

Automated Mailing Screens

3/28/2016

Screens AM-S-001 Automated Mailing Selection Criteria Screen

General Information

The Automated Mailing Selection Criteria Screen provides user selection criteria to create labels, listing, or letters for providers or members/case. The screen is divided into three sections: Provider Selection Criteria Section, Member/case Selection Criteria Section, and Common Selection Criteria Section. The Common Criteria Section consists of selections used for both Provider and Member/Case.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	AMT010
MAPSET	AM010VA
TRAN ID	VZ01-VZ04

Sample

VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9080/HATS_Portlet/HATS_Portlet/default/ver=2.0/?param=PERF0x1TIMESTAMP=0/?param=portletAction=portletActionPost/?param=SESSION

VA DMAS Prototype Portal

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



MMIS Help | Print | Logout

Screen ID: AM-S-001
Trans ID: VZ03
Program ID: AMT010

**VIRGINIA MEDICAID
AUTOMATED MAILING**

Date: 04/26/2010
Time: 09:06

Action: **A** Request ID: 0000000 Selection: **P** (P)rovider or (E)Member

Provider Selection		Member Selection	
Program Code: <input type="text"/>	Primary Specialty: <input type="text"/>	Benefit Package: <input type="text"/>	Admin/Resid FIPS: <input type="text"/>
Provider Type: <input type="text"/>	Address Type: <input type="text"/>	Aid Category: <input type="text"/>	Provider ID: <input type="text"/>
Group/MCO/Affiliation: <input type="text"/>	Provider ID: <input type="text"/>	Gender: <input type="text"/>	Case/Member: <input type="text"/>
Include Provider ID: <input type="text"/>	Service Center: <input type="text"/>	Age Range: <input type="text"/>	Case Worker: <input type="text"/>

Site Ind:

Common Area Selection		Total Produced:	
Status: <input type="text"/>	Dates: <input type="text"/> - <input type="text"/>	Labels/Listing/Letters: <input type="text"/>	Letter ID: <input type="text"/>
Zip Code: <input type="text"/>		Label Type: <input type="text"/>	Create File: <input type="text"/>
FIPS: <input type="text"/>		Sort Preference: <input type="text"/>	Report Title: <input type="text"/>
MEDALLION Only: <input type="text"/>		Date Requested: <input type="text"/>	Date Completed: <input type="text"/>
MEDALLION & Specified MCO(s): <input type="text"/>		User Phone: <input type="text"/>	Extension: <input type="text"/>
MEDALLION & All MCO(s): <input type="text"/>			
Specified MCO(s): <input type="text"/>			
All MCO(s): <input type="text"/>			
Include Requesting Provider: <input type="text"/>			

PLEASE ENTER ALL THE DATA.

Enter Update Clear Form Additional Selection Prov Loc Sub Menu Main Menu

91 (2,11) Local intranet 100% 9:06 AM

			<p>Enter a valid value for the Action you wish to perform.</p> <p>UPDATE(R/U)</p> <p>Enter a valid value for the Action you wish to perform.</p>
3	<p>REQUEST ID</p> <p>Automated Mailing Request ID (DE4610)</p>	<p>Edits:</p> <p>Required if ACTION is equal to 'I' or 'U'. Is system generated if ACTION is 'A'.</p>	<p>A code identifying the identification of the user. Seven digits.</p> <p>A code identifying the identification of the user. Seven digits.</p> <p>ADD (P)</p> <p>System displayed.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Request ID.</p>
4	<p>PROVIDER OR ENROLLEE INDICATOR</p> <p>Automated Mailing Provider Enrollee Indicator (DE4612)</p>		<p>A code indicating the letter is cataloged to a provider or enrollee. One alpha character. Must be P (Provider) or E (Enrollee).</p> <p>A code indicating the letter is cataloged to a provider or enrollee. One alpha character. Must be P (Provider) or E (Enrollee).</p> <p>ADD(P)</p> <p>System displayed.</p> <p>UPDATE(P)</p> <p>System displayed.</p>
5	<p>PROGRAM CODE</p> <p>Provider Program Code (DE4208)</p>	<p>Edits:</p> <p>Must be a valid Provider Program Code. Limited to 10 different values for Provider Program Code.</p>	<p>A code identifying the program(s) in which a provider participates. Two digits. Limited to ten different values for Provider Program Code. Use the On-line HELP system to find valid codes for this field.</p> <p>A code identifying the program(s) in which a provider participates. Two digits. Limited to ten different values for Provider Program Code. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD(C/U)</p> <p>Enter a valid Provider Program Code.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Provider Program Code.</p>
6	<p>PROVIDER TYPE</p>	<p>Edits:</p>	<p>A code designating the classification of a</p>

	Provider Type (DE4006)	Must be a valid Provider Type. Limited to 50 different values for Provider Type.	<p>provider under the State plan (e.g., Physician, Dentist, Pharmacy). Three digits. Limited to fifty provider types. Use the On-line HELP system to find valid codes for this field.</p> <p>A code designating the classification of a provider under the State plan (e.g., Physician, Dentist, Pharmacy). Three digits. Limited to fifty provider types. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD(C/U) Enter a valid Provider Type.</p> <p>UPDATE(C/U) Enter a valid Provider Type.</p>
7	GROUP/HMO/AFF Automated Mailing Group HMO Affiliation Indicator (DE4615)	Edits: Must be a valid Automated Mailing Group HMO Affiliation Indicator	<p>A code indicating whether the provider is a group or HMO. One digit. Use the On-line HELP system to find valid codes for this field.</p> <p>A code indicating whether the provider is a group or HMO. One digit. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD(C/U) Enter a valid Automated Mailing Group HMO Affiliation Indicator.</p> <p>UPDATE(C/U) Enter a valid Automated Mailing Group HMO Affiliation Indicator.</p>
8	INCLUDE PROV ID Automated Mailing Include Provider ID Indicator (DE4616)	Edits: Must be 'Y' or 'N'	<p>A code indicating whether to include the Provider ID on the requested output. One alpha character. Must be Y (Yes) or N (No).</p> <p>A code indicating whether to include the Provider ID on the requested output. One alpha character. Must be Y (Yes) or N (No).</p> <p>Add (C/U) Enter a valid Include Provider ID Indicator.</p> <p>Update (C/U) Enter a valid Include Provider ID Indicator.</p>
9	PRIMARY SPEC	Edits:	A code identifying the provider's primary

	Provider Specialty Code (DE4007)	Must be a valid Provider Specialty Code. Limited to 50 different values for Provider Specialty Code.	certified medical specialty. Three digits. Limited to fifty Provider Specialty Code. Use the On-line HELP system to find valid codes for this field. A code identifying the provider's primary certified medical specialty. Three digits. Limited to fifty Provider Specialty Codes. Use the On-line HELP system to find valid codes for this field. ADD(C/U) Enter a valid Primary Specialty Code. UPDATE (C/U) Enter a valid Primary Specialty Code.
10	ADDRESS TYPE Provider Address Type (DE4200)	Edits: Must be a valid Provider Address Type	A code indicating the type of address. One alpha character. Use the On-line HELP system to find valid codes for this field. A code indicating the type of address. One alpha character. Use the On-line HELP system to find valid codes for this field. ADD(C/U) Enter a valid Address Type. UPDATE(C/U) Enter a valid Address Type.
11	PROVIDER ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Identification Number Messages: This field holds either a Legacy ID, an NPI or an API	A unique identification number assigned to the servicing or billing provider. An NPI may be assigned for multiple Legacy Provider IDs that exist in VaMMIS today. Required if List Document by Provider, List Provider or Enrollees by Document ID and Enrollee ID is blank. Enter a valid Provider ID. A unique identification number assigned to the servicing or billing provider. An NPI may be assigned for multiple Legacy Provider IDs that exist in VaMMIS today. Required if List Document by Provider, List Provider or Enrollees by Document ID and Enrollee ID is blank. ADD(C/U) Enter a valid Provider ID. UPDATE(C/U) Enter a valid Provider ID.
12	SERVICE CENTER Provider Service Center	Edits: Must be a valid	A code assigned to each billing service or data center which submits claims to the

	(DE4082)	Provider Service Center	<p>Fiscal Agent. Four alpha numeric characters.</p> <p>A code assigned to each billing service or data center which submits claims to the Fiscal Agent. Four alpha numeric characters.</p> <p>Add (C/U)</p> <p>Enter a valid Service Center Code.</p> <p>Update(C/U)</p> <p>Enter a valid Service Center Code.</p>
13	BENEFIT PACKAGE Benefit Definition Benefit Plan Code (DE3550)	<p>Edits:</p> <p>Must be a valid Enrollee Benefit Code.. Limited to 10 different values for Enrollee Benefit Code.</p>	<p>A code representing the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Eight digits. Limited to ten different values for Enrollee Benefit Code.</p> <p>A code representing the group level, three-tiered code describing the benefit plan under which services for an enrolled individual may be reimbursed. Eight digits. Limited to ten different values for Enrollee Benefit Code.</p> <p>ADD(C/U)</p> <p>Enter a valid Benefit Package Code.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Benefit Package Code.</p>
14	AID CATEGORY Enrollee Eligibility Aid Category (DE3009)	<p>Edits:</p> <p>Must be a valid Enrollee Eligibility Aid Category. Limited to 10 different values for Enrollee Eligibility Aid Category.</p>	<p>Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code identifying the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans. Three digits. Limited to ten different values for Enrollee Eligibility Aid Category. Use the On-line HELP system to find valid values for this field.</p> <p>Also known as Money Payment Code, Recipient Program Designation or Scope of Coverage code identifying the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an</p>

			<p>enrollee's eligibility for certain Benefit Plans. Three digits. Limited to ten different values for Enrollee Eligibility Aid Category. Use the On-line HELP system to find valid values for this field. Add (C/U) Enter a valid Enrollee Eligibility Aid Category code. Update (C/U) Enter a valid Enrollee Eligibility Aid Category code.</p>
15	<p>SEX Enrollee Sex Code (DE3007)</p>	<p>Edits: Must be a valid Enrollee Sex Code</p>	<p>A code indicating the sex of the enrollee. One alpha character. Use the On-line HELP system to find valid values for this field.</p> <p>A code indicating the sex of the enrollee. One alpha character. Use the On-line HELP system to find valid values for this field.</p> <p>Add (C/U) Enter a valid Enrollee Sex Code.</p> <p>Update (C/U) Enter a valid Enrollee Sex Code.</p>
16	<p>AGE RANGE (Begin) Automated Mailing Enrollee Age Range Begin (DE4617)</p>		<p>A number designating the beginning age range of the enrollee as requested by the user. Up to three digits.</p> <p>A number designating the beginning age range of the enrollee as requested by the user. Up to three digits.</p> <p>Add (C/U) Enter a valid Enrollee Begin Age Range.</p> <p>Update (C/U) Enter a valid Enrollee Begin Age Range.</p>
17	<p>AGE RANGE (End) Automated Mailing Enrollee Age Range End (DE4618)</p>	<p>Edits: Can not be less than the Automated Mailing Enrollee Age Range Begin</p>	<p>A number designating the ending age range of the enrollee as requested by the user. Up to three digits. Must not be less than the Begin Automated Mailing Enrollee Age Range.</p> <p>A number designating the ending age range of the enrollee as requested by the user. Up to three digits. Must not be less than the Begin Automated Mailing Enrollee Age Range.</p> <p>Add (C/U) Enter a valid Enrollee Ending Age Range.</p> <p>Update (C/U)</p>

			Enter a valid Enrollee Ending Age Range.
18	ADMIN/RESID LOC Automated Mailing Location Indicator (DE4620)	Edits: Must be a valid Automated Mailing Location Indicator	A code indicating either the enrollees administrative or residence locality as requested by the user. One digit. Must be A (Administrative) or R (Residential). A code indicating either the enrollees administrative or residence locality as requested by the user. One digit. Must be A (Administrative) or R (Residential). ADD (C/U) Enter a valid for the Administrative or Residential Locality. UPDATE (C/U) Enter a valid for the Administrative or Residential Locality.
19	PROVIDER ID National Provider Identifier (DE4700)	Edits: Must be a valid Provider Identification Number. Messages: This field holds either a Legacy ID, an NPI or an API	A unique identification number assigned to the servicing or billing provider. An NPI may be assigned for multiple Legacy Provider IDs that exist in VaMMIS today. Required if List Document by Provider, List Provider or Enrollees by Document ID and Enrollee ID is blank. Enter a valid Provider ID. A unique identification number assigned to the servicing or billing provider. An NPI may be assigned for multiple Legacy Provider IDs that exist in VaMMIS today. Required if List Document by Provider, List Provider or Enrollees by Document ID and Enrollee ID is blank. ADD(C/U) Enter a valid Provider ID. UPDATE(C/U) Enter a valid Provider ID.
20	CASE/ENROLLEE Automated Mailing Case Enrollee Indicator (DE4619)	Edits: Must be a valid Automated Mailing Case Enrollee Indicator	A code indicating whether the enrollee is a case or an enrollee. One alpha character. Must be E (Enrollee) or C (Case). A code indicating whether the enrollee is a case or an enrollee. One alpha character. Must be E (Enrollee) or C (Case). Add (C/U)

			<p>Enter a valid Case/Enrollee Indicator Code.</p> <p>Update (C/U)</p> <p>Enter a valid Case/Enrollee Indicator Code.</p>
21	<p>CASEWORKER</p> <p>Case Worker Number (DE3431)</p>		<p>An identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. Five alphanumeric characters.</p> <p>An identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office. Five alphanumeric characters.</p> <p>ADD(C/U)</p> <p>Enter a valid Case Worker Identification Code.</p> <p>UPDATE (C/U)</p> <p>Enter a valid Case Worker Identification Code.</p>
22	<p>STATUS</p> <p>Automated Mailing Status Indicator (DE4621)</p>	<p>Edits:</p> <p>Must be a valid Automated Mailing Status Indicator</p>	<p>A code indicating the status of the providers or enrollees as requested by the user. One alpha character. Use the On-line HELP system to find valid values for this field.</p> <p>A code indicating the status of the providers or enrollees as requested by the user. One alpha character. Use the On-line HELP system to find valid values for this field.</p> <p>ADD (O/U)</p> <p>Enter a valid Status Code.</p> <p>UPDATE(O/U)</p> <p>Enter a valid Status Code.</p>
23	<p>DATES (Begin)</p> <p>Automated Mailing Status Begin Date (DE4635)</p>	<p>Edits:</p> <p>Must be a valid date.</p>	<p>The beginning date for the status date range for providers and recipients; MM/DD/CCYY format. Eight digits.</p> <p>The beginning date for the status date range for providers and recipients; MM/DD/CCYY format. Eight digits.</p> <p>ADD(C/U)</p> <p>Enter a valid Begin Date for the Status Date Range.</p>

			<p>UPDATE (C/U)</p> <p>Enter a valid Begin Date for the Status Date Range.</p>
24	<p>DATES (End)</p> <p>Automated Mailing Status End Date (DE4636)</p>	<p>Edits:</p> <p>Must be a valid date and can not be greater than the Automated Mailing Status End Date.</p>	<p>The ending date for the status date range for providers and recipients; MM/DD/CCYY format. 8 digits.</p> <p>The ending date for the status date range for providers and recipients; MM/DD/CCYY format. 8 digits. Must be a valid date and can not be greater than the Automated Mailing Status End Date.</p> <p>ADD(C/U)</p> <p>Enter a valid End Date for the Status Date Range .</p> <p>UPDATE(C/U)</p> <p>Enter a valid End Date for the Status Date Range.</p>
25	<p>ZIP CODE</p> <p>Enrollee ZIP Code (DE3118)</p>	<p>Edits:</p> <p>Limited to 50 different values for Enrollee ZIP Code.</p>	<p>The ZIP code of the area in which the enrollee lives. 9 digits. Limited to 50 different values for Enrollee ZIP Code.</p> <p>The ZIP code of the area in which the enrollee lives. 9 digits. Limited to 50 different values for Enrollee ZIP Code.</p> <p>ADD(C/U)</p> <p>Enter a valid Enrollee ZIP Code.</p> <p>Update(C/U)</p> <p>Enter a valid Enrollee ZIP Code.</p>
25	<p>ZIP CODE</p> <p>Provider Address ZIP Code (DE4099)</p>	<p>Edits:</p> <p>Limited to 50 different values for Provider Address ZIP Code.</p>	<p>The ZIP code in the address of the provider. 9 digits. Limited to 50 different values for Provider Address ZIP Code.</p> <p>The ZIP code in the address of the provider. 9 digits. Limited to 50 different values for Provider Address ZIP Code.</p> <p>ADD(C/U)</p> <p>Enter a valid Provider ZIP Code.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Provider ZIP Code.</p>
26	<p>FIPS CODE</p> <p>Enrollee FIPS Code (DE3008)</p>	<p>Edits:</p> <p>Required if Case-worker (Case Worker Number</p>	<p>A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a subdivision within the Commonwealth of Virginia. 3 digits. Required if there is not an</p>

		DE 3431) is not spaces. Limited to 50 different values for Enrollee FIPS Code.	<p>entry in the Caseworker Number field. Limited to 50 different values for Enrollee FIPS Code. Use the Federal Standard County Codes (FIPS Pub. 6-1).</p> <p>A code indicating the geographic or geopolitical statistical reporting area in which the enrollee resides. The county is a subdivision within the Commonwealth of Virginia. 3 digits.</p> <p>Required if there is not an entry in the Caseworker Number field.</p> <p>Limited to 50 different values for Enrollee FIPS Code.</p> <p>Use the Federal Standard County Codes (FIPS Pub. 6-1).</p> <p>ADD(C/U)</p> <p>Enter a valid Enrollee Locality Code.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Enrollee Locality Code.</p>
26	FIPS CODE Provider Locality Code (DE4089)	Edits: Limited to 50 different values for Provider FIPS Code.	<p>A code identifying the county in which a provider is located. 3 digits. Limited to 50 different values for Provider Locality Code. Use the On-line HELP system to find valid codes for this field.</p> <p>A code identifying the county in which a provider is located. 3 digits. Limited to 50 different values for Provider Locality Code. Use the On-line HELP system to find valid codes for this field.</p> <p>ADD(C/U)</p> <p>Enter a valid Provider Locality Code.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Provider Locality Code.</p>
27	MEDALLION ONLY Automated Mailing Medallion Only Indicator (DE4622)	Edits: Must be 'Y' or 'N' or spaces	<p>A code indicating selection of only Medallion providers or enrollees. One alpha character. Must be a Y (Yes) or N (No)</p> <p>A code indicating selection of only Medallion providers or enrollees. One alpha character. Must be a Y (Yes) or N (No).</p> <p>ADD(C/U)</p> <p>Enter a valid Medallion Only Indicator code.</p>

			<p>UPDATE(C/U)</p> <p>Enter a valid Medallion Only Indicator code.</p>
28	<p>MEDALLION & SPECIFIED HMO(S)</p> <p>Automated Mailing Medallion Specific HMO Indicator (DE4623)</p>	<p>Edits:</p> <p>Must be 'Y' or 'N' or spaces</p>	<p>A code indicating selection of only Medallion & Specified HMO(s) providers or enrollees. One alpha character.</p> <p>A code indicating selection of only Medallion & Specified HMO(s) providers or enrollees. One character. Must be a Y (Yes) or N (No).</p> <p>ADD(C/U)</p> <p>Enter a valid Medallion & Specified HMO(s) Only Indicator code.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Medallion & Specified HMO(s) Only Indicator code.</p>
29	<p>MEDALLION & ALL HMO(S)</p> <p>Automated Mailing Medallion All HMO Indicator (DE4624)</p>	<p>Edits:</p> <p>Must be 'Y' or 'N' or spaces</p>	<p>A code indicating selection of only Medallion & All HMO(s) providers or enrollees. One alpha character. Must be a Y (Yes) or N (No).</p> <p>A code indicating selection of only Medallion & All HMO(s) providers or enrollees. One alpha character. Must be a Y (Yes) or N (No).</p> <p>ADD(C/U)</p> <p>Enter a valid Medallion & All HMO(s) Indicator code.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Medallion & All HMO(s) Indicator code.</p>
30	<p>SPECIFIED HMO(S)</p> <p>Automated Mailing Specific HMO Indicator (DE4625)</p>	<p>Edits:</p> <p>Must be 'Y' or 'N' or spaces</p>	<p>A code indicating selection of Specified HMO(s) providers or enrollees. One alpha character. Must be a Y (Yes) or No (No).</p> <p>A code indicating selection of Specified HMO(s) providers or enrollees. One alpha character. Must be a Y (Yes) or No (No).</p> <p>ADD(C/U)</p> <p>Enter a valid HMO(s) Indicator code.</p> <p>UPDATE(C/U)</p> <p>Enter a valid HMO(s) Indicator code.</p>
31	<p>ALL HMO(S)</p> <p>Automated Mailing All HMO</p>	<p>Edits:</p> <p>Must be 'Y' or 'N'</p>	<p>A code indicating selection of All HMO(s) providers or enrollees. One alpha char-</p>

	Indicator (DE4626)	or spaces.	<p>acter. Must be a Y (Yes) or N (No). A code indicating selection of All HMO(s) providers or enrollees. One alpha character. Must be a Y (Yes) or N (No). ADD(C/U) Enter a valid All HMO(s) Indicator code. UPDATE(C/U) Enter a valid All HMO(s) Indicator code.</p>
32	<p>INCLUDE REQUESTING PROVIDER Automated Mailing Include Provider Indicator (DE4627)</p>	<p>Edits: Must be a valid Automated Mailing Include Provider Indicator.</p>	<p>A code indicating whether to include or exclude the HMO's enrollees. One alpha character. Must be a Y (Yes) or No (No). Required if an HMO provider is selected. A code indicating whether to include or exclude the HMO's enrollees. One alpha character. Must be a Y (Yes) or No (No). Required if an HMO provider is selected. ADD(C/U) Enter a valid Include Provider Indicator. UPDATE(C/U) Enter a valid Include Provider Indicator.</p>
33	<p>LABELS/LISTING/LETTERS Automated Mailing Output Indicator (DE4628)</p>	<p>Edits: Must be a valid Automated Mailing Output Indicator. 1-Labels, 2-Listing, or 3-Letter.</p>	<p>A code indicating the type of output requested by the user. One digit. Use the On-Line HELP system to find valid codes for this field. A code indicating the type of output requested by the user. One digit. Use the On-Line HELP system to find valid codes for this field. ADD(R/U) Enter a valid Labels/Listings/Letters Output Indicator Code. UPDATE(R/U) Enter a valid Labels/Listings/Letters Output Indicator Code.</p>
34	<p>LETTER ID Automated Mailing Letter Tracking Number (DE4600)</p>	<p>Edits: Required if Automated Mailing Output Indicator (DE 4628) is equal to '3'. Must be a valid Automated Mailing Letter Tracking Number. This tracking Id is gen-</p>	<p>The tracking number of a letter generated. Nine digits. Required if there is an entry of '2' in the Automated Mailing Output Indicator field. Use the On-line HELP system to find valid codes for this field. The tracking number of a letter generated. Nine digits. Required if there is an entry of '2' in the Automated Mailing Output Indicator field. Use the On-line HELP system to find valid codes for this field. ADD(C/U)</p>

		erated when user creates a Letter.	Enter a valid Letter Tracking Number. UPDATE(C/U) Enter a valid Letter Tracking Number.
35	LABEL TYPE Automated Mailing Label Type (DE4632)	Edits: Required if Automated Mailing Output Indicator (DE 4628) is equal to '2'. Must be a valid Automated Mailing Label Type. 1-1up, 2-2up, or 3-3up style labels	A code identifying the type of label. One digit. Required if there is an entry of '3' in the Automated Mailing Output Indicator field. Use the On-Line HELP system to find valid values for this field. A code identifying the type of label. One digit. Required if there is an entry '3' in the Automated Mailing Output Indicator field. Use the On-Line HELP system to find valid values for this field. ADD(C/U) Enter a valid Label Type. UPDATE (C/U) Enter a valid Label Type.
36	CREATE FILE Automated Mailing Create File Indicator (DE4629)	Edits: Must be 'Y' or 'N' or Spaces.	A code indicating user's request to produce a file. One alpha character. Must be a Y (Yes) or N (No). A code indicating user's request to produce a file. One alpha character. Must be a Y (Yes) or N (No). ADD(C/U) Enter a valid Create File Indicator Code. UPDATE(C/U) Enter a valid Create File Indicator Code.
37	SORT PREF Automated Mailing Sort Preference (DE4604)	Edits: Must be a valid Automated Mailing Sort Preference.	A code indicating the sort preference of the user for a request. One digit. Must be 1 (Provider/Enrollee Name) or 2 (Provider/Enrollee Number). A code indicating the sort preference of the user for a request. One digit. Must be 1 (Provider/Enrollee Name) or 2 (Provider/Enrollee Number). ADD(C/U) Enter a valid Sort Preference Code. UPDATE (C/U) Enter a valid Sort Preference Code.
38	REPORT TITLE Automated Mailing Report Title (DE4605)	Edits: Required if Automated Mailing Output Indicator (DE 4628) is equal to '2'.	The title of the report as requested by the user. Up to forty alphanumeric characters. Required if there is an entry of '2' in the Automated Mailing Output Indicator field. The title of the report as requested by the user. Up to forty alphanumeric characters. Required if there is an entry of '2' in the Automated Mailing Output Indicator field.

			ADD(C/U) Enter a valid Report Title name. UPDATE(C/U) Enter a valid Report Title name.
39	DATE REQUESTED Automated Mailing Date Requested (DE4607)	Edits: System generated.	The date the request is generated; MM/DD/CCYY format. Eight digits. The date the request is generated; MM/DD/CCYY format. Eight digits. ADD(P) System-displayed. UPDATE(P) System-displayed.
40	DATE COMPLETED Automated Mailing Date Completed (DE4608)	Edits: System generated when records are processed by AMD005.	The date the request was completed; MM/DD/CCYY format. Eight digits. The date the request was completed; MM/DD/CCYY format. Eight digits. ADD(P) System displayed. UPDATE(P) System displayed.
41	USER PHONE Automated Mailing User Phone Number (DE4606)		The phone number of the user. Ten digits. The phone number of the user. Ten digits. ADD(O/U) Enter a valid User Phone Number. UPDATE(O/U) Enter a valid User Phone Number.
42	USER PHONE EXTENSION (DE0000)		The phone number extension for a user. Up to four digits. The phone number extension for a user. Up to four digits. ADD(O/U) Enter a valid User Phone Extension Number. UPDATE(O/U) Enter a valid User Phone Extension Number.
43	TOTAL PRODUCED Automated Mailing Total Selected (DE4609)	Edits: System generated when records are processed by AMD005.	Total of reports, listings, letters or labels produced. Seven digits. Total of reports, listings, letters or labels produced. Seven digits. ADD(P)

			System displayed. UPDATE(P) System displayed.
44	SELECTION BASED ON TYPE SPECIALITY COMBINATION (DE0000)	Edits: Must be Y or N.	A code indicating the selection chosen is based on combination of Provider Type and Provider Specialty. 1 character. Must be a Y or N. Y = Yes N = No A code indicating the selection chosen is based on combination of Provider Type and Provider Specialty. 1-character. Must be a Y or N. Y = Yes N = No ADD(C/U) Enter a valid Selection Based On Type Specialty Combination Indicator. UPDATE(C/U) Enter a valid Selection Based On Type Specialty Combination Indicator.
45	Message (DE0000)		Displays error/informational messages to the operator. Up to seventy-two alphanumeric characters. INQUIRY(P) System displayed.
47	SITE INDICATOR NPI XREF Site Number (DE4143)	Edits: System generated when service locations selection made by PST018 Messages:	This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. ADD(C/U) Choose 'Serv Addr' button to select an NPI provider servicing location. UPDATE (C/U) Choose 'Serv Addr' button to select an NPI provider servicing location.

Navigation

Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADDITIONAL SELECTIONS	Branch to Automated Mailing Selection Criteria Screen of Multiple Items (Page 2)	AM-S-001 (B)
RETURN	Returns to the previous screen accessed.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
ENTER	The Enter button has two functions: Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
SUB MENU	Returns to the Automated Mailing Main System Menu.	AM-S-002 (R)
MAIN MENU	Return to Automated Mailing Selection Criteria Screen. (Page 1)	AM-S-001 (B)
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
PROV LOC	Branch to the Service Address Selection Screen (PS-S-018)	PS-S-018 (B)
MAIN MENU	Returns to the VA DMAS Main System Menu.	RF-S-010 (R)
UPDATE	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4713	ACTION MUST BE 'A', 'U', OR 'I'	Enter a valid action code.
126	ACTION TYPE IS INVALID	Information message. No action needed.
4771	ADDRESS TYPE IS INVALID; MUST BE 'M', 'P', 'R', OR 'S'	Enter a valid address type.

4815	AGE RANGE BEGIN MUST BE NUMERIC	Enter a numeric age range.
4768	AGE RANGE END MUST BE GREATER THAN AGE RANGE BEGIN	Enter an age range that falls after the age range begin.
4814	AGE RANGE END MUST BE NUMERIC	Refer to the Field Definitions for valid entries for this field.
4725	AID CATEGORY NOT FOUND	Information message. No action needed.
4750	ALL HMO INDICATOR IS INVALID; MUST BE 'Y' OR 'N'	Enter a valid HMO indicator.
4793	BEGIN AND END DATES CANNOT BE ENTERED FOR THE STATUS INDICATOR SELECTED	Information message.
4794	BEGIN AND END DATES MUST BE ENTERED FOR THE STATUS INDICATOR SELECTED	Enter both begin and end dates for the status indicator.
4724	BENEFIT PACKAGE NOT FOUND	Information message. No action needed.
4785	BOTH BEGIN AND END DATE MUST BE ENTERED	Enter both begin and end dates.
4766	CASE ENROLLEE INDICATOR IS INVALID; MUST BE 'C' OR 'E'	Enter a valid enrollee indicator.
4789	CASE WORKER NOT FOUND	Enter another case worker, if necessary.
124	CHOOSE ENTER TO PROCESS NEW REQUEST	Choose Enter to complete the processing.
44	CHOOSE UPDATE TO ADD THE RECORD	Choose the Update button.
8020	CHOOSE UPDATE TO MODIFY THIS RECORD	Choose the Update button.
4757	CREATE FILE INDICATOR IS INVALID; MUST BE 'Y' OR 'N'	Enter either an Y or N as a create file indicator.
4	END OF THE PAGE	Information message, no action needed.
4779	ENTER A VALID GROUP/HMO/AFFILIATION INDICATOR; MUST BE '1', '2', OR '3'	Enter valid data. See the User Manual for valid data for this field.
4780	ENTER A VALID STATUS INDICATOR; MUST BE 'A', 'E', OR 'I'	Choose a valid status indicator from among the ones listed.
4781	ENTER ANY ONE OF THE MEDALLION, SPECIFIED AND ALL HMO INDICATORS	Enter the data requested.
4784	ENTER AT LEAST A SELECTION CRITERIA FOR PROCESSING	Enter one selection criteria to continue processing.
5327	ERROR IN UPDATING DATA	Contact ACS Operations for assistance.
4811	FILE NOT OPEN	Information message.

15	FUNCTION CHOSEN IS INVALID	Choose another function.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
4770	INCLUDE PROVIDER ID INDICATOR IS INVALID; MUST BE 'Y' OR 'N'	Change the INCLUDE PROVIDER ID indicator.
4749	INCLUDE REQUESTING PROVIDER INDICATOR IS INVALID; MUST BE 'Y' OR 'N'	Change or insert a valid REQUESTING PROVIDER INDICATOR.
4758	LABEL TYPE IS INVALID; MUST BE '1', '2', '3'	Insert a valid label type. See the Field Definitions for data/formatting of this field.
4817	LABEL TYPE IS NOT NECESSARY FOR THE OUTPUT TYPE REQUESTED	Information message.
4818	LETTER NAME IS NOT NECESSARY FOR THE OUTPUT TYPE REQUESTED	Delete the letter name.
4759	LETTER TRACKING ID MUST BE ENTERED	Enter a letter tracking ID.
4783	LETTER TRACKING ID MUST BE NUMERIC	Enter a numeric letter tracking ID. See the Field Definitions for data/formatting of this field.
4782	LETTER TRACKING ID NOT FOUND IN THE LETTER TEXT FILE	Enter another letter tracking ID.
4728	LOCALITY CODE MUST BE FILLED	Enter a valid locality code.
4727	LOCALITY CODE NOT FOUND	Information message.
4763	LOCALITY INDICATOR IS INVALID; MUST BE 'A' OR 'R'	Enter a valid locality indicator. See the user manual or Online HELP for valid values.
4752	MEDALLION ALL HMO INDICATOR IS INVALID; MUST BE 'Y' OR 'N'	Enter a valid MEDALLION ALL HMO indicator.
4755	MEDALLION ONLY INDICATOR IS INVALID; MUST BE 'Y' OR 'N'	Enter a valid MEDALLION ONLY indicator.
4753	MEDALLION SPECIFIC HMO INDICATOR IS INVALID; MUST BE 'Y' OR 'N'	Enter a valid MEDALLION SPECIFIC indicator.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
4778	MUST ENTER A PROVIDER ID	Enter a valid Provider ID.
4797	MUST ENTER AN OUTPUT INDICATOR FOR PROCESSING; MUST BE '1', '2', OR '3'	Enter a valid processing output indicator.
4795	MUST ENTER AT LEAST A HMO ID FOR THIS SELECTION	Enter valid data and begin process again.
4796	MUST ENTER AT LEAST A	Enter valid data and begin process again.

	SPECIALTY AND PROVIDER TYPE	
4760	OUTPUT INDICATOR IS INVALID; MUST BE '1', '2', OR '3'	Enter a valid output indicator.
4826	PLEASE ENTER ALL THE DATA.	Enter the data needed and choose the Enter button.
4792	PLEASE ENTER AT LEAST A HMO IN THE ADDITIONAL SCREEN	Enter valid data requested and re-process.
4813	PLEASE SPECIFY 'P'(PROVIDER) OR 'E'(ENROLLEE)	Specify either P or E in the appropriate field.
4721	PRIMARY SPECIALTY NOT FOUND	Information message.
4772	PROGRAM CODE IS INVALID	Enter a valid program code. See the Field Definitions for explanation and valid codes.
4744	PROVIDER ID MUST BE NUMERIC	Enter a valid numeric provider identification number. See the Field Definitions for explanation and formatting requirements.
4722	PROVIDER ID NOT FOUND	Information message. No action needed.
4820	PROVIDER ID NOT FOUND/NOT A GROUP PROVIDER	Enter valid Provider ID.
4819	PROVIDER ID NOT FOUND/NOT A HMO PROVIDER	Information message.
4821	PROVIDER ID NOT FOUND/NOT AN AFFILIATED PROVIDER	Information message.
4720	PROVIDER TYPE NOT FOUND	Enter a valid Provider Type.
8082	RECORD ADDED	Information message.
4790	RECORD ALREADY ADDED, CLEAR FORM TO ADD NEW REQUEST	Information message. Choose the Clear Form button to add a new request.
24	RECORD FOR UPDATE NOT FOUND	Information message. No action needed.
125	RECORD NOT FOUND	Information message.
25	RECORD UPDATED	Information message. No action needed.
4748	REPORT TITLE IS NECESSARY FOR THE OUTPUT TYPE REQUESTED	Enter a report title for the output type requested.
4816	REPORT TITLE IS NOT NECESSARY FOR THE OUTPUT TYPE REQUESTED	Information message.
4747	REQUEST ID MUST BE NUMERIC	Enter a numeric request ID. See the user manual or the On-line HELP system for valid field formatting.
4812	SCREEN CLEARED	Information message.
4723	SERVICE CENTER NUMBER NOT FOUND	Enter another service center number, if necessary.
4769	SEX CODE IS INVALID; MUST BE 'M' OR 'F'	Enter a valid sex code.

4822	SHOULD SET THE SPECIFIED HMO INDICATOR FOR THIS SELECTION	Set the specified HMO indicator for the selector.
4756	SORT PREFERENCE IS INVALID; MUST BE '1' OR '2'	Enter a valid sort preference.
4788	SPECIFIC HMO INDICATOR IS INVALID; MUST BE 'Y' OR 'N'	Enter a valid HMO indicator.
4762	STATUS BEGIN DATE IS INVALID	Enter a valid Status Begin Date.
4767	STATUS BEGIN DATE MUST BE LESS THAN STATUS END DATE	Enter a status begin date that falls before the status end date.
4761	STATUS END DATE IS INVALID	Enter a valid status end date. See the Field Definitions for data/formatting of this field.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
8385	VALUE MUST BE 'Y' OR 'N'	Enter a valid value.
9612	ZIP CODE MUST BE NUMERIC	Enter a numeric Zip Code.
4726	ZIP CODE NOT FOUND	Enter another ZIP code.

Screen Access

- From the VA DMAS Main System Menu screen (RF-S010), choose the Automated Mailing Icon.
- You see the Automated Mailing Lettter Menu screen (AM-S-002).
- Select the function you wish to perform (Provider Selection or Enrollee Selection) in the Select Function field, or choose 'Selection Criteria' button.
- Enter the required Request ID in the Request ID field, if function Inqyiry or Update selected.
- Choose Enter.
- You see the Automated Mailing Selection Criteria screen (AM-S-001).

Screens AM-S-002 Automated Mailing Letter Menu Screen

General Information

The Automated Mailing Letter Menu Screen provides on-line selection of functions to be performed related to letters. The primary functions include create, revise, and view documents, display document directories, and display provider/member information based on selection criteria.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	AMT020
MAPSET	AM020VA
TRAN ID	VZ05-VZ08

Sample

VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9081/VAMMIS/VAMMIS/default/ver=2.0/rparam=PERF0x1TIMESTAMP=0/rparam=P60x1ACTION=pb0x1action0x1send/rparam=COMMAND=?

File Edit View Favorites Tools Help

VA DMAS Prototype Portal

Test Environment | Home | Contact Us | Help | Search

MMIS

Help | Print | Logout

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

Screen ID: AM-S-002
Trans ID: VZ05
Program ID: AMT020

**VIRGINIA MEDICAID
AUTOMATED MAILING
LETTER MENU**

Date: 04/28/2010
Time: 14:39

Selection: List Document Directory

Enter Data

Request ID:

Document ID:

Action:

Document Name:

Folder Name: **Provider**

Provider ID:

Member ID:

MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).

Enter Selection Criteria Sub Menu Main Menu

1660 (21,60) Local intranet 100% 2:39 PM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	SELECTION (DE0000)	Edits: Must be an 1,2,3,4,5,6,7,8, or 9,	Radio button identifies the selection option you wish to perform in the Select Function Field. Radio button identifies the selection option you wish to perform in the Select Function Field. ADD(R/U)

			<p>Select a valid option in the Select Function Field.</p> <p>UPDATE(R/U)</p> <p>Select a valid option in the Select Function Field.</p>
3	<p>REQUEST ID</p> <p>Automated Mailing Request ID (DE4610)</p>		<p>A code identifying the log-on of the user ID. Seven digits. Required if there is an entry in the Provider Selection or Enrollee Selection field.</p> <p>A code identifying the log-on of the user ID. Seven digits. Required if there is an entry in the Provider Selection or Enrollee Selection field.</p> <p>ADD (P)</p> <p>System displayed.</p> <p>UPDATE (C/U)</p> <p>Enter a valid Request ID.</p>
4	<p>DOCUMENT ID</p> <p>Automated Mailing Letter Tracking Number (DE4600)</p>	<p>Edits:</p> <p>If Selection = 2 or 3 or 7</p>	<p>The tracking number of a letter generated. Seven digits. Required if there is an entry in the Revise Document, View Document or List Providers or Enrollees by Document ID field..</p> <p>The tracking number of a letter generated. Seven digits. Required if there is an entry in Revise Document, View Document or List Providers or Enrollees by Document ID field.</p> <p>ADD(C/U)</p> <p>Enter a valid Document ID.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Document ID.</p>
5	<p>ACTION</p> <p>Screen Functional Selection (DE5854)</p>		<p>This code identifies the function you wish to perform. Must be I = Inquiry.</p> <p>This code identifies the function you wish to perform. Must be A (Add) or U (Update).</p> <p>ADD(C/U)</p> <p>Enter the value of A.</p> <p>UPDATE(C/U)</p> <p>Enter the value of U.</p>
6	<p>DOCUMENT NAME</p> <p>Automated Mailing Document Name (DE4601)</p>		<p>This is the name of the document. Up to forty alphanumeric characters.</p> <p>This is the name of the document. Up to forty alpha numeric characters.</p>

			<p>ADD(C/U) Enter a valid Document Name.</p> <p>UPDATE(C/U) Enter a valid Document Name.</p>
7	<p>FOLDER NAME</p> <p>Automated Mailing Folder Name (DE4602)</p>	<p>Edits: If Selection = 4</p>	<p>The name of the folder. Up to twelve alphanumeric characters. Required if there is an entry in the List Document Directory field..</p> <p>The name of the folder. Up to twelve alphanumeric characters. Required if there is an entry in the List Document Directory field.</p> <p>ADD(C/U) Enter a valid Folder Name.</p> <p>UPDATE(C/U) Enter a valid Folder Name.</p>
8	<p>PROV ID</p> <p>National Provider Identifier (DE4700)</p>	<p>Edits: Required if Selection = 6</p> <p>Messages:</p>	<p>A unique identification number assigned to the servicing or billing provider. Required if there is an entry in List Document by Provider, List Provider or Enrollees by Document ID field.</p> <p>A unique identification number assigned to the servicing or billing provider. Required if there is an entry in the List Document by Provider, List Provider or Enrollees by Document ID field.</p> <p>ADD(C/U) Enter a valid Provider ID.</p> <p>UPDATE(C/U) Enter a valid Provider ID.</p>
9	<p>ENROLLEE ID</p> <p>Enrollee Identification Number (DE3001)</p>	<p>Edits: Required if Selection = 5</p>	<p>A unique number identifies an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. Twelve digits. Required if there is an entry in the List Document by Enrollee, List Provider or Enrollees by Document ID field.</p> <p>A unique number identifies an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. Twelve digits. Required if there is an entry in the List Document by Enrollee, List Provider or Enrollees by Document ID field.</p>

			ADD(C/U) Enter a valid Enrollee ID. UPDATE(C/U) Enter a valid Enrollee ID.
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Navigation

Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	<p>If Create document is selected, then this screen will branch to the Letter screen. If Revise or View document is selected, the Document ID is required and the screen will branch to the Letter screen.</p> <p>Enter displays the record(s) requested.</p> <p>Edits the data on the screen for correctness and displays the appropriate error message when necessary.</p> <p>No updates take place until the Update button is chosen.</p>	N/A
ENTER	<p>If the List Document Directory is selected, the folder name is required, then this screen will branch to the Automated Mailing Letter Directory screen.</p>	AM-S-003 (B)
ENTER	<p>If List Document by member is selected, the Member ID is required, then this screen will branch to the Letters Sent screen.</p> <p>Enter displays the record(s) requested.</p>	AM-S-005 (B)
ENTER	<p>If List Document by Provider, the provider ID is required, then this screen will branch to the Letters Sent screen.</p>	AM-S-005 (B)
ENTER	<p>If the List Document Providers or Members by Document ID is selected, the Document ID is required, then the screen will branch to Automated Mailing Letters Screen .</p>	N/A
ENTER	<p>If Provider or Member is selected, Action A, C or I is required and Request ID is required, then this screen will branch to the Automated Mailing Selection Criteria screen.</p>	AM-S-001 (B)
SUB MENU	Returns to the Automated Mailing Menu.	AM-S-002 (R)
SELECTION	Return to Automated Mailing Selection Criteria Screen.	AM-S-001 (R)

CRITERIA SCREEN		
MAIN MENU	Returns to the VA DMAS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4713	ACTION MUST BE 'A', 'U', OR 'I'	Enter a valid action code.
4712	ACTION REQUIRED FOR SELECTION	Information message.
4710	DOCUMENT ID REQUIRED FOR SELECTION	Enter a document ID.
4703	ENROLLEE ID REQUIRED FOR SELECTION	Enter an Enrollee ID.
4707	ENTER NUMERIC VALUE	Enter a numeric value. See the user manual or On-line HELP for valid data for this field.
4708	ENTER VALID ENROLLEE ID	Enter a valid Enrollee ID. See the user manual or On-line HELP for valid data for this field.
4719	ERROR IN OPENING CATALOG FILE	Contact ACS Operations for assistance.
4714	ERROR IN OPENING FOLDER FILE	Contact ACS Operations for assistance.
4716	ERROR IN OPENING LETTER FILE	Information message.
4709	FOLDER NAME REQUIRED FOR SELECTION	Enter a folder name.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
4826	PLEASE ENTER ALL THE DATA.	Enter the data needed and choose the Enter button.
4704	PROVIDER ID REQUIRED FOR SELECTION	Enter a Provider ID.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
4347	RECORD NOT FOUND FOR GENERATING PROVIDER BASE ID	Enter another query, if necessary.
4718	RECORD NOT FOUND IN CATALOG FILE FOR THIS ENROLLEE/PROVIDER/DOCUMENT ID	Information message.
4717	RECORD NOT FOUND IN FOLDER FILE FOR THIS FOLDER NAME	Enter another query, if necessary.
4715	RECORD NOT FOUND IN LETTER FILE FOR THIS DOCUMENT ID	Information message.

4730	REQUEST ID NOT FOUND IN REQUEST FILE FOR THIS SELECTION	Information message.
4729	REQUEST ID NOT REQUIRED FOR ACTION 'A'	Delete the request ID, if necessary.
4711	REQUEST ID REQUIRED FOR SELECTION	Enter a request ID for the selection.
4706	SELECTION FIELD MUST BE '1' THRU '9'	Enter another value in the selection field.

Screen Access

- From the VA DMAS Main System Menu screen (RF-S-010), choose the Automated Mailing Icon.
- You see the Automated Mailing Letter Menu screen (AM-S-002).

Screens AM-S-003 Automated Mailing Letter Directory Screen

General Information

The Automated Mailing Letter Directory Menu Screen provides an on-line view of the directory of letters that exist in the Automated Mailing System. Users can view or select previously generated letters through this on-line function.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Add
PROGRAM	AMT030
MAPSET	AM010VA
TRAN ID	VZ09-VZ12

Sample

VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9081/VAMMIS/VAMMIS/default/ver=2.0/rparam=PERFOx1TIMESTAMP=0/rparam=PB0x1ACTION=pb0x1action0x1send/rparam=in0x116520x1

File Edit View Favorites Tools Help

VA DMAS Prototype Portal

Test Environment | Home | Contact Us | Help | Search

MMIS

Help | Print | Logout

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

Screen ID: AM-S-003
Trans ID: VZ09
Program ID: AMT030

**VIRGINIA MEDICAID
AUTOMATED MAILING LETTER DIRECTORY**

Date: 04/30/2010
Time: 09:52

Folder Name	Document ID	Document Name	Request ID
RECIPIENT	0000046	RSO162	0000000
	0000047	RSO163	0000000
	0000048	RSO164	0000000
	0000049	RSO165	0000000
	0000050	RSO166	0000000
	0000051	RSO167	0000000
	0000052	RSO168	0000000
	0000053	RSO169	0000000
	0000054	RSO170	0000000
	0000055	RSO171	0000000

Selection: List Document Directory

Document Name:

Provider ID:

Request ID:

Document ID:

Member ID:

Folder Name: RECIPIENT

RECORDS DISPLAYED.

Enter Letter Menu Selection Criteria Return Sub Menu Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	FOLDER NAME Automated Mailing Folder Name (DE4602)		The name of the folder. Up to twelve alpha numeric characters. Required if List Document Directory is chosen in the Selection field. N/A
3	DOCUMENT ID Automated Mailing Letter Tracking Num-		The tracking number of a letter generated. Seven digits. Required when Revise Document, View Document or List Document Dir-

	ber (DE4600)		actory is chosen in the Selection field.
4	DOCUMENT NAME Automated Mailing Document Name (DE4601)		The name of the letter. Up to forty alphanumeric characters. N/A
5	REQUEST ID Automated Mailing Request ID (DE4610)		A code identifying log-on of the user request. Seven digits. N/A
6	SELECTION (DE0000)	Edits: Must be 1, 2, 3, 4, 5, 6, 7, 8, or 9	Choose the function you wish to perform from the drop-down menu in the Selection Field. INQUIRY(R/U)
7	REQUEST ID Automated Mailing Request ID (DE4610)		A code identifying log-on of the user request. Seven digits. N/A
8	DOCUMENT NAME Automated Mailing Document Name (DE4601)		This is the name of the document. Up to twenty alphanumeric characters.
9	DOCUMENT ID Automated Mailing Letter Tracking Number (DE4600)	Edits: If Selection = 2 or 3 or 7	The tracking number of a letter generated. Seven digits. Required when Revise Document or View Document is chosen in the Selection field. INQUIRY(C/U) Enter a valid Document ID.
10	FOLDER NAME Automated Mailing Folder Name (DE4602)	Edits: If Selection = 4	The name of the folder. Up to twelve alphanumeric characters. Required if List Document Directory is chosen in the Selection field. INQUIRY(R/U) Enter a valid Folder Name.
11	PROV ID National Provider Identifier (DE4700)	Edits: Required if Selection = 6 Messages:	A unique identification number assigned to the servicing or billing provider. An NPI may be assigned for multiple Legacy Provider IDs that exist in VaMMIS today. Required if List Document by Provider, List Provider or Enrollees by Document ID and Enrollee ID is blank. Enter a valid Provider ID.
12	ENROLLEE ID Enrollee Identification Number (DE3001)	Edits: Required if Selection = 5	A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. Twelve digits. Required if List Document by Enrollee, List Provider or Enrollees by Document ID is chosen in the Selection field. INQUIRY(C/U)

Enter a valid Enrollee ID

Navigation

Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
ENTER	If Action A, B, or C is selected, then this screen will branch to the Letter screen. Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	AM-S-004 (B)
ENTER	If Action D is selected, then this screen will branch to the Letter Directory screen. Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	N/A
ENTER	If Action E or F is selected, then this screen will branch to the Letters Sent screen. (Page 2) Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	AM-S-005 (B)
ENTER	If Action G is selected, then this screen will branch to the Letters Sent screen. (Page 1) Enter displays the record(s) requested. Edits the data on the screen for correctness and displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	AM-S-005 (B)
SUB MENU	Returns to the Automated Mailing Menu.	AM-S-002 (R)
LETTER	Branch to the Automated Mailing Letter Menu	AM-S-002 (B)

MENU	Screen.	
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SELECTION CRITERIA	Branch to the Automated Mailing Selection Criteria Screen.	AM-S-001 (B)
MAIN MENU	Returns to the VA DMAS Main System Menu.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4713	ACTION MUST BE 'A', 'U', OR 'I'	Enter a valid action code.
5031	DATA DISPLAYED	Information message. No action needed.
4710	DOCUMENT ID REQUIRED FOR SELECTION	Enter a document ID.
4700	DOCUMENT ID REQUIRED FOR SELECTION	Enter a document ID.
4	END OF THE PAGE	Information message, no action needed.
4703	ENROLLEE ID REQUIRED FOR SELECTION	Enter an Enrollee ID.
4705	ENROLLEE ID/PROVIDER ID REQUIRED	Enter an Enrollee ID or Provider ID.
4707	ENTER NUMERIC VALUE	Enter a numeric value. See the user manual or On-line HELP for valid data for this field.
4708	ENTER VALID ENROLLEE ID	Enter a valid Enrollee ID. See the user manual or On-line HELP for valid data for this field.
4719	ERROR IN OPENING CATALOG FILE	Contact ACS Operations for assistance.
4714	ERROR IN OPENING FOLDER FILE	Contact ACS Operations for assistance.
4709	FOLDER NAME REQUIRED FOR SELECTION	Enter a folder name.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4704	PROVIDER ID REQUIRED FOR SELECTION	Enter a Provider ID.
21	PROVIDER NUMBER NOT FOUND	Information message. No action needed.
4731	RECORD NOT FOUND	Information message.
4347	RECORD NOT FOUND FOR GENERATING	Enter another query, if necessary.

	PROVIDER BASE ID	
4718	RECORD NOT FOUND IN CATALOG FILE FOR THIS ENROLLEE/PROVIDER/DOCUMENT ID	Information message.
4717	RECORD NOT FOUND IN FOLDER FILE FOR THIS FOLDER NAME	Enter another query, if necessary.
4715	RECORD NOT FOUND IN LETTER FILE FOR THIS DOCUMENT ID	Information message.
4120	RECORDS DISPLAYED	Information message. No action needed.
4787	REQUEST ID NOT REQUIRED	Information message.
4733	REQUEST ID REQUIRED FOR SELECTION	Enter a request ID for the selection.
4732	SELECTION FIELD MUST BE '1' THRU '7'	Enter a number 1 through 7 in the selection field.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.

Screen Access

- From the VA DMAS Main System Menu screen (RF-S-010), choose the Automated Mailing Icon.
- You see the Automated Mailing Lettter Menu screen (AM-S-002).
- Select the function you wish to perform in the Select Function field.
- Enter the required directory in the Folder Name field.
- Choose Enter.
- You see the Automated Mailing Letter Directory screen (AM-S-003).

Screens AM-S-004 Automated Mailing Letter Screen

General Information

The Automated Mailing Letter Screen provides on-line capabilities to display, create, or revise letters. The primary function of this on-line screen is the ability to enter letter text to be sent to providers and members/case. Provider and member/case information exists as variable information, i.e., name and address, and is displayed in standard formats.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	AMT040
MAPSET	AM040VA
TRAN ID	VZ13-VZ16

Sample

The screenshot displays a web browser window titled "VA DMAS Prototype Portal - Windows Internet Explorer". The address bar shows a local host URL. The page header includes the Virginia Medicaid logo and navigation links: "Test Environment | Home | Contact Us | Help | Search".

The main content area is titled "VIRGINIA MEDICAID AUTOMATED MAILING LETTERS". It displays the following information:

- Screen ID: AM-S-004
- Trans ID: VZ14
- Program ID: AMT040
- Date: 04/27/2010
- Time: 17:03
- Lines: 16 TO 30
- Page: 1

The letter content is as follows:

Document ID: 0000011

Dear Provider:

Your claim has pended for review because you are billing as a referral transportation provider for a recipient enrolled in the Client Medical Management Program. In order for the Virginia Medical Assistance Program to give proper consideration to the above claim, please submit a copy of the CMM Transportation Referral Form, which you received from the enrollee's primary transportation provider.

No further action will be taken within the next twenty-one (21) days pending receipt of the required form. If, by that time, the form is not received, the claim will be denied.

To ensure proper handling, please attach this letter to the document and return to: First Health Services, P.O. Box 26228, Richmond, VA 23260.

At the bottom of the letter, there are several input fields and buttons:

- Selection:
- Request ID:
- Action:
- Document Name:
- Document ID:
- Folder Name:
- Provider ID:
- Member ID:

Navigation buttons include "Enter", "Update", "Clear Form", "Selection Criteria", "Sub Menu", "Main Menu", "Scroll Up", and "Scroll Down".

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
3	page number (DE0000)		Displays the current page (XXX) and total number of pages (YYY). INQUIRY(P) System displayed. Displays the current page (XXX) and total number of pages (YYY).
4	DOCUMENT ID Automated Mailing	Edits: This is the Document	The tracking number of a letter generated. Seven digits. Required if there is an entry in

	Letter Tracking Number (DE4600)	Id you are performing an Update or Inquiry to. This is not required for an Add.	the Revise Document, View Document or List Providers or Enrollees by Document ID field. The tracking number of a letter generated. Seven digits. Required if there is an entry in the Revise Document, View Document or List Providers or Enrollees by Document ID field. ADD(P) System displayed. UPDATE(C/U) Enter a valid Document ID.
5	(Letter Text) (DE0000)	Edits: Letter Text will be protected in inquiry mode. Required for an Add and Conditional for an update	Up to two pages of free form text. Up to two pages of free form text. ADD(R/U) Enter the free form text. UPDATE(R/U) Enter the free form text.
6	SELECTION (DE0000)	Edits: Must be an 1,2,3,4,5,6,7,8,9	Choose the function you wish to perform from the drop-down menu in the Selection Field. INQUIRY(R/U) Select a valid option in the Select Function Field. Choose the function you wish to perform from the drop-down menu in the Selection Field. ADD(R/U) Select a valid option in the Select Function Field. UPDATE(R/U) Select a valid option in the Select Function Field.
7	REQUEST ID Automated Mailing Request ID (DE4610)	Edits: Required for Provider and Enrollee Selection.	A code identifying log-on of the user ID. Seven digits. Required if Provider Selection or Enrollee Selection is selected in the Selection field. ADD(C/U) Enter a valid Request ID. UPDATE(C/U) Enter a valid Request ID.
8	ACTION Screen Functional Selection (DE5854)	Edits: Must be 'A', 'U' or 'I'.	A code identifying the function you wish to perform. One alpha character. Must be I (Inquiry). INQUIRY(R/U) Enter a 'I' for Inquiry. A code identifying the function you wish to per-

			<p>form. One alpha character. Must be A (Add) or U (Update).</p> <p>ADD(C/U) Enter a valid Action Code.</p> <p>UPDATE(C/U) Enter a valid Action Code.</p>
9	<p>DOCUMENT NAME</p> <p>Automated Mailing Document Name (DE4601)</p>		<p>The name of the document. Up to forty alpha numeric characters.</p> <p>The name of the document. Up to forty alpha numeric characters.</p> <p>ADD(C/U) Enter a valid Document Name.</p> <p>UPDATE(C/U) Enter a Valid Document Name.</p>
10	<p>DOCUMENT ID</p> <p>Automated Mailing Letter Tracking Number (DE4600)</p>	<p>Edits:</p> <p>If Selection = 2 or 3 or 7</p>	<p>The tracking number of a letter generated. Seven digits. Required if Revise Document, View Document or List Providers or Enrollees by Document ID is selected.</p> <p>The tracking number of a letter generated. Seven digits. Required if Revise Document, View Document or List Providers or Enrollees by Document ID is selected.</p> <p>ADD(C/U) enter a valid Document ID.</p> <p>UPDATE(C/U) Enter a valid Document ID.</p>
11	<p>FOLDER NAME</p> <p>Automated Mailing Folder Name (DE4602)</p>	<p>Edits:</p> <p>If Selection = 4</p>	<p>The name of the folder. Up to twelve alphanumeric characters. Required if List Document Directory is selected.</p> <p>The name of the folder. Up to twelve alphanumeric characters. Required if List Document Directory is selected.</p> <p>ADD(R/U) Enter a valid Folder Name.</p> <p>UPDATE(C/U) Enter a valid Folder Name.</p>
12	<p>PROV ID</p> <p>National Provider Identifier (DE4700)</p>	<p>Edits:</p> <p>Required if Selection = 6</p> <p>Messages:</p>	<p>A unique identification number assigned to the servicing or billing provider. An NPI may be assigned for multiple Legacy Provider IDs that exist in VaMMIS today. Required if List Document by Provider, List Provider or</p>

			<p>Enrollees by Document ID and Enrollee ID is blank.</p> <p>Enter a valid Provider ID.</p> <p>N/A</p>
13	<p>ENROLLEE ID</p> <p>Enrollee Identification Number (DE3001)</p>	<p>Edits:</p> <p>Required if Selection = 5</p>	<p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. Twelve digits. Required if List Document by Enrollee, List Provider or Enrollees by Document ID field.</p> <p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. Twelve digits. Required if List Document by Enrollee, List Provider or Enrollees by Document ID field.</p> <p>ADD(C/U)</p> <p>Enter a valid Enrollee ID.</p> <p>UPDATE(C/U)</p> <p>Enter a valid Enrollee ID.</p>

Navigation

Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows user to enter new data.	N/A
ENTER	If the selection is Provider or Member, the Automated Mailing Selection Criteria Screen will display.	AM-S-001 (B)
ENTER	If selection is to List Document Directory and other selection fields where applicable, the Automated Mailings Letter Screen will display. Data will be edited.	AM-S-004 (B)
ENTER	If the List Document by Members or by provider is selected, the provider number or member number is required, then this screen will branch to the Automated Mailing Letter Sent screen.	AM-S-005 (B)
ENTER	Enter displays the record(s) requested. Edits the data on the screen for correctness and	N/A

	displays the appropriate error message when necessary. No updates take place until the Update button is chosen.	
SUB MENU	Returns to the Automated Mailing Menu.	AM-S-002 (R)
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SELECTION CRITERIA	Branch to the Selection Criteria Screen.	AM-S-001 (B)
MAIN MENU	Returns to the VA DMAS Main System Menu.	RF-S-010 (R)
UPDATE	Posts the data to the database.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
4713	ACTION MUST BE 'A', 'U', OR 'I'	Enter a valid action code.
124	CHOOSE ENTER TO PROCESS NEW REQUEST	Choose Enter to complete the processing.
4777	DOCUMENT AND FOLDER NAME REQUIRED FOR PROCESSING	Add a document and folder name to continue processing.
4746	DOCUMENT ID AND ENROLLEE ID/PROVIDER ID MUST BE NUMERIC	Enter a valid document and Enrollee/Provider ID. See the user manual or the On-line HELP system for valid field formatting.
4742	DOCUMENT ID MUST BE NUMERIC	Enter a numeric document ID. See the user manual or the On-line HELP system for valid field formatting.
4738	DOCUMENT ID REQUIRED FOR PROCESSING	Information message.
4776	DOCUMENT NAME REQUIRED FOR PROCESSING	Enter a document name, if necessary.
4	END OF THE PAGE	Information message, no action needed.
4745	ENROLLEE ID MUST BE NUMERIC	Enter a numeric enrollee ID. See the user manual or the On-line HELP system for valid field formatting.
4741	ENROLLEE ID REQUIRED FOR PROCESSING	Enter an enrollee ID to continue processing.

4719	ERROR IN OPENING CATALOG FILE	Contact ACS Operations for assistance.
4714	ERROR IN OPENING FOLDER FILE	Contact ACS Operations for assistance.
5327	ERROR IN UPDATING DATA	Contact ACS Operations for assistance.
4811	FILE NOT OPEN	Information message.
4775	FOLDER NAME REQUIRED FOR PROCESSING	Enter a valid folder name to continue processing.
4739	FOLDER NAME REQUIRED FOR PROCESSING	Enter a valid folder name to continue processing.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
87	INVALID SELECTION	Selection is invalid for this mode, enter another function.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
4737	MUST ENTER EITHER PROVIDER OR ENROLLEE ID ALONG WITH DOCUMENT ID	Enter the required data.
4744	PROVIDER ID MUST BE NUMERIC	Enter a valid numeric provider identification number. See the Field Definitions for explanation and formatting requirements.
4740	PROVIDER ID REQUIRED FOR PROCESSING	Enter a provider ID to continue processing.
4736	PROVIDER OR ENROLLEE ID REQUIRED ALONG WITH DOCUMENT ID	Enter the required data.
8082	RECORD ADDED	Information message.
4718	RECORD NOT FOUND IN CATALOG FILE FOR THIS ENROLLEE/PROVIDER/DOCUMENT ID	Information message.
4717	RECORD NOT FOUND IN FOLDER FILE FOR THIS FOLDER NAME	Enter another query, if necessary.
25	RECORD UPDATED	Information message. No action needed.
4743	REQUEST AND DOCUMENT ID MUST BE NUMERIC	Information message.
4774	REQUEST ID MUST BE ENTERED FOR THIS ACTION	Enter a valid request ID number to complete processing.
4747	REQUEST ID MUST BE NUMERIC	Enter a numeric request ID. See the user manual or the On-line HELP system for valid field formatting.
4730	REQUEST ID NOT FOUND IN REQUEST FILE FOR THIS SELECTION	Information message.

4729	REQUEST ID NOT REQUIRED FOR ACTION 'A'	Delete the request ID, if necessary.
4812	SCREEN CLEARED	Information message.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.

Screen Access

- From the VA DMAS Main System Menu screen (RF-S-010), choose the Automated Mailing Icon.
- You see the Automated Mailing Lettter Menu screen (AM-S-002).
- Select the function you wish to perform in the Select Function field.
- Enter the required directory in the Folder Name field.
- Choose Enter.
- You see the Automated Mailing Letter Directory screen (AM-S-003).

Screens AM-S-005 Automated Mailing Letters Sent Screen

General Information

The Automated Mailing Letters Screen provides on-line capabilities to display the providers and members that have received a specific letter (AM-S-005-1 by Provider/Member ID) and letters a specific provider and member has received (AM-S-005-2 by Document ID).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	AMT050
MAPSET	AM050VA
TRAN ID	VZ17-VZ20

Sample

VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9080/Vamnis/New/default/ver=2.0/rparam=PERFDX1TIMESTAMP=0/rparam=PB0x1ACTION=pb0x1action0x1send/rparam=COMMAND=%5be

File Edit View Favorites Tools Help

VA DMAS Prototype Portal

Test Environment | Home | Contact Us | Help | Search

MMIS

Screen ID: AM-S-005
Trans ID: VZ17
Program ID: AMT050

**VIRGINIA MEDICAID
AUTOMATED MAILING LETTERS**

Date: 05/03/2010
Time: 09:56
Screen: 1

Provider ID: [REDACTED]

Documents / Sites Received By This Provider

0000001

Selection: List Documents By Provider Request ID: Document ID: Folder Name: Action: Member ID: Provider ID: [REDACTED]

DATA DISPLAYED.

Enter Clear Form Selection Criteria Prov Loc Sub Menu Main Menu

Done Local intranet Monday, May 03, 2010 9:56 AM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	(Providers or Enrollees) (DE0000)		Providers or Erollees N/A
2.1	(Enrollee Number) Enrollee Identification Number (DE3001)		A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. Twelve digits.

			<p>Required if List Document by Enrollee, List Provider or Enrollees by Document ID and Provider ID is blank.</p> <p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. Twelve digits. Required if List Document by Enrollee, List Provider or Enrollees by Document ID and Provider ID is blank.</p> <p>ADD(P) System displayed.</p> <p>Update(P) System displayed.</p>
2.2	(Provider Number) National Provider Identifier (DE4700)	Edits: Messages:	<p>A unique identification number assigned to a servicing or billing provider. An NPI may be assigned for multiple Legacy Provider IDs that exist in VaMMIS today. Required if List Document by Provider, List Provider or Enrollees by Document ID and Enrollee ID is blank.</p> <p>A unique identification number assigned to a servicing or billing provider. An NPI may be assigned for multiple Legacy Provider IDs that exist in VaMMIS today. Required if List Document by Provider, List Provider or Enrollees by Document ID and Enrollee ID is blank.</p> <p>ADD(P) System-displayed.</p> <p>UPDATE(P) System-displayed.</p>
2.3	(Document ID) Automated Mailing Letter Tracking Number (DE4600)	Edits: Messages:	<p>The tracking number of a letter generated. Seven digits. Required if Revise Document, View Document or List Providers or Enrollees by Document ID is selected.</p> <p>The tracking number of a letter generated. Seven digits. Required if Revise Document, View Document or List Providers or Enrollees by Document ID is selected.</p> <p>ADD(P) System displayed.</p> <p>UPDATE(P)</p>

			System displayed.
2.4	(Sites) NPI XREF Site Number (DE4143)	Edits: Messages: System generated	This field contains a consecutive number for each unique location an NPI provider is using for a servicing address. An NPI may have multiple provider types that share the same servicing address. They also may have multiple servicing addresses. N/A
4	SELECTION (DE0000)	Edits: Must be an 1,2,3,4,5,6,7,8, OR 9.	Radio button identifies the selection options you wish to perform in the Select Function Field. Inquiry(R/U) Select a valid option in the Select Function Field. Radio button identifies the selection options you wish to perform in the Select Function Field. ADD(R/U) Select a valid option in the Select Function Field. UPDATE(R/U) Select a valid option in the Select Function Field.
5	REQUEST ID Automated Mailing Request ID (DE4610)		This log-on identifies of the user ID. Seven digits. Required if Provider Selection or Enrollee Selection is selected. ADD (P) System-displayed. UPDATE (C/U) This log-on identifies of the user ID. Seven digits. Required if Provider Selection or Enrollee Selection is selected. ADD (P) System-displayed. UPDATE (C/U) Enter a valid Request ID.
6	ACTION (DE0000)		This code identifies the function you wish to perform. One character. Must be 'I' (Inquiry). This code identifies the function you wish to perform. One character. Must be one of the following valid values. 'A' (Add) - 'U' (Update). ADD(C/U) Enter the value of 'A' (Add). UPDATE(C/U) Enter the value of 'U' (Update).
7	DOCUMENT NAME Automated Mailing		The name of the document. Up to forty characters. Required when Revise Document or View Document is selected.

	Document Name (DE4601)		<p>The name of the document. Up to forty characters. Required when Revise Document or View Document is selected.</p> <p>ADD(C/U) Enter a valid Document Name.</p> <p>UPDATE(C/U) Enter a valid Document Name.</p>
8	DOCUMENT ID Automated Mailing Letter Tracking Num- ber (DE4600)	<p>Edits: If Selection = 2 or 3 or 7</p>	<p>The tracking number of a letter generated. Seven digits. Required when Revise Document, View Document or List Providers or Enrollees by Document ID is selected.</p> <p>The tracking number of a letter generated. Seven digits. Required when Revise Document, View Document or List Providers or Enrollees by Document ID is selected.</p> <p>ADD(C/U) Enter a valid Document ID.</p> <p>UPDATE(C/U) Enter a valid Document ID.</p>
9	FOLDER NAME Automated Mailing Folder Name (DE4602)	<p>Edits: If Selection = 4</p>	<p>The name of the folder. Up to twelve characters.</p> <p>The name of the folder. Up to twelve characters. Required if List Document Directory is selected.</p> <p>ADD(C/U) Enter a valid Folder Name.</p> <p>UPDATE(C/U) Enter a valid Folder Name.</p>
10	PROV ID National Provider Identifier (DE4700)	<p>Edits: Required if Selection = 6</p> <p>Messages: This field holds either a Legacy ID, an NPI or an API, as entered on the Automated Mailing Letters Menu.</p>	<p>A unique identification number assigned to the servicing or billing provider. An NPI may be assigned for multiple Legacy Provider IDs that exist in VaMMIS today. Required if List Document by Provider, List Provider or Enrollees by Document ID and Enrollee ID is blank.</p> <p>Enter a valid Provider ID.</p> <p>A unique identification number assigned to the servicing or billing provider. An NPI may be assigned for multiple Legacy Provider IDs that exist in VaMMIS today. Required if List Document by Provider, List Provider or Enrollees by Document ID and Enrollee ID is</p>

			<p>blank.</p> <p>ADD(C/U) Enter a valid Provider ID.</p> <p>UPDATE(C/U) Enter a valid Provider ID.</p>
11	<p>ENROLLEE ID</p> <p>Enrollee Identification Number (DE3001)</p>	<p>Edits:</p> <p>Required if Selection = 5</p>	<p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. Twelve digits. Required if List Document by Enrollee, List Provider or Enrollees by Document ID and Provider ID is blank.</p> <p>A unique number identifying an individual enrollee in a DMAS-administered program. This will be used to indicate any enrollee ID other than the permanent ID. Twelve digits. Required if List Document by Enrollee, List Provider or Enrollees by Document ID and Provider ID is blank.</p> <p>ADD(C/U) Enter a valid Enrollee ID.</p> <p>UPDATE(C/U) Enter a valid Enrollee ID.</p>

Navigation

Function (B) or (M)	Action	Branch To (B) or Return To (R)
RETURN	Returns to the previous screen accessed.	N/A
CLEAR FORM	Clears all the data entered in the screen and allows the user to enter new data.	N/A
ENTER	<p>If Action A, B, or C is selected, then this screen will branch to the Letter screen.</p> <p>Enter displays the record(s) requested.</p> <p>Edits the data on the screen for correctness and displays the appropriate error message when necessary.</p> <p>No updates take place until the Update button is chosen.</p>	AM-S-004 (B)
ENTER	If Action D is selected, then this screen will branch to the Letter Directory screen.	AM-S-003 (B)

	<p>Enter displays the record(s) requested.</p> <p>Edits the data on the screen for correctness and displays the appropriate error message when necessary.</p> <p>No updates take place until the Update button is chosen.</p>	
ENTER	<p>If Action E or F is selected, then this screen will branch to the Letters Sent screen. (Page 2)</p> <p>Enter displays the record(s) requested.</p> <p>Edits the data on the screen for correctness and displays the appropriate error message when necessary.</p> <p>No updates take place until the Update button is chosen.</p>	N/A
ENTER	<p>If Action G is selected, then this screen will branch to the Letters Sent screen. (Page 1)</p> <p>Enter displays the record(s) requested.</p> <p>Edits the data on the screen for correctness and displays the appropriate error message when necessary.</p> <p>No updates take place until the Update button is chosen.</p>	N/A
SUB MENU	Returns to the Automated Mailing Menu.	AM-S-002 (R)
LETTER MENU	Branch to the Letter Menu.	AM-S-002 (B)
SCROLL DOWN	Scrolls one page forward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SCROLL UP	Scrolls one page backward to display additional data (if any). After all data has been displayed, a message will appear on the screen.	N/A
SELECTION CRITERIA	Branch to the Automated Mailing Selection Criteria Screen.	AM-S-001 (B)
PROV LOC	Branch to Service Address Selection Screen (PS-S-018).	PS-S-018 (B)
MAIN MENU	Returns to the VA DMAS Main System Menu.	RF-S-010 (B)

Error Messages

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

4713	ACTION MUST BE 'A', 'U', OR 'I'	Enter a valid action code.
4712	ACTION REQUIRED FOR SELECTION	Information message.
52	CHOOSE A SELECTION	Choose a selection from the drop-down menu.
124	CHOOSE ENTER TO PROCESS NEW REQUEST	Choose Enter to complete the processing.
5031	DATA DISPLAYED	Information message. No action needed.
68	DATA REFRESHED	Information message.
4742	DOCUMENT ID MUST BE NUMERIC	Enter a numeric document ID. See the user manual or the On-line HELP system for valid field formatting.
4710	DOCUMENT ID REQUIRED FOR SELECTION	Enter a document ID.
4	END OF THE PAGE	Information message, no action needed.
4745	ENROLLEE ID MUST BE NUMERIC	Enter a numeric enrollee ID. See the user manual or the On-line HELP system for valid field formatting.
4703	ENROLLEE ID REQUIRED FOR SELECTION	Enter an Enrollee ID.
4719	ERROR IN OPENING CATALOG FILE	Contact ACS Operations for assistance.
4714	ERROR IN OPENING FOLDER FILE	Contact ACS Operations for assistance.
4716	ERROR IN OPENING LETTER FILE	Contact ACS Operations for assistance.
10	ERROR OCCURRED AT RECEIVE; TRANSACTION CANCELLED	Retry the transaction, if necessary.
11	ERROR OCCURRED AT SEND; TRANSACTION CANCELLED	Retry the transaction, if necessary.
4811	FILE NOT OPEN	Contact ACS Operations for assistance.
4709	FOLDER NAME REQUIRED FOR SELECTION	Enter a folder name.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
81	FUNCTION KEY IS NOT ACTIVE IN THIS MODE	Change mode to complete the transaction. Use the On-line HELP system for instructions, if necessary.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
3224	NO RECORDS FOUND FOR THE SELECTION CRITERIA	Information message.
4826	PLEASE ENTER ALL THE DATA.	Enter the data needed and choose the Enter button.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
4744	PROVIDER ID MUST BE NUMERIC	Enter a valid numeric provider identification number. See the Field Definitions for explanation and formatting requirements.

4704	PROVIDER ID REQUIRED FOR SELECTION	Enter a Provider ID.
4718	RECORD NOT FOUND IN CATALOG FILE FOR THIS ENROLLEE/PROVIDER/DOCUMENT ID	Information message.
4717	RECORD NOT FOUND IN FOLDER FILE FOR THIS FOLDER NAME	Enter another query, if necessary.
4715	RECORD NOT FOUND IN LETTER FILE FOR THIS DOCUMENT ID	Information message.
4747	REQUEST ID MUST BE NUMERIC	Enter a numeric request ID. See the user manual or the On-line HELP system for valid field formatting.
4730	REQUEST ID NOT FOUND IN REQUEST FILE FOR THIS SELECTION	Information message.
4729	REQUEST ID NOT REQUIRED FOR ACTION 'A'	Delete the request ID, if necessary.
4701	REQUEST ID REQUIRED FOR SELECTION	Enter a request ID for the selection.
29	TOP OF THE PAGE	Information message. No action needed.
67	UNABLE TO RETURN TO PREVIOUS PROGRAM, CHOOSE THE EXIT BUTTON TO CONTINUE	Choose the EXIT button to continue processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

- On the VA DMAS Main System Menu, select the Automated Mailing icon to display the Automated Mailing Letter Menu Screen.
- Select the function you wish to perform in the Select Function field. (List Document By Enrollee, List Document By Provider, or List Providers or Enrollees By Document ID)
- Based on the function you wish to perform, specific data entered in the Enter Data field will be required. Use the On-line HELP system to find valid codes for these fields.
- Select Enter.
- You see the Automated Mailing Letter Sent Screen. (AM-S-005-1 by Provider/Enrollee ID, AM-S-005-2 by Document ID).