE EXPIRATION      LICENSE      LICENSE     LICENSE
    NUMBER                     NAME                                            DATE               NUMBER       STATE       TYPE
    XXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY        XXXXXXXXXX       XX         XXXXX
    XXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY        XXXXXXXXXX       XX         XXXXX
    XXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY        XXXXXXXXXX       XX         XXXXX
    XXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY        XXXXXXXXXX       XX         XXXXX
    XXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY        XXXXXXXXXX       XX         XXXXX
    XXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY        XXXXXXXXXX       XX         XXXXX


                                                   *** END OF REPORT ***
                                                 *** NO DATA THIS RUN ***
```

7.1.3 PRV-0002-M -- License Expiration Report Field Descriptions

Field	Description	Length	Data Type
License Expiration Date	Date the provider's health board license expired.	10	Date (MM/DD/CCYY)
License Number	Provider's health board license number.	10	Character
License State	State the provider’s license is held.	2	Character
License Type	Provider’s license type.	5	Character
Provider Name	Provider's name.	38	Character
Provider Number	Provider's ten digit identification number.	10	Character

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PRV-0010-R -- Label Print Request Summary Information Report

7.1.4 PRV-0010-R -- Label Print Request Summary Information Report Narrative

This report has the Label Print Request Summary Information. This report is produced by request.

7.1.5 PRV-0010-R -- Label Print Request Summary Information Report Layout

```
Report  : PRV-0010-R                  ALABAMA MEDICAID AGENCY                           Run Date: MM/DD/CCYY
Process : PRVJD010            MEDICAID MANAGEMENT INFORMATION SYSTEM                    Run Time:   HH:MM:SS
Location: PRVP010D                    PROVIDER MAILING LABELS                               Page:    999,999



                                   ** Label Print Request Information
                                        User Id       : XXXXXXXX
                              Requestor Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       Date Requested: MM/DD/CCYY


                                    Print Request Selection Criteria
                         Type From      = XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                         Type To        = XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                         Specialty from = XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                         Specialty to   = XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                    County from    = XX XXXXXXXXXXXX
                                    County to      = XX XXXXXXXXXXXX
                                         Zip code from  = XXXXX
                                         Zip code to    = XXXXX
                       Contract Code/Name  = XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                           Status         = XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       Order by zip code 9 digits


                                          *** END OF REPORT ***
                                        *** NO DATA THIS RUN ***
```

7.1.6 PRV-0010-R -- Label Print Request Summary Information Report Field Descriptions

Field	Description	Length	Data Type
County from	Start of the range of provider's county that was selected for print.	2	Character

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Field	Description	Length	Data Type
County to	End of the range of provider's county that was selected for print.	2	Character
Date Requested	Date of the request for the mailing labels.	10	Date (MM/DD/CCYY)
Order by zip code 9 digits	Field that describes what order the mailing labels were requested to be printed.	20	Character
Contract Code/Name	Contract that the label are being printed for.	2	Character
Requestor Name	Name of the clerk that made the provider mailing label request.	39	Character
Specialty from	Start of the range of provider specialties that were selected for print.	3	Character
Specialty to	End of the range of provider specialties that were selected for print.	3	Character
Status	Enrollment status of the provider.	50	Character
Type From	Start of the range of provider types that were selected for print.	2	Character
Type To	End of the range of provider types that were selected for print.	2	Character
User Id	User Identification number of the clerk that made the request for the labels.	8	Character
Zip code from	Start of the range of provider's zip code that was selected for print.	5	Character
Zip code to	End of the range of provider's zip code that was selected for print.	5	Character

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PRV-0010-R 2 -- Provider Mailing Labels Report

7.1.7 PRV-0010-R 2 -- Provider Mailing Labels Report Narrative

These are the provider mailing labels that are requested by the user. These labels are generated in the nightly batch cycle, and are fed with input from the t_pr_label_crit table, which is populated by the Provider Label Maintenance panel This report is produced by request.

7.1.8 PRV-0010-R 2 -- Provider Mailing Labels Report Layout

```
PROVIDER NAME
STREET 1
STREET 2
CITY, STATE ZIP-ZIP4
```

7.1.9 PRV-0010-R 2 -- Provider Mailing Labels Report Field Descriptions

Field	Description	Length	Data Type
City	Provider mailing address city.	15	Character
Provider Name	Provider name.	50	Character
State	Provider mailing address state code.	2	Character
Street 1	First line of the provider mailing address, street.	30	Character
Street 2	Optional second line of the provider mailing address, street.	30	Character
Zip	Provider mailing address zip code.	5	Character
Zip 4	Optional 4 digit mailing address zip code extension.	4	Character

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PRV-0011-R -- Provider Listing by Flexible Criteria Report

7.1.10 PRV-0011-R -- Provider Listing by Flexible Criteria Report Narrative

The Provider Listing by Flexible Criteria report is generated utilizing the on-line Provider Listing Report panel The user accesses the Provider Listing Report panel through the Provider Search Window by choosing the Provider List selection option from the OPTIONS pull down menu bar. The contract allows the user to choose multiple selection criteria. The valid values for selection criteria are 'provider type range', 'provider specialty range'(per service location), 'county', 'zip code'(per service location), 'contract', and 'enrollment status'. Any combination of the listed criteria, including all criteria, may be selected. The user may choose the sort sequence; alphabetically (by provider name) or numerically (by provider number). To execute the contract, the user clicks on the 'Save' option button. The report displays information from each service location on the provider's file that met the criteria selected. This report is produced by request.

7.1.11 PRV-0011-R -- Provider Listing by Flexible Criteria Report Layout

```
Report  : PRV-0011-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRVJD011                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: PRVP011D                      PROVIDER LISTING BY FLEXIBLE CRITERIA                                Page:    999,999
                                              REPORT PERIOD: MM/DD/CCYY

                                                   User Id       : XXXXXXXX
                                         Requestor Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                   Date Requested: MM/DD/CCYY

                                                   Report selection criteria:

                                                         PROVIDER TYPE
                                FROM   XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                TO     XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                       PROVIDER SPECIALTY
                                FROM   XXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                TO     XXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                             COUNTY
                                            FROM   XX      XXXXXXXXXXXXX
                                            TO     XX      XXXXXXXXXXXXX

                                              CITY   XXXXXXXXXXXXXXXX

                                                      ZIP CODE
                                                    FROM   XXXXX
                                                    TO     XXXXX

                            CONTRACT XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                           STATUS   X       XXXXXXXXXXXXXXXXXXXXX
```


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7.1.12 PRV-0011-R -- Provider Listing by Flexible Criteria Report Field Descriptions

Field	Description	Length	Data Type
City	City requested by the analysts to search on.	15	Character
Contract	Public health contract entered by the analyst as search criteria.	9	Number (Integer)
County From	County code requested by the analysts to start the search from.	2	Character
County To	County code requested by the analyst to end the search at.	2	Character
Date Requested	Date the report was requested.	8	Date (MM/DD/CCYY)
Provider Specialty From	Provider specialty requested by the analyst to start the search from.	3	Character
Provider Specialty To	Provider specialty entered by the analyst to end the search at.	3	Character
Provider Type From	Provider type specified by the analyst to start the search from.	2	Character
Provider Type To	Provider type specified by the analyst to end the search at.	2	Character
Requestor Name	Name of the analyst who is requesting the report.	30	Character
Status	Status indicator entered by the analyst as search criteria.	1	Character
User Id	Analyst Identification number who is requesting the provider report.	8	Character
Zip Code From	Zip code requested by the analyst to start the search from.	5	Character
Zip Code To	Zip code requested by the analyst to end the search at.	5	Character

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PRV-0015-M -- Provider FEIN-SSN Cross Reference Report

7.1.13 PRV-0015-M -- Provider FEIN-SSN Cross Reference Report Narrative

The Provider FEIN SSN Cross Reference Report is a monthly report used to view providers selected by parameters other than the provider identification number. This report is sorted by FEIN/SSN. Any changes made to this report need to also be made to PRV-0016-M and PRV-0017-M. PRV-0016-M displays the same data sorted by license/certification number, and PRV-0017-M displays the same data sorted by CLIA number. This report is produced monthly.

7.1.14 PRV-0015-M -- Provider FEIN-SSN Cross Reference Report Layout

```
Report  : PRV-0015-M                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : PRV0015M                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: PRVJM015                            PROVIDER CROSS REFERENCE                                     Page:    999,999
                                               REPORT PERIOD: MM/CCYY

                                             SORT CRITERIA:  FEIN/SSN**
                            FEIN/SSN        PROV                   LICENSE              PROVIDER NAME
                                                                     NUMBER

            XXXXXXXXX      XXXXXXXXXX            XXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXX      XXXXXXXXXX            XXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXX      XXXXXXXXXX            XXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXX      XXXXXXXXXX            XXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXX      XXXXXXXXXX            XXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXX      XXXXXXXXXX            XXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXX      XXXXXXXXXX            XXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                 *** END OF REPORT ***
                                               *** NO DATA THIS RUN ***
```


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7.1.15 PRV-0015-M -- Provider FEIN-SSN Cross Reference Report Field Descriptions

Field	Description	Length	Data Type
FEIN/SSN	This field contains either the Federal Employer Identification Number or the Social Security Number for the provider.	9	Character
License	License number for the provider.	10	Character
Prov Number	Provider number for the system.	10	Character
Provider Name	Name of the provider.	50	Character

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PRV-0016-M -- Provider License Number Cross Reference Report

7.1.16 PRV-0016-M -- Provider License Number Cross Reference Report Narrative

The Provider License Number Cross Reference Report is a monthly report that allows the user to view provider listings by license number. In addition to license number, the provider name, provider ID number and SSN/FEIN are printed on the report. Any changes made to this report need to also be made to PRV-0015-M and PRV-0017-M. PRV-0015-M displays the same data sorted by FEIN/SSN, and PRV-0017-M displays the same data sorted by CLIA number.

7.1.17 PRV-0016-M -- Provider License Number Cross Reference Report Layout

```
Report  : PRV-0016-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRV0016M                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: PRVJM016                             PROVIDER CROSS REFERENCE                                      Page:    999,999
                                               REPORT PERIOD: MM/CCYY

                                                   SORT CRITERIA:  license**

                                LICENSE     PROV                  FEIN/SSN            PROVIDER NAME
                                                                    NUMBER
            XXXXXXXXXX XXXXXXXXXX              XXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXX XXXXXXXXXX              XXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXX XXXXXXXXXX              XXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



                                                 *** END OF REPORT ***
                                               *** NO DATA THIS RUN ***
```


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7.1.18 PRV-0016-M -- Provider License Number Cross Reference Report Field Descriptions

Field	Description	Length	Data Type
FEIN/SSN	This field contains either the Federal Employer Identification Number or the Social Security Number for the provider.	9	Character
License	License/certification number for the provider.	10	Character
Prov Number	Provider number.	10	Character
Provider Name	Name of the provider.	50	Character

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PRV-0017-M -- Provider CLIA Cross Reference Report

7.1.19 PRV-0017-M -- Provider CLIA Cross Reference Report Narrative

The Provider CLIA Cross Reference Report is a monthly report that shows all CLIA numbers in the system, grouped by CLIA number, to show relationships between providers using the same CLIA number and also possible problems with providers using the same CLIA certification. This report is ran monthly and sorted by CLIA number. Any changes made to this report need to also be made to PRV-0015-M and PRV-0016-M. PRV-0015-M displays the same data sorted by FEIN/SSN, and PRV-0016-M displays the same data sorted by license/certification number. It is modeled after the existing PRV-0015-R and PRV-0016-R reports in the current base system. The CLIA numbers in the system are pulled from the T_PR_CLIA_STAT table.

7.1.20 PRV-0017-M -- Provider CLIA Cross Reference Report Layout

```
Report  : PRV-0017-M                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : PRV0017M                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: PRVJM017                          PROVIDER CLIA CROSS REFERENCE                                   Page:    999,999
                                               REPORT PERIOD: MM/CCYY


                                                 SORT CRITERIA:  CLIA**

                              CLIA              PROVIDER                            PROVIDER NAME
                                                                     NUMBER

            XXXXXXXXXX        XXXXXXXXXX                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXX        XXXXXXXXXX                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXX        XXXXXXXXXX                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXX        XXXXXXXXXX                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXX        XXXXXXXXXX                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            XXXXXXXXXX        XXXXXXXXXX                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



                                              *** END OF REPORT ***
                                            *** NO DATA THIS RUN ***
```


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7.1.21 PRV-0017-M -- Provider CLIA Cross Reference Report Field Descriptions

Field	Description	Length	Data Type
CLIA	Clinical Laboratory Improvement Act Number used by the listed provider(s). The same field name are pulled from the t_pr_CLIA_stat. table.	10	Character
Provider Number	Provider's identification number.	10	Character
Provider Name	Provider's name.	50	Character

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PRV-0032-W -- Provider Pre-Notification Report

7.1.22 PRV-0032-W -- Provider Pre-Notification Report Narrative

The Provider Pre-Notification report lists providers that want to start using electronic funds transfer (EFT). This report is produced weekly.

7.1.23 PRV-0032-W -- Provider Pre-Notification Report Layout

```
Report  : PRV-0032-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRVJW010                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FNIO0700                        PROVIDER PRE-NOTIFICATION REPORT                                   Page:    999,999
                                         REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY

                                                      Electronic Claims
          Provider        Provider Name                                   ABA Number      Account Number          Amount Paid

          XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       XXXXXXXXX       XXXXXXXXXXXXXXXX      $999,999,999.99
          XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       XXXXXXXXX       XXXXXXXXXXXXXXXX      $999,999,999.99
          XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       XXXXXXXXX       XXXXXXXXXXXXXXXX      $999,999,999.99
          XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       XXXXXXXXX       XXXXXXXXXXXXXXXX      $999,999,999.99
          XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       XXXXXXXXX       XXXXXXXXXXXXXXXX      $999,999,999.99

                                                   *** END OF REPORT ***
                                                 *** NO DATA THIS RUN ***
```

7.1.24 PRV-0032-W -- Provider Pre-Notification Report Field Descriptions

Field	Description	Length	Data Type
ABA Number	Transit routing number to the bank.	9	Character
Account Number	Number for the providers account.	15	Character
Amount Paid	Dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the third party liability amount.	15	Number (Decimal)
Electronic Claims Provider	Number that identifies a provider.	10	Character
Provider Name	Name of the provider requesting electronic funds transfer.	40	Character

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PRV-0100-W -- Active Providers with Invalid ABA Numbers Report

7.1.25 PRV-0100-W -- Active Providers with Invalid ABA Numbers Report Narrative

The Active Providers with Invalid ABA Numbers report produces a lists all active providers with invalid ABA numbers. The report is generated every Tuesday night (weekly) and sent to the Agency for evaluation and correction.

7.1.26 PRV-0100-W -- Active Providers with invalid ABA Numbers Report Layout

```
Report  : PRV-0100-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRVJW100                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: PRV0100W                    ACTIVE PROVIDERS WITH INVALID ABA NUMBERS                            Page:    999,999
                                             REPORT PERIOD: MM/DD/CCYY
                                                                                   Type of
          Provider ID                  Bank Account Number ERROR    ABA Number ERROR    Account     Effective Date     End Date

        XXXXXXXXXX                        XXXXXXXXXXXXXXXXXX           XXXXXXXXX          X           MM/DD/CCYY        MM/DD/CCYY
        XXXXXXXXXX                        XXXXXXXXXXXXXXXXXX           XXXXXXXXX          X           MM/DD/CCYY        MM/DD/CCYY
        XXXXXXXXXX                        XXXXXXXXXXXXXXXXXX           XXXXXXXXX          X           MM/DD/CCYY        MM/DD/CCYY
        XXXXXXXXXX                        XXXXXXXXXXXXXXXXXX           XXXXXXXXX          X           MM/DD/CCYY        MM/DD/CCYY

                                           Total Providers with Invalid ABA Numbers : 9,999


                                                 *** END OF REPORT ***
                                               *** NO DATA THIS RUN ***
```


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7.1.27 PRV-0100-W -- Active Providers with Invalid ABA Numbers Report Field Descriptions

Field	Description	Length	Data Type
ABA Number Error	Bank Account Routing Number (ABA) error.	9	Character
Bank Account Number Error	Bank Account Number error.	17	Character
Effective Date	Effective start date of the ABA error.	10	Date (MM/DD/CCYY)
End Date	End date of the ABA error.	10	Date (MM/DD/CCYY)
Provider ID	Provider Identification Number.	10	Character
Total Providers with Invalid ABA Numbers	Displays the total number of providers that have invalid Account Routing Numbers.	5	Number (Decimal)
Type of Account	Type of the bank account that a provider is using for Electronic Funds Transfers.	1	Character

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PRV-0300-D -- Newly Enrolled Providers Report

7.1.28 PRV-0300-D -- Newly Enrolled Providers Report Narrative

The Newly Enrolled Providers report lists newly enrolled providers along with their associated information. It is sorted by county code, application finalized date, and provider number. This report is produced daily.

7.1.29 PRV-0300-D -- Newly Enrolled Providers Report Layout

```
Report  : PRV-0300-D                          ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : PRV0300D                      MEDICAID MANAGEMENT INFORMATION SYSTEM                                 Run Time:   HH:MM:SS
Location: PRVJD300                             NEWLY ENROLLED PROVIDERS                                            Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
  PROVIDER        ECC PROVIDER NAME                                      ID  ADDRESS                          PHONE      CNTY  FINALIZED
TYP      NUMBER       CONTACT                                            TYP                                    NUMBER     CODE    DATE

XXX XXXXXXXXXX     X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (999)999-9999  99   MMDDCCYY
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXX  XX XXXXX-XXXX
XXX XXXXXXXXXX     X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (999)999-9999  99   MMDDCCYY
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXX  XX XXXXX-XXXX
XXX XXXXXXXXXX     X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (999)999-9999  99   MMDDCCYY
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXX  XX XXXXX-XXXX
XXX XXXXXXXXXX     X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (999)999-9999  99   MMDDCCYY
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXX  XX XXXXX-XXXX
XXX XXXXXXXXXX     X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (999)999-9999  99   MMDDCCYY
                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXX  XX XXXXX-XXXX

                                                 *** END OF REPORT ***
                                               *** NO DATA THIS RUN ***
```


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7.1.30 PRV-0300-D -- Newly Enrolled Providers Report Field Descriptions

Field	Description	Length	Data Type
City	This is the city of the provider.	Character	15
Contact	This is the contact name that was on the provider enrollment application.	Character	30
Cnty Code	This is the code of the county that the provider is in.	Character	2
ECC	This is the indicator tell whether the provider uses Electronic Claims submission currently.	Character	1
Finalized Date	This is the date that the enrollment was finalized.	Date (MM/DD/CCYY)	8
Phone Number	This is the phone number of the provider.	Character	12
Provider ID	This is the provider's ID number.	Character	9
Provider Name	This is the provider's personal or business name.	Character	50
Provider Typ	This is the provider type of the provider.	Character	2
Street Address1	This is the street address of the provider.	Character	30
Street Address2	This is the optional 2nd street address of the provider.	Character	30
Zip Code	This is the zip code of the provider.	Character	5

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PRV-0500-M -- Provider Activity - Inactivity Report

7.1.31 PRV-0500-M -- Provider Activity - Inactivity Report Narrative

The Provider Activity-Inactivity report displays a listing of providers that have not submitted claims in the last 12 months but are still currently enrolled in a contract with an Active status. An active status is defined as having an open contract eligibility segment on the t_pr_php_elig table.

This report is sorted by provider ID, then service location. This report is produced monthly.

7.1.32 PRV-0500-M -- Provider Activity - Inactivity Report Layout

```
Report  : PRV-0500-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRVJM500                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: PRVPM500                      PROVIDER ACTIVITY - INACTIVITY REPORT                                Page:    999,999
                                         REPORT PERIOD: MM/CCYY - MM/CCYY

PROVIDER                  PROVIDER                                                PROGRAM                 STATUS
NUMBER                    NAME

XXX XXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX
XXX XXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX
                                                                                  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX
XXX XXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX
XXX XXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX
                                                                                  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX
XXX XXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX
XXX XXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX
                                                                                  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXX

                                                   ** END OF REPORT **
                                                 ** NO DATA THIS RUN **
```

7.1.33 PRV-0500-M -- Provider Activity - Inactivity Report Field Descriptions

Field	Description	Length	Data Type
Program	The provider program.	Character	50
Provider Number	The provider's identification number.	Number	9
Provider Name	The name of the provider.	Character	50
Status	The status of the provider.	Character	1

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PRV-0510-M -- Provider Termination Report

7.1.34 PRV-0510-M -- Provider Termination Report Narrative

The Provider Termination report provides a summary listing of providers by type of the providers that were updated to the status of Term by not Enroll because the provider has past their one month grace period. This report is produced monthly.

7.1.35 PRV-0510-M -- Provider Termination Report Layout

```
Report  : PRV-0510-M                    ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : PRVJM051                MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   HH:MM:SS
Location: PRVP051M                      Provider Termination Report                          Page:    999,999
                                         REPORT PERIOD: MM/CCYY

                                            PROVIDER TYPE          COUNT
                                             XX                    99999
                                             XX                    99999
                                             XX                    99999
                                             XX                    99999

                                            TOTAL                  999999


                                              *** END OF REPORT ***
                                            *** NO DATA THIS RUN ***
```

7.1.36 PRV-0510-M -- Provider Termination Report Field Descriptions

Field	Description	Length	Data Type
Count	Number of records that were changed from Recertification to Term. By Provider.	5	Number (Integer)
Provider Type	Type that the provider is contracted by.	2	Number (Integer)
Total	Total number of records that were changed from Recertification to Term. By Provider.	6	Number (Integer)

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PRV-0530-W -- Provider Changes By Clerk ID Weekly Summary Report

7.1.37 PRV-0530-W -- Provider Changes By Clerk ID Weekly Summary Report Narrative

The Provider Changes by Clerk ID Weekly Summary report displays the weekly changes made by Clerk IDs in a grid format. The left hand columns contain the Clerk ID and the various tables/information they can update. The upper row lists whether the clerk added, changed, or deleted information from these elements. Where the column and row intersect a number, which represents the number of actions (e.g. adds) the listed Clerk ID performed on the matching table/information. Sub-totals are given for each Clerk ID's set of changes, which are then totaled up at the bottom of the report. The report is sorted by Clerk ID.

7.1.38 PRV-0530-W -- Provider Changes By Clerk ID Weekly Summary Report Layout

```
Report  : PRV-0530-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRVJW530                     MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: PRVP530W                   PROVIDER CHANGES BY CLERK ID WEEKLY SUMMARY                             Page:    999,999
                                                                REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY

                                                                                  ADD       CHANGE       DELETE
                    CLERK ID: XXXXXXX       Prov Base Info                        XXX         XXX         XXX
                                            Prov Serv Location Rec                XXX         XXX         XXX
                                            Prov Name Info                        XXX         XXX         XXX
                                            Prov Address Info                     XXX         XXX         XXX
                                            Prov Grp Mbrshp Info                  XXX         XXX         XXX
                                            Prov Type Info                        XXX         XXX         XXX
                                            Prov Specialty Info                   XXX         XXX         XXX
                                            Prov Medicare Info                    XXX         XXX         XXX
                                            Prov DEA Info                         XXX         XXX         XXX
                                            Prov CLIA Info                        XXX         XXX         XXX
                                            Prov Lic/Prscbr Info                  XXX         XXX         XXX
                                            Prov EFT Info                         XXX         XXX         XXX
                                            Prov Tax ID Info                      XXX         XXX         XXX
                                            Prov Prog Elig Info                   XXX         XXX         XXX
                                            Prov LOC Rate Changes                 XXX         XXX         XXX
                                            Prov UCC Rate Changes                 XXX         XXX         XXX
                                            Prov Other                            XXX         XXX         XXX
                                            ---------------------------------------------------------------------
                                            SUB-TOTALS                           9999        9999        9999
```


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```
Report  : PRV-0530-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRVJW530                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: PRVP530W                    PROVIDER CHANGES BY CLERK ID WEEKLY SUMMARY                            Page:    999,999
                                              REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY

                                                                                ADD      CHANGE       DELETE
                    CLERK ID: XXXXXXX       Prov Base Info                      XXX         XXX         XXX
                                            Prov Serv Location Rec              XXX         XXX         XXX
                                            Prov Name Info                      XXX         XXX         XXX
                                            Prov Address Info                   XXX         XXX         XXX
                                            Prov Grp Mbrshp Info                XXX         XXX         XXX
                                            Prov Type Info                      XXX         XXX         XXX
                                            Prov Specialty Info                 XXX         XXX         XXX
                                            Prov Medicare Info                  XXX         XXX         XXX
                                            Prov DEA Info                       XXX         XXX         XXX
                                            Prov CLIA Info                      XXX         XXX         XXX
                                            Prov Lic/Prscbr Info                XXX         XXX         XXX
                                            Prov EFT Info                       XXX         XXX         XXX
                                            Prov Tax ID Info                    XXX         XXX         XXX
                                            Prov Prog Elig Info                 XXX         XXX         XXX
                                            Prov LOC Rate Changes               XXX         XXX         XXX
                                            Prov UCC Rate Changes               XXX         XXX         XXX
                                            Prov Other                          XXX         XXX         XXX
                                            ---------------------------------------------------------------
                                            SUB-TOTALS                         9999        9999        9999
```


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7.1.39 PRV-0530-W -- Provider Changes By Clerk ID Weekly Summary Report Field Descriptions

Field	Description	Length	Data Type
Clerk ID	Clerk identification for the user who made the listed table/information changes.	32	Character
Prov Address Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Address Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Address Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Base Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Base Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Base Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov CLIA Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov CLIA Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov CLIA Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov DEA Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov DEA Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov DEA Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov EFT Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov EFT Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov EFT Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Grp Mbrshp Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)

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Field	Description	Length	Data Type
Prov Grp Mbrshp Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Grp Mbrshp Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Rate Changes ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Rate Changes CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Rate Changes DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Lic/Prscrbr Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Lic/Prscrbr Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Lic/Prscrbr Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Medicare Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Medicare Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Medicare Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Name Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Name Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Name Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Other ADD	Number of adds the clerk performed on all other provider tables/information.	3	Number (Integer)
Prov Name Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Other CHANGE	Number of changes the clerk performed on all other provider tables/information.	3	Number (Integer)

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Field	Description	Length	Data Type
Prov Other DELETE	Number of deletes the clerk performed on all other provider tables/information.	3	Number (Integer)
Prov Prog Elig Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Prog Elig Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Prog Elig Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Serv Location Rec ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Serv Location Rec CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Serv Location Rec DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Specialty Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Specialty Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Specialty Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Tax ID Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Tax ID Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Tax ID Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov Type Info ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)
Prov Type Info CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov Type Info DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Prov UCC Rate Changes ADD	Number of adds the clerk performed on this table/information.	3	Number (Integer)

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Field	Description	Length	Data Type
Prov UCC Rate Changes CHANGE	Number of changes the clerk performed on this table/information.	3	Number (Integer)
Prov UCC Rate Changes DELETE	Number of deletes the clerk performed on this table/information.	3	Number (Integer)
Sub-totals ADD	Total number of adds entered in by the listed clerk.	4	Number (Integer)
Sub-totals CHANGE	Total number of changes entered in by the listed clerk.	4	Number (Integer)
Sub-totals DELETE	Total number of deletes entered in by the listed clerk.	4	Number (Integer)

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PRV-0550-M -- Active Provider Type Trend Information Report

7.1.40 PRV-0550-M -- Active Provider Type Trend Information Report Narrative

The Active Provider Type Trend Information report tracks the number of providers actively enrolled with the state agency. The information is for a one month period and is divided up by program, then provider type; with subtotals after each program break, and a grand total for all programs at the end of the report. This report is produced monthly.

7.1.41 PRV-0550-M -- Active Provider Type Trend Information Report Layout

```
Report  : PRV-0550-M                    ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : PRVJM550                MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: PRVP550M                          TYPE TREND REPORT                                        Page:    999,999
                                     REPORT PERIOD: MM/CCYY - MM/CCYY


                                          PROGRAM = XXXXXXXXXXXXXXXXX

      PROVIDER                    PREVIOUS     ENROLLMENTS    RE-ENROLLMENTS   TERMINATIONS    CURRENT     CURRENT      CURRENT
        TYPE                       TOTAL       DURING MONTH    DURING MONTH    DURING MONTH    ACTIVE      INACTIVE      TOTAL


  XX  XXXXXXXXXXXXXXXXXXXX          99,999          9,999           9,999           9,999        99,999      99,999      99,999
  XX  XXXXXXXXXXXXXXXXXXXX          99,999          9,999           9,999           9,999        99,999      99,999      99,999
  XX  XXXXXXXXXXXXXXXXXXXX          99,999          9,999           9,999           9,999        99,999      99,999      99,999

       * S U B T O T A L S *        99,999          9,999           9,999           9,999        99,999      99,999      99,999


                                          PROGRAM = XXXXXXXXXXXXXXXXX

      PROVIDER                    PREVIOUS     ENROLLMENTS    RE-ENROLLMENTS   TERMINATIONS    CURRENT     CURRENT      CURRENT
        TYPE                       TOTAL       DURING MONTH    DURING MONTH    DURING MONTH    ACTIVE      INACTIVE      TOTAL


  XX  XXXXXXXXXXXXXXXXXXXX          99,999          9,999           9,999           9,999        99,999      99,999      99,999
  XX  XXXXXXXXXXXXXXXXXXXX          99,999          9,999           9,999           9,999        99,999      99,999      99,999
  XX  XXXXXXXXXXXXXXXXXXXX          99,999          9,999           9,999           9,999        99,999      99,999      99,999

       * S U B T O T A L S *        99,999          9,999           9,999           9,999        99,999      99,999      99,999
```


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ALL PROGRAMS

PROVIDER TYPE		PREVIOUS TOTAL	ENROLLMENTS DURING MONTH	RE-ENROLLMENTS DURING MONTH	TERMINATIONS DURING MONTH	CURRENT ACTIVE	CURRENT INACTIVE	CURRENT TOTAL
XX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
	* T O T A L S *	99,999	9,999	9,999	9,999	99,999	99,999	99,999

*** END OF REPORT ***
*** NO DATA THIS RUN ***

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7.1.42 PRV-0550-M -- Active Provider Type Trend Information Report Field Descriptions

Field	Description	Length	Data Type
Current Active	Total number of current providers that have claim activity in the last 12 months. This number is derived by querying against claims history.	5	Number (Decimal)
Current Inactive	Total number of current providers that DO NOT have claim activity in the last 12 months. This number is derived by querying against claims history.	5	Number (Decimal)
Current Total	Total number of providers currently enrolled. The current total can be found by querying the t_pr_php_elig table and figuring out which providers' effective date is less than the end of the reporting period when their end date is also greater than the end of the reporting period.	5	Number (Decimal)
Enrollments During Month	Total number of providers enrolled during this month's reporting period. Can be determined by querying the t_pr_php_elig table and figuring out which providers have their effective date between the beginning and end of this month's reporting period.	4	Number (Decimal)
Previous Total	Total number of enrolled providers for the previous month. Can be calculated by subtracting the terminations from the enrollments, then subtracting that result from the current total of enrolled providers. The current total can be found by querying the t_pr_php_elig table and figuring out which providers' effective date is less than the end of the reporting period when their end date is also greater than the end of the reporting period.	5	Number (Decimal)
Program	Health program for the listed providers. A 2 character code identifies each program description, this code is what must be matched with in programs in order to pull the program code description.	20	Character
Provider Type Code	Code which uniquely identifies each provider type description.	2	Character
Provider Type Description	Description for a specific provider type.	50	Character

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Field	Description	Length	Data Type
Re-Enrollments During Month	Total number of providers re-enrolled during this month's reporting period. Can be determined by querying the t_pr_php_elig table and figuring out which providers have their effective date between the beginning and end of this month's reporting period and have a previous segment.	4	Number (Decimal)
Subtotal Current Active	Total number of active providers.	5	Number (Decimal)
Subtotal Current Inactive	Total number of inactive providers.	5	Number (Decimal)
Subtotal Current Total	Total number of providers currently enrolled during this month, for a given program.	5	Number (Decimal)
Subtotal Enrollments During Month	Total number of providers enrolled during this month, for a given program.	4	Number (Decimal)
Subtotal Previous Total	Total number of providers enrolled at the end of the previous month, for a given program.	5	Number (Decimal)
Subtotal Re-Enrollments During Month	Total number of providers re-enrolled during this month, for a given program.	4	Number (Decimal)
Subtotal Termination During Month	Total number of providers terminated during this month, for a given program.	4	Number (Decimal)
Terminations During Month	Total number of providers terminated during this month's reporting period. Can be determined by querying the t_pr_php_elig table and figuring out which providers have their end date between the beginning and end of this month's reporting period.	4	Number (Decimal)
Total Current Active	Total number of active providers.	5	Number (Decimal)
Total Current Inactive	Total number of inactive providers.	5	Number (Decimal)
Total Current Total	Total number of providers currently enrolled during this month, for all programs.	5	Number (Decimal)
Total Enrollments During Month	Total number of providers enrolled during this month, for all programs.	4	Number (Decimal)

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Field	Description	Length	Data Type
Total Previous Total	Total number of providers enrolled at the end of the previous month, for all programs.	5	Number (Decimal)
Total Re-Enrollments During Month	Total number of providers re-enrolled during this month, for all programs.	4	Number (Decimal)
Total Termination During Month	Total number of providers terminated during this month, for all programs .	4	Number (Decimal)

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PRV-0551-M -- Active Provider Specialty Trend Information Report

7.1.43 PRV-0551-M -- Active Provider Specialty Trend Information Report Narrative

The Active Provider Specialty Trend Information report tracks the number of providers actively enrolled with the Agency. The information is for a one month period and is divided up by program, then provider specialty; with subtotals after each program break, and a grand total for all programs at the end of the report. This report is produced monthly.

7.1.44 PRV-0551-M -- Active Provider Specialty Trend Information Report Layout

```
Report  : PRV-0551-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRVJM551                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: PRVP551M                            SPECIALTY TREND REPORT                                         Page:    999,999
                                        REPORT PERIOD: MM/CCYY - MM/CCYY


                                                PROGRAM = XXXXXXXXXXXXXXXXX

        PROVIDER                    PREVIOUS     ENROLLMENTS    RE-ENROLLMENTS   TERMINATIONS    CURRENT      CURRENT      CURRENT
        SPECIALTY                    TOTAL       DURING MONTH    DURING MONTH    DURING MONTH    ACTIVE      INACTIVE      TOTAL


   XXX  XXXXXXXXXXXXXXXXXXXX         99,999          9,999         9,999           9,999        99,999       99,999      99,999
   XXX  XXXXXXXXXXXXXXXXXXXX         99,999          9,999         9,999           9,999        99,999       99,999      99,999
   XXX  XXXXXXXXXXXXXXXXXXXX         99,999          9,999         9,999           9,999        99,999       99,999      99,999

         * S U B T O T A L S *       99,999          9,999         9,999           9,999        99,999       99,999      99,999


                                                PROGRAM = XXXXXXXXXXXXXXXXX

        PROVIDER                    PREVIOUS     ENROLLMENTS    RE-ENROLLMENTS   TERMINATIONS    CURRENT      CURRENT      CURRENT
        SPECIALTY                    TOTAL       DURING MONTH    DURING MONTH    DURING MONTH    ACTIVE      INACTIVE      TOTAL


   XXX  XXXXXXXXXXXXXXXXXXXX         99,999          9,999         9,999           9,999        99,999       99,999      99,999
   XXX  XXXXXXXXXXXXXXXXXXXX         99,999          9,999         9,999           9,999        99,999       99,999      99,999
   XXX  XXXXXXXXXXXXXXXXXXXX         99,999          9,999         9,999           9,999        99,999       99,999      99,999

         * S U B T O T A L S *       99,999          9,999         9,999           9,999        99,999       99,999      99,999
```


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ALL PROGRAMS

	PROVIDER SPECIALTY	PREVIOUS TOTAL	ENROLLMENTS DURING MONTH	RE-ENROLLMENTS DURING MONTH	TERMINATIONS DURING MONTH	CURRENT ACTIVE	CURRENT INACTIVE	CURRENT TOTAL
XXX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
XXX	XXXXXXXXXXXXXXXXXXXX	99,999	9,999	9,999	9,999	99,999	99,999	99,999
	* T O T A L S *	99,999	9,999	9,999	9,999	99,999	99,999	99,999

*** END OF REPORT ***
*** NO DATA THIS RUN ***

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7.1.45 PRV-0551-M -- Active Provider Specialty Trend Information Report Field Descriptions

Field	Description	Length	Data Type
Current Active	Number of current active providers.	4	Number (Decimal)
Current Inactive	Number of current inactive providers.	4	Number (Decimal)
Current Total	Total number of providers currently enrolled. The current total can be found by querying the t_pr_php_elig table and figuring out which providers' effective date is less than the end of the reporting period when their end date is also greater than the end of the reporting period.	5	Number (Decimal)
Enrollments During Month	Total number of providers enrolled during this month's reporting period. Can be determined by querying the t_pr_php_elig table and figuring out which providers have their effective date between the beginning and end of this month's reporting period.	4	Number (Decimal)
Previous Total	Total number of enrolled providers for the previous month. Can be calculated by subtracting the terminations from the enrollments, then subtracting that result from the current total of enrolled providers. The current total can be found by querying the t_pr_php_elig table and figuring out which providers' effective date is less than the end of the reporting period when their end date is also greater than the end of the reporting period.	5	Number (Decimal)
Program	Health program for the listed providers. A 2 character code identifies each program description, this code is what must be matched with in programs in order to pull the program code description.	50	Character
Provider Specialty Code	Code which uniquely identifies each provider specialty description.	3	Character
Provider Specialty Description	Description for a specific provider specialty.	50	Character
Subtotal Current Active	Total number of providers active during this month.	5	Number (Decimal)
Subtotal Current Inactive	Total number of providers inactive during this month.	5	Number (Decimal)
Subtotal Current Total	Total number of providers currently enrolled during this month, for a given program.	5	Number (Decimal)

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Field	Description	Length	Data Type
Subtotal Enrollments During Month	Total number of providers enrolled during this month, for a given program.	4	Number (Decimal)
Subtotal Previous Total	Total number of providers enrolled at the end of the previous month, for a given program.	5	Number (Decimal)
Subtotal Re-Enrollments During Month	Total number of providers re-enrolled during this month, for a given program.	4	Number (Decimal)
Subtotal Termination During Month	Total number of providers terminated during this month, for a given program.	4	Number (Decimal)
Terminations During Month	Total number of providers terminated during this month's reporting period. Can be determined by querying the t_pr_php_elig table and figuring out which providers have their end date between the beginning and end of this month's reporting period.	4	Number (Decimal)
Total Current Total	Total number of providers currently enrolled during this month, for all programs.	5	Number (Decimal)
Total Enrollments During Month	Total number of providers enrolled during this month, for all programs.	4	Number (Decimal)
Total Previous Total	Total number of providers enrolled at the end of the previous month, for all programs.	5	Number (Decimal)
Total Termination During Month	Total number of providers terminated during this month, for all programs.	4	Number (Decimal)

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PRV-0600-M – Provider Change of Address report

7.1.46 PRV-0600-M – Provider Change of Address report - Narrative

Address on T_PR_ADR table should be standardized once a month and also the change of addresses should be reported on a monthly basis for the Provider enrollment team to be able to make these changes periodically on T_PR_ADR table.

7.1.47 PRV-0600-M – Provider Change of Address report - Report Layout

```
REPORT  : PRV-0600-M                                  ALABAMA MEDICAID AGENCY                                          RUN DATE:  MM/DD/CCYY
PROCESS : PRVJM600                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                 RUN TIME:    HH:MM:SS
LOCATION: PRVPM600                                 PROVIDER CHANGE OF ADDRESS REPORT                                      PAGE:        XXXX
                                                       REPORT PERIOD:  MM/DD/CCYY
                                                                                   OLD                                 NEW
GROUP MCD         PROVIDER MCD      PROVIDER NAME                            ADDRESS  STREET ADDRESS1/                 STREET ADDRESS1/
                                                                              TYPE    STREET ADDRESS2                  STREET ADDRESS2/
                                                                                      CITY/                            CITY/
                                                                                      STATE/                           STATE/
                                                                                      ZIP - ZIP4                       ZIP - ZIP4
-------------------------------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXX                   XXXXXXXXXXXXXXXX
                                                                                       XX                                 XX
                                                                                       XXXXX - XXXX                       XXXXX - XXXX

XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXX                   XXXXXXXXXXXXXXXX
                                                                                       XX                                 XX
                                                                                       XXXXX - XXXX                       XXXXX - XXXX

XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXX                   XXXXXXXXXXXXXXXX
                                                                                       XX                                 XX
                                                                                       XXXXX - XXXX                       XXXXX - XXXX

XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXX                   XXXXXXXXXXXXXXXX
                                                                                       XX                                 XX
                                                                                       XXXXX - XXXX                       XXXXX - XXXX

XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXX                   XXXXXXXXXXXXXXXX
                                                                                       XX                                 XX
                                                                                       XXXXX - XXXX                       XXXXX - XXXX

XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                       XXXXXXXXXXXXXXXX                   XXXXXXXXXXXXXXXX
                                                                                       XX                                 XX
                                                                                       XXXXX - XXXX                       XXXXX - XXXX
```


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```
XXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                                  XXXXXXXXXXXXXXXXX                      XXXXXXXXXXXXXXXXX
                                                                                                  XX                                     XX
                                                                                                  XXXXX - XXXX                           XXXXX - XXXX

TOTAL NUMBER OF PROVIDER WITH ADDRESS TYPE M :  XXXXXX
TOTAL NUMBER OF PROVIDER WITH ADDRESS TYPE P :  XXXXXX
TOTAL NUMBER OF PROVIDER WITH ADDRESS TYPE S :  XXXXXX


                                                 ***  END OF REPORT  ***
                                                 *** NO DATA THIS RUN ***
```

7.1.48 PRV-0600-M - Provider Change of Address report - Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-0600-M – Provider Change of Address report.

Field	Description	Data Type	Length
Address Type	A one character code that identifies the type of address.	Character	1
City	Mailing address city. This is the city where a provider would receive business mail.	Character	15
Group MCD	Provider Group MCD.	Character	15
Provider MCD	Provider ID value.	Character	15
Provider Name	This is the name associated with an organization or person.	Character	40
State	Mailing address state. This is the state where a provider would receive business mail.	Character	2
Street Address1	Mailing address street 1. This is the street address for a provider.	Character	30
Street Address2	Mailing address street 2. This is the mailing address for a provider.	Character	30
TOTAL NUMBER OF PROVIDER WITH ADDRESS TYPE M	Number of providers that have an address type as M.	Number (Integer)	6

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PRV-0602-M – Provider Change of Tax Addresses Report

7.1.49 PRV-0602-M – Provider Change of Tax Addresses Report - Narrative

Address on T_IRS_W9_INFO table should be standardized once a month and also the change of addresses should be reported on a monthly basis for the Provider enrollment team to be able to make these changes periodically on T_IRS_W9_INFO table.

7.1.50 PRV-0602-M – Provider Change of Tax Addresses Report - Report Layout

```
REPORT  : PRV-0602-M                                ALABAMA MEDICAID AGENCY                                    RUN DATE:  MM/DD/CCYY
PROCESS : PRVJM602                           MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME:    HH:MM:SS
LOCATION: PRVPM602                          PROVIDER CHANGE OF TAX ADDRESSES REPORT                                PAGE:        XXXX
                                                  REPORT PERIOD:  MM/DD/CCYY


                                                                     OLD                             NEW
TAX ID           PROVIDER NAME                                       STREET ADDRESS1/                STREET ADDRESS1/
                                                                     STREET ADDRESS2                 STREET ADDRESS2/
                                                                     CITY/                           CITY/
                                                                     STATE/                          STATE/
                                                                     ZIP - ZIP4                      ZIP - ZIP4
--------------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXX                 XXXXXXXXXXXXXXX
                                                                     XX                              XX
                                                                     XXXXX - XXXX                    XXXXX - XXXX

XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXX                 XXXXXXXXXXXXXXX
                                                                     XX                              XX
                                                                     XXXXX - XXXX                    XXXXX - XXXX

XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXX                 XXXXXXXXXXXXXXX
                                                                     XX                              XX
                                                                     XXXXX - XXXX                    XXXXX - XXXX


XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXX                 XXXXXXXXXXXXXXX
                                                                     XX                              XX
                                                                     XXXXX - XXXX                    XXXXX - XXXX

XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXX                 XXXXXXXXXXXXXXX
                                                                     XX                              XX
                                                                     XXXXX - XXXX                    XXXXX - XXXX

XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
                                                    XXXXXXXXXXXXXXXX              XXXXXXXXXXXXXXXX
                                                    XX                            XX
                                                    XXXXX - XXXX                  XXXXX - XXXX


TOTAL NUMBER OF PROVIDERS WITH CHANGE TAX ADDRESSES:        XXXXXX


                                          ***  END OF REPORT  ***
                                          *** NO DATA THIS RUN ***
```

7.1.51 PRV-0062-M - Provider Change of Tax Addresses report - Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-0062-M – Provider Change of Tax Addresses Report.

Field	Description	Data Type	Length
City	Mailing address city. This is the city where a provider would receive business mail.	Character	15
Provider Name	This is the name associated with an organization or person.	Character	50
State	Mailing address state. This is the state where a provider would receive business mail.	Character	2
Street Address1	Mailing address street 1. This is the street address for a provider.	Character	30
Street Address2	Mailing address street 2. This is the mailing address for a provider.	Character	30
TAX ID	Provider TAX ID value.	Character	15
Total Number of Providers with Change of Tax Address	Number of Providers with change of address.	Number (Integer)	6
Zip	Mailing address zip code. This is the first 5 digits of the zip code for a business mailing zip code.	Character	5
Zip4	Mailing address zip code + 4. This is the last 4 digits of a zip code.	Character	4

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PRV-0604-O – Provider Invalid Addresses Report

7.1.52 PRV-0604-O – Provider Invalid Addresses Report – Narrative

PRV-0604-O is an on request report generated to facilitate cleanup of invalid addresses on T_PR_ADR, T_PR_HB_LIB, and T_IRA_W9_INFO.

7.1.53 PRV-0604-O – Provider Invalid Addresses Report - Report Layout

```
Report  : PRV-0604-O                      ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : PRVJ0604                   MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:   HH:MM:SS
Location: PRVP0604                      PROVIDER INVALID ADDRESSES REPORT                              Page:      99999
                                           REPORT PERIOD:  MM/DD/CCYY

PROVIDER ADDRESS MASTER
=======================

GROUP MCD         PROVIDER MCD      PROVIDER NAME                  ADDRESS  STREET ADDRESS1/                ERROR DESCRIPTION
                                                                   TYPE     STREET ADDRESS2/
                                                                            CITY/
                                                                            STATE/
                                                                            ZIP - ZIP4
----------------------------------------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XX                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXX                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Tax      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                  TAX ID:  XXXXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XX                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXX                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   Lic      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                  LICENSE: XXXXXXXXXX                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXXX                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XX                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXX                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

        TOTAL NUMBER OF PROVIDERS WITH ADDRESS TYPE M  :      999,999
        TOTAL NUMBER OF PROVIDERS WITH ADDRESS TYPE P  :      999,999
        TOTAL NUMBER OF PROVIDERS WITH ADDRESS TYPE S  :      999,999
        TOTAL NUMBER OF PROVIDERS WITH ADDRESS TYPE Tax:      999,999
        TOTAL NUMBER OF PROVIDERS WITH ADDRESS TYPE Lic:      999,999
```


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```
Report  : PRV-0604-O                    ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJ0604                 MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:   HH:MM:SS
Location: PRVP0604                   PROVIDER INVALID ADDRESSES REPORT                             Page:      99999
                                       REPORT PERIOD:  MM/DD/CCYY


PROVIDER ADDRESS LICENSE
=======================

LICENSE NUMBER  PROVIDER NAME                        STREET ADDRESS1/                  ERROR DESCRIPTION
                                                     STREET ADDRESS2/
                                                     CITY/
                                                     STATE/
                                                     ZIP - ZIP4
------------------------------------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXX                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     XX                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     XXXXXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


XXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     XXXXXXXXXXXXXXXX                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     XX                                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     XXXXXXXXXX                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


        TOTAL NUMBER OF PROVIDERS WITH LICENSE ADDRESS :      999,999


                                           ** END OF REPORT **
```

7.1.54 PRV PRV-0604-O – Provider Invalid Addresses Report - Field Descriptions

Field	Description	Data Type	Length
Address Type	Code or list of codes that identifies the type of address. The same address may be used for multiple purposes.	Character	5
City	Mailing address city. This is the city where a provider would receive business mail.	Character	30
Error description	Description for Invalid address code	Character	64
Group MCD	Provider group MCD.	Character	15
License Address Count	Number of providers who have an invalid license address.	Number (Integer)	6
License	Provider license number.	Character	10

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Field	Description	Data Type	Length
Mailing Address Count	Number of providers who have an invalid mailing address.	Number (Integer)	6
Pay To Address Count	Number of providers who have an invalid Pay To address.	Number (Integer)	6
Provider MCD	Provider MCD	Character	15
Provider Name	Name associated with an organization or person.	Character	50
Service Location Address Count	Number of providers who have an invalid service location address.	Number (Integer)	6
State	Mailing address state. This is the state where a provider would receive business mail.	Character	2
Street Address1	Mailing address street 1. This is the street address for a provider.	Character	30
Street Address2	Optional mailing address street 2. This is the mailing address for a provider.	Character	30
Tax Address Count	Number of providers who have an invalid tax address.	Number (Integer)	6
Tax ID	Tax identification number assigned to a provider by the Internal Revenue Service.	Character	9
Zip Code	Mailing address zip code in the format xxxx-xxxx. This field includes all available zip code information.	Character	10

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PRV-0700-M -- Business Rules Change Of Address Report

7.1.55 PRV-0700-M -- Business Rules Change Of Address Report Narrative

All Change of addresses will be reviewed against business rules and any that were found invalid will be reported on the Business Rules Changes of Address report.

7.1.56 PRV-0700-M -- Business Rules Change of Address Layout

```
Report  : PRV-0700-M                                ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : PRVJM700                             MEDICAID MANAGEMENT INFORMATION SYSTEM                                Run Time:   HH:MM:SS
Location: PRVPM700                                BUSINESS RULES CHANGE OF ADDRESS                                      Page:      99999
                                                   REPORT PERIOD:  MM/DD/CCYY

GROUP MCD         PROVIDER MCD     PROVIDER NAME                                ADDRESS  NEW                            ERROR DESCRIPTION
                                                                                TYPE     STREET ADDRESS2/
                                                                                         STREET ADDRESS2/
                                                                                         CITY/
                                                                                         STATE/
                                                                                         ZIP - ZIP4
-------------------------------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                         XXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                         XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                         XXXXX-XXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


        TOTAL NUMBER OF PROVIDERS WITH ADDRESS TYPE M  :      999,999
        TOTAL NUMBER OF PROVIDERS WITH ADDRESS TYPE P  :      999,999
        TOTAL NUMBER OF PROVIDERS WITH ADDRESS TYPE S  :      999,999


Report  : PRV-0700-M                                ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : PRVJM700                             MEDICAID MANAGEMENT INFORMATION SYSTEM                                Run Time:   HH:MM:SS
Location: PRVPM700                                BUSINESS RULES CHANGE OF ADDRESS                                      Page:      99999
                                                     REPORT PERIOD: MM/DD/CCYY

TAX INFORMATION
-----------------
                                                                                         NEW                            ERROR DESCRIPTION
TAX ID            PROVIDER NAME                                                          STREET ADDRESS1/
                                                                                         STREET ADDRESS2/
                                                                                         CITY/
                                                                                         STATE/
                                                                                         ZIP - ZIP4
-------------------------------------------------------------------------------------------------------------------------------------------------
```


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```
XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                           XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                           XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                           XXXXX-XXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL NUMBER OF PROVIDERS WITH CHANGE TAX ADDRESSES:  999,999


                                                   *** NO DATA THIS RUN ***
                                                     *** END OF REPORT ***
```

7.1.57 PRV-0700-M -- Business Rules Change Of Address Field Descriptions

Field	Description	Length	Data Type
Address Type	A one character code that identifies the type of address.	5	Character
City	Mailing address city. This is the city where a provider would receive business mail.	15	Character
Error Description	Description for Invalid address code.	64	Character
GROUP MCD	Provider Group MCD	15	Character
Provider MCD	Provider ID value.	15	Character
Provider Name	This is the name associated with an organization or person.	40	Character
State	Mailing address state. This is the state where a provider would receive business mail.	2	Character
Street Address1	Mailing address street 1. This is the street address for a provider.	30	Character
Street Address2	Mailing address street 2. This is the mailing address for a provider.	30	Character
TOTAL NUMBER OF PROVIDER WITH ADDRESS TYPE M	Number of providers that have an address type as M.	6	Number (Integer)

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Field	Description	Length	Data Type
TOTAL NUMBER OF PROVIDER WITH ADDRESS TYPE P	Number of providers that have an address type as P.	6	Number (Integer)
TOTAL NUMBER OF PROVIDER WITH ADDRESS TYPE S	Number of providers that have an address type as S.	6	Number (Integer)
Tax ID	Provider Tax ID value.	15	Character
Total Number of Providers with Change Tax Addresses	Number of Providers with change of address.	6	Number (Integer)
Zip	Mailing address zip code. This is the first 5 digits of the zip code for a business mailing zip code.	5	Character
Zip4	Mailing address zip code + 4. This is the last 4 digits of a zip code.	4	Character

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PRV-0771-O -- Provider CMS Medicare Revocation Verification Review Report

7.1.58 PRV-0771-O -- Provider CMS Medicare Revocation Verification Review Report Narrative

Report will compare the Medicare Revocation list provided by CMS to the provider MMIS data with the following values (Provider NPI/SSN/TAX ID) and report any matching IDs that has an active/inactive contracts.

7.1.59 PRV-0771-O -- Provider CMS Medicare Revocation Verification Review Report Layout

```
Report  : PRV-0771-O                                    ALABAMA MEDICAID AGENCY                                                    Run Date: MM/DD/CCYY
Process : PRVJO771                                  MEDICAID MANAGEMENT INFORMATION SYSTEM                                         Run Time:   HH:MM:SS
Location: PRVPO771                               MEDICARE REVOCATION TO PROVIDER FILE COMPARISON                                       Page:     999999
                                                         REPORT PERIOD: MM/DD/CCYY

ACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME
-------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER SSN
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX

ACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER TAX ID
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX

BOARD MEMBER ACTIVE AFFILIATE:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER SSN
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX

BOARD MEMBER ACTIVE AFFILIATE:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER TAX ID
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX
```


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```
INACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME
-------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


INACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER SSN
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX

INACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER TAX ID
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX

BOARD MEMBER INACTIVE AFFILIATE:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER SSN
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX

BOARD MEMBER INACTIVE AFFILIATE:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER TAX ID
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX

TOTAL NUMBER OF ACTIVE PROVIDERS NPI          :  999,999
TOTAL NUMBER OF ACTIVE PROVIDERS SSN          :  999,999
TOTAL NUMBER OF ACTIVE PROVIDERS TAX ID       :  999,999
TOTAL NUMBER OF ACTIVE BOARD MEMBERS SSN      :  999,999
TOTAL NUMBER OF ACTIVE BOARD MEMBERS TAX ID   :  999,999
TOTAL NUMBER OF INACTIVE PROVIDERS NPI        :  999,999
TOTAL NUMBER OF INACTIVE PROVIDERS SSN        :  999,999
TOTAL NUMBER OF INACTIVE PROVIDER TAX ID      :  999,999

TOTAL NUMBER OF INACTIVE BOARD MEMBERS SSN    :  999,999
TOTAL NUMBER OF INACTIVE BOARD MEMBERS TAX ID :  999,999

                                                   ** End of Report **
```

7.1.60 PRV-0771-O -- Provider CMS Medicare Revocation Verification Review Report Field Descriptions

Field	Description	Length	Data Type
ACTIVE PROVIDER:	List all the providers who have active contracts below this section.	50	Character

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Field	Description	Length	Data Type
INACTIVE PROVIDER:	List all the providers who have active contracts below this section.	50	Character
PROVIDER MCD	Medicaid ID of the provider.	15	Character
PROVIDER NAME	This is the name associated with an organization or person.	50	Character
PROVIDER NPI	National Provider Identifier of the provider.	15	Character
PROVIDER SSN	Social Security Number of the provider.	9	Character
PROVIDER TAX ID	Tax ID of the provider.	9	Character
TOTAL NUMBER OF ACTIVE BOARD MEMBERS SSN	Total number of board member provider SSNs who have active contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF ACTIVE BOARD MEMBERS TAX ID	Total number of board member provider TAX IDs who have active contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF ACTIVE PROVIDERS NPI	Total number of NPIs who have active contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF ACTIVE PROVIDERS SSN	Total number of provider SSNs who have active contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF ACTIVE PROVIDERS TAX ID	Total number of provider TAX IDs who have active contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF INACTIVE BOARD MEMBERS SSN	Total number of board member provider SSNs who have inactive contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)

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Field	Description	Length	Data Type
TOTAL NUMBER OF INACTIVE BOARD MEMBERS TAX ID	Total number of board member provider TAX IDs who have inactive contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF INACTIVE PROVIDERS NPI	Total number of NPIs who have inactive contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF INACTIVE PROVIDERS SSN	Total number of provider SSNs who have inactive contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF INACTIVE PROVIDERS TAX ID	Total number of provider TAX IDs who have inactive contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)

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PRV-0772-O -- Provider CMS Medicare Termination Verification Review Report

7.1.61 PRV-0772-O -- Provider CMS Medicare Termination Verification Review Report Narrative

Report will compare the Medicare Termination list provided by CMS to the provider MMIS data with the following values (Provider NPI/SSN/TAX ID) and report any matching IDs that has an active/inactive contracts.

7.1.62 PRV-0772-O -- Provider CMS Medicare Termination Verification Review Report Layout

```
Report  : PRV-0772-O                                    ALABAMA MEDICAID AGENCY                                                    Run Date: MM/DD/CCYY
Process : PRVJO772                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                          Run Time:   HH:MM:SS
Location: PRVPO772                              MEDICARE TERMINATION TO PROVIDER FILE COMPARISON                                      Page:     999999
                                                             REPORT PERIOD: MM/DD/CCYY

ACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME
-------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                  PROVIDER SSN
-------------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX

ACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                  PROVIDER TAX ID
-------------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX

BOARD MEMBER ACTIVE AFFILIATE:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                  PROVIDER SSN
-------------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX

BOARD MEMBER ACTIVE AFFILIATE:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                  PROVIDER TAX ID
-------------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXX
```


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```
INACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME
-------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


INACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER SSN
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX

INACTIVE PROVIDER:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER TAX ID
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX

BOARD MEMBER INACTIVE AFFILIATE:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER SSN
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX

BOARD MEMBER INACTIVE AFFILIATE:

PROVIDER NPI           PROVIDER MCD           PROVIDER NAME                                                PROVIDER TAX ID
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX
XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         XXXXXXXXX

TOTAL NUMBER OF ACTIVE PROVIDERS NPI          :  999,999
TOTAL NUMBER OF ACTIVE PROVIDERS SSN          :  999,999
TOTAL NUMBER OF ACTIVE PROVIDERS TAX ID       :  999,999
TOTAL NUMBER OF ACTIVE BOARD MEMBERS SSN      :  999,999
TOTAL NUMBER OF ACTIVE BOARD MEMBERS TAX ID   :  999,999
TOTAL NUMBER OF INACTIVE PROVIDERS NPI        :  999,999
TOTAL NUMBER OF INACTIVE PROVIDERS SSN        :  999,999
TOTAL NUMBER OF INACTIVE PROVIDER TAX ID      :  999,999

TOTAL NUMBER OF INACTIVE BOARD MEMBERS SSN    :  999,999
TOTAL NUMBER OF INACTIVE BOARD MEMBERS TAX ID :  999,999

                                                    ** End of Report **
```

7.1.63 PRV-0772-O -- Provider CMS Medicare Termination Verification Review Report Field Descriptions

Field	Description	Length	Data Type
ACTIVE PROVIDER:	List all the providers who have active contracts below this section.	50	Character

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Field	Description	Length	Data Type
INACTIVE PROVIDER:	List all the providers who have active contracts below this section.	50	Character
PROVIDER MCD	Medicaid ID of the provider.	15	Character
PROVIDER NAME	This is the name associated with an organization or person.	50	Character
PROVIDER NPI	National Provider Identifier of the provider.	15	Character
PROVIDER SSN	Social Security Number of the provider.	9	Character
PROVIDER TAX ID	Tax ID of the provider.	9	Character
TOTAL NUMBER OF ACTIVE BOARD MEMBERS SSN	Total number of board member provider SSNs who have active contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF ACTIVE BOARD MEMBERS TAX ID	Total number of board member provider TAX IDs who have active contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF ACTIVE PROVIDERS NPI	Total number of NPIs who have active contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF ACTIVE PROVIDERS SSN	Total number of provider SSNs who have active contract that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF ACTIVE PROVIDERS TAX ID	Total number of provider TAX IDs who have active contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF INACTIVE BOARD MEMBERS SSN	Total number of board member provider SSNs who have inactive contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)

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Field	Description	Length	Data Type
TOTAL NUMBER OF INACTIVE BOARD MEMBERS TAX ID	Total number of board member provider TAX IDs who have inactive contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF INACTIVE PROVIDERS NPI	Total number of NPIs who have inactive contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF INACTIVE PROVIDERS SSN	Total number of provider SSNs who have inactive contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)
TOTAL NUMBER OF INACTIVE PROVIDERS TAX ID	Total number of provider TAX IDs who have inactive contracts that matched against the database from CMS Medicaid termination list provided.	6	Number (Integer)

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PRV-0820-R - Provider PDF RA End Date Forecast Report

7.1.64 PRV-0820-R - Provider PDF RA End Date Forecast Report Narrative

This report shows provider and mailing addresses where the PDF end date has not been reached. It also shows a summary of percent by provider for active and inactive PDF dates and a grand total across all providers.

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7.1.65 PRV-0820-R - Provider PDF RA End Date Forecast Report Layout

```
Report  :  PRV-0820-R                          ALABAMA MEDICAID AGENCY                          Run Date:  MM/DD/CCYY
Process :  PRV820                        MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:       9,999
Location:  PRV820D                     PROVIDERS PDF RA END DATE FORECAST REPORT                    Page:       9,999

                                  PROVIDER NAME                                          PROV      RA         RA END        RA MAX
PROVIDER MCD       PROVIDER NPI   ADDRESS                                                TYPE      COUNT      PDF DATE      PDF DATE
XXXXXXXXXXXXXXX    XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XX       999        MM/DD/CCYY    MM/DD/CCYY
                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                  XXXXXXXXXXXXXXXX XX XXXXX-XXXX

TOTALS FOR PROVIDER TYPE                           PROVIDER PDF ACTIVE  PROVIDERS PDF INACTIVE   PERCENT ACTIVE
XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      999,999,999            999,999,999          999.9%

GRAND TOTALS FOR ALL PROVIDER TYPES                    999,999,999            999,9999,999         999.9%

                                                       *** END OF REPORT ***
                                                     *** NO DATA THIS RUN ***
```

7.1.66 PRV-0820-R - Provider PDF RA End Date Forecast Report Field Descriptions

Field	Description	Data Type	Length
City	The third address line for city of provider.	Character	30
Description of Provider Type	This is the corresponding description for this provider type	Character	50
Five Digit Zip Code	The 5 digit zip code that corresponds to provider's address.	Number (Integer)	5
Four Digit Zip Code	The 4 digit extension zip code that corresponds to provider's address. This field is optional.	Number (Integer)	4
Grand Total For All Provider Types - Providers PDF Active	The grand total of all providers from PROVIDERS PDF ACTIVE. Calculated	Number (Integer)	12
Grand Totals for All Provider Types – Percent Active	Calculated from GRAND TOTAL PROVIDERS PDF ACTIVE and GRAND TOTAL PROVIDERS PDF INACTIVE. The percent active for all providers.	Number (Decimal)	5
Grand Totals For All Provider Types - Providers PDF Inactive	The grand total of all providers from PROVIDERS PDF INACTIVE. Calculated	Number (Integer)	12

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Field	Description	Data Type	Length
Mailing Address line 1	The mailing address of this provider.	Character	30
Mailing Address line 2	The second address line for provider--optional--such as Suite # for example.	Character	30
PROV Type	Provider's type, a value from 0 to 99. Corresponds to a description in t_pr_type_cde.	Character	2
Provider MCD	Providers Medicaid ID.	Character	15
Provider Name	Provider's name taken from T_PR_NAME.NAME.	Character	50
Provider NPI	Provider's National Provider Identifier (NPI).	Character	15
Provider Type	A description that corresponds to a type.	Number (Integer)	2
RA Count	Count of RA from T_PR_SVC_LOC.CNT_PDF_RA.	Number (Integer)	999
RA End PDF Date	The PDF RA End Date for this provider	Date (MM/DD/CCYY)	12
RA MAX PDF Date	The PDF RA MAX Date for this provider	Date (MM/DD/CCYY)	12
State	Continuing third address line. The state (location) of provider.	Character	2
Totals For All Provider Type – Percent Active	Calculated from PROVIDERS PDF ACTIVE and PROVIDERS PDF INACTIVE. The percent active for this provider.	Number (Decimal)	5
Totals For All Provider Type – Providers PDF Active	A count by all provider types of all PDF ACTIVE.	Number (Integer)	12
Totals For All Provider Type – Providers PDF Inactive	A count by all provider types of all PDF INACTIVE.	Number (Integer)	12

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PRV-0900-O -- Providers Receiving Change In Taxonomy Code Letter Report

7.1.67 PRV-0900-O -- Providers Receiving Change In Taxonomy Code Letter Report Narrative

An entry in this report is created for every provider that had a change in their taxonomy code as specified in the state agency's Change in Taxonomy Code spreadsheet. Each entry contains enough information to verify that the letter should have been created. Some of this information comes from the original Agency spreadsheet (Provider Type, Provider Specialty, Old taxonomy code and New taxonomy code) while the rest of the information is supplied from exiting tables.

This report is associated with letter PRV-9900-O in that every letter sent out also has an entry in this report. This report is output in both modes of this process (Test and Production). In Test mode no updates are made to the database and no letters are sent out. Therefore, you can use this report in Test mode to validate the process before any updates are made or letters created. In Production mode this report is sent to FEITH so that it can be referred to at a later date. This report is produced on-demand.

7.1.68 PRV-0900-O -- Providers Receiving Change In Taxonomy Code Letter Report Layout

```
Report  : PRV-0900-O                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRVJO900                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: PRVPO900                  PROVIDERS RECEIVING CHANGE IN TAXONOMY CODE LETTER                       Page:    999,999
                                                                     REPORT PERIOD: MM/DD/CCYY
 ---------------------------------------------------------------------------------------------------------------------------
            PROVIDER ID      PROV TYPE   OLD CDE     NEW CDE      OLD SAK       NEW SAK                          PROVIDER
                             & SPEC      TAXONOMY    TAXONOMY      TAXONOMY       TAXONOMY                          NAME
 ---------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXX      XX XXX      XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXXXX   XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX      XX XXX      XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXXXX   XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX      XX XXX      XXXXXXXXXX   XXXXXXXXXX   XXXXXXXXXXXX   XXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                      *** END OF REPORT ***
                                                    *** NO DATA THIS RUN ***
```

7.1.69 PRV-0900-O -- Providers Receiving Change In Taxonomy Code Letter Report Field Descriptions

Field	Description	Length	Data Type
New Cde Taxonomy	New 10 character CDE taxonomy code - This information comes from the Office of Health Care Access (OHCAs) Change in Taxonomy Code spreadsheet.	10	Character
New Sak Taxonomy	New 12 character SAK taxonomy code - This information is obtained from existing table information.	12	Character

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Field	Description	Length	Data Type
Old Cde Taxonomy	Old 10 character CDE taxonomy code - This information comes from OHCA's Change in Taxonomy Code spreadsheet.	10	Character
Old Sak Taxonomy	Old 12 character SAK taxonomy code - This information is obtained from existing table information.	12	Character
Prov Type & Spec	Provider Type and Specialty - This information comes from OHCA's Change in Taxonomy Code spreadsheet.	5	Character
Provider ID	Provider ID - This information is obtained from existing table information.	10	Character
Provider Name	Provider Name - This information is obtained from existing table information.	50	Character

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PRV-A030-Q - Potential Provider Deactivation Report

7.1.70 PRV-A030-Q - Potential Provider Deactivation Report Narrative

Potential Provider Deactivation Report. It is sorted by Provider Type.

7.1.71 PRV-A030-Q - Potential Provider Deactivation Report Layout

```
Report  : PRV-A030-Q                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : PRVJQA30                   MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: PRVDEACTPOT                   POTENTIAL PROVIDER DEACTIVATION                              Page    :    999,999
                                           REPORT PERIOD: MM/DD/CCYY


PROVIDER   PROVIDER NAME/                                    PROVIDER MCD/     PROVIDER NPI/     EFF DATE
TYPE       GROUP NAME                                        GROUP MCD         GROUP NPI

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX
XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX
XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX
XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX
XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX
XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX
XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX

TOTAL POTENTIAL PROVIDERS TO BE DEACTIVATED                 999,999,999


NOTE:  If provider is not part of a group, the 2nd detail line will not print.
```


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7.1.72 PRV-A030-Q - Potential Provider Deactivation Report - Field Descriptions

Field	Description	Data Type	Length
Eff Date	Date last enrolled.	Date (MM/DD/CCYY)	10
Group MCD	Group provider's Medicaid ID.	Character	15
Group NPI	Group provider's National Provider ID.	Character	15
Group Name	Group provider's service location name.	Character	50
Provider MCD	Provider's Medicaid ID.	Character	15
Provider NPI	Provider's National Provider ID.	Character	15
Provider Name	Provider's service location name.	Character	50
Provider Type	This is the type that the provider is contracted by.	Character	2
Total Potential Providers to be Deactivated	Count of total number of Potential Providers to be Deactivated and displayed on the report.	Number	11

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PRV-A031-O - Actual Providers Deactivated Report

7.1.73 PRV-A031-O - Actual Providers Deactivated Report Narrative

Actual Providers Deactivated Report. It is sorted by Provider Type.

7.1.74 PRV-A031-O - Actual Providers Deactivated Report Layout

```
Report  : PRV-A031-O                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : PRVJOA31                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: PRVDEACTRPT                       ACTUAL PROVIDERS DEACTIVATED                               Page    :    999,999
                                             REPORT PERIOD: MM/DD/CCYY


PROVIDER   PROVIDER NAME/                                    PROVIDER MCD/     PROVIDER NPI/     EFF DATE/
TYPE       GROUP NAME                                        GROUP MCD         GROUP NPI         END DATE

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   MM/DD/CCYY

TOTAL PROVIDERS DEACTIVATED                          999,999,999
```


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7.1.75 PRV-A031-O - Actual Providers Deactivated Report - Field Descriptions

Field	Description	Data Type	Length
Eff Date	Date last enrolled.	Date (MM/DD/CCYY)	10
End Date	Date provider disenrolled.	Date (MM/DD/CCYY)	10
Group MCD	Group provider's Medicaid ID.	Character	15
Group NPI	Group provider's National Provider ID.	Character	15
Group Name	Group provider's service location name.	Character	50
Provider MCD	Provider's Medicaid ID.	Character	15
Provider NPI	Provider's National Provider ID.	Character	15
Provider Name	Provider's service location name.	Character	50
Provider Type	This is the type that the provider is contracted by.	Character	2
Total Providers Deactivated	Total number of providers deactivated and displayed on the report.	Number	11

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PRV-A032-M – PROVIDER CLOSURE REPORT

This report will list all the providers closed for the following scenarios:

- Scenario#1 - List all the provider members closed from the group, if the group contract has already been closed.
- Scenario#2 - List the group provider, if all the group members' contract has already been closed.

7.1.76 PRV-A032-M – PROVIDER CLOSURE REPORT Layout

```
Report  : PRV-A032-M                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/YYYY
Process : PRVJM032                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:mm:ss
Location: PRVPM032                            PROVIDER CLOSURE REPORT                                      Page:    999,999
                                             REPORT PERIOD: MM/DD/YYYY

PROVIDER MCD     PROVIDER NPI           PROVIDER NAME                                                CLOSURE COMMENT
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXTOTAL NUMBER OF MEMBERS CLOSED DUE TO GROUP PROVIDER CLOSURE : 999,999,999
TOTAL NUMBER OF GROUP PROVIDER CLOSED DUE TO MEMBER CLOSURE  : 999,999,999
-------------------------------------------------------------------------------------------------------------------------------

                                                  ** End of Report **
                                              ** No Data This Report **
```

7.1.77 PRV-A032-M – PROVIDER CLOSURE REPORT Field Descriptions

Field	Description	Data Type	Length
CLOSURE COMMENT	Holds the reason for the provider contract closure for the following 4 reasons.	Character	31

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Field	Description	Data Type	Length
	GROUP PROVIDER CLOSURE - Group provider causing member contract closure. CLOSED DUE TO GROUP PROVIDER - Group member closed due to Group provider contract closure. GROUP MEMBER PROVIDER CLOSURE - Group member provider causing group provider contract closure. CLOSED DUE TO MEMBER PROVIDERS - Group provider closed due to group member contract closure.		
PROVIDER MCD	MCD ID of the provider contract closed or the providers who caused the contract closure.	Character	15
PROVIDER NAME	This is the provider's personal or business name.	Character	50
PROVIDER NPI	NPI ID of the provider contract closed or the providers who caused the contract closure.	Character	15
TOTAL NUMBER OF GROUP PROVIDER CLOSED DUE TO MEMBER CLOSURE	Total number of group providers, whose contracts were closed due to group member providers.	Number (Integer)	9
TOTAL NUMBER OF MEMBERS CLOSED DUE TO GROUP PROVIDER CLOSURE	Total number of provider members, whose contracts were closed due to group provider.	Number (Integer)	9

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PRV-A034-M – State Agencies Needing to Reenroll Report

7.1.78 PRV-A034-M – State Agencies Needing to Reenroll Report Narrative

Report includes only State Agencies needing to re-enroll. It is sorted by Group Name, Provider Type, Provider Name and Provider MCD. It will page break after each Group Name.

7.1.79 PRV-A034-M – State Agencies Needing to Reenroll Report Layout

```
Report  : PRV-A034-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : PRVJMA35                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: PRVRENRLSTAG                   STATE AGENCIES NEEDING TO REENROLL                                Page:    999,999
                                              REPORT PERIOD: MM/DD/CCYY

PROVIDER   PROVIDER NAME/                                     PROVIDER MCD/     PROVIDER NPI/     EFF DATE/
TYPE       GROUP NAME                                         GROUP MCD         GROUP NPI

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX

XX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   MM/DD/CCYY
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX


TOTAL NUMBER OF PROVIDERS REPORTED                          99,999,999

                                                   *** NO DATA THIS RUN ***


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

7.1.80 PRV-A034-M – State Agencies Needing to Reenroll Report Field Descriptions

Field	Description	Data Type	Length
Eff Date	Date last enrolled	Date (MM/DD/CCYY)	10
Group MCD	Groups provider's Medicaid ID	Character	15
Group NPI	Groups provider's National Provider ID	Character	15
Group Name	Groups provider's service location name	Character	50

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Field	Description	Data Type	Length
Provider MCD	Provider's Medicaid ID	Character	15
Provider NPI	Provider's National Provider ID	Character	15
Provider Name	Provider's service location name	Character	50
Provider Type	This is the type that the provider is contracted by	Character	2
Total Number of Providers Reported	This is the total number of providers that are being displayed in the report	Number	8

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PRV-A035-M – Provider Reenrollment Facsimile

7.1.81 PRV-A035-M – Provider Reenrollment Facsimile Narrative

Provider Reenrollment Facsimile which is produced for all providers who must re-enroll regardless of the provider's frequency. Facsimile is to be downloaded from the current Alabama web portal in a manner similar to RAs and Managed Care reports.

7.1.82 PRV-A035-M – Provider Reenrollment Facsimile Layout

```
Report  : PRV-A035-M                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJMA35                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRVRENRLFAC                            PROVIDER REENROLLMENT FACSIMILE                           Page    :    999,999
                                                    REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------------
NPI               MCD ID                 NAME
999999999999999   999999999999999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

-------------------------------------------------------------------------------------------------------------------------------------
Below is the information Alabama Medicaid currently has on file for the above named provider.  As an Alabama Medicaid provider you
MUST review this information to determine the accuracy.  If all information is accurate, please print and sign this report and
submit along with any required supplemental documentation.  If this information is not accurate, take action as needed based on
directions below.  All providers MUST take action in order for the provider number shown below to remain active.

ALL REPORTS, WHETHER CHANGED OR NOT, MUST BE SIGNED AND SUBMITTED WITH SUPPLEMENTAL DOCUMENTATION TO HPE,
ATTN: PROVIDER ENROLLMENT AT: PO BOX 242577, MONTGOMERY, AL 36124

ALL DOCUMENTS/FORMS/LISTS MENTIONED IN THIS DOCUMENT THAT YOU MAY NEED TO COMPLETE OR REFER TO FOR GUIDANCE CAN BE FOUND AT:
http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.6_Provider_Enrollment_Forms.aspx

-------------------------------------------------------------------------------------------------------------------------------------
A change to data in this section constitutes the need for a new enrollment application and closure of this provider number.  To
close this provider number, indicate the reason for closure and the date (mm/dd/ccyy) on this form prior to submission.  To complete
a new enrollment application visit: www.medicaidhcp.alabamaservices.org/ProviderEnrollment

TAX ID            XXXXXXXXX

PROVIDER TYPE
XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------------
Changes are not allowed for the data in this section.  This information is displayed for validation purposes only.  If this
HPE Provider Enrollment Staff at (888) 223-3630 (nationwide):


GROUP NAME        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
GROUP NPI         XXXXXXXXXXXXXXXX
GROUP MCD ID      XXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------------
```


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```
Changes to data in this section require the provider to print this report, notate corrections and supply any additionally required
supporting documentation to HPE Provider Enrollment Staff:

SERVICE LOCATION INFORMATION:
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE            XX
ZIP              99999-9999

TAX NAME         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Service Location and/or Tax Name changes require a completed W-9.
```

<page break>

```
Report  : PRV-A035-M                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJMA35                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRVRENRLFAC                            PROVIDER REENROLLMENT FACSIMILE                           Page    :    999,999
                                                    REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------------
NPI               MCD ID                 NAME
999999999999999   999999999999999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

-------------------------------------------------------------------------------------------------------------------------------------
DEA #            XXXXXXXXX
CLIA #           XXXXXXXXXX
CLIA and/or DEA changes require a copy of the certificate.

MEDICARE #       XXXXXXXXXX
Medicare Number changes require a copy of the Medicare Letter for this provider at this location.

PROVIDER SPECIALTY
XXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Specialties you may indicate must be appropriate for your provider type.  Refer to the Type Specialty Chart and/or forms (as needed)
on the website mentioned below.

EFT INDICATOR    X
If the EFT indicator immediately above is 'Y', you must complete an Electronic Funds Transfer (EFT) Enrollment and submit along with
a copy of a voided check or letter from the bank.

Providers who have been assigned a trading partner ID, to receive Electronic Remittance Advices (ERAs)/835 transactions, must
complete and submit along with this document an updated Electronic Remittance Advice (ERA) Authorization Agreement.  For
providers already enrolled to receive Electronic Remittance Advices (ERAs)/835 transactions, the data will be verified and/or
updated based on the updated form submitted.  For providers NOT already enrolled to receive Electronic Remittance Advices
(ERAs)/835 transactions, qualified providers will be enrolled based on the updated form submitted.

EFT and ERA enrollment may be accomplished via the electronic enrollment functionality available on the Electronic Provider
Enrollment Portal at https://medicaidhcp.alabamaservices.org/provider/ OR via the Forms available at:
```


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```
http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.6_Provider_Enrollment_Forms.aspx
-----------------------------------------------------------------------------------------------------------------------------------
License data is displayed as is stored by Alabama Medicaid.  With the required additions of information such as state abbreviations,
the entire license may not reflect the exact information on your license.  Please verify only the numeric values shown below as they
must be the same as is reflected on your professional license.  If an update is required please be sure to print this report, notate
changes and submit to HPE Provider Enrollment Staff.

License #     XXXXXXXXXX       License State    XX      License Effective Date  MM/DD/CCYY       License End Date  MM/DD/CCYY

-----------------------------------------------------------------------------------------------------------------------------------
Changes to data in this section should be made via the Web Portal panels located under the Provider menu.  Upon doing so, indicate
in this section that changes were applied via the Web Portal:

CONTACT INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      E-MAIL   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            (999)999-9999       EXT   9999                          FAX      (999)999-9999

SERVICE LOCATION INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            (999)999-9999       EXT     9999
Fax              (999)999-9999
TOLL FREE        (999)999-9999       EXT     9999

PAY TO INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          PHONE        (999)999-9999       EXT     9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          FAX          (999)999-9999
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          TOLL FREE                        EXT     9999
STATE            XX
ZIP              99999-9999

<page break>

Report  : PRV-A035-M                              ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRVJMA35                        MEDICAID MANAGEMENT INFORMATION SYSTEM                             Run Time:   HH:MM:SS
Location: PRVRENRLFAC                        PROVIDER REENROLLMENT FACSIMILE                                 Page    :    999,999
                                                REPORT PERIOD: MM/DD/CCYY
-----------------------------------------------------------------------------------------------------------------------------------
NPI               MCD ID                 NAME
999999999999999   999999999999999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

-----------------------------------------------------------------------------------------------------------------------------------
MAIL TO INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          PHONE        (999)999-9999       EXT     9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          FAX          (999)999-9999
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE            XX
ZIP              99999-9999
-----------------------------------------------------------------------------------------------------------------------------------
```


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```
_____________________________________        _____________________
Signature                                    Date
Signature must that of the individual enrolled.  For groups/facilities the signature must be that of an authorized representative.

_____________________________________        _____________________________        _____________________________
PRINTED NAME                                 POSITION/TITLE                       PHONE
-------------------------------------------------------------------------------------------------------------------------------
ALL required supplemental documentation, in addition to the items listed below, must be also received along with this document.
```

7.1.83 PRV-A035-M – Provider Reenrollment Facsimile Field Descriptions

Field	Description	Data Type	Length
CLIA #	Provider's CLIA number.	Character	10
CONTACT INFORMATION: E-MAIL	E-mail address of contact person.	Character	50
CONTACT INFORMATION: EXT	Extension associated to the contact person phone number.	Character	4
CONTACT INFORMATION: FAX	Fax number of contact person.	Character	13
CONTACT INFORMATION: NAME	Name of contact person.	Character	50
CONTACT INFORMATION: PHONE	Phone number of contact person.	Character	13
DEA #	DEA certification number of the provider.	Character	9
EFT INDICATOR	If EFT Indicator = Y, provider must complete an Electronic Funds Transfer (EFT) Form and submit along with a copy of a voided check.	Character	1
GROUP MCD ID	Medicaid number of the group/practice with which the provider is associated.	Character	15
GROUP NAME	Name of the group/practice with which the provider is associated.	Character	50
GROUP NPI	National provider identifier of the group/practice with which the provider is associated.	Character	15
LICENSE #	Number of the professional license of the provider.	Character	10

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Field	Description	Data Type	Length
LICENSE EFFECTIVE DATE	Effective date of the provider's professional license.	Date (MM/DD/CCYY)	10
LICENSE END DATE	End date of the provider's professional license.	Date (MM/DD/CCYY)	10
LICENSE STATE	State in which the provider's professional license was issued.	Character	2
MAIL TO INFORMATION: ADDRESS 1	Provider's mail to address.	Character	30
MAIL TO INFORMATION: ADDRESS 2	Provider's mail to address, line 2.	Character	30
MAIL TO INFORMATION: CITY	Mail to city of the provider's mail to address.	Character	30
MAIL TO INFORMATION: E-MAIL	Mail to e-mail address of the provider's mail to address.	Character	50
MAIL TO INFORMATION: EXT	Ext of mail to phone number of the mail to address.	Character	4
MAIL TO INFORMATION: FAX	Mail to fax number of the mail to address.	Character	13
MAIL TO INFORMATION: PHONE	Mail to phone number of the mail to address.	Character	13
MAIL TO INFORMATION: STATE	Mail to state of the provider's mail to address.	Character	2
MAIL TO INFORMATION: ZIP	Mail to zip +4 of the provider's mail to address.	Character	10
MCD ID	Provider's Medicaid number.	Character	15
MEDICARE #	Provider's Medicare Number.	Character	10
NAME	Provider's Name, either business or personal.	Character	50
NPI	Provider's National Provider Identifier number.	Character	15

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Field	Description	Data Type	Length
PAY TO INFORMATION: ADDRESS 1	Provider's pay to address.	Character	30
PAY TO INFORMATION: ADDRESS 2	Provider's pay to address, line 2.	Character	30
PAY TO INFORMATION: CITY	Pay to city of provider's pay to address.	Character	30
PAY TO INFORMATION: E-MAIL	E-mail address associated to the provider's physical service location.	Character	50
PAY TO INFORMATION: EXT	Extension for both Phone and Toll Free numbers.	Character	4
PAY TO INFORMATION: FAX	Fax number associated to the provider's pay to address.	Character	13
PAY TO INFORMATION: PHONE	Phone number associated to the provider's pay to address.	Character	13
PAY TO INFORMATION: STATE	Pay to state of the provider's pay to address.	Character	2
PAY TO INFORMATION: TOLL FREE	Toll free number associated to the provider's pay to address.	Character	13
PAY TO INFORMATION: ZIP	Pay to zip +4 of the provider's pay to address.	Character	10
PROVIDER SPECIALTY	Provider specialty and description.	Character	56
PROVIDER TYPE	Provider type and description.	Character	55
SERVICE LOCATION INFORMATION: ADDRESS 1	Provider's physical service location.	Character	30

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Field	Description	Data Type	Length
SERVICE LOCATION INFORMATION: ADDRESS 2	Provider's physical service location, address line 2.	Character	30
SERVICE LOCATION INFORMATION: CITY	City of the provider's physical service location.	Character	30
SERVICE LOCATION INFORMATION: E-MAIL	E-mail address associated to the provider's physical service location.	Character	50
SERVICE LOCATION INFORMATION: EXT	Extension for both Phone and Toll Free numbers.	Character	4
SERVICE LOCATION INFORMATION: FAX	Provider's physical service location fax number.	Character	13
SERVICE LOCATION INFORMATION: PHONE	Phone number associated to the provider's physical service location.	Character	13
SERVICE LOCATION INFORMATION: STATE	State of the provider's physical service location.	Character	2
SERVICE LOCATION INFORMATION: TOLL FREE	Toll free number of the provider's physical service location.	Character	13
SERVICE LOCATION INFORMATION: ZIP	Zip +4 of the provider's physical service location address.	Character	10
TAX ID	Provider's tax identification number.	Character	9
TAX NAME	Tax name.	Character	30

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PRV-A039-W - Reenrollment Statistics

7.1.84 PRV-A039-W - Reenrollment Statistics Narrative

Statistics report for re-enrollment based upon the data in T_PR_ENROLL_INFO. 12 months of data is presented and grouped by the Providers' enrollment frequency and date the letters were generated. A percentage by month is also shown which is calculated based upon the number of Providers who are either State Providers or other providers who must re-enroll every five years divided by the total number of those providers as of October 2011.

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7.1.85 PRV-A039-W - Reenrollment Statistics Layout

Report for Enrollment Frequency of Every Year:

```
Report  : PRV-A039-W                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : PRVJWA39                     MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   HH:MM:SS
Location: PRVRENRLSTAT                         REENROLLMENT STATISTICS                          Page    :    999,999
                                              REPORT PERIOD: MM/DD/CCYY

ENROLLMENT FREQUENCY              Yearly, Visits Required

DATE LETTER SENT                        MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY

TOTAL PROVIDERS                         999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RESPONSES                         999,999       999,999       999,999       999,999       999,999       999,999

TOTAL VISITS                            999,999       999,999       999,999       999,999       999,999       999,999

TOTAL WHO WERE SENT 2ND LETTER          999,999       999,999       999,999       999,999       999,999       999,999

TOTAL DISENROLLED                       999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RE-ENROLLED                       999,999       999,999       999,999       999,999       999,999       999,999

DATE LETTER SENT                        MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY
TOTAL PROVIDERS                         999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RESPONSES                         999,999       999,999       999,999       999,999       999,999       999,999

TOTAL VISITS                            999,999       999,999       999,999       999,999       999,999       999,999

TOTAL WHO WERE SENT 2ND LETTER          999,999       999,999       999,999       999,999       999,999       999,999

TOTAL DISENROLLED                       999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RE-ENROLLED                       999,999       999,999       999,999       999,999       999,999       999,999
```


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Report for Enrollment Frequency of Every 5 Years:

ENROLLMENT FREQUENCY	Every 5 years					
DATE LETTER SENT	MM/CCYY	MM/CCYY	MM/CCYY	MM/CCYY	MM/CCYY	MM/CCYY
TOTAL PROVIDERS	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL RESPONSES	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL WHO WERE SENT 2ND LETTER	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL DISENROLLED	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL RE-ENROLLED	999,999	999,999	999,999	999,999	999,999	999,999
DATE LETTER SENT	MM/CCYY	MM/CCYY	MM/CCYY	MM/CCYY	MM/CCYY	MM/CCYY
TOTAL PROVIDERS	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL RESPONSES	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL WHO WERE SENT 2ND LETTER	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL DISENROLLED	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL RE-ENROLLED	999,999	999,999	999,999	999,999	999,999	999,999
<Page Break>						

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```
Report  : PRV-A039-W                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : PRVJWA39                      MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   HH:MM:SS
Location: PRVRENRLSTAT                          REENROLLMENT STATISTICS                        Page    :    999,999
                                              REPORT PERIOD: MM/DD/CCYY

ENROLLMENT FREQUENCY            State Agency, Every 5 years

DATE LETTER SENT                        MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY

TOTAL PROVIDERS                         999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RESPONSES                         999,999       999,999       999,999       999,999       999,999       999,999

TOTAL WHO WERE SENT 2ND LETTER          999,999       999,999       999,999       999,999       999,999       999,999

TOTAL DISENROLLED                       999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RE-ENROLLED                       999,999       999,999       999,999       999,999       999,999       999,999

DATE LETTER SENT                        MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY

TOTAL PROVIDERS                         999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RESPONSES                         999,999       999,999       999,999       999,999       999,999       999,999

TOTAL WHO WERE SENT 2ND LETTER          999,999       999,999       999,999       999,999       999,999       999,999

TOTAL DISENROLLED                       999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RE-ENROLLED                       999,999       999,999       999,999       999,999       999,999       999,999

ENROLLMENT FREQUENCY            5 years, Visits Required

DATE LETTER SENT                        MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY

TOTAL PROVIDERS                         999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RESPONSES                         999,999       999,999       999,999       999,999       999,999       999,999

TOTAL VISITS                            999,999       999,999       999,999       999,999       999,999       999,999

TOTAL WHO WERE SENT 2ND LETTER          999,999       999,999       999,999       999,999       999,999       999,999

TOTAL DISENROLLED                       999,999       999,999       999,999       999,999       999,999       999,999
```


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```
TOTAL RE-ENROLLED                        999,999       999,999       999,999       999,999       999,999       999,999

DATE LETTER SENT                         MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY

TOTAL PROVIDERS                          999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RESPONSES                          999,999       999,999       999,999       999,999       999,999       999,999

TOTAL VISITS                             999,999       999,999       999,999       999,999       999,999       999,999

TOTAL WHO WERE SENT 2ND LETTER           999,999       999,999       999,999       999,999       999,999       999,999

TOTAL DISENROLLED                        999,999       999,999       999,999       999,999       999,999       999,999

TOTAL RE-ENROLLED                        999,999       999,999       999,999       999,999       999,999       999,999

TOTAL PROVIDERS AS OF MM/DD/CCYY        9,999,999
DATE LETTER SENT                         MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY
PERCENTAGE OF PROVIDERS CONTACTED **      9.99 %        9.99 %        9.99 %        9.99 %        9.99 %        9.99 %
DATE LETTER SENT                         MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY       MM/CCYY
PERCENTAGE OF PROVIDERS CONTACTED  **     9.99 %        9.99 %        9.99 %        9.99 %        9.99 %        9.99 %

** Calculated from the sum of Total Providers for Every 5 Years, Total Providers for State Agency and Total Providers for 5 years,
Visits Required divided by Total Providers as of MM/DD/CCYY.
```

7.1.86 PRV-A039-W Field Descriptions

Field	Description	Data Type	Length
DATE LETTER SENT	Month in which the first re-enrollment letter was sent to the provider.	Date (MM/CCYY)	7
ENROLLMENT FREQUENCY	Type of enrollment frequency provider has. Values are 1=Every year, 5=Every five years, S=State Agency, Q=QMB Only, V=Visit required every year, F=Visit required every five years.	Character	30
PERCENTAGE OF PROVIDERS CONTACTED	Number of providers in the frequency categories of Every five years (5), State Agency (S) and Visit required every five years, who were sent a letter divided by the total number of providers in those frequency categories in October 2011.	Number (Decimal)	4

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Field	Description	Data Type	Length
TOTAL PROVIDERS	Number of providers that received letters for date specified.	Number (Integer)	7
TOTAL RESPONSES	Number of providers who responded to letters for date specified.	Number (Integer)	7
TOTAL VISITS	Number of providers last visited for the specified date.	Number (Integer)	7
TOTAL WHO WERE SENT 2ND LETTER	Number of providers who have not responded to letter for date specified and have been sent a 2nd reminder notice.	Number (Integer)	7
TOTAL DISENROLLED	Number of providers who never responded to letters for specified date and have been disenrolled.	Number (Integer)	7
TOTAL RE-ENROLLED	Number of providers who responded to letters for specified date and have been re-enrolled.	Number (Integer)	7

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PRV-A040-M – Provider Fee Collection Report

7.1.87 PRV-A040-M – Provider Fee Collection Report Narrative

Provider Collection Report which includes for all providers who have enrolled and/or re-enrolled in the last week and any fees that were collected.

7.1.88 PRV-A040-M – Provider Fee Collection Layout

```
Report  : PRV-A040-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : PRVJW040                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: PRV_FEE_COLL                         PROVIDER FEE COLLECTION                                       Page:    999,999
                                       REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
NPI/                PROVIDER NAME                                          EXEMPT    -- FEE COLLECTION INFORMATION --
MCD                                                                        IND       SRC       DATE          AMOUNT

XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X         XX    MM/DD/CCYY   999,999,999.99
XXXXXXXXXXXXXXX

XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X         XX    MM/DD/CCYY   999,999,999.99
XXXXXXXXXXXXXXX

XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X         XX    MM/DD/CCYY   999,999,999.99
XXXXXXXXXXXXXXX

XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X         XX    MM/DD/CCYY   999,999,999.99
XXXXXXXXXXXXXXX


                                                  *** END OF REPORT ***
                                               *** NO DATA THIS RUN ***
```

7.1.89 PRV-A040-M – Provider Fee Collection Report - Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A040-W - Provider Fee Collection Report.

Field	Description	Data Type	Length
EXEMPT IND	Exception Indicator: H - Hardship, exempt from paying fee N - Not Exempt for paying fee Y - Exempt from paying fee	Character	1
FEE COLLECTION INFORMATION - AMOUNT	Amount of fee paid to State/Federal Agency.	Number (Decimal)	14

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Field	Description	Data Type	Length
FEE COLLECTION INFORMATION - DATE	Date fee was paid to the State/Federal Agency.	Date (MM/DD/CCYY)	10
FEE COLLECTION INFORMATION - SRC	Code associated to the State/Federal Agency to whom the fee was paid. Valid values are: AM - Alabama Medicaid CH - CHIP MC - Medicare XX - Other State Medicaid, where XX is the state abbreviation.	Character	2
MCD	Provider's Medicaid Provider ID.	Character	15
NPI	Provider's National Provider ID.	Character	15
Provider Name	Provider's Name	Character	50

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PRV-A070-M - Portal Performance Report

7.1.90 PRV-A070-M - Portal Performance Report Narrative

The Report shows the number of applications in each status applicable to the applications status on the WEB portal product.

7.1.91 PRV-A070-M—Portal Performance Report Layout

```
Report  : PRV-A070-M                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : PRVJM601                     MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   HH:MM:SS
Location: PRV_PRTL_PERF                          PORTAL PERFORMANCE                             Page:        999,999
                                               REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------
AGENCY REVIEW REQUIRED                                                  999,999

APPROVED                                                                999,999

CORRECTIONS APPLIED                                                     999,999

DATA CORRECTIONS REQUIRED                                               999,999

DENIED                                                                  999,999

INCOMPLETE                                                              999,999

MOVED TO PRODUCTION                                                     999,999

OVERRIDE                                                                999,999

PRIMARY FACSIMILE                                                       999,999

READY FOR REVIEW                                                        999,999

REJECTED BY REVIEWER                                                    999,999

RESPONSE TIME PASSED                                                    999,999

SECONDARY FACSIMILE                                                     999,999

SYSTEM VALIDATION OCCURRING                                             999,999

UNDER REVIEW                                                            999,999

WAITING FOR DOCUMENTATION                                               999,999


TOTAL APPLICATIONS                                                  999,999,999

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


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```
*** NO DATA THIS RUN ***
```

7.1.92 PRV-A070-M—Portal Performance Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A070-M Portal Performance Report.

Field	Description	Data Type	Length
AGENCY REVIEW REQUIRED	Total number of applications with status of AGENCY REVIEW REQUIRED.	Number (Integer)	6
APPROVED	Total number of applications with status of APPROVED.	Number (Integer)	6
CORRECTIONS APPLIED	Total number of applications with status of CORRECTIONS APPLIED.	Number (Integer)	6
DATA CORRECTIONS REQUIRED	Total number of applications with status of DATA CORRECTIONS REQUIRED.	Number (Integer)	6
DENIED	Total number of applications with status of DENIED.	Number (Integer)	6
INCOMPLETE	Total number of applications with status of INCOMPLETE.	Number (Integer)	6
MOVED TO PRODUCTION	Total number of applications with status of MOVED TO PRODUCTION.	Number (Integer)	6
OVERRIDE	Total number of applications with status of OVERRIDE.	Number (Integer)	6
PRIMARY FACSIMILE	Total number of applications with status of PRIMARY FACSIMILE.	Number (Integer)	6
READY FOR REVIEW	Total number of applications with status of READY FOR REVIEW.	Number (Integer)	6
REJECTED BY REVIEWER	Total number of applications with status of REJECTED BY REVIEWER.	Number (Integer)	6
RESPONSE TIME PASSED	Total number of applications with status of RESPONSE TIME PASSED.	Number (Integer)	6
SECONDARY FACSIMILE	Total number of applications with status of SECONDARY FACSIMILE.	Number (Integer)	6

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Field	Description	Data Type	Length
SYSTEM VALIDATION OCCURRING	Total number of applications with status of SYSTEM VALIDATION OCCURRING.	Number(Integer)	6
TOTAL APPLICATIONS	Total number of applications in each status on the report.	Number (Integer)	6
UNDER REVIEW	Total number of applications with status of UNDER REVIEW.	Number (Integer)	6
WAITING FOR DOCUMENTATION	Total number of applications with status of WAITING FOR DOCUMENTATION.	Number (Integer)	6

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PRV-A071-D - Portal Statistics Report

7.1.93 PRV-A071-D - Portal Statistics Report Narrative

The Report shows the number of abandoned applications. Abandoned means an application was started but never submitted through the web portal product. Statuses included in the total are: Agency Review Required, Data Corrections Required, Response Time Passed, and Waiting on Documentation.

7.1.94 PRV-A071-D - Portal Statistics Report Layout

```
Report  : PRV-A071-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD301                          MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: PRV_PRTL_STATS                              PORTAL STATISTICS                                    Page:        999,999
                                                   REPORT PERIOD: MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------

APPLICATIONS ABANDONED                 999,999

                                                    *** END OF REPORT ***
                                                   *** NO DATA THIS RUN ***
```

7.1.95 PRV-A071-D—Portal Statistics Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A071-D Portal Statistics Report.

Field	Description	Data Type	Length
APPLICATIONS ABANDONED	Web portal applications not completed.	Number (Integer)	6

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PRV-A072-D - Provider Web App Facsimile – Facility Report

7.1.96 PRV-A072-D - Provider Web App Facsimile – Facility Report Narrative

This report details facsimile information of provider enrollment data coming from the web portal for a facility enrollment.

7.1.97 PRV-A072-D - Provider Web App Facsimile – Facility Report Layout

```
Report  : PRV-A072-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD215                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRV_APP_FACS                     PROVIDER WEB APP FACSIMILE - FACILITY                           Page    :    999,999
                                                   REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
APPLICATION TRACKING NUMBER         NPI                 BUSINESS NAME
9999999999                          999999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER TYPE                       TAX ID              LAST NAME             FIRST NAME        MI
XX                                  XXXXXXXXX           XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX   X
-------------------------------------------------------------------------------------------------------------------------------
ENROLLMENT TYPE                        X                                 AGENCY REVIEW INDICATOR     X
REQUESTING ENROLLMENT EFFECTIVE DATE   MM/DD/CCYY

CLIA #          XXXXXXXXXX
CLIA EFF DATE   MM/DD/CCYY

TAX NAME        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TAX ID          XXXXXXXXX
TAX ID TYPE     X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

DEA #                           XXXXXXXXX
DEA EFFECTIVE DATE              MM/DD/CCYY

PROVIDER TYPE   XX  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
COUNTY          XX  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SPECIALTY      SPECIALTY DESCRIPTION                                 PRIMARY         TAXONOMY
XXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    X               XXXXXXXXXX
XXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    X               XXXXXXXXXX

ADDITIONAL TAXONOMY                     XXXXXXXXXX
DECERTIFYING PHARMACY NAME              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DECERTIFYING PHARMACY NPI               999999999999999
ORGANIZATIONAL TYPE                     X  - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


MEDICARE #                              XXXXXXXXXX
MEDICARE EFFECTIVE DATE                 MM/DD/CCYY
MEDICARE TYPE                           X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CONTACT INFORMATION:
NAME            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      TITLE        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
E-MAIL          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE           (999)999-9999       EXT   9999                          FAX          (999)999-9999


SERVICE lOCATION INFORMATION:
E-MAIL          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          PHONE        (999)999-9999       EXT     9999
ADDRESS 2       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          FAX          (999)999-9999       EXT     9999
CITY            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          TOLL FREE    (999)999-9999       EXT     9999
STATE           XX
ZIP             99999-9999


PAY TO INFORMATION:
E-MAIL          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          PHONE        (999)999-9999       EXT     9999
ADDRESS 2       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          FAX          (999)999-9999       EXT     9999
CITY            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          TOLL FREE    (999)999-9999       EXT     9999
STATE           XX
ZIP             99999-9999


MAIL TO INFORMATION:
E-MAIL          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          PHONE        (999)999-9999       EXT     9999
ADDRESS 2       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE           XX
ZIP             99999-9999


BANK INFORMATION:
NAME            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          PHONE            (999)999-9999        EXT
9999
ADDRESS 2       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          EFT TYPE          X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          ACCOUNT TYPE      X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE           XX                                      ABA ROUTING NBR   XXXXXXXXX
ZIP             99999-9999                              ACCOUNT NBR       XXXXXXXXXXXXXXXXXX


MEDICAID SURETY BOND INFORMATION:
NUMBER                EFFECTIVE DATE      END DATE
999999999999999       MM/DD/CCYY          MM/DD/CCYY


MEDICARE SURETY BOND INFORMATION:
NUMBER                EFFECTIVE DATE      END DATE
999999999999999       MM/DD/CCYY          MM/DD/CCYY

ACC EFFECTIVE DATE    MM/DD/CCYY
```


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```
ACC END DATE          MM/DD/CCYY

AFFILIATE SSN    AFFILIATE NAME                            AFFILIATE DOB
999-99-9999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY
999-99-9999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY

TRADING PARTNER ID     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

METHOD OF RETRIEVAL    X

PROVIDER AGENT INFORMATION - EFT:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER AGENT CONTACT INFORMATION - EFT:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            (999)999-9999

PROVIDER AGENT INFORMATION - ERA:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER AGENT CONTACT INFORMATION - ERA:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            (999)999-9999

CLEARINGHOUSE INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      E-MAIL  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CONTACT NAME     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      PHONE   (999)999-9999

VENDOR INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      E-MAIL  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CONTACT NAME     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      PHONE   (999)999-9999


< … PROVIDER AGREEMENT  …>

PROVIDER SIGNATURE : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TITLE:               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

7.1.98 PRV-A072-D—Provider Web App Facsimile – Facility Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A072-D - Provider Web App Facsimile – Facility Report.

Field	Description	Data Type	Length
ACC Effective Date	ACC effective date of a DME provider's accreditation.	Date (MM/DD/CCYY)	10
ACC End Date	ACC end date of a DME provider's accreditation.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
Additional Taxonomy	Additional Taxonomy code	Character	10
Affiliate DOB	Date of Birth of listed affiliate.	Date (MM/DD/CCYY)	10
Affiliate Name	Name of affiliate, such as an owner, partner, etc.	Character	35
Affiliate SSN	Social Security Number of the listed affiliate.	Character	11
Agency Review Indicator	Indicates the application needs to be sent to the Agency for review purposes. Valued values: Y = Yes or Blank = No.	Character	1
Application Tracking Number	Tracking Number generated by the web portal product.	Character	10
Bank Information: ABA Routing NBR	Bank routing number associated to the EFT information indicated on the web application.	Character	9
Bank Information: Account NBR	Bank account number associated to the EFT information on the web application.	Character	17
Bank Information: Account Type	Type of account associated to the EFT information indicated on the web application. C = Checking S = Savings	Character	1
Bank Information: Address 1	Bank address line 1.	Character	30
Bank Information: Address 2	Bank address line 2.	Character	30
Bank Information: City	Name of city for the bank.	Character	30
Bank Information: EFT Type	EFT Type as indicated on the web application. D = Deposit W = Withdrawal	Character	1

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Field	Description	Data Type	Length
Bank Information: Ext	Extension number for the given phone.	Character	4
Bank Information: Name	Name of the bank associated to the provider's EFT information indicated on the web application.	Character	39
Bank Information: Phone	Phone number for the bank.	Character	13
Bank Information: State	State code corresponding to the address.	Character	2
Bank Information: Submission DT	The date that enrollment agreement was signed on.	Date (MM/DD/CCYY)	10
Bank Information: Zip	Complete Postal code for the address. (Zip - +4)	Character	10
Business Name	Name of facility or group indicated on the web portal product application.	Character	50
CLIA #	Provider's CLIA number indicated on the web portal product application.	Character	10
CLIA Eff Date	CLIA certification effective date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Clearinghouse Information: Contact Name	Name of contact at Clearinghouse.	Character	50
Clearinghouse Information: E-mail	An electronic mail address at which the health plan might contact the provider's clearinghouse	Character	50
Clearinghouse Information: Name	Official name of the provider's clearinghouse.	Character	50
Clearinghouse Information: Phone	Telephone number of contact.	Character	13
Contact Information: E-mail	E-mail address of contact person.	Character	50

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Field	Description	Data Type	Length
Contact Information: Ext	Extension associated to contact person phone number.	Character	4
Contact Information: Fax	The contact fax number of the applicant as provided on the enrollment application.	Character	13
Contact Information: Name	Name of contact person indicated on the web portal product application.	Character	50
Contact Information: Phone	Phone number of contact person.	Character	13
Contact Information: Title	Title of contact person.	Character	40
County	County code based on service location.	Character	2
DEA #	DEA certification number of the individual enrolling provider.	Character	9
DEA Effective Date	Effective date of the DEA certification of the individual enrolling provider.	Date (MM/DD/CCYY)	10
Decertifying Pharmacy NPI	NPI of the pharmacy to be decertified based on the new enrollment.	Character	15
Decertifying Pharmacy Name	Name of the pharmacy to be decertified based on the new enrollment.	Character	50
Enrollment Type	Type of Enrollment selected on the web portal product application, such as Individual, Group, etc.	Character	1
First Name	First name of the individual provider enrolling. N/A for this report.	Character	15
Last Name	Last name of individual provider enrolling. N/A for this report.	Character	20
MI	Middle initial of individual provider enrolling. N/A for this report.	Character	1
Mail To Information: Address 1	Provider's mail to address as indicated on the web application.	Character	30
Mail To Information: Address 2	Provider's mail to address, line 2, as indicated on the web application.	Character	30

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Field	Description	Data Type	Length
Mail To Information: City	Mail to city of the provider's mail to address as indicated on the web application.	Character	30
Mail To Information: E-mail	Mail To E-mail address of the provider's mail to address as indicated on the web application.	Character	50
Mail To Information: Ext	Ext of mail to phone number as indicated on the web application.	Character	4
Mail To Information: Phone	Mail to phone number of the mail to address as indicated on the web application.	Character	13
Mail To Information: State	Mail to state of the provider's mail to address as indicated on the web application.	Character	2
Mail To Information: Zip	Mail to zip +4 of the provider's mail to address as indicated on the web application.	Character	10
Medicaid Surety Bond Information: Effective Date	Effective date of a DME provider's Medicaid Surety Bond.	Date (MM/DD/CCYY)	10
Medicaid Surety Bond Information: End Date	End date of a DME provider's Medicaid Surety Bond.	Date (MM/DD/CCYY)	10
Medicaid Surety Bond Information: Number	DME provider's Medicaid Surety Bond Number.	Character	15
Medicare #	Provider's Medicare Number indicated on the web portal product application.	Character	10
Medicare Effective Date	Effective date of provider's Medicare certification as indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Medicare Surety Bond Information: Effective Date	Effective date of DME provider's Medicare Surety Bond.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
Medicare Surety Bond Information: End Date	End date of a DME provider's Medicare Surety Bond.	Date (MM/DD/CCYY)	10
Medicare Surety Bond Information: Number	DME provider's Medicare Surety Bond Number.	Character	15
Medicare Type	Type of Medicare certification. M - Medicare D - DMERC	Character	2
Method of Retrieval	The method in which the provider will receive the ERA from the health plan. Valid values are: 1-Web Download from Health Plan-Software Vendor 2-Web Download from Health Plan-Clearinghouse 3-Web Download from Health Plan-Direct Access/Download 4-State Agency Main Office Connect Direct 5-State Agency Provider Disbursement from Main Office 6-Other	Character	1
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15

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Field	Description	Data Type	Length
Organizational Type	Type of organization: A = Individual Practitioner B = Sole Proprietorship C = Government Owned D = Business Corporation, for profit E = Business Corporation, non-profit F = Private, for profit G = Private, non-profit H = Partnership I = Trust J = Chain	Character	1
Pay To Information: Address 1	Provider's pay to address as indicated on the web application.	Character	30
Pay To Information: Address 2	Provider's pay to address, line 2, as indicated on the web application.	Character	30
Pay To Information: City	Pay to city of provider's pay to address as indicated on the web application.	Character	30
Pay To Information: E-mail	E-mail address associated to the provider's pay to address as indicated on the web application.	Character	50
Pay To Information: Ext	Extension number for the given phone.	Character	4
Pay To Information: Fax	Fax number associated to the provider's pay to address as indicated on the web application.	Character	13
Pay To Information: Phone	Phone number associated to the provider's pay to address as indicated on the web application.	Character	13

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Field	Description	Data Type	Length
Pay To Information: State	Pay to state of the provider's pay to address as indicated on the web application.	Character	2
Pay To Information: Toll Free	Toll free number associated to the provider's pay to address as indicated on the web application.	Character	13
Pay To Information: Zip	Pay to zip +4 of the provider's pay to address as indicated on the web application.	Character	10
Primary	Primary indicator related to the provider specialty selected by provider on the web portal product application.	Character	1
Provider Agent Contact Information-EFT: E-mail	An electronic mail address at which the health plan might contact the provider.	Character	50
Provider Agent Contact Information-EFT: Name	Name of a contact in agent office for handling EFT issues.	Character	50
Provider Agent Contact Information-EFT: Phone	Phone number associated with contact person.	Character	13
Provider Agent Contact Information-ERA: E-mail	An electronic mail address at which the health plan might contact the provider.	Character	50
Provider Agent Contact Information-ERA: Name	Name of a contact in agent office for handling ERA issues.	Character	50
Provider Agent Contact Information-ERA: Phone	Phone number associated with contact person.	Character	13
Provider Agent Information-EFT: Name	Name of provider's authorized agent.	Character	50

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Field	Description	Data Type	Length
Provider Agent Information-ERA: Name	Name of provider's authorized agent.	Character	50
Provider Signature	This name represents the electronic signature for a provider.	Character	50
Provider Type	Provider's type selected on the web portal product application.	Character	2
Requesting Enrollment Effective Date	Requested Enrollment Effective Date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Service Location Information: Address 1	Provider's physical service location.	Character	30
Service Location Information: Address 2	Provider's physical service location, address line 2.	Character	30
Service Location Information: City	City of provider's physical service location.	Character	30
Service Location Information: E-mail	E-mail address associated to the provider's physical service location.	Character	50
Service Location Information: Ext	Extension number for the given phone.	Character	4
Service Location Information: Fax	Provider's physical service location fax number.	Character	13
Service Location Information: Phone	Phone number associated to the provider's physical service location.	Character	13
Service Location Information: State	State of provider's physical service location.	Character	2

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Field	Description	Data Type	Length
Service Location Information: Toll Free	Toll free number of the provider's physical service location.	Character	13
Service Location Information: Zip	Zip +4 of the provider's physical service location.	Character	10
Specialty	Provider's specialty selected on the web portal product application.	Character	3
Specialty Description	Provider's specialty description selected on the web portal product application.	Character	50
Tax ID	Tax Identification number as indicated on the web application.	Character	9
Tax ID Type	Tax Identification number type (FEIN = F or SSN = S) as indicated on the web application.	Character	1
Tax Name	Tax name as indicated on the web application.	Character	30
Taxonomy Code	Provider's taxonomy code selected on the web portal product application.	Character	10
Title	Printed Title of Person Submitting Enrollment	Character	40
Title (at bottom)	Printed Title of Person Submitting Enrollment	Character	40
Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.	Character	35
Vendor Information: Contact Name	Name of a contact in vendor office for handling ERA issues.	Character	50
Vendor Information: E-mail	An electronic mail address at which the health plan might contact the provider's vendor.	Character	50
Vendor Information: Name	Name of vendor office for handling ERA issues.	Character	50
Vendor Information: Phone	Telephone number of vendor.	Character	13

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PRV-A073-D - Provider Web App Facsimile – Individual within a Group Report

7.1.99 PRV-A073-D - Provider Web App Facsimile – Individual within a Group Report Narrative

This report details facsimile information of provider enrollment data coming from the web portal for an individual provider within a group.

7.1.100 PRV-A073-D - Provider Web App Facsimile – Individual within a Group Report Layout

```
Report  : PRV-A073-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD215                           MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:   HH:MM:SS
Location: PRV_APP_FACS               PROVIDER WEB APP FACSIMILE - INDIVIDUAL WITHIN A GROUP              Page    :    999,999
                                                   REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
APPLICATION TRACKING NUMBER         NPI                 BUSINESS NAME
9999999999                          999999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER TYPE                       TAX ID              LAST NAME             FIRST NAME        MI
XX                                  XXXXXXXXX           XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX   X
-------------------------------------------------------------------------------------------------------------------------------
ENROLLMENT TYPE                        X                                AGENCY REVIEW INDICATOR     X
REQUESTING ENROLLMENT EFFECTIVE DATE   MM/DD/CCYY                       TITLE    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CLIA #          XXXXXXXXXX
CLIA EFF DATE   MM/DD/CCYY

TAX NAME        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TAX ID          XXXXXXXXX
TAX ID TYPE     X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SSN           999-99-9999       GENDER          x       BIRTH DATE              MM/DD/CCYY
LICENSE #     XXXXXXXXXX        LICENSE STATE   xx      LICENSE EFFECTIVE DATE  MM/DD/CCYY       LICENSE END DATE  MM/DD/CCYY

GROUP NAME                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
GROUP MCD ID                    XXXXXXXXXXXXXXXX
GROUP NPI                       XXXXXXXXXXXXXXXX

DEA #                           XXXXXXXXX
DEA EFFECTIVE DATE              MM/DD/CCYY

PROVIDER TYPE   XX  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
COUNTY          XX  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SPECIALTY      SPECIALTY DESCRIPTION                                    PRIMARY         TAXONOMY
XXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      X               XXXXXXXXXX
XXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      X               XXXXXXXXXX


ADDITIONAL TAXONOMY                     XXXXXXXXXX
COLLABORATING PHYSICIAN NAME            xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
```


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```
COLLABORATING PHYSICIAN NPI              XXXXXXXXXXXXXX
ORGANIZATIONAL TYPE                      X  -
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MEDICARE #                               XXXXXXXXXX
MEDICARE EFFECTIVE DATE                  MM/DD/CCYY
MEDICARE TYPE                            X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

```
CONTACT INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     TITLE        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            (999)999-9999       EXT   9999                         FAX          (999)999-9999


SERVICE lOCATION INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                         PHONE        (999)999-9999       EXT      9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                         FAX          (999)999-9999       EXT      9999
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                         TOLL FREE    (999)999-9999       EXT      9999
STATE            XX
ZIP              99999-9999


PAY TO INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                         PHONE        (999)999-9999       EXT      9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                         FAX          (999)999-9999       EXT      9999
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                         TOLL FREE    (999)999-9999       EXT      9999
STATE            XX
ZIP              99999-9999


MAIL TO INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                         PHONE        (999)999-9999       EXT      9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE            XX
ZIP              99999-9999


Disclosure QUESTION AND Answers (Y or N indicator and free form text entered for Y answers.)
1         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 2         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
    X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
4         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
6         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
7         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
8         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
12        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
13        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
14        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
15         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

16         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

17         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

18         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

19         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 < PROVIDER AGREEMENT >
PROVIDER SIGNATURE : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TITLE:               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

7.1.101 PRV-A073-D—Provider Web App Facsimile – Individual within a Group Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A073-D - Provider Web App Facsimile – Individual within a Group Report.

Field	Description	Data Type	Length
Additional Taxonomy	Additional Taxonomy code	Character	10
Agency Review Indicator	Indicates the application needs to be sent to the Agency for review purposes. Valued values: Y = Yes or Blank = No.	Character	1
Application Tracking Number	Tracking Number generated by the web portal product.	Character	10
Birth Date	Date of birth of the individual provider enrolling.	Date (MM/DD/CCYY)	10
Business Name	Name of group indicated on the web portal product application. N/A for this report.	Character	50
CLIA #	Provider's CLIA number indicated on the web portal product application.	Character	10
CLIA Eff Date	CLIA certification effective date indicated on the web portal product application.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
Collaborating Physician NPI	National Provider Identifier of the collaborating (supervising) physician of the enrolling nurse practitioner.	Character	15
Collaborating Physician Name	Name of the collaborating (supervising) physician of the enrolling nurse practitioner.	Character	50
Contact Information: E-mail	E-mail address of contact person.	Character	50
Contact Information: Ext	Extension associated to the contact person phone number.	Character	4
Contact Information: Fax	The contact fax number of the applicant as provided on the enrollment application.	Character	13
Contact Information: Name	Name of contact person indicated on the web portal product application.	Character	50
Contact Information: Phone	Phone number of contact person.	Character	13
Contact Information: Title	Title of Contact person.	Character	40
County	County code based on service location.	Character	2
DEA #	DEA certification number of the individual enrolling provider.	Character	9
DEA Effective Date	Effective date of the DEA certification of the individual enrolling provider.	Date (MM/DD/CCYY)	10
Disclosure Answers - 1-19 Indicator	Answer indicators to disclosure questions on the web application.	Character	1
Disclosure Answers - 1-19 Text	Answers to disclosure questions on the web application.	Character	500
Disclosure Questions - 1 -19 Text	Disclosure questions from the web application.	Character	1500

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Field	Description	Data Type	Length
Enrollment Type	Type of Enrollment selected on the web portal product application, such as Individual, Group, etc.	Character	1
First Name	First name of the individual provider enrolling.	Character	15
Gender	Gender of individual provider enrolling.	Character	1
Group MCD ID	Medicaid number of the group/practice with which the enrolling individual provider is associated.	Character	15
Group NPI	National provider identifier of the group/practice with which the enrolling individual provider is associated.	Character	15
Group Name	Name of the group/practice with which the individual enrolling provider is associated.	Character	50
Last Name	Last name of individual provider enrolling.	Character	20
License #	Number of the professional license of the individual provider enrolling.	Character	10
License Effective Date	Effective date of the provider's professional license.	Date (MM/DD/CCYY)	10
License End Date	End date of the provider's professional license.	Date (MM/DD/CCYY)	10
License State	State in which the provider's professional license was issued.	Character	2
MI	Middle initial of individual provider enrolling.	Character	1
Mail To Information: Address 1	Provider's mail to address as indicated on the web application.	Character	30
Mail To Information: Address 2	Provider's mail to address, line 2, as indicated on the web application.	Character	30
Mail To Information: City	Mail to city of the provider's mail to address as indicated on the web application.	Character	30
Mail To Information: E-mail	Mail to e-mail address of the provider's mail to address as indicated on the web application.	Character	50

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Field	Description	Data Type	Length
Mail To Information: Ext	Ext of mail to phone number as indicated on the web application.	Character	4
Mail To Information: Phone	Mail to phone number of the mail to address as indicated on the web application.	Character	13
Mail To Information: State	Mail to state of the provider's mail to address as indicated on the web application.	Character	2
Mail To Information: Zip	Mail to zip +4 of the provider's mail to address as indicated on the web application.	Character	10
Medicare #	Provider's Medicare Number indicated on the web portal product application.	Character	10
Medicare Effective Date	Effective date of provider's Medicare certification as indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Medicare Type	Type of Medicare certification. Valid values include: M - Medicare D - DMERC	Character	2
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15

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Field	Description	Data Type	Length
Organizational Type	Type of organization: A = Individual Practitioner B = Sole Proprietorship C = Government Owned D = Business Corporation, for profit E = Business Corporation, non-profit F = Private, for profit G = Private, non-profit H = Partnership I = Trust J = Chain	Character	1
Pay To Information: Address 1	Provider's pay to address as indicated on the web application.	Character	30
Pay To Information: Address 2	Provider's pay to address, line 2, as indicated on the web application.	Character	30
Pay To Information: City	Pay to city of provider's pay to address as indicated on the web application.	Character	30
Pay To Information: E-mail	E-mail address associated to the provider's pay to address as indicated on the web application.	Character	50
Pay To Information: Ext	Extension number for the given phone.	Character	4
Pay To Information: Fax	Fax number associated to the provider's pay to address as indicated on the web application.	Character	13
Pay To Information: Phone	Phone number associated to the provider's pay to address as indicated on the web application.	Character	13

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Field	Description	Data Type	Length
Pay To Information: State	Pay to state of the provider's pay to address as indicated on the web application.	Character	2
Pay To Information: Toll Free	Toll free number associated to the provider's pay to address as indicated on the web application.	Character	13
Pay To Information: Zip	Pay to zip +4 of the provider's pay to address as indicated on the web application.	Character	10
Primary	Primary indicator related to the provider specialty selected by provider on the web portal product application.	Character	1
Provider Signature	This name represents the electronic signature for a provider.	Character	50
Provider Type	Provider's type selected on the web portal product application.	Character	2
Requesting Enrollment Effective Date	Requesting Enrollment Effective Date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
SSN	Social Security Number of individual provider enrolling.	Character	11
Service Location Information: E-mail	E-mail address associated to the provider's physical service location.	Character	50
Service Location Information: State	State of the provider's physical service location.	Character	2
Service Location Information: Toll Free	Toll free number of the provider's physical service location.	Character	13
Service Location Information: Zip	Zip +4 of the provider's physical service location.	Character	10
Service Location Information: Address 1	Provider's physical service location.	Character	30

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Field	Description	Data Type	Length
Service Location Information: Address 2	Provider's physical service location, address line 2.	Character	30
Service Location Information: City	City of the provider's physical service location.	Character	30
Service Location Information: Ext	Extension number for the given phone.	Character	4
Service Location Information: Fax	Provider's physical service location fax number.	Character	13
Service Location Information: Phone	Phone number associated to the provider's physical service location.	Character	13
Specialty	Provider's specialty selected on the web portal product application.	Character	3
Specialty Description	Provider's specialty description selected on the web portal product application.	Character	50
Tax ID	Tax identification number as indicated on the web application.	Character	9
Tax ID Type	Tax identification number type (FEIN = F or SSN = S) as indicated on the web application.	Character	1
Tax Name	Tax name as indicated on the web application.	Character	30
Taxonomy Code	Provider's taxonomy code selected on the web portal product application.	Character	10
Title	Title of the individual provider enrolling.	Character	50
Title (at bottom)	Printed Title of Person Submitting Enrollment.	Character	40

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PRV-A074-D - Provider Web App Facsimile – Individual Report

7.1.1 PRV-A074-D - Provider Web App Facsimile – Individual Report Narrative

This report details facsimile information of provider enrollment data coming from the web portal for an individual not in a group enrollment.

7.1.2 PRV-A074-D - Provider Web App Facsimile – Individual Report Layout

```
Report  : PRV-A074-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD215                             MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:   HH:MM:SS
Location: PRV_APP_FACS                     PROVIDER WEB APP FACSIMILE - INDIVIDUAL                         Page    :    999,999
                                                     REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
APPLICATION TRACKING NUMBER         NPI                 BUSINESS NAME
9999999999                          999999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER TYPE                       TAX ID              LAST NAME             FIRST NAME        MI
XX                                  XXXXXXXXX           XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX    X
-------------------------------------------------------------------------------------------------------------------------------
ENROLLMENT TYPE                        X                                AGENCY REVIEW IND     X
REQUESTING ENROLLMENT EFFECTIVE DATE   MM/DD/CCYY                       TITLE    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CLIA #          XXXXXXXXXX
CLIA EFF DATE   MM/DD/CCYY

TAX NAME        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TAX ID          XXXXXXXXX
TAX ID TYPE     X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SSN           999-99-9999       GENDER          x       BIRTH DATE              MM/DD/CCYY
LICENSE #     XXXXXXXXXX        LICENSE STATE   xx      LICENSE EFFECTIVE DATE  MM/DD/CCYY       LICENSE END DATE  MM/DD/CCYY

DEA #                           XXXXXXXXX
DEA EFFECTIVE DATE              MM/DD/CCYY

PROVIDER TYPE   XX  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
COUNTY          XX  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SPECIALTY      SPECIALTY DESCRIPTION                                    PRIMARY         TAXONOMY
XXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       X               XXXXXXXXXX
XXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       X               XXXXXXXXXX

ADDITIONAL TAXONOMY                      XXXXXXXXXX
DECERTIFYING PHARMACY NAME               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DECERTIFYING PHARMACY NPI                999999999999999
ORGANIZATIONAL TYPE                      X  - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MEDICARE #                               XXXXXXXXXX
MEDICARE EFFECTIVE DATE                  MM/DD/CCYY
MEDICARE TYPE                            X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
CONTACT INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      TITLE        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            (999)999-9999       EXT    9999                         FAX          (999)999-9999

SERVICE lOCATION INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          PHONE        (999)999-9999       EXT     9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          FAX          (999)999-9999       EXT     9999
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          TOLL FREE    (999)999-9999       EXT     9999
STATE            XX
ZIP              99999-9999


PAY TO INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          PHONE        (999)999-9999       EXT     9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          FAX          (999)999-9999       EXT     9999
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          TOLL FREE    (999)999-9999       EXT     9999
STATE            XX
ZIP              99999-9999


MAIL TO INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          PHONE        (999)999-9999       EXT     9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE            XX
ZIP              99999-9999


BANK INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          PHONE             (999)999-9999        EXT
9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          EFT TYPE           X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          ACCOUNT TYPE       X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE            XX                                      ABA ROUTING NBR    XXXXXXXXX
ZIP              99999-9999                              ACCOUNT NBR        XXXXXXXXXXXXXXXXX

Disclosure QUESTION AND Answers (Y or N indicator and free form text entered for Y answers.)
 1         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 2         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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```
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 3         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 4         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 5         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 6         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 7         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 8         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
12         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
13         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
14         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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```
15         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

16         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

17         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

18         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

19         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TRADING PARTNER ID     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

METHOD OF RETRIEVAL    X

PROVIDER AGENT INFORMATION - EFT:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER AGENT CONTACT INFORMATION - EFT:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            (999)999-9999

PROVIDER AGENT INFORMATION - ERA:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER AGENT CONTACT INFORMATION - ERA:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            (999)999-9999

CLEARINGHOUSE INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      E-MAIL  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CONTACT NAME     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      PHONE   (999)999-9999

VENDOR INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      E-MAIL  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CONTACT NAME     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      PHONE   (999)999-9999


< … PROVIDER AGREEMENT  …>
```


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```
PROVIDER SIGNATURE : xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
TITLE:               xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

7.1.3 PRV-A074-D—Provider Web App Facsimile – Individual Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A074-D - Provider Web App Facsimile – Individual Report.

Field	Description	Data Type	Length
Additional Taxonomy	Additional Taxonomy code	Character	10
Application Tracking Number	Tracking Number generated by the web portal product.	Character	10
Agency Review Indicator	Indicates the application needs to be sent to the Agency for review purposes. Valued values: Y = Yes or Blank = No.	Character	1
Bank Information: ABA Routing NBR	Bank routing number associated to the EFT information indicated on the web application.	Character	9
Bank Information: Account NBR	Bank account number associated to the EFT information on the web application.	Character	17
Bank Information: Account Type	Type of account associated to the EFT information indicated on the web application. C = Checking S = Savings	Character	1
Bank Information: Address 1	Bank address line 1	Character	30
Bank Information: Address 2	Bank address line 2.	Character	30
Bank Information: City	Name of city for the bank.	Character	30

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Field	Description	Data Type	Length
Bank Information: EFT Type	EFT Type as indicated on the web application. D = Deposit W = Withdrawal	Character	1
Bank Information: Ext	Extension number for the given phone.	Character	4
Bank Information: Name	Name of the bank associated to the provider's EFT information indicated on the web application.	Character	39
Bank Information: Phone	Phone number for the bank.	Character	13
Bank Information: State	State code corresponding to the address.	Character	2
Bank Information: Zip	Complete Postal code for the address. (Zip - +4)	Character	10
Birth Date	Date of birth of the individual provider enrolling.	Date (MM/DD/CCYY)	10
Business Name	Name of group indicated on the web portal product application. N/A for this report.	Character	50
CLIA #	Provider's CLIA number indicated on the web portal product application.	Character	10
CLIA Eff Date	CLIA certification effective date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Clearinghouse Information: Contact Name	Name of contact at Clearinghouse.	Character	50
Clearinghouse Information: E-mail	An electronic mail address at which the health plan might contact the provider's clearinghouse	Character	50
Clearinghouse Information: Name	Official name of the provider's clearinghouse.	Character	50

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Field	Description	Data Type	Length
Clearinghouse Information: Phone	Telephone number of contact.	Character	13
Collaborating Physician NPI	National Provider Identifier of the collaborating (supervising) physician of the enrolling nurse practitioner.	Character	15
Collaborating Physician Name	Name of the collaborating (supervising) physician of the enrolling nurse practitioner.	Character	50
Contact Information: E-mail	E-mail address of contact person.	Character	50
Contact Information: Ext	Extension associated to the contact person phone number.	Character	4
Contact Information: Fax	The contact fax number of the applicant as provided on the enrollment application.	Character	13
Contact Information: Name	Name of contact person indicated on the web portal product application.	Character	50
Contact Information: Phone	Phone number of contact person.	Character	13
Contact Information: Title	Title of contact person.	Character	40
County	County code based on service location.	Character	2
DEA #	DEA certification number of the individual provider enrolling.	Character	9
DEA Effective Date	Effective date of the DEA certification of the individual enrolling provider.	Date (MM/DD/CCYY)	10
Disclosure Answers - 1-19 Text	Answers to disclosure questions on the web application.	Character	500

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Field	Description	Data Type	Length
Disclosure Answers 1-19 Indicator	Answer indicators to disclosure questions on the web application. Valid values will be Y = Yes, and N = No.	Character	1
Disclosure Questions - 1 -19 Text	- Disclosure questions from the web application.	Character	1500
Enrollment Type	Type of Enrollment selected on the web portal product application, such as Individual, Group, etc.	Character	1
First Name	First name of the individual provider enrolling.	Character	15
Gender	Gender of individual provider enrolling.	Character	1
Last Name	Last name of individual provider enrolling.	Character	20
License #	Number of the professional license of the individual provider enrolling.	Character	10
License Effective Date	Effective date of the provider's professional license.	Date (MM/DD/CCYY)	10
License End Date	End date of the provider's professional license.	Date (MM/DD/CCYY)	10
License State	State in which the provider's professional license was issued.	Character	2
MI	Middle initial of individual provider enrolling.	Character	1
Mail To Information: Address 1	Provider's mail to address as indicated on the web application.	Character	30
Mail To Information: Address 2	Provider's mail to address, line 2, as indicated on the web application.	Character	30
Mail To Information: City	Mail to city of the provider's mail to address as indicated on the web application.	Character	30

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Field	Description	Data Type	Length
Mail To Information: E-mail	Mail to e-mail address of the provider's mail to address as indicated on the web application.	Character	50
Mail To Information: Ext	Ext of mail to phone number as indicated on the web application.	Character	4
Mail To Information: Phone	Mail to phone number of the mail to address as indicated on the web application.	Character	13
Mail To Information: State	Mail to state of the provider's mail to address as indicated on the web application.	Character	2
Mail To Information: Zip	Mail to zip +4 of the provider's mail to address as indicated on the web application.	Character	10
Medicare #	Provider's Medicare Number indicated on the web portal product application.	Character	10
Medicare Effective Date	Effective date of provider's Medicare certification as indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Medicare Type	Type of Medicare certification. M = Medicare D = DMERC	Character	10
Method of Retrieval	The method in which the provider will receive the ERA from the health plan. Valid values are: 1-Web Download from Health Plan-Software Vendor 2-Web Download from Health Plan-Clearinghouse 3-Web Download from Health Plan-Direct Access/Download 4-State Agency Main Office Connect Direct 5-State Agency Provider Disbursement from Main Office 6-Other	Character	1
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15

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Field	Description	Data Type	Length
Organizational Type	Type of organization: A = Individual Practitioner B = Sole Proprietorship C = Government Owned D = Business Corporation, for profit E = Business Corporation, non-profit F = Private, for profit G = Private, non-profit H = Partnership I = Trust J = Chain	Character	1
Pay To Information: Address 1	Provider's pay to address as indicated on the web application.	Character	30
Pay To Information: Address 2	Provider's pay to address, line 2, as indicated on the web application.	Character	30
Pay To Information: City	Pay to city of provider's pay to address as indicated on the web application.	Character	30
Pay To Information: E-mail	E-mail address associated to the provider's pay to address as indicated on the web application.	Character	50
Pay To Information: Ext	Extension number for the given phone.	Character	4
Pay To Information: Fax	Fax number associated to the provider's pay to address as indicated on the web application.	Character	13

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Field	Description	Data Type	Length
Pay To Information: Phone	Phone number associated to the provider's pay to address as indicated on the web application.	Character	13
Pay To Information: State	Pay to state of the provider's pay to address as indicated on the web application.	Character	2
Pay To Information: Toll Free	Toll free number associated to the provider's pay to address as indicated on the web application.	Character	13
Pay To Information: Zip	Pay to zip +4 of the provider's pay to address as indicated on the web application.	Character	10
Primary	Primary indicator related to the provider specialty selected by provider on the web portal product application.	Character	1
Provider Agent Contact Information-EFT: E-mail	An electronic mail address at which the health plan might contact the provider.	Character	50
Provider Agent Contact Information-EFT: Name	Name of a contact in agent office for handling EFT issues.	Character	50
Provider Agent Contact Information-EFT: Phone	Phone number associated with contact person.	Character	13
Provider Agent Contact Information-ERA: E-mail	An electronic mail address at which the health plan might contact the provider.	Character	50
Provider Agent Contact Information-ERA: Name	Name of a contact in agent office for handling ERA issues.	Character	50
Provider Agent Contact Information-ERA: Phone	Phone number associated with contact person.	Character	13

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Field	Description	Data Type	Length
Provider Agent Information-EFT: Name	Name of provider's authorized agent.	Character	50
Provider Agent Information-ERA: Name	Name of provider's authorized agent.	Character	50
Provider Signature	This name represents the electronic signature for a Provider.	Character	50
Provider Type	Provider's type selected on the web portal product application.	Character	2
Requesting Enrollment Effective Date	Requesting Enrollment Effective Date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
SSN	Social Security Number of individual provider enrolling.	Character	11
Service Location Information: Address 1	Provider's physical service location.	Character	30
Service Location Information: Address 2	Provider's physical service location, address line 2.	Character	30
Service Location Information: City	City of the provider's physical service location.	Character	30
Service Location Information: E-mail	E-mail address associated to the provider's physical service location.	Character	50
Service Location Information: Ext	Extension of the pay to phone number.	Character	4
Service Location Information: Fax	Provider's physical service location fax number.	Character	13

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Field	Description	Data Type	Length
Service Location Information: Phone	Phone number associated to the provider's physical service location.	Character	13
Service Location Information: State	State of the provider's physical service location.	Character	2
Service Location Information: Toll Free	Toll free number of the provider's physical service location.	Character	13
Service Location Information: Zip	Zip +4 of the provider's physical service location.	Character	10
Specialty	Provider's specialty selected on the web portal product application.	Character	3
Specialty Description -	Provider's specialty description selected on the web portal product application.	Character	50
Tax ID	Tax identification number as indicated on the web application.	Character	9
Tax ID Type	Tax identification number type (FEIN = F or SSN = S) as indicated on the web application.	Character	1
Tax Name	Tax name as indicated on the web application.	Character	30
Taxonomy Code	Provider's taxonomy code selected on the web portal product application.	Character	10
Title	Tile of the individual provider enrolling.	Character	50
Title (at bottom)	Printed Title of Person Submitting Enrollment	Character	40
Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.	Character	35
Vendor Information: Contact Name	Name of a contact in vendor office for handling ERA issues.	Character	50

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Field	Description	Data Type	Length
Vendor Information: E-mail	An electronic mail address at which the health plan might contact the provider's vendor.	Character	50
Vendor Information: Name	Name of vendor office for handling ERA issues.	Character	50
Vendor Information: Phone	Telephone number of vendor.	Character	13

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PRV-A075-D - Provider Web App Secondary Facsimile - Facility Report

7.1.4 PRV-A075-D - Provider Web App Secondary Facsimile - Facility Report Narrative

This report details facsimile information of provider enrollment data coming from the web portal for a facility enrollment that has been modified.

7.1.5 PRV-A075-D - Provider Web App Secondary Facsimile - Facility Report Layout

```
Report  : PRV-A075-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD310                           MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:   HH:MM:SS
Location: PRV_SEC_FACS                   PROVIDER WEB APP SECONDARY FACSIMILE - FACILITY                 Page    :    999,999
-------------------------------------------------------------------------------------------------------------------------------
Application Tracking Number         NPI                 Business Name
9999999999                          999999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                        LAST NAME             FIRST NAME        MI         TITLE
                                                        XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   X          XXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
SPECIALTY       SPECIALTY DESCRIPTION                                   PRIMARY             TAXONOMY CODE
999             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X                   XXXXXXXXXX
999             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X                   XXXXXXXXXX

CLIA #          XXXXXXXXXX          CLIA Eff Date   MM/DD/CCYY

Decertifying Pharmacy Name          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Decertifying Pharmacy NPI           999999999999999

Medicare #                          9999999999
Medicare Effective Date             MM/DD/CCYY
MEDICARE TYPE                       X - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MEDICAID SURETY BOND INFORMATION:
Number                Effective Date      End Date
999999999999999       MM/DD/CCYY          MM/DD/CCYY


MEDICARE SURETY BOND INFORMATION:
Number                Effective Date      End Date
999999999999999       MM/DD/CCYY          MM/DD/CCYY

ACC Effective Date    MM/DD/CCYY
ACC End Date          MM/DD/CCYY
```


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7.1.6 PRV-A075-D—Provider Web App Secondary Facsimile - Facility Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A075-D - Provider Web App Secondary Facsimile - Facility Report.

Field	Description	Data Type	Length
ACC Effective Date	ACC effective date of a DME provider's accreditation.	Date (MM/DD/CCYY)	10
ACC End Date	ACC end date of a DME provider's accreditation.	Date (MM/DD/CCYY)	10
Application Tracking Number	Tracking number generated by the web portal product.	Character	10
Business Name	Name of facility or group indicated on the web portal product application.	Character	50
CLIA #	Provider's CLIA number indicated on the web portal product application.	Character	10
CLIA Eff Date	CLIA certification effective date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Decertifying Pharmacy NPI	NPI of the pharmacy to be decertified based on the new enrollment.	Character	15
Decertifying Pharmacy Name	Name of the pharmacy to be decertified based on the new enrollment.	Character	50
First Name	First name of the individual provider enrolling. N/A for this report.	Character	15
Last Name	Last name of individual provider enrolling. N/A for this report.	Character	20
MI	Middle initial of individual provider enrolling. N/A for this report.	Character	1
Medicaid Surety Bond Information: Effective Date	Effective date of a DME provider's Medicaid Surety Bond.	Date (MM/DD/CCYY)	10
Medicaid Surety Bond Information: End Date	End date of a DME provider's Medicaid Surety Bond.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
Medicaid Surety Bond Information: Number	DME provider's Medicaid Surety Bond Number.	Character	15
Medicare #	Provider's Medicare Number indicated on the web portal product application.	Character	10
Medicare Effective Date	Effective date of provider's Medicare certification as indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Medicare Surety Bond Information: Effective Date	Effective date of DME provider's Medicare Surety Bond.	Date (MM/DD/CCYY)	10
Medicare Surety Bond Information: End Date	End date of a DME provider's Medicare Surety Bond.	Date (MM/DD/CCYY)	10
Medicare Surety Bond Information: Number	DME provider's Medicare Surety Bond Number.	Character	15
Medicare Type	Type of Medicare certification, both code and description are displayed.. M - Medicare D - DMERC	Character	54
NPI	National Provider Identifier of the enrolling provider.	Character	15
Primary	Primary indicator related to the provider specialty selected by provider on the web portal product application.	Character	1
Specialty	Provider's specialty code.	Character	3
Specialty Description	Provider's specialty description selected on the web portal product application.	Character	50
Taxonomy Code	Provider's taxonomy code selected on the web portal product application.	Character	10
Title	Title of the individual provider enrolling. N/A for this report.	Character	15

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PRV-A076-D - Provider Web App Secondary Facsimile - Individual within a Group Report

7.1.7 PRV-A076-D - Provider Web App Secondary Facsimile - Individual within a Group Report Narrative

This report details facsimile information of provider enrollment data coming from the web portal for an individual enrollment that has been modified.

7.1.8 PRV-A076-D - Provider Web App Secondary Facsimile - Individual within a Group Report Layout

```
Report  : PRV-A076-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD310                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRV_SEC_FACS            PROVIDER WEB APP SECONDARY FACSIMILE - INDIVIDUAL WITHIN A GROUP         Page    :    999,999
-------------------------------------------------------------------------------------------------------------------------------
Application Tracking Number         NPI                 Business Name
9999999999                          999999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                        LAST NAME              FIRST NAME        MI         TITLE
                                                        XXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   X          XXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
SPECIALTY       SPECIALTY DESCRIPTION                                      PRIMARY             TAXONOMY CODE
999             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X                   XXXXXXXXXX
999             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X                   XXXXXXXXXX

CLIA #          XXXXXXXXXX          CLIA Eff Date   mm/DD/CCYY

LICENSE INFORMATION:
License #     9999999999            Effective Date  mm/DD/CCYY
STATE         XX                    End Date        mm/DD/CCYY

DEA #                               99AA99999
DEA Effective Date                  mm/DD/CCYY

Collaborating Physician Name        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CollaborAting Physician NPI         999999999999999

Medicare #                          9999999999
Medicare Effective Date             mm/DD/CCYY
MEDICARE TYPE                       X - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

GROUP NAME                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
GROUP MCD ID                        999999999999999
GROUP NPI                           999999999999999
```


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7.1.9 PRV-A076-D—Provider Web App Secondary Facsimile - Individual within a Group Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A076-D - Provider Web App Secondary Facsimile - Individual within a Group Report.

Field	Description	Data Type	Length
Application Tracking Number	Tracking number generated by the web portal product.	Character	10
Business Name	Name of facility or group indicated on the web portal product application.	Character	50
CLIA #	Provider's CLIA number indicated on the web portal product application.	Character	10
CLIA Eff Date	CLIA certification effective date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Collaborating Physician NPI	National Provider Identifier of the collaborating (supervising) physician of the nurse practitioner.	Character	15
Collaborating Physician Name	Name of the collaborating (supervising) physician of the nurse practitioner.	Character	50
DEA #	DEA certification number of the individual provider.	Character	9
DEA Effective Date	Effective date of the DEA certification of the individual provider.	Date (MM/DD/CCYY)	10
First Name	First name of the individual provider.	Character	15
Group MCD ID	Medicaid number of the group/practice with which the provider is associated.	Character	15
Group NPI	National provider identifier of the group/practice with which the individual provider is associated.	Character	15
Group Name	Name of the group/practice with which the individual is associated.	Character	50
Last Name	Last name of the individual provider.	Character	20
License Information: End Date	End date of the provider's professional license.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
License Information: Effective Date	Effective date of provider's professional license.	Date (MM/DD/CCYY)	10
License Information: License #	Number of the professional license of the individual provider.	Character	10
License Information: State	State in which the provider's professional license was issued.	Character	2
MI	Middle initial of the individual provider.	Character	1
Medicare #	Provider's Medicare Number.	Character	10
Medicare Effective Date	Effective date of provider's Medicare certification.	Date (MM/DD/CCYY)	10
Medicare Type	Type of Medicare certification, both code and description are displayed.. M - Medicare D - DMERC	Character	54
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15
Primary	Primary indicator related to the provider specialty.	Character	1
Specialty	Provider's specialty code.	Character	3
Specialty Description	Provider's specialty description selected on the web portal product application.	Character	50
Taxonomy Code	Provider's taxonomy code.	Character	10

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PRV-A077-D - Provider Web App Secondary Facsimile - Individual Report

7.1.10 PRV-A077-D - Provider Web App Secondary Facsimile - Individual Report Narrative

This report details the facsimile information of provider enrollment data coming from the web portal for an individual non-group enrollment that has been modified.

7.1.11 PRV-A077-D - Provider Web App Secondary Facsimile - Individual Report Layout

```
Report  : PRV-A077-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD310                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRV_SEC_FACS                   PROVIDER WEB APP SECONDARY FACSIMILE - INDIVIDUAL                 Page    :    999,999
-------------------------------------------------------------------------------------------------------------------------------
Application Tracking Number         NPI                 Business Name
9999999999                          999999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                        LAST NAME              FIRST NAME        MI         TITLE
                                                        XXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   X          XXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
SPECIALTY       SPECIALTY DESCRIPTION                                      PRIMARY             TAXONOMY CODE
999             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        X                   XXXXXXXXXX
999             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        X                   XXXXXXXXXX

CLIA #          XXXXXXXXXX          CLIA Eff Date   MM/DD/CCYY

LICENSE INFORMATION:
License #     9999999999            Effective Date  MM/DD/CCYY
STATE         XX                    End Date        MM/DD/CCYY

DEA #                               99XX99999
DEA Effective Date                  MM/DD/CCYY

Collaborating Physician Name        AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
CollaborAting Physician NPI         999999999999999

Medicare #                          9999999999
Medicare Effective Date             MM/DD/CCYY
MEDICARE TYPE                       X - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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7.1.12 PRV-A077-D—Provider Web App Secondary Facsimile - Individual Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A077-D - Provider Web App Secondary Facsimile - Individual Report.

Field	Description	Data Type	Length
Application Tracking Number	Tracking number generated by the web portal product.	Character	10
Business Name	Name of group indicated on the web portal product application. N/A for this report.	Character	50
CLIA #	Provider's CLIA certification number.	Character	10
CLIA Eff Date	CLIA certification effective date.	Date (MM/DD/CCYY)	10
Collaborating Physician NPI	National Provider Identifier of the collaborating (supervising) physician of the nurse practitioner.	Character	15
Collaborating Physician Name	Name of the collaborating (supervising) physician of the nurse practitioner.	Character	50
DEA #	DEA certification number of the individual provider.	Character	9
DEA Effective Date	Effective date of the DEA certification of the individual provider.	Date (MM/DD/CCYY)	10
First Name	First name of the individual provider.	Character	15
Last Name	Last name of the individual provider.	Character	20
License Information: Effective Date	Effective date of provider's professional license.	Date (MM/DD/CCYY)	10
License Information: End Date	End date of the provider's professional license.	Date (MM/DD/CCYY)	10
License Information: License #	Number of the professional license of the individual provider.	Character	10
License Information: State	State in which the provider's professional license was issued.	Character	2

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Field	Description	Data Type	Length
MI	Middle initial of the individual provider.	Character	1
Medicare #	Provider's Medicare Number.	Character	10
Medicare Effective Date	Effective date of provider's Medicare certification.	Date (MM/DD/CCYY)	10
Medicare Type	Type of Medicare certification, both code and description are displayed.. M - Medicare D - DMERC	Character	54
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15
Primary	Primary indicator related to the provider specialty.	Character	1
Specialty	Provider's specialty code.	Character	3
Specialty Description	Provider's specialty description selected on the web portal product application.	Character	50
Taxonomy Code	Provider's taxonomy code.	Character	10
Title	Title of the individual provider enrolling.	Character	15

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PRV-A078-D - Provider Maintenance Facsimile

7.1.13 PRV-A078-D - Provider Maintenance Facsimile

Facsimile of provider enrollment data coming from the existing web portal when updates are made to specific information. The total page can be accessed in Feith by entering 999999999999999 as the provider number.

7.1.14 PRV-A078-D - Provider Maintenance Facsimile

```
Report  : PRV-A078-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD216                        MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: PRVPD###                            PROVIDER MAINTENANCE FACSIMILE                             Page    :    999,999
                                                REPORT PERIOD: MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------
NPI                      NAME
999999999999999          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
BEFORE                                                                  AFTER

CONTACT INFORMATION:                                                    CONTACT INFORMATION:
NAME     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       NAME     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       E-MAIL   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            EXT         FAX                                        PHONE            EXT         FAX
(999)999-9999    9999        (999)999-9999                              (999)999-9999    9999        (999)999-9999

SERVICE LOCATION INFORMATION:                                           SERVICE LOCATION INFORMATION:
E-MAIL   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     E-MAIL   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE           EXT    FAX             TOLL FREE       TF EXT          PHONE           EXT    FAX             TOLL FREE       TF EXT
(999)999-9999   9999   (999)999-9999   (999)999-9999   9999            (999)999-9999   9999   (999)999-9999   (999)999-9999   9999

-------------------------------------------------------------------------------------------------------------------------------

PAY TO INFORMATION:                                                     PAY TO INFORMATION:
ADDRESS 1   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                              ADDRESS 1   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 2   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                              ADDRESS 2   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                              CITY        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE       AA                                                          STATE       XX
ZIP         99999-9999                                                  ZIP         99999-9999
E-MAIL      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   E-MAIL      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE           EXT    FAX             TOLL FREE       TF EXT          PHONE           EXT    FAX             TOLL FREE       TF EXT
(999)999-9999   9999   (999)999-9999   (999)999-9999   9999            (999)999-9999   9999   (999)999-9999   (999)999-9999   9999

-------------------------------------------------------------------------------------------------------------------------------

MAIL TO INFORMATION:                                                    MAIL TO INFORMATION:
ADDRESS 1   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                              ADDRESS 1   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 2   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                              ADDRESS 2   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                              CITY        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
STATE       AA                                                      STATE       AA
ZIP         99999-9999                                              ZIP         99999-9999
E-MAIL      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  E-MAIL      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE           EXT    FAX                                          PHONE           EXT    FAX
(999)999-9999   9999   (999)999-9999                                (999)999-9999   9999   (999)999-9999

<page break>

Report  : PRV-A078-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD216                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRVPD###                                PROVIDER MAINTENANCE FACSIMILE                           Page    :    999,999
                                                    REPORT PERIOD: MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------------
NPI                      NAME
999999999999999
-------------------------------------------------------------------------------------------------------------------------------------


TOTAL PROVIDER UPDATES            999,999,999


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

7.1.15 PRV-A078-D—Provider Maintenance Facsimile

This section describes, in detail, the characteristics, and fields of the PRV-A078-D - Provider Maintenance Facsimile Report.

Field	Description	Data Type	Length
Contact Information: E-mail	E-mail of the contact person.	Character	50
Contact Information: Ext	Extension associated to contact person's phone number.	Character	4
Contact Information: Fax	Fax number of contact person.	Character	13
Contact Information: Name	Name of contact person.	Character	50
Contact Information: Phone	Phone number of contact person.	Character	13

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Field	Description	Data Type	Length
Mail To Information: Address 1	Provider's mail to address.	Character	30
Mail To Information: Address 2	Provider's mail to address, line 2.	Character	30
Mail To Information: City	City of the provider's mail to address.	Character	30
Mail To Information: E-mail	E-mail of the provider's mail to address.	Character	50
Mail To Information: Ext	Ext of the mail to phone number.	Character	4
Mail To Information: Fax	Fax number associated to the mail to address.	Character	13
Mail To Information: Phone	Phone number associated to the mail to address.	Character	13
Mail To Information: State	State of the provider's mail to address.	Character	2
Mail To Information: Zip	Zip +4 of the provider's mail to address.	Character	10
NAME	Name of provider for which changes were submitted.	Character	50
NPI	Provider's National Provider Identifier.	Character	15
Pay To Information: Address 1	Provider's pay to address.	Character	30
Pay To Information: Address 2	Provider's pay to address, line 2.	Character	30
Pay To Information: City	City of provider's pay to address.	Character	30

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Field	Description	Data Type	Length
Pay To Information: E-mail	E-mail address of the provider's pay to address.	Character	50
Pay To Information: Ext	Extension of phone number associated to the provider's pay to address.	Character	4
Pay To Information: Fax	Fax number associated to the provider's pay to address.	Character	13
Pay To Information: Phone	Phone number associated to the provider's pay to address.	Character	13
Pay To Information: State	State of the provider's pay to address.	Character	2
Pay To Information: TF Ext	Extension associated with the Toll free number that is associated to the provider's pay to address.	Character	4
Pay To Information: Toll Free	Toll free number associated to the provider's pay to address.	Character	13
Pay To Information: Zip	Zip +4 of the provider's pay to address.	Character	10
Service Location Information: E-mail	E-mail address associated to the provider's physical service location.	Character	50
Service Location Information: Ext	Extension associated to the phone of the provider's physical service location.	Character	4
Service Location Information: Fax	Provider's physical service location fax number.	Character	13
Service Location Information: Phone	Phone number associated to the provider's physical service location.	Character	13
Service Location Information: TF Ext	Extension associated with the Toll free number that is associated to the provider's physical service location.	Character	4

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Field	Description	Data Type	Length
Service Location Information: Toll Free	Toll free number of the provider's physical service location.	Character	13
TOTAL PROVIDER UPDATES	Total number of web changes done on date reported.	Character	11

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PRV-A079-D - Provider Web App Facsimile – Group Report

7.1.16 PRV-A079-D - Provider Web App Facsimile – Group Report Narrative

This report details facsimile information on provider enrollment data coming from the web portal for a group enrollment.

7.1.17 PRV-A079-D - Provider Web App Facsimile – Group Report Layout

```
Report  : PRV-A079-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD215                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRV_APP_FACS                       PROVIDER WEB APP FACSIMILE - GROUP                            Page    :    999,999
                                                    REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
APPLICATION TRACKING NUMBER         NPI                 BUSINESS NAME
9999999999                          999999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER TYPE                       TAX ID              LAST NAME             FIRST NAME        MI
XX                                  XXXXXXXXX           XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX   X
-------------------------------------------------------------------------------------------------------------------------------
ENROLLMENT TYPE                        X                                AGENCY REVIEW INDICATOR     X
REQUESTING ENROLLMENT EFFECTIVE DATE   MM/DD/CCYY

CLIA #          XXXXXXXXXX
CLIA EFF DATE   MM/DD/CCYY

TAX NAME        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TAX ID          XXXXXXXXX
TAX ID TYPE     X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


PROVIDER TYPE   XX  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
COUNTY          XX  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SPECIALTY      SPECIALTY DESCRIPTION                                  PRIMARY         TAXONOMY
XXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X               XXXXXXXXXX
XXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X               XXXXXXXXXX


ADDITIONAL TAXONOMY                      XXXXXXXXXX
ORGANIZATIONAL TYPE                      X  - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


CONTACT INFORMATION:
NAME            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      TITLE        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE           (999)999-9999       EXT   9999                         FAX          (999)999-9999


SERVICE LOCATION INFORMATION:
E-MAIL          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                           PHONE        (999)999-9999       EXT     9999
```


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```
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXX                        FAX          (999)999-9999       EXT     9999
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXX                        TOLL FREE    (999)999-9999       EXT     9999
STATE            XX
ZIP              99999-9999


PAY TO INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       PHONE        (999)999-9999       EXT     9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       FAX          (999)999-9999       EXT     9999
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       TOLL FREE    (999)999-9999       EXT     9999
STATE            XX
ZIP              99999-9999


MAIL TO INFORMATION:
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       PHONE        (999)999-9999       EXT     9999
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE            XX
ZIP              99999-9999


BANK INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1        XXXXXXXXXXXXXXXXXXXXXXXXXXXXX          PHONE            (999)999-9999     EXT
XXXX
ADDRESS 2        XXXXXXXXXXXXXXXXXXXXXXXXXXXXX          EFT TYPE          X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY             XXXXXXXXXXXXXXXXXXXXXXXXXXXXX          ACCOUNT TYPE      X  -  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE            XX                                     ABA ROUTING NBR   XXXXXXXXX
ZIP              99999-9999                             ACCOUNT NBR       XXXXXXXXXXXXXXXXX


AFFILIATE SSN    AFFILIATE NAME                         AFFILIATE DOB
999-99-9999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY
999-99-9999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY
999-99-9999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY

TRADING PARTNER ID     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

METHOD OF RETRIEVAL    X

PROVIDER AGENT INFORMATION - EFT:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER AGENT CONTACT INFORMATION - EFT:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            (999)999-9999
```


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```
PROVIDER AGENT INFORMATION - ERA:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER AGENT CONTACT INFORMATION - ERA:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE            (999)999-9999

CLEARINGHOUSE INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      E-MAIL  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CONTACT NAME     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      PHONE   (999)999-9999

VENDOR INFORMATION:
NAME             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      E-MAIL  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CONTACT NAME     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      PHONE   (999)999-9999


< … PROVIDER AGREEMENT  …>

PROVIDER SIGNATURE : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TITLE:               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

7.1.18 PRV-A079-D—Provider Web App Facsimile – Group Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A079-D - Provider Web App Facsimile – Group Report.

Field	Description	Data Type	Length
Additional Taxonomy	Additional Taxonomy code	Character	10
Affiliate Name	Name of affiliate, such as an owner, partner, etc.	Character	35
Affiliate SSN	Social Security Number of the listed affiliate.	Character	11
Affiliate DOB	Date of Birth of listed affiliate.	Date (MM/DD/CCYY)	10
Agency Review Indicator	Indicates the application needs to be sent to the Agency for review purposes. Valued values: Y = Yes or Blank = No.	Character	1
Application Tracking Number	Tracking Number generated by the web portal product.	Character	10
Bank Information: ABA Routing NBR	Bank routing number associated to the EFT information indicated on the web application.	Character	9

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Field	Description	Data Type	Length
Bank Information: Account NBR	Bank account number associated to the EFT information on the web application.	Character	17
Bank Information: ABA Routing Number	Bank routing number associated to the EFT information indicated on the web application.	Character	9
Bank Information: Account Number	Bank account number associated to the EFT information on the web application.	Character	17
Bank Information: Account Type	Type of account associated to the EFT information indicated on the web application. C = Checking S = Savings	Character	1
Bank Information: Address 1	Bank address line 1.	Character	30
Bank Information: Address 2	Bank address line 2.	Character	30
Bank Information: City	Name of city for the bank.	Character	30
Bank Information: EFT Type	EFT Type as indicated on the web application. D = Deposit W = Withdrawal	Character	1
Bank Information: Name	Name of the bank associated to the provider's EFT information indicated on the web application.	Character	39
Bank Information: Phone	Phone number for the bank.	Character	13
Bank Information: State	State of Bank address.	Character	2

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Field	Description	Data Type	Length
Bank Information: Zip	Complete Postal code for the address. (Zip - +4)	Character	4
Business Name	Name of group indicated on the web portal product application.	Character	50
CLIA #	Provider's CLIA number indicated on the web portal product application.	Character	10
CLIA Eff Date	CLIA certification effective date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Clearinghouse Information: Contact Name	Name of contact at Clearinghouse.	Character	50
Clearinghouse Information: E-mail	An electronic mail address at which the health plan might contact the provider's clearinghouse.	Character	50
Clearinghouse Information: Name	Official name of the provider's clearinghouse.	Character	50
Clearinghouse Information: Phone	Telephone number of contact.	Character	13
Contact Information: E-mail	E-mail address of contact person.	Character	50
Contact Information: Ext	Extension associated to contact person phone number.	Character	4
Contact Information: Name	Name of contact person indicated on the web portal product application.	Character	50
Contact Information: Phone	Phone number of contact person.	Character	13
Contact Information: Title	Title of contact person.	Character	40
County	County code based on service location.	Character	2
Enrollment Type	Type of Enrollment selected on the web portal product application, such as Individual, Group, etc.	Character	1

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Field	Description	Data Type	Length
First Name	First name of the individual provider enrolling. N/A for this report.	Character	15
Last Name	Last name of individual provider enrolling. N/A for this report.	Character	20
MI	Middle initial of individual provider enrolling. N/A for this report.	Character	1
Mail To Information: Address 1	Provider's mail to address as indicated on the web application.	Character	30
Mail To Information: Address 2	Provider's mail to address, line 2, as indicated on the web application.	Character	30
Mail To Information: City	City of provider's mail to address as indicated on the web application.	Character	30
Mail To Information: E-mail	E-mail address of the provider's mail to address as indicated on the web application.	Character	50
Mail To Information: Ext	Ext of mail to phone number as indicated on the web application.	Character	4
Mail To Information: Phone	Mail to phone number of the mail to address as indicated on the web application.	Character	13
Mail To Information: State	State of the provider's mail to address as indicated on the web application.	Character	2
Mail To Information: Zip	Zip +4 of the provider's mail to address as indicated on the web application.	Character	10
Method of Retrieval	The method in which the provider will receive the ERA from the health plan. Valid values are: 1-Web Download from Health Plan-Software Vendor 2-Web Download from Health Plan-Clearinghouse 3-Web Download from Health Plan-Direct Access/Download 4-State Agency Main Office Connect Direct 5-State Agency Provider Disbursement from Main Office 6-Other	Character	1
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15

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Field	Description	Data Type	Length
Organizational Type	Type of organization: A = Individual Practitioner B = Sole Proprietorship C = Government Owned D = Business Corporation, for profit E = Business Corporation, non-profit F = Private, for profit G = Private, non-profit H = Partnership I = Trust J = Chain	Character	1
Pay To Information: Address 1	Provider's pay to address as indicated on the web portal product application.	Character	30
Pay To Information: Address 2	Provider's pay to address, line 2, as indicated on the web application.	Character	30
Pay To Information: City	City of provider's pay to address as indicated on the web application.	Character	30
Pay To Information: E-mail	E-mail address associated to the provider's pay to address as indicated on the web application.	Character	50
Pay To Information: Ext	Extension number for the given phone.	Character	4
Pay To Information: Fax	Fax number associated to the provider's pay to address as indicated on the web application.	Character	13
Pay To Information: Phone	Phone number associated to the provider's pay to address as indicated on the web application.	Character	13

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Field	Description	Data Type	Length
Pay To Information: State	State of the provider's pay to address as indicated on the web application.	Character	2
Pay To Information: Toll Free	Toll free number associated to the provider's pay to address as indicated on the web application.	Character	13
Pay To Information: Zip	Zip +4 of the provider's pay to address as indicated on the web application.	Character	10
Primary	Primary indicator related to the provider specialty selected by provider on the web portal product application.	Character	1
Provider Agent Contact Information-EFT: E-mail	An electronic mail address at which the health plan might contact the provider.	Character	50
Provider Agent Contact Information-EFT: Name	Name of a contact in agent office for handling EFT issues.	Character	50
Provider Agent Contact Information-EFT: Phone	Phone number associated with contact person.	Character	13
Provider Agent Contact Information-ERA: E-mail	An electronic mail address at which the health plan might contact the provider.	Character	50
Provider Agent Contact Information-ERA: Name	Name of a contact in agent office for handling ERA issues.	Character	50
Provider Agent Contact Information-ERA: Phone	Phone number associated with contact person.	Character	13
Provider Agent Information-EFT: Name	Name of provider's authorized agent.	Character	50

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Field	Description	Data Type	Length
Provider Agent Information-ERA: Name	Name of provider's authorized agent.	Character	50
Provider Signature	This name represents the electronic signature for a provider.	Character	50
Provider Type	Provider's type selected on the web portal product application.	Character	2
Requesting Enrollment Effective Date	Requested Enrollment Effective Date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
Service Location Information: Address 1	Provider's physical service location.	Character	30
Service Location Information: Address 2	Provider's physical service location, address line 2.	Character	30
Service Location Information: City	City of provider's physical service location.	Character	30
Service Location Information: E-mail	E-mail address associated to the provider's physical service location.	Character	50
Service Location Information: Ext	Extension number for the given phone.	Character	4
Service Location Information: Fax	Provider's physical service location fax number.	Character	13
Service Location Information: Phone	Phone number associated to the provider's physical service location.	Character	13
Service Location Information: State	State of provider's physical service location.	Character	2

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Field	Description	Data Type	Length
Service Location Information: Toll Free	Toll free number of the provider's physical service location.	Character	13
Service Location Information: Zip	Zip +4 of the provider's physical service location.	Character	10
Specialty	Provider's specialty selected on the web portal product application.	Character	3
Specialty Description	Provider's specialty description selected on the web portal product application.	Character	50
Tax ID	Tax Identification number as indicated on the web application.	Character	9
Tax ID Type	Tax Identification number type (FEIN = F or SSN = S) as indicated on the web application.	Character	1
Tax Name	Tax name as indicated on the web application.	Character	40
Taxonomy Code	Provider's taxonomy code selected on the web portal product application.	Character	10
Title	Printed Title of Person Submitting Enrollment	Character	40
Title (at bottom)	Printed Title of Person Submitting Enrollment	Character	40
Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.	Character	35
Vendor Information: Contact Name	Name of a contact in vendor office for handling ERA issues.	Character	50
Vendor Information: E-mail	An electronic mail address at which the health plan might contact the provider's vendor.	Character	50
Vendor Information: Name	Name of vendor office for handling ERA issues.	Character	50
Vendor Information: Phone	Telephone number of vendor.	Character	13

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PRV-A080-D - Provider Web App Secondary Facsimile - Group Report

7.1.19 PRV-A080-D - Provider Web App Secondary Facsimile - Group Report Narrative

This report details the facsimile information of provider enrollment data coming from the web portal for a group enrollment that has been modified.

7.1.20 PRV-A080-D - Provider Web App Secondary Facsimile - Group Report Layout

```
Report  : PRV-A080-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD310                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRV_SEC_FACS                     PROVIDER WEB APP SECONDARY FACSIMILE - GROUP                    Page    :    999,999
-------------------------------------------------------------------------------------------------------------------------------
Application Tracking Number         NPI                 Business Name
9999999999                          999999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                        LAST NAME              FIRST NAME        MI         TITLE
                                                        XXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   X          XXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
SPECIALTY       SPECIALTY DESCRIPTION                                      PRIMARY             TAXONOMY CODE
999             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X                   XXXXXXXXXX
999             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X                   XXXXXXXXXX

CLIA #          XXXXXXXXXX          CLIA Eff Date   mm/DD/CCYY
```

7.1.21 PRV-A080-D—Provider Web App Secondary Facsimile - Group Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A080-D - Provider Web App Secondary Facsimile - Group Report.

Field	Description	Data Type	Length
Application Tracking Number	Tracking Number generated by the web portal product.	Character	10
Business Name	Name of the facility or group indicated on the web portal product application.	Character	50
CLIA #	Provider's CLIA number indicated on the web portal product application.	Character	10
CLIA Eff Date	CLIA certification effective date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
First Name	First name of the individual provider enrolling. N/A for this report.	Character	15
Last Name	Last name of individual provider enrolling. N/A for this report.	Character	20

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Field	Description	Data Type	Length
MI	Middle initial of individual provider enrolling. N/A for this report.	Character	1
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15
Primary	Primary indicator related to the provider specialty selected by provider on the web portal product application.	Character	1
Specialty	Provider's specialty code.	Character	3

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PRV-A081-D - Provider Web App Facsimile – OPR Report

7.1.22 PRV-A081-D - Provider Web App Facsimile – OPR Report Narrative

This report details facsimile information of provider enrollment data coming from the web portal for a provider who is either Ordering, Prescribing, or Referring.

7.1.23 PRV-A081-D - Provider Web App Facsimile – OPR Report Layout

```
Report  : PRV-A081-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD215                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRV_APP_FACS                          PROVIDER WEB APP FACSIMILE - OPR                           Page    :    999,999
                                                   REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
APPLICATION TRACKING NUMBER         NPI                 BUSINESS NAME
9999999999                          999999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER TYPE                       TAX ID              LAST NAME             FIRST NAME        MI          TITLE
XX                                  XXXXXXXXX           XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   X           XXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------------
ENROLLMENT TYPE                         X                                 AGENCY REVIEW INDICATOR     X
REQUESTING ENROLLMENT EFFECTIVE DATE    MM/DD/CCYY

SSN           999-99-9999                           BIRTH DATE              MM/DD/CCYY
LICENSE #     XXXXXXXXXX        LICENSE STATE   XX  LICENSE EFFECTIVE DATE  MM/DD/CCYY       LICENSE END DATE  MM/DD/CCYY

DEA #                           XXXXXXXXX
DEA EFFECTIVE DATE              MM/DD/CCYY

PROVIDER TYPE   XX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

SPECIALTY   SPECIALTY DESCRIPTION                                         PRIMARY         TAXONOMY CODE
XXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          X               XXXXXXXXXX
XXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          X               XXXXXXXXXX

COLLABORATING PHYSICIAN NAME            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
COLLABORATING PHYSICIAN NPI             XXXXXXXXXXXXXXXX

CONTACT INFORMATION:
NAME            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      TITLE        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE           (999)999-9999       EXT   9999                            FAX          (999)999-9999


SERVICE LOCATION INFORMATION:
E-MAIL          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS 1       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                            PHONE        (999)999-9999       EXT     9999
ADDRESS 2       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                            FAX          (999)999-9999       EXT     9999
CITY            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                            TOLL FREE    (999)999-9999       EXT     9999
STATE           XX
```


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```
ZIP              99999-9999

DISCLOSURE QUESTION AND ANSWERS (Y OR N INDICATOR AND FREE FORM TEXT ENTERED FOR Y ANSWERS.)
 1         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 2         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 3         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 4         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 5         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

     X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 6         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 7         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 8         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

10         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

11         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

12         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
13         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
14         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
16         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
17         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
19         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER SIGNATURE : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        DATE:  MM/DD/CCYY
TITLE:               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

7.1.24 PRV-A081-D—Provider Web App Facsimile – OPR Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A081-D - Provider Web App Facsimile – OPR Report.

Field	Description	Data Type	Length
Agency Review Indicator	Indicates the application needs to be sent to the Agency for review purposes. Valued values: Y = Yes or Blank = No.	Character	1
Application Tracking Number	Tracking Number generated by the web portal product.	Character	10

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Field	Description	Data Type	Length
Birth Date	Date of birth of the individual provider enrolling.	Date (MM/DD/CCYY)	10
Business Name	Name indicated on the web portal product application.	Character	50
Collaborating Physician NPI	National Provider Identifier of the collaborating (supervising) physician of the enrolling nurse practitioner.	Character	15
Collaborating Physician Name	Name of the collaborating (supervising) physician of the enrolling nurse practitioner.	Character	50
Contact Information: E-mail	E-mail address of contact person.	Character	50
Contact Information: Ext	Extension associated to the contact person's phone number.	Character	4
Contact Information: Fax	Fax number of contact person.	Character	13
Contact Information: Name	Name of contact person indicated on the web portal product application.	Character	50
Contact Information: Phone	Phone number of contact person.	Character	13
Contact Information: Title	Printed Title of Person Submitting Enrollment.	Character	40
DEA #	DEA certification number of the individual provider enrolling.	Character	9
DEA Effective Date	Effective date of the DEA certification of the individual enrolling provider.	Date (MM/DD/CCYY)	10
Date	Date the application agreement was signed.	Date (MM/DD/CCYY)	10
Disclosure Answers - 1-19 Text	Answers to disclosure questions on the web application.	Character	500
Disclosure Answers 1-19 Indicator	Answer indicators to disclosure questions on the web application. Valid values will be Y = Yes, and N = No.	Character	1

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Field	Description	Data Type	Length
Disclosure Questions - 1 -19 Text	Disclosure questions from the web application.	Character	1500
Enrollment Type	Type of Enrollment selected on the web portal product application, such as Individual, Group, OPR, etc.	Character	10
First Name	First name of the individual provider enrolling.	Character	15
Last Name	Last name of individual provider enrolling.	Character	20
License #	Number of the professional license of the individual provider enrolling.	Character	10
License Effective Date	Effective date of the provider's professional license.	Date (MM/DD/CCYY)	10
License End Date	End date of the provider's professional license.	Date (MM/DD/CCYY)	10
License State	State in which the provider's professional license was issued.	Character	2
MI	Middle initial of individual provider enrolling.	Character	1
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15
Primary	Primary indicator related to the provider specialty selected by provider on the web portal product application.	Character	10
Provider Signature	This name represents the electronic signature for a provider.	Character	50
Provider Type	Provider's type selected on the web portal product application. Only the provider type code is displayed in the index area of the report but both the code and description is displayed in the body of the report.	Character	55
Requesting Enrollment Effective Date	Requesting Enrollment Effective Date indicated on the web portal product application.	Date (MM/DD/CCYY)	10
SSN	Social Security Number of individual provider enrolling.	Character	11

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Field	Description	Data Type	Length
Service Location Information: Address 1	Provider's service location address as indicated on the web application.	Character	30
Service Location Information: Address 2	Provider's service location address, line 2, as indicated on the web application.	Character	30
Service Location Information: City	City of the provider's service location address as indicated on the web application.	Character	30
Service Location Information: E-mail	E-mail address of the provider's service location address as indicated on the web application.	Character	50
Service Location Information: Ext	Extension number for the given phone.	Character	4
Service Location Information: Fax	Fax number associated to the provider's service location address as indicated on the web application.	Character	13
Service Location Information: Phone	Phone number of the service location address as indicated on the web application.	Character	13
Service Location Information: State	State on the provider's service location address as indicated on the web application.	Character	2
Service Location Information: Toll Free	Toll free number of the provider's physical service location.	Character	13
Service Location Information: Zip	Zip +4 of the provider's service location address as indicated on the web application.	Character	10
Specialty	Provider's specialty code.	Character	3
Specialty Description	Provider's specialty description selected on the web portal product application.	Character	50
Tax ID	Tax identification number as indicated on the web application.	Character	9

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Field	Description	Data Type	Length
Taxonomy Code	Provider's taxonomy code selected on the web portal product application.	Character	10
Title (at bottom)	Printed Title of Person Submitting Enrollment.	Character	40

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PRV-A082-D - Provider Web App Secondary Facsimile – OPR Report

7.1.25 PRV-A082-D - Provider Web App Secondary Facsimile – OPR Report Narrative

This report details the facsimile information of provider enrollment data coming from the web portal for an OPR enrollment that has been modified.

7.1.26 PRV-A082-D - Provider Web App Secondary Facsimile – OPR Report Layout

```
Report  : PRV-A082-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD310                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRV_SEC_FACS                      PROVIDER WEB APP SECONDARY FACSIMILE - OPR                     Page    :    999,999
-------------------------------------------------------------------------------------------------------------------------------
APPLICATION TRACKING NUMBER         NPI                 BUSINESS NAME
9999999999                          999999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                        LAST NAME              FIRST NAME        MI
                                                        XXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   X
-------------------------------------------------------------------------------------------------------------------------------
SPECIALTY       SPECIALTY DESCRIPTION                                      PRIMARY             TAXONOMY CODE
999             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         X                   XXXXXXXXXX
999             XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         X                   XXXXXXXXXX

LICENSE INFORMATION:
LICENSE #     9999999999            EFFECTIVE DATE  MM/DD/CCYY
STATE         XX                    END DATE        MM/DD/CCYY


DEA #                               99AA99999
DEA EFFECTIVE DATE                  MM/DD/CCYY

COLLABORATING PHYSICIAN NAME        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
COLLABORATING PHYSICIAN NPI         XXXXXXXXXXXXXXX
```

7.1.27 PRV-A082-D—Provider Web App Secondary Facsimile – OPR Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the PRV-A082-D - Provider Web App Secondary Facsimile – OPR Report.

Field	Description	Data Type	Length
Application Tracking Number	Tracking number generated by the web portal product.	Character	10
Business Name	Name of group indicated on the web portal product application. N/A for this report.	Character	50

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Field	Description	Data Type	Length
Collaborating Physician NPI	National Provider Identifier of the collaborating (supervising) physician of the nurse practitioner.	Character	15
Collaborating Physician Name	Name of the collaborating (supervising) physician of the nurse practitioner.	Character	50
DEA #	DEA certification number of the provider.	Character	9
DEA Effective Date	Effective date of the DEA certification of the individual provider.	Date (MM/DD/CCYY)	10
First Name	First name of the provider.	Character	15
Last Name	Last name of the provider.	Character	20
License Information: Effective Date	Effective date of provider's professional license.	Date (MM/DD/CCYY)	10
License Information: End Date	End date of the provider's professional license.	Date (MM/DD/CCYY)	10
License Information: License #	Number of the professional license of the provider.	Character	10
License Information: State	State in which the provider's professional license was issued.	Character	2
MI	Middle initial of the provider.	Character	1
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15
Primary	Primary indicator related to the provider specialty.	Character	1
Specialty	Provider's specialty code selected on the web portal product application.	Character	3
Specialty Description	Provider's specialty description selected on the web portal product application.	Character	50
Taxonomy Code	Provider's taxonomy code.	Character	10

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PRV-A083-D – Provider EFT Facsimile Report

7.1.28 PRV-A083-D – Provider EFT Facsimile Report Narrative

This report details facsimile information of provider maintenance data coming from the web portal for EFT changes.

7.1.29 PRV-A083-D – Provider EFT Facsimile Report Layout

```
Report  : PRV-A083-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD215                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRV_EFTERA_FACS                            PROVIDER EFT FACSIMILE                                Page    :    999,999
                                                   REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
NPI               MCD ID              PROVIDER NAME                           APPLICATION TRACKING NUMBER     TAX ID
XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9999999999                      XXXXXXXXX

-------------------------------------------------------------------------------------------------------------------------------

OTHER IDENTIFIER       XXXXXXXXXXXXXXX
ASSIGNING AUTHORITY    XXXXXXXX

PROVIDER ADDRESS:
STREET 1               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STREET 2               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE                  XX
ZIP                    99999-9999

PROVIDER CONTACT INFORMATION:
NAME                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    TITLE   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE                  (999)999-9999       EXT  9999                          FAX     (999)999-9999

PROVIDER AGENT INFORMATION:
NAME                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER AGENT CONTACT INFORMATION:
NAME                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE                  (999)999-9999

FINANCIAL INSTITUTION INFORMATION:
NAME                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STREET 1               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          PHONE     (999)999-9999      EXT     9999
STREET 2               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE                  XX
ZIP                    99999-9999
```


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```
TYPE OF ACCOUNT        X - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ABA ROUTING NUMBER     XXXXXXXXX
ACCOUNT NUMBER         XXXXXXXXXXXXXXXXX
ACCOUNT LINKAGE NPI    XXXXXXXXXXXXXXXXX
SUBMISSION CD          X

< Provider Agreement >
ELECTRONIC SIGNATURE:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TITLE:                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

7.1.30 PRV-A083-D – Provider EFT Facsimile Report Field Descriptions

Field	Description	Data Type	Length
ABA Routing Number	Financial institution routing number associated to the EFT information indicated on the web application.	Character	9
Account Linkage NPI	National Provider Identifier to which EFT account is linked.	Character	15
Account Number	Financial institution account number associated to the EFT information on the web application.	Character	17
Application Tracking Number	Tracking number generated by the web portal product.	Character	10
Assigning Authority	Assigning Authority of ‘Other Identifier – Medicaid’ is the default value for the enrollment portal page.	Character	2
Electronic Signature	This name represents the electronic signature for a provider.	Character	50
Financial Institution Information: City	Name of city for the financial institution.	Character	30
Financial Institution Information: Ext	Extension number for the given phone.	Character	4
Financial Institution Information: Name	Name of the financial institution associated to the provider's EFT information indicated on the web application.	Character	39
Financial Institution Information: Phone	Phone number for the financial institution.	Character	13
Financial Institution Information: State	State code corresponding to the address.	Character	2

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Field	Description	Data Type	Length
Financial Institution Information: Street 1	Financial Institution's address line 1.	Character	30
Financial Institution Information: Street 2	Financial Institution's address line 2.	Character	30
Financial Institution Information: Zip	Complete postal code for the address. (Zip - +4)	Character	10
MCD ID	Provider's Medicaid number.	Character	15
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15
Other Identifier	Other identifier provider may enter for EFT/ERA enrollments. Usually the MCD ID.	Character	15
Provider Address: City	Pay to city of provider's pay to address as indicated on the web application.	Character	30
Provider Address: State	Pay to state of the provider's pay to address as indicated on the web application.	Character	2
Provider Address: Street 1	Provider's pay to address as indicated on the web application.	Character	30
Provider Address: Street 2	Provider's pay to address, line 2, as indicated on the web application.	Character	30
Provider Address: Zip	Pay to zip +4 of the provider's pay to address as indicated on the web application.	Character	10
Provider Agent Contact Information: E-mail	An electronic mail address at which the health plan might contact the provider.	Character	50
Provider Agent Contact Information: Name	Name of a contact in agent office for handling ERA issues.	Character	50
Provider Agent Contact Information: Phone	Phone number associated with contact person.	Character	13
Provider Agent Information: Name	Title of contact person indicated on the web portal product application.	Character	40
Provider Contact Information: Email	An electronic mail address at which the health plan might contact the provider.	Character	50

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Field	Description	Data Type	Length
Provider Contact Information: Ext	Extension associated to contact person phone number.	Character	4
Provider Contact Information: Fax	The contact fax number of the applicant as provided on the enrollment application.	Character	13
Provider Contact Information: Name	Name of contact person indicated on the web portal product application.	Character	50
Provider Contact Information: Phone	Phone number of contact person.	Character	13
Provider Contact Information: Title	Title of contact person indicated on the web portal product application.	Character	40
Provider Name	Provider's Name, either business or personal.	Character	35
Submission CD	Code that indicates if submission was for following reasons: • N=New • C=Change • X=Cancel	Character	1
Tax ID	Tax Identification number as indicated on the web application.	Character	9
Title	Printed Title of Person Submitting Enrollment.	Character	40
Type of Account	Type of account associated to the EFT information indicated on the web application. Code and description. • C - Checking • S - Savings	Character	51

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PRV-A084-D – Provider ERA Facsimile Report

7.1.31 PRV-A084-D – Provider ERA Facsimile Report Narrative

This report details facsimile information of provider maintenance data coming from the web portal for ERA changes.

7.1.32 PRV-A084-D – Provider ERA Facsimile Report Layout

```
Report  : PRV-A084-D                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : PRVJD215                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: PRV_EFTERA_FACS                            PROVIDER ERA FACSIMILE                                Page    :    999,999
                                                   REPORT PERIOD: MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
NPI               MCD ID              PROVIDER NAME                           APPLICATION TRACKING NUMBER     TAX ID
XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9999999999                      XXXXXXXXX

-------------------------------------------------------------------------------------------------------------------------------

OTHER IDENTIFIER       XXXXXXXXXXXXXXX
ASSIGNING AUTHORITY    XXXXXXXX

PROVIDER ADDRESS:
STREET 1               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STREET 2               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
STATE                  XX
ZIP                    99999-9999

PROVIDER CONTACT INFORMATION:
NAME                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    TITLE   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE                  (999)999-9999       EXT  9999                          FAX     (999)999-9999

PROVIDER AGENT INFORMATION:
NAME                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER AGENT CONTACT INFORMATION:
NAME                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE                  (999)999-9999

SUBMISSION CD          X
TRADING PARTNER ID     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
AGGREGATION NPI        XXXXXXXXXXXXXXX
ERA DOWNLOAD METHOD    X

CLEARINGHOUSE INFORMATION:
NAME                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CONTRACT NAME          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
E-MAIL                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE                   (999)999-9999
```

```
VENDOR INFORMATION:
NAME                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CONTRACT NAME           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
E-MAIL                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PHONE                   (999)999-9999

< Provider Agreement >

ELECTRONIC SIGNATURE:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TITLE:                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

7.1.33 PRV-A084-D – Provider ERA Facsimile Report Field Descriptions

Field	Description	Data Type	Length
Application Tracking Number	Tracking Number generated by the web portal product.	Character	10
Aggregation NPI	NPI to which ERAs are aggregated.	Character	15
Assigning Authority	Assigning Authority of 'Other Identifier – Medicaid' is the default value for the enrollment portal page.	Character	2
Clearinghouse Information: Email	An electronic mail address at which the health plan might contact the provider's clearinghouse.	Character	50
Clearinghouse Information: Contact Name	Name of contact at clearinghouse.	Character	50
Clearinghouse Information: Name	Official name of the provider's clearinghouse.	Character	50
Clearinghouse Information: Phone	Telephone number of contact.	Character	13
ERA Download Method	The method in which the provider will receive the ERA from the health plan. Valid values are: • 1-Web Download from Health Plan-Software Vendor • 2-Web Download from Health Plan-Clearinghouse • 3-Web Download from Health Plan-Direct Access/Download • 4-State Agency Main Office Connect Direct	Character	1

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Field	Description	Data Type	Length
	• 5-State Agency Provider Disbursement from Main Office • 6-Other		
Electronic Signature	This name represents the electronic signature for a provider.	Character	50
MCD ID	Provider's Medicaid number.	Character	15
NPI	Provider's National Provider Identifier number indicated on the web portal product application.	Character	15
Other Identifier	Other identifier provider may enter for EFT/ERA enrollments. Usually the MCD ID.	Character	15
Provider Address: City	Pay to city of provider's pay to address as indicated on the web application.	Character	30
Provider Address: State	Pay to state of the provider's pay to address as indicated on the web application.	Character	2
Provider Address: Street 1	Provider's pay to address as indicated on the web application.	Character	30
Provider Address: Street 2	Provider's pay to address, line 2, as indicated on the web application.	Character	30
Provider Address: Zip	Pay to zip +4 of the provider's pay to address as indicated on the web application.	Character	10
Provider Agent Contact Information: E-mail	An electronic mail address at which the health plan might contact the provider.	Character	50
Provider Agent Contact Information: Name	Name of a contact in agent office for handling ERA issues.	Character	50
Provider Agent Contact Information: Phone	Phone number associated with contact person.	Character	13
Provider Agent Information: Name	Title of contact person indicated on the web portal product application.	Character	40
Provider Contact Information: Email	An electronic mail address at which the health plan might contact the provider.	Character	50
Provider Contact Information: Ext	Extension associated to contact person phone number.	Character	4

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Field	Description	Data Type	Length
Provider Contact Information: Fax	The contact fax number of the applicant as provided on the enrollment application.	Character	13
Provider Contact Information: Name	Name of contact person indicated on the web portal product application.	Character	50
Provider Contact Information: Phone	Phone number of contact person.	Character	13
Provider Contact Information: Title	Title of contact person indicated on the web portal product application.	Character	40
Provider Name	Provider's Name, either business or personal.	Character	35
Submission CD	Code that indicates if submission was for following reasons: • N=New • C=Change • X=Cancel	Character	1
Tax ID	Tax Identification number as indicated on the web application.	Character	9
Title	Printed Title of person submitting enrollment	Character	40
Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor.	Character	35
Vendor Information: Contact Name	Name of a contact in vendor office for handling ERA issues.	Character	50
Vendor Information: E-mail	An electronic mail address at which the health plan might contact the provider's vendor.	Character	50
Vendor Information: Name	Name of vendor office for handling ERA issues.	Character	50
Vendor Information: Phone	Telephone number of contact.	Character	13

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