

# **Provider Appeals System**

## **User Manual** Version 1.0

For internal use by the Department of Medical Assistance Services (DMAS)

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## **Chapter 1: The Basics**

This chapter covers basic information that will help you use both this manual and the Provider Appeals system effectively.

This chapter includes the following topics:

Introduction to the Provider Appeals System

Manual Conventions

The User Interface

Navigation

Field Types

Helpful Hints

Logging On

## Introduction to the Provider Appeals System

The Provider Appeals system allows the Provider Appeals Unit to keep track of Providers' appeals of Appeals Division decisions. The system includes fields for recording information on Provider representatives (such as attorneys, accountants, etc.) Medicaid Recipients, cost settlements/audits, informal appeals, formal appeals, and court results. A flexible reports module allows Provider Appeals users to customize every report to reflect only the desired information.

## Manual Conventions

This manual uses the following conventions:

- Bullet points at the left margin mark the steps for completing a task.
- Bold text within bulleted items indicates keyboard keys (e.g., Type the date and press **Enter**).
- Quotation marks within bulleted items indicate field names (e.g., Put the cursor in the "Last Name" field).
- Italics indicate names of pop-up windows (e.g., Click the Look-up button to bring up the *Providers of the DMAS Provider Appeal* form.)
- Initial capitals for words within bulleted items indicate on-screen button names (e.g., Click the Cross-Ref button).
- The words "appeal" and "provider" have initial capitals when they refer to Medicaid providers and provider appeals (e.g., Use the Maintenance menu to add a new Provider).

## The User Interface

The Provider Appeals user interface appears on your computer screen when you log in. It is longer than your screen, so there is a scroll bar on the right side that allows you to scroll down to the parts of the interface that you cannot see initially.

The Provider Appeals user interface has seven information sections and a Message Bar as seen and labeled in the figures below. Figure 1-1 represents the top portion of the interface; Figure 1-2 represents the bottom portion.

(See figures on next two pages.)

The screenshot shows a software application window with a menu bar (File, Edit, Field, Record, Query, Maintenance, Window, Help) and a toolbar with various icons. The main form area is divided into three sections, each indicated by a bracket on the left side:

- Prov. Info. Area:** Contains fields for Appellant ID, Entered By / On, Last Modified By / On, and a "Provider Information" section. The "Provider Information" section includes fields for Prov. Name, Medicaid No., First Name, Address, Last Name, City, State, Zip, and a "# Appeals" field. A "Look-up" button is located to the right of the Medicaid No. field.
- Rep Info. Area:** Contains two sections for "Representative 1" and "Representative 2". Each section has fields for Name (F,M,L), Firm Name, Address, City, State, Zip, Phone, Fax, and Email.
- Recip and CSA Info Area:** Contains fields for Appeal Type (a dropdown menu), Recipient (First Name, Last Name), Dept Action Appealed From, CSA Type, Provider Chain Name, CR Period Ended 1 / 2 / 3, and "# References". A "Cross-Ref" button is located to the right of the Dept Action Appealed From field.

Figure 1-1. Top Portion of User Interface.

(See Figure 1-2 on next page.)

Informal Appeal									
Request Received	<input type="text"/>	Agent	<input type="text"/>	Case Summary Due / Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IFFC Type	<input type="text"/>	IFFC Due / Scheduled / Held Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IFFC Decision Draft Begin / End Date	<input type="text"/>	<input type="text"/>	Additional Docu Due / Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Written Submissions Due / Received	<input type="text"/>	<input type="text"/>	Informal Disposition Due / Made	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Informal Disposition	<input type="text"/>	Informal Decision Result	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Informal Comments	<input type="text"/>								
Formal Appeal									
Request Due / Received	<input type="text"/>	<input type="text"/>	HO	<input type="text"/>	HO Appointed Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Documentary Evidence Due / Filed	<input type="text"/>	<input type="text"/>	Objections To Docu Due / Filed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HO Rule Objections Due / Made	<input type="text"/>	<input type="text"/>	Hearing Due / Scheduled / Held	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Opening Briefs Due	<input type="text"/>	Opening Briefs Filed: P	<input type="text"/>	D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reply Briefs Due: P	<input type="text"/>	D	<input type="text"/>	Reply Briefs Filed: P	<input type="text"/>	D	<input type="text"/>	<input type="text"/>	<input type="text"/>
HO Recommendation Due / Received	<input type="text"/>	<input type="text"/>	HO Decision Result	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exceptions To HO Due / Filed	<input type="text"/>	P	<input type="text"/>	D	<input type="text"/>	Formal Disposition Due / Made	<input type="text"/>	<input type="text"/>	<input type="text"/>
Formal Disposition	<input type="text"/>	Formal Decision Result	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Formal Comments	<input type="text"/>								
Court									
Notice Received	<input type="text"/>	Petition Received	<input type="text"/>	Record Submitted	<input type="text"/>	Hearing Scheduled	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reporter Obtained	<input type="text"/>	Hearing Held	<input type="text"/>	Court Order Entered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court Disposition	<input type="text"/>	Court Decision Result	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court Comments	<input type="text"/>								
Count: *0									

## Navigation

Table 1-3 below shows how to navigate among fields and records in the Provider Appeals system.

Action	Keyboard Key(s)	Notes
To advance to the next field in a record	<ul style="list-style-type: none"> <li>• <b>Tab</b></li> <li>• <b>Enter</b></li> <li>• <b>Ctrl + Tab</b></li> </ul>	Use the <b>Tab</b> key on the logon screen. Use the <b>Enter</b> key within the application.
To return to the previous field in a record	<ul style="list-style-type: none"> <li>• <b>Shift + Tab</b></li> <li>• <b>Ctrl + Shift + Tab</b></li> </ul>	N/A
To advance to the next record in a group	↓ (down arrow key)	N/A
To return to the previous record in a group	↑ (up arrow key)	N/A

**Table 1-3. Navigation.**

. *NOTE: A “group” of records can be several things including a group of Appeals returned by a general query on the user interface, or a group of Providers returned by a query on the Provider option under the Maintenance menu.*

## Field Types

There are five types of data entry fields in the Provider Appeals System:

### 1 – Text Fields

You will type text into these fields. Some text fields require that you enter data in a certain format, as in the case of phone number fields. You must enter phone numbers in the following format: (999)999-9999; or, you can enter phone numbers without any formatting (e.g., 9999999999), and the system will format it for you as you leave the field.

City

### 2 – Drop-down List Fields

You will click a drop-down button and click a list item to select it. (Alternatively, you can type the first letter of the item that you want to select.)

IFFC Type

### 3 – Date Fields

You will type numbers and slashes using the following date format: MM/DD/YYYY

Case Summary Due / Received

### 4 – Checkboxes

You will click in an empty checkbox to populate it with a checkmark, or you will click the checkmark in the checkbox to “un-populate” the box. When a checkbox is checked, it means that whatever condition the checkbox field label indicates has been met. For example, if you check the “Close?” field checkbox, it means “Yes, this Appeal is closed”.

Close?

## 5 – List of Values Fields

List of Values fields are fields for which the Provider Appeals system stores a list of possible entries. These fields and their corresponding lists exist for the sake of convenience in cases where possible field entries may be voluminous and/or difficult to remember. By providing a List of Values for a given field, the Provider Appeals system relieves you of the burden of remembering a whole list of things, such as names of all of the Hearing Officers or Informal Appeal Agents. The List of Values toolbar icon provides access to the list of possible field entries. (See Appendix A, “Toolbar Icons”, if you are unfamiliar with the List of Values icon.)

Maintenance menu options allow you to add entries to the List of Values lists. For additional information, see Appendix B, “Menus and Menu Items”, or see the “Adding Informal Agents”, “Adding Hearing Officers”, and “Adding Providers” sections of Chapter 3.

Note that the word “<List>” appears in the Message Bar at the bottom of the screen when the cursor is in a List of Values field. The six List of Values fields in Provider Appeals are as follows:

List of Values Field(s)	Location
“Agent”	Informal Appeal section of screen
“HO”	Formal Appeal section of screen
“Provider Name” “Medicaid No.” “First Name” “Last Name”	<i>Appeal Cross References for Current Appeal</i> form (accessible by way of Cross-Ref button on main screen)

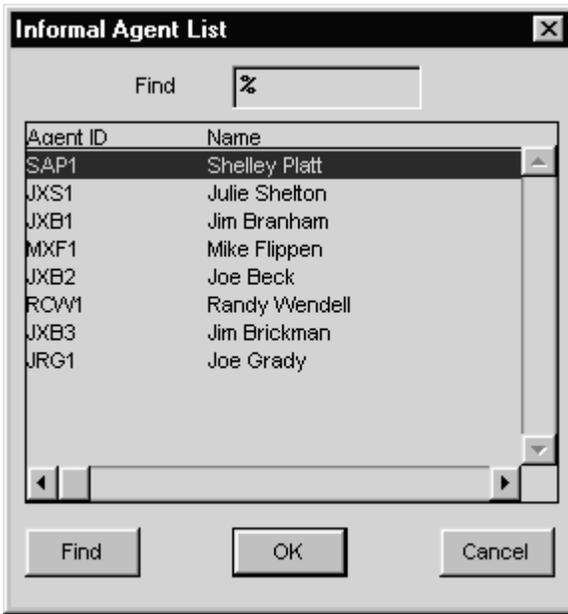
**Table 1-4. List of Values Fields in Provider Appeals.**

### Using List of Values Fields

The following explanation uses the “Agent” List of Values field to explain how to use List of Values fields.

- Click in the List of Values field (e.g., “Agent”).
- Click the List of Values icon on the toolbar. (See Appendix A, “Toolbar Icons”, if you are unfamiliar with this icon.)
- When the list of possible values comes up (see Figure 1-5), click on the desired entry in the list to highlight it. OR, if the list of entries is lengthy, perform a Find Button Query to quickly access the desired entry, and then click on it to highlight it. (See the “Find Button Queries” portion of the “Performing Queries” section of Chapter 3 if you are unsure how to perform a Find Button Query.)
- Click OK to select the highlighted entry and dismiss the list form.

(See Figure 1-5 on the next page.)



← Highlighting indicates that this item has been selected.

“SAP1” (the Agent’s ID) will appear in the “Agent” field when the user clicks the OK button.

None of these names represent PHI.

Figure 1-5. List of Values.

**Helpful Hints**

- Always read the *.NOTE* text that appears throughout the manual.
- If you perform an action (such as a save, delete, update, etc.) and do not get the expected result, check the Message Bar at the bottom left side of your screen for a possible explanation.
- If you are unsure of the function of a toolbar icon, pass your cursor slowly across it without depressing the mouse button. This will cause a small block of “hint” text to appear.
- For a shortcut, use the **F7** key to put the system in Query mode and **F8** to execute a query.
- Fields that have gray backgrounds are “non-enterable” fields, meaning that you cannot type data into them. (The system will supply whatever information belongs in those fields.) You can perform queries on all non-enterable fields except “# Appeals” and “# References”.
- Scan the Table of Contents for the topic that you need information about.
- Save your work often.

**User Roles**

The actions you can perform in Provider Appeals depend on your User Role assignment. Your manager probably decided what User Role to give you based on your job responsibilities. Table 1-6 below names the User Roles in Provider Appeals and indicates the permissions associated with each one.

User Role	Database Permissions
Manager	Insert, update, delete on any screen/form in the application
Analyst	Insert, update, and delete on any screen/form/field except the following: Informal Appeals Agent and Hearing Officer forms (under the Maintenance menu), "Informal Request Received" field, "Agent" field (in the Informal Appeal section), Formal Appeal section fields, Court section fields.  Also, an Analyst <u>cannot</u> perform insert, update, or delete on Informal Appeals fields if the Appeal is not assigned to him or her (i.e., if he or she is not named in the "Agent" field in the Informal Appeal section).
Browser	View only (i.e., no record modification rights)

**Table 1-6. User Roles and Corresponding Database Permissions.**

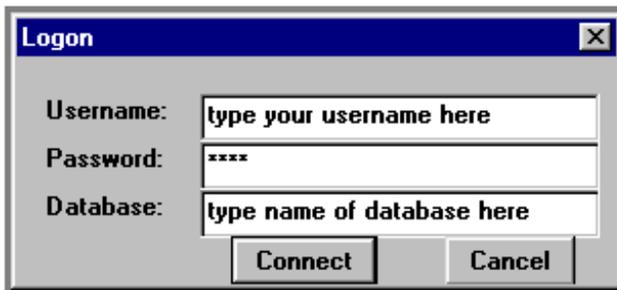
Ask your manager if you are unsure about your User Role assignment.

**Logging On**

Now that you have learned some basic information about the Provider Appeals system, it is time to log on.

*. NOTE: These instructions assume that the Provider Appeals system has been installed on your computer. See your supervisor if you do not have a Provider Appeals system icon on your Windows Desktop.*

- Double-click the Provider Appeals icon on your Desktop.
- On the Logon pop-up box (see Figure 1-6 below), type your username in the "Username" field and press **Tab**.
- Type your password in the "Password" field and press **Tab**.
- Type the name of the database you will be using in the "Database" field and press **Enter** or click the Connect button.



**Figure 1-6. Logon Pop-up Box.**

You should see the user interface after completing the steps above.

Refer to Chapter 2, "Primary Tasks", for information on performing the main tasks associated with tracking Provider Appeals.

## **Chapter 2: Primary Tasks**

This chapter addresses the primary tasks that you will perform as you use the Provider Appeal system to track Provider appeals. Chapter 3, “Secondary Tasks,” addresses other tasks that are peripheral to these primary tasks.

Primary tasks include the following:

- Adding an Appeal

- Adding Provider Representative (Attorney, Accountant, etc.) Information to an Appeal

- Adding Informal Appeal Information to an Appeal

- Adding Formal Appeal Information to an Appeal

- Adding Court Information to an Appeal

- Adding Recipient Information to an Appeal

- Adding CSA Information to an Appeal

## Adding an Appeal

When you add an Appeal, you must specify a corresponding Provider. (The system will not let you add an Appeal for which no Provider has been chosen.)

Once you have indicated a Provider for the Appeal you are adding, you can include or not include the other information (e.g., Provider representative information, Informal Appeal information, Formal Appeal information, Court information, etc.) as you see fit.

*. NOTE: The Provider Appeals system allows a single Provider to have multiple active Appeals at any given time. See the “Adding Cross-Ref Information” section of Chapter 3 for information on managing multiple Appeals for individual Providers.*

Do the following to add a Provider Appeal:

- On the user interface, click the Look-up button to bring up the *Providers of the DMAS Provider Appeal* form. (The Look-up button is located towards the top of the screen on the right side.)
- On the *Providers of the DMAS Provider Appeal* form, perform a query to bring up the Provider for whom you want to add an Appeal. (See the “Performing Queries” section of Chapter 3 if you are unsure how to perform a query.) Note that if the desired Provider is not yet in the system, your query will not bring it up and you will need to add it. For information on adding a Provider at the same time you add an Appeal, see the “Adding A New Provider and a Corresponding Appeal” portion of the “Adding Providers” section of Chapter 3.
- Once you have performed the query and the desired Provider is displayed on the *Providers of the DMAS Provider Appeal* form, click the OK button to select that Provider.
- Click the “Appeal Type” field drop-down arrow, and click an Appeal type to select it. (This field is about halfway down the screen on the left side.)
- Click in the “Dept Action Appealed From” field (to the right of the “Appeal Type” field), and type the date that the Provider received word of the decision he or she is appealing.
- Click the Save icon on the toolbar to add the Appeal.

*. NOTES:*

- *When you click the Save icon to add the Appeal, “Appellant ID” and “Entered By/On” information will appear at the top of the screen (just above the Provider Information section).*
- *The “Days to Dispose Appeal” field shows the number of days it took to dispose the Appeal (from the time the request was received until the disposition was made).*

Now that you have added the “bare bones” of an Appeal, you can add information about Provider representatives (such as attorneys, accountants, etc.), Recipients, CSAs, Informal Appeals, Formal Appeals, and Court proceedings as desired. See the remaining sections of this chapter for directions on how to add these types of information.

## Adding Provider Representative (Attorney, Accountant, etc.) Information to an Appeal

This section explains how to add Provider representative information to an Appeal that is already on your screen.

If the desired Appeal is not already on your screen and you are not sure how to bring it up, see the “Performing Queries” section of Chapter 3.

Do the following to add Provider representative information:

- In the Representative 1 area of the screen, click in the first “Name” field, and type the representative’s first name; then press **Enter** to advance to the middle initial field.
- Type the representative’s middle initial in the second “Name” field; then press **Enter**.
- Type the representative’s last name in the third “Name” field; then press **Enter**.
- Type the representative’s title in the “Title” field; then press **Enter**.
- In the “Firm” field, type the name of the representative’s firm; then press **Enter**.
- In the first “Address” field, type the first line of the address; then press **Enter**.
- In the second “Address” field, type the second line of the address (if applicable); then press **Enter**.
- In the “City” field, type the name of the city where the representative is located; then press **Enter**.
- In the “State” field, type the two-letter state code (i.e., VA); then press **Enter**.
- In the “Zip” field, type the representative’s zip code; then press **Enter** to advance to the “Representative 2” section of the screen.
- Click the Save icon on the toolbar.
- Stop here if the Provider has only one representative; OR, if the Provider has another representative, repeat the same steps in the “Representative 2” section of the screen and click the Save icon on the toolbar when you are finished.

### **Adding Recipient Information to an Appeal**

This section explains how to add the name of a Medicaid Recipient who is associated with a Provider Appeal that is on your screen.

If the desired Appeal is not already on your screen and you are not sure how to bring it up, see the “Performing Queries” section of Chapter 3.

Do the following to indicate the name of the Recipient:

- Click in the “First Name” field (in the Recipient area of the screen) and type the Recipient’s first name; then press **Enter**.
- Type the Recipient’s middle initial in the corresponding field; then press **Enter**.
- Type the Recipient’s last name in the “Last Name” field.
- Click the Save icon on the toolbar.

### **Adding Cost Settlement and Audit (CSA) Information to an Appeal**

This section explains how to add CSA information to an Appeal that is already on your screen.

If the desired Appeal is not already on your screen and you are not sure how to bring it up, see the “Performing Queries” section of Chapter 3.

Do the following to indicate CSA information related to an appeal:

- Click in the “Provider Chain Name” field and type the name of the Provider chain; then press **Enter**.
- Click in the first “CR Period Ended” field and type the applicable date; then press **Enter**.
- Type dates in the second and third “CR Period Ended” date fields as appropriate.
- Click the Save icon on the toolbar.

*. NOTE: “CR” abbreviates “Cost Report”.*

### **Adding Informal Appeal Information to an Appeal**

This section explains how to add Informal Appeal information to an Appeal that is already on your screen.

If the desired Appeal is not already on your screen and you are not sure how to bring it up, see the “Performing Queries” section of Chapter 3.

*. NOTE: It is important to realize that you will not add all of the Informal Appeal information at one time. This is because the Informal Appeal is a process that occurs over time and includes a number of events that depend on the completion of other events. You should add dates and other information to this area as it becomes available.*

Do the following to add Informal Appeal information to an Appeal:

- Click in the “Request Received” field (in the Informal Appeal area of the screen) and type the date that the Provider’s request was received; then press **Enter**. (If you cannot add a date to this field, it is because of the User Role that has been assigned to you. See the “User Roles” section of Chapter 1 for additional information. Also, be aware that *if you are* permitted to enter a date in this field, the system-calculated dates that depend on it will populate as soon as you press **Enter**. See Appendix C, “Date Calculation Formulas”, for additional information on system-calculated date fields.)
- With the cursor in the “Agent” field, click the List of Values icon on the toolbar. (See Appendix A, “Toolbar Icons” if you are unfamiliar with this icon.) Also, if you cannot populate this field, it is because of the User Role that has been assigned to you. See the “User Roles” section of Chapter 1 for additional information.
- Once you have clicked the List of Values icon, click the desired name on the *Informal Agent List* form and click OK to select it. (If the desired name does not appear in the list, you will need to add it in another area of the application and come back to this field. See the “Adding Informal Agents” section of Chapter 3 for instructions on adding a new name.)
- Click in the “Case Summary Due” field to automatically populate it. (It will not populate if you did not enter a date in the “Request Received” field.)
- Click the Save icon on the toolbar.
- Fix any dates that the system prompts you to fix. (You will be prompted to fix dates whose order is illogical.) See the *NOTE* below.
- Return to this Appeal and fill in the other pieces of information as they become available. (Always click the Save icon when you are finished.)

*. NOTES:*

- *See Appendix C, “Date Calculation Formulas” for information on how the system calculates the Informal Appeal dates it enters automatically.*
- *The “Days to Dispose Appeal” field shows the number of days it took to dispose the Appeal (from the time the request was received until the disposition was made).*

### **Adding Formal Appeal Information to an Appeal**

This section explains how to add Formal Appeal information to an Appeal that is already on your screen. If you are unable to add information to this area of the screen it is because you have been assigned a User Role that does not include Formal Appeal field permissions. See the “User Roles” section of Chapter 1 for additional information.

If the desired Appeal is not already on your screen and you are not sure how to bring it up, see the “Performing Queries” section of Chapter 3.

*. NOTE: It is important to realize that you will not add all of the Formal Appeal information at one time. This is because the Formal Appeal is a process that occurs over time and includes a number of events that depend on the completion of other events. You should add dates and other information to this area as it becomes available.*

Do the following to add Formal Appeal information to an Appeal:

- Click in the “Request Due” field (in the Formal Appeal section of the screen) to automatically populate it. (This field will not populate if you have not entered a date in the “Informal Disposition Made” field in the Informal Appeal section.)
- If you know the “Request Received” date, click in that field and fill it in; otherwise, skip that field and click in the “HO” field.
- With the cursor in the “HO” field, click the List of Values icon on the toolbar. (See Appendix A, “Toolbar Icons” if you are unfamiliar with this icon.)
- Once you have clicked the List of Values icon, click the desired name on the *Hearing Officer List* form and click OK to select it. (If the desired name does not appear in the list, you will need to add it in another area of the application and come back to this field. See the “Adding Hearing Officers” section of Chapter 3 for instructions on adding a new name.)
- Fix any dates that the system prompts you to fix. (You will be prompted to fix dates whose order is illogical.) See the *NOTES* below for additional information.
- Return to this Appeal and fill in the other pieces of information as they become available. (Always click the Save icon when you are finished.)

. *NOTES:*

- See Appendix C, “Date Calculation Formulas” for information on how the system calculates the Informal Appeal dates it enters automatically.
- The “P”s and “D”s beside some of the date fields in this section indicate “Provider” and “Department”, respectively.
- The “Days to Dispose Appeal” field shows the number of days it took to dispose the Appeal (from the time the request was received until the disposition was made).

### **Adding Court Information to an Appeal**

This section explains how to add Court information to an Appeal that is already on your screen. If you are unable to add information to this area of the screen it is because you have been assigned a User Role that does not include Court field permissions. See the “User Roles” section of Chapter 1 for additional information.

If the desired Appeal is not already on your screen and you are not sure how to bring it up, see the “Performing Queries” section of Chapter 3.

. *NOTE: It is important to realize that you will not add all of the Court information at one time. This is because Court action is a process that occurs over time and includes events that depend on the completion of other events. You should add dates and other information to this area as it becomes available.*

Do the following to add Court information to an Appeal:

- Click in the “Notice Received” field (in the Court area of the screen) and type the date the notice was received.
- Fill in any other information that you know and click the Save icon on the toolbar.
- Return to this Appeal and fill in the other pieces of information as they become available. (Always click the Save icon when you are finished.)

. *NOTE: The “Days to Dispose Appeal” field shows the number of days it took to dispose the Appeal (from the time the request was received until the disposition was made).*

## **Chapter 3: Secondary Tasks**

This chapter addresses tasks that support the completion of the primary tasks named in Chapter 2.

Performing Queries

Adding Providers

Updating Provider Information

Adding Informal Agents

Adding Hearing Officers

Adding Cross-Ref Information

Deleting Records (Appeals, Providers, Cross-references, etc.)

Working with Reports

### Performing Queries

There are four types of queries you can perform in the Provider Appeals system. In general, the type of query you perform will be based on the completeness of the information you are able to supply the system in telling it to find a record. As an example, you will perform a Specific Query if you know at least one *whole* piece of information (such as an Appellant ID number) about the record that you want to find. On the other hand, you will perform a Wildcard Query if you know only *part* of one piece of information (such as part of a Provider facility’s name) about the record you want to find.

Table 3-1 explains when you should use each type of query. Following the table are explanations and examples of each query.

Query	When to Use It
General Query	Use this type of query to populate the screen with a non-specific record of a certain type.
Specific Query	Use this type of query when you know at least one whole piece of information about the record you want to find.
Wildcard Query	Use this type of query when you know only a partial piece of information about the record you want to find.
Find Button Query	Use this type of query to quickly find an item in a List of Values form that has a long list of entries.

**Table 3-1. Types of Queries and When to Use Them.**

*. NOTE: You can use the **F7** key to put the Provider Appeals system into Query mode and **F8** to execute a query, though the instructions below only tell you to use the Query icon on the toolbar to execute those functions.*

### General Queries

Perform a General Query when you want to access a nonspecific record(s) of a particular type. For example, you could perform a General Query on the user interface if you wanted to see the format and number of digits in the “Medicaid No.” field of an Appeal record.

Do the following to execute a General Query:

- Go to the place where you want to perform the query. (The type of record you want the system to return will determine where you go. For example, if you wanted to bring up a Provider record, you would go to the Provider option under the Maintenance menu to execute this query. To return an Appeal record, you would stay on the user interface.)
- Click the Query icon on the toolbar.
- Click the Query icon a second time.
- Use the Next Row and Previous Row buttons on the toolbar to scroll through the query results as needed.

#### 3 General Query Example:

Steve wants to see if the Provider Appeals system records both the time of day and the date that a user adds a new Appeal to the system. Steve should do the following:

- From the user interface, click the Query icon on the toolbar.
- Click the Query icon a second time.
- Look at the “Last Modified By” field of the record that comes up, to see whether time of day was recorded along with the date.

## Specific Queries

Perform a Specific Query when you know at least one piece of information that is in the record you want to find. This information could be a specific date, an Appellant ID number, a Provider name, a Social Security Number, an IFFC Type, a Court Disposition, or anything else that belongs to a “queriable” field.

Do the following to execute a Specific Query:

- Go to the place where you want to perform the query. (The type of record you want the system to return will determine where you go. For example, if you wanted to bring up a Provider record, you would go to the Provider option under the Maintenance menu to execute this query. To return an Appeal record, you would stay on the user interface.)
- Click the Query icon on the toolbar.
- Type the known piece of information in the appropriate field.
- Click the Query icon to execute the query.
- Use the Next Row and Previous Row buttons on the toolbar to scroll through the query results for the desired record if more than one record is returned.

### 3 Specific Query Example:

Richard wants to find an Appeal that has 1165 as an Appellant ID number. Richard should do the following:

- While on the user interface screen, click the Query icon on the toolbar.
- Type 1165 in the “Appellant ID” field.
- Click the Query icon again to execute the query.

## Wildcard Queries

Wildcard Queries allow you to query on partial or uncertain pieces of information by permitting substitute characters, or “wildcards”, to be used in place of those parts of the query data that you do not know. For example, Wildcard Queries are useful when you are uncertain of the spelling of a Provider name, when you know only some of the digits in an Appellant ID number, or when you know only part of an address or phone number. Wildcard Queries are useful any time you know only a portion of a piece of queriable information.

Table 3-2 below explains the two Provider Appeals system wildcards and how to use them.

Wild Character	Explanation	How to Use	Examples of Usage	Example of Results
_	<p>This wild character is an underscore ( _ ), not a dash.</p> <p>To create an underscore, press <b>Shift</b> + underline. (The underline key is above and to the right of “P” on your keyboard.)</p>	<p>In the pattern, the underscore ( _ ) matches <u>exactly one</u> character in the search criteria.</p> <p>Use the underscore when you are sure of all characters in the search criterion except <u>one</u>. (See the example in the next column.)</p>	<p>You want to find an Appeal for a Provider whose last name is spelled either Andersen or Anderson.</p> <p>To find this Appeal, you would go to user interface and click the Query icon on the toolbar. Then you would type the following into the “Last Name” field and click the Query icon to execute the query:</p> <p style="text-align: center;">Anders_n</p>	<p>Anders_n would return all of the following:</p> <ul style="list-style-type: none"> <li>• Bart Andersen, D.D.S.</li> <li>• Joe Andersen, M.D.</li> <li>• Renee Anderson, Ph.D.</li> <li>• Robert Anderson, M.D</li> <li>• Dr. Zelda Anderson</li> </ul> <p>(NOTE: The above query results are examples only, and it is by coincidence if their names are present in the Provider Appeals system database.)</p>
%	<p>This wild character is a percent sign.</p> <p>To create a percent sign, press <b>Shift</b> + 5.</p>	<p>In the pattern, the percent sign (%) matches <u>zero or more</u> characters.</p> <p>Use the percent sign when you are not sure if your search criteria is missing any characters or when you know that your search criterion is missing at least one character and maybe more. (See the example in the next column.)</p>	<p>You want to find an Appeal for which the Informal Appeal “Request Received” date is sometime in December of 1999.</p> <p>To find this Appeal, you would go to user interface and click the Query icon on the toolbar. Then you would type the following into the “Request Received” field and click the Query icon to execute the query:</p> <p style="text-align: center;">12%/1999</p>	<p>12%/1999 would return all of the Appeals that have an Informal Appeal “Request Received” date in December of 1999.</p>

Table 3-2. Wildcards.

Do the following to execute a Wildcard Query:

- Go to the place where you want to perform the query. (The type of record you want the system to return will determine where you go. For example, if you wanted to bring up a Provider record, you would go to the Provider option under the Maintenance menu to execute this query. To return an Appeal record, you would stay on the user interface.)
- Click the Query icon on the toolbar.
- Type the query information and wildcard into the field on which you want to perform the query.
- Click the Query icon to execute the toolbar.
- Use the Next Row and Previous Row buttons on the toolbar to scroll through the query results for the desired record.

### 3 Wildcard Query Example:

Jan wants to find an Appeal that has an associated Recipient whose last name is either Rosenberg or Rosenblatz. Jan should do the following:

- On the user interface, click the Query icon on the toolbar.
- Type Rosen% in the Recipient “Last Name” field.
- Click the Query icon to execute the query.
- Use the Next Row and Previous Row buttons on the toolbar to scroll through the query results for the desired record if more than one record is returned.

## Find Button Queries

Use the “Find” Button Query when you have accessed a List of Values and do not want to scroll through the entire list of possible values. For example, if you access a List of Values for Hearing Officers to select an officer whose last name starts with “Ra”, you will want to perform a “Find” Button Query to avoid scrolling through the list to find the desired name. (Lists of Values may become quite lengthy.)

Read the “Wildcard Query” subsection of this chapter (above) before proceeding with this subsection if you are not sure how to use wildcards in a search.

. *NOTE: For additional information on using Lists of Values, see the “Field Types” section of Chapter 1.*

Do the following to perform a “Find” Button Query on a List of Values form:

- On the List of Values form, type the beginning of the name or item you want in the “Find” field. Be sure to type before or after the “%” sign as appropriate. (See the “Wildcard Queries” subsection of this chapter if you are unsure how to determine this.)
- Click the Find button on the List of Values form.
- Click on the desired name or item in the list. (You may still need to scroll to it.)
- Click the OK button to select the desired name or item and dismiss the form.

### 3 “Find” Button Query Example:

Dana wants to create a Cross-Reference record using a Provider facility that starts with “Pe”. She should do the following on the *Potential Appeals Based on Provider Name* List of Values form:

- Type “Pe” in front of the “%” sign in the “Find” field (see Figure 3-3 below).
- Click the Find button.
- Click the desired name.
- Click the OK button to select the desired name and dismiss the form.

Provider Name	Medicaid No.	Appeal Type
Pediatric Affiliates of Hampton Roads	67-2312-8	
Peninsula Behavioral Center	49-4005-9	
Peninsula Behavioral Center	49-4005-9	
Peninsula Center for Behavioral Health	49-40050	
Peninsula Gastroenterology	58-0473-6	HMO
Peninsula Institute for Comm Health	76-8764-8	
Peninsula Institute for Community Health (PICH)	76-8764-8	CSA
Pennington Med Surgical Clinic	76-1025-4	

Figure 3-3. List of Values Form / Find Button Query.

Clicking OK will select the Pediatric Affiliates of Hampton Roads Provider, since it is highlighted in the list.

. NOTE: There are only six List of Values fields in the Provider Appeals system. They include the “Agent” field (Informal Appeals section), the “HO” field (Formal Appeals section), and the “Provider Name”, “Medicaid No.”, “First Name”, and “Last Name” fields on the Appeal Cross-References for Current Appeal form (under Cross-Ref button).

### Adding Providers

A Provider’s name must be present in the Provider Appeals system before you can add an Appeal for that Provider. In most cases a Provider’s information will already be in the system, but there will be occasions when you will need to add a Provider yourself. (You will know when you need to add a Provider because it will not come up when you use the Look-up button to query for it.)

You can add a Provider *without* adding an Appeal for that Provider at the same time, or you can add a Provider *at the same time* that you add an Appeal for that Provider. The following explains how to do both.

### Adding a New Provider Without Adding a Corresponding Appeal

Do the following to add a new Provider without adding an Appeal for that Provider at the same time:

- Click the Maintenance menu, and click the Provider option to select it.
- In the “Provider Name” field, type the Provider’s name; then press **Enter**.
- In the “Medicaid No.” field, type the Medicaid Number for the Provider (if applicable); then press **Enter**.
- In the first “Person Name” field, type the Provider’s first name; then press **Enter**.
- Type the Provider’s middle initial and press **Enter**.
- In the third “Person Name” field, type the Provider’s last name; then press **Enter**.
- In the first “Address” field, type the first line of the Provider’s address; then press **Enter**.
- In the second “Address” field, type the second line of the Provider’s address; then press **Enter**.
- In the “City” field, type the name of the Provider’s city; then press **Enter**.

- In the “State” field, type the two-letter state abbreviation (i.e., VA); then press **Enter**.
- In the “Zip Code” field, type the Provider’s zip code; then press **Enter**.
- In the first “Contact Name” field, type the first name of the contact person at the Provider’s business (if applicable); then press **Enter**.
- In the second “Contact Name” field, type the contact person’s middle initial (if applicable); then press **Enter**.
- In the last “Contact Name” field, type the contact person’s last name (if applicable); then click the OK button to save the Provider and dismiss the *Providers of the DMAS Provider Appeal* form.

## Adding a New Provider and a Corresponding Appeal

Do the following to add a new Provider for whom you want to add an Appeal at the same time:

- If there is an Appeal record on your screen when you begin this task, click the Insert Row icon on the toolbar to insert a blank Appeal record. (See Appendix A, “Toolbar Icons”, if you are unfamiliar with the Insert Row icon.) If your screen is already clear, ignore this step.
- Click the Look-up button.
- In the “Provider Name” field, type the Provider’s name; then press **Enter**.
- In the “Medicaid No.” field, type the Medicaid Number for the Provider (if applicable); then press **Enter**.
- In the first “Person Name” field, type the Provider’s first name; then press **Enter**.
- Type the Provider’s middle initial and press **Enter**.
- In the third “Person Name” field, type the Provider’s last name; then press **Enter**.
- In the first “Address” field, type the first line of the Provider’s address; then press **Enter**.
- In the second “Address” field, type the second line of the Provider’s address; then press **Enter**.
- In the “City” field, type the name of the Provider’s city; then press **Enter**.
- In the “State” field, type the two-letter state abbreviation (i.e., VA); then press **Enter**.
- In the “Zip Code” field, type the Provider’s zip code; then press **Enter**.
- In the first “Contact Name” field, type the first name of the contact person at the Provider’s business (if applicable); then press **Enter**.
- In the second “Contact Name” field, type the contact person’s middle initial (if applicable); then press **Enter**.
- In the last “Contact Name” field, type the contact person’s last name (if applicable); then click the OK button to save the Provider and dismiss the *Providers of the DMAS Provider Appeal* form.
- Notice that the Provider information you just added appears in the Provider Information section of the user interface. (This section is at the top of the screen.)
- Fill in the other sections of the screen with the applicable Appeal information. If you are unsure how to do this, refer to Chapter 2, “Primary Tasks”.
- Click the Save icon on the toolbar to save your work.

## Updating Provider Information

You may occasionally need to update name, address, or contact information for a Provider. The Provider Appeals system allows you to do this using either the Provider option under the Maintenance menu or the Look-up button on the user interface. This section describes how to do both.

## Updating a Provider Using the Maintenance Menu

Do the following to update a Provider using the Provider option under the Maintenance menu:

- Click the Maintenance menu, and click Provider to bring up the *Providers of the DMAS Provider Appeal* form.
- Perform a query to bring up the desired Provider. (See the “Performing Queries” section of Chapter 3 if you are unsure how to perform a query.)

- Make the desired changes.
- Click OK to save the changes and dismiss the *Providers of the DMAS Provider Appeal* form.

## Updating a Provider Using the Look-up Button

If you have an Appeal on your screen when you click the Look-up button, you can update only the Provider associated with the Appeal on your screen. If you do not have an Appeal on your screen when you click the Look-up button, you can query for any Provider and update it. See below for instructions on doing both.

### Using the Look-up Button to Update a Provider Whose Appeal is On Your Screen

If you have an Appeal on the screen when you click the Look-up button, the information belonging to that Appeal's Provider will appear in the *Providers of the DMAS Provider Appeal* form. You can update that Provider's information there.

Do the following to use the Look-up button to update a Provider whose Appeal is on your screen:

- Click the Look-up button to bring up the *Providers of the DMAS Provider Appeal* form.
- Make the desired changes to the Provider's information.
- Click the OK button to save the changes and dismiss the form.

### Using the Look-up Button to Update a Provider Whose Appeal is Not On Your Screen

If you do not have an Appeal on your screen when you click the Look-up button, you can update any Provider in the system.

Do the following to use the Look-up button to update a Provider while the Appeal screen is blank:

- Click the Look-up button to bring up the *Providers of the DMAS Provider Appeal* form.
- Perform a query to bring up the desired Provider. (If you are not sure how to perform a query, see the "Performing Queries" section of Chapter 3.)
- Make the desired changes to the Provider's information.
- Click the OK button to save the changes and dismiss the form.

## Adding Informal Agents

If the Agent you want to assign to an Informal Appeal does not appear in the *Informal Agent List* pop-up box when you click the List of Values icon (while your cursor is in the "Agent" field), then you need to add that Agent to the system.

Do the following to add an Agent to the Provider Appeals system:

- Click the Maintenance menu, and click Informal Agent to bring up the *Informal Appeals Agents of the DMAS Provider Appeal* form.
- Click in the first "Name" field in the first blank row (see Figure 3-4 on the next page), and type the Agent's first name and press **Enter**; OR, if there is not a blank row, click the Insert Row icon on the toolbar. Then type the name and press **Enter**.
- Type the Agent's middle initial (if applicable).
- Type the Agent's last name; then click OK to save the information and dismiss the *Informal Appeals Agents of the DMAS Provider Appeal* form.

**Informal Appeals Agents of the DMAS Provider Appeal**

Oracle User ID	Name (First, Middle Initial, Last)			Last Modified By / On
SAP1	Shelley	A	Platt	PROVAPPL 05/11/2000
JXS1	Julie	M	Shelton	PROVAPPL 05/11/2000
JXB1	Jim	C	Barnes	PROVAPPL 05/02/2000
MXF1	Mike	R	Flippen	PROVAPPL 05/02/2000
JXB2	Joe	A	Beck	PROVAPPL 05/09/2000
RCW1	Randy	C	Wendell	PROVAPPL 05/23/2000
JXB3	Joe	R	Brickman	PROVAPPL 05/17/2000

Figure 3-4. First “Name” Field in First Blank Row.

This is the first “Name” field in the first blank row.

. NOTE: You do not need to fill in the gray fields (e.g., “User ID” and “Last Modified By”) on the form shown in Figure 3-4 above. These fields will be populated by the system when you click OK to dismiss the form.

**Adding Hearing Officers**

If the Hearing Officer you want to assign to a Formal Appeal does not appear in the *Hearing Officer List* pop-up box when you click the List of Values icon (while your cursor is in the “Hearing Officer” field), then you need to add that Hearing Officer to the system.

Do the following to add a Hearing Officer to the Provider Appeals system:

- Click the Maintenance menu, and click Hearing Officer to bring up the *Hearing Officers of the DMAS Provider Appeal* form.
- Click in the first “Name” field in the first blank row (see Figure 3-4 above as an example), and type the Hearing Officer’s first name and press **Enter**; **OR**, if there is not a blank row, click the Insert Row icon on the toolbar. Then type the name and press **Enter**. (See Appendix A, “Toolbar Icons”, if you are unfamiliar with the Insert Row icon.)
- Type the Hearing Officer’s middle initial (if applicable).
- Type the Hearing Officer’s last name; then click OK to save the information and dismiss the *Hearing Officers of the DMAS Provider Appeal* form.

. NOTE: You do not need to fill in the gray fields (e.g., “User ID” and “Last Modified By”) on the form shown in Figure 3-4 above. These fields will be populated by the system when you click OK to dismiss the form.

## Adding Cross-Ref Information

The Provider Appeals system permits a single Provider to have multiple open Appeals at any given time. This can cause confusion as to which Appeal is which, or it can mean that two or more of a Provider's Appeals should be consolidated into one. For these reasons, it is useful to cross-reference Appeals that belong to the same Provider or share other information.

Cross-reference information simply indicates that two Appeals share one or more pieces of information – such as a common Provider – and that they should be considered in light of that common information. (You can cross-reference Appeals because of other shared information, but a common Provider is likely to be the most common reason for creating the cross-reference.)

Do the following to cross-reference two Appeals:

- Perform a query to bring up the Appeal to which you would like to add cross-reference information. (See the “Performing Queries” section of Chapter 3 if you are unsure how to perform a query.)
- Click the Cross-Ref button to bring up the *Appeal Cross-References for Current Appeal* form.
- Click OK if a pop-up box comes up telling you that the “query caused no records to be retrieved”. (This pop-up box will appear only if the Appeal for which you are adding a cross-reference Appeal does not yet have any cross-reference Appeals.)
- Click in the “Provider Name” (or other List of Values field\*) field of the first blank cross-reference record (see Figure 3-5 on the next page for an example of a blank record and the location of the “Provider Name” field). OR, if there is not a blank cross-reference record on the form, click the Insert Row toolbar icon to add one, and then click in the “Provider Name” field of that new record. (See Appendix A, “Toolbar Icons”, if you are unfamiliar with the Insert Row icon.)
- With the cursor in the “Provider Name” field of the blank cross-reference record, click the List of Values toolbar icon to launch the *Potential Appeals Based on Provider Name* form. (See Appendix A, “Toolbar Icons”, if you are unfamiliar with the List of Values icon.)
- Scroll down the list of Appeals on the *Potential Appeals Based on Provider Name* form until you come to the desired Appeal, or perform a Find Button Query to more quickly locate the desired Appeal. (See the “Find Button Queries” portion of the “Performing Queries” section of Chapter 3 if you are unsure how to perform a Find Button Query.)
- Click on the desired Appeal to highlight it; then click the OK button to select it.
- If you want to cross-reference another Appeal, click in the “Provider Name” field of the next blank cross-reference record, and click the List of Values toolbar icon. OR, if there is not a blank cross-reference record on the form, click the Insert Row toolbar icon to add one, and then click in the “Provider Name” field of that new record. Then repeat the steps noted above for selecting the desired Appeal from the *Potential Appeals Based on Provider Name* form. (If you do not want to cross-reference another Appeal, click the OK button on the *Appeal Cross-References for Current Appeal* form to save the cross-reference information and dismiss the form.)

\*Other List of Values fields include “Medicaid No.”, “First Name”, and “Last Name”.

Internal ID	Provider Name	Medicaid No.	First Name	Last Name	Appeal Type	Inf. Req.	Agent	Inf. Disp.	Inf. Dec. Res.	Fm. Req.	Rec.
1172	Greener Pastures Nursing Home										
1171	Hill and Dale Nursing Home										

Figure 3-5. Next Blank “Provider Name” field.

This is a blank cross-reference record. (Each cross-reference record has two horizontal rows of fields. Field labels are towards the top of the form, just below the form’s title. The top row of labels corresponds to the top row of fields for each record.)

This is the next blank “Provider Name” field.

Note that the top row of field labels (beginning with “Internal ID”, towards the top of the form) corresponds to the top row of fields for each cross-reference record, so that “Provider Name” is the second field in the top row of fields for each record.

### Deleting Records (Appeals, Providers, Agents, Cross-References, etc.)

Depending on your user role, you may be permitted to delete various types of records from the Provider Appeals system. A “record” is all the pieces of information that belong to a single instance of any category of information. As an example, a single Provider record is made up of the name, address, and contact information that you add whenever you add a new Provider. Similarly, a single Appeal record is made up of all of the information that you add to an Appeal using the many fields on the user interface. A single Cross-Reference record “borrows” information from Provider records, but it is still its own Cross-Reference record and may still be deleted without affecting other records.

Do the following to delete a record (Appeal, Provider, Agent, Cross-Reference, etc.):

- Place your cursor in a field in the record you want to delete.
- Click the Delete Row icon on the toolbar. (See Appendix A, “Toolbar Icons”, if you are unfamiliar with the Delete Row icon.)
- Click Yes when asked to confirm that you want to perform a delete. (If you do not receive this message, read the Message Bar at the bottom-left corner of your screen to learn why the delete is not possible. See “Delete Restrictions” below for additional information.)
- Click the Save icon on the toolbar.

### Delete Restrictions

No matter what your user role, you cannot delete records that are “tied” to other records. Specifically, you cannot delete the following:

- An Appeal record that has one or more Cross-Reference records associated with it. [You must first delete the Cross-Reference record(s), and then delete the Appeal.]
- An Appeal that is a Cross-Reference for another Appeal. (You must first delete the Cross-Reference, and then delete the Appeal.)
- A Provider record that has one or more Appeals associated with it. [You must first delete the Appeal(s), and then delete the Provider.]

- An Informal Agent that is assigned to one or more Appeals. (You must first delete the Appeal, but only if it is appropriate to do so. More than likely you will not want to delete an Appeal just to eliminate an Agent's name from the list of Agents.)
- A Hearing Officer that is assigned to one or more Appeals. (You must first delete the Appeal, but only if it is appropriate to do so. More than likely you will not want to delete an Appeal just to eliminate a Hearing Officer's name from the list of Hearing Officers.)

## Working with Reports

Reports allow you to get Formal and Informal Appeal information out of the Provider Appeals system. If you couldn't retrieve data from the system in some logical format, the system would not be of much use to you. It would be like pouring data into a black hole and never seeing it again.

The Provider Appeals Reports menu provides access to reports for both Formal and Informal Appeals. Because the reports themselves are highly flexible, there are fewer options under the Reports menu than there are possible report formats. That is, Provider Appeals reports are not "pre-formatted" with certain columns and fields; you choose the information you want to see in every report.

Read the following subsections to learn how to generate and print customized reports for both Formal and Informal Appeals.

*. NOTE: The "Informal Appeal Report Rules" subsection is very important and you should read it before generating any Informal Appeals reports.*

## Informal Appeal Reports

You will generate an Informal Appeal report when you want to see specific Informal Appeal information from a certain angle or angles. The angle or angles you choose are actually *parameters*, and the information you see is in the form of *criteria* that you also choose.

For example, suppose you wanted to see the Case Summary Due dates ("Case Sum Due") for all Appeals that have an Informal Request Received ("Informal Request Received") date between 05/01/2000 and 06/30/2000. In this example, the Informal Request Received date is the parameter – or angle – for the information you want. The information you want is the list of Case Summary Due dates for Appeals. This information is the criterion that determines the information that will appear on the report for the chosen parameter.

The following screen shot indicates where on the Informal Report screen you will make parameter and criteria choices. Note that the screen shot shows only these portions (parameters and criteria) of the Informal Report screen. (Other areas of the screen will be discussed later.)

(See Figure 3-6 on next page.)

The screenshot shows a web-based report configuration interface. It is divided into two main sections:

- Report Query Criteria (Leave blank to indicate all):** This section contains various search filters. On the left, there are text input fields for 'Provider No', 'Informal Agent ID', 'Rep1 Last Name', 'Rep 2 Last Name', 'Rep Last/ First Name', 'Appeal Type' (dropdown), 'CSA Chain Name', 'IFFC Type' (dropdown), 'Informal Disposition' (dropdown), and 'Decision Result' (dropdown). On the right, there are date range filters for 'Case Summary Due', 'Informal Disposition Due', 'Written Submissions Due', 'IFFC Due Date', 'Additional Document Due', 'Informal Disposition Date', 'Informal Req. Received', 'Case Summary Received', 'IFFC Scheduled Date', and 'IFFC Held Date'. Each date filter has a 'To' field and a 'From' field.
- Report Information (Fields to be Displayed on the Report):** This section contains a grid of checkboxes for selecting which fields to include in the report. The fields include:
  - Rep Last Name 1, Rep First Name 1, Rep Middle Initial 1, Rep1 Firm Name, Rep1 Address 1
  - Rep1 City, Rep 1 State, Rep 1 Zip Code, Rep2 Last Name, Rep2 First Name
  - Rep 2 Firm Name, Rep2 Address 1, Rep2 Address 2, Rep2 City, Rep 2 State
  - Recip. Last Name, Recip. First Name, Recip. MI, CSA Chain Name, CSA FYE 1, CSA FYE 2
  - Dept Act Appeal From, Informal Req. Recv, Case Sum. Due, Case Summary Recv, IFFC Type
  - IFFC Sched. Date, IFFC Held Date, IFFC Dec Draft Begin, IFFC Dec Draft End, Addtl. Doc. Due
  - Written Sub. Due, Written Sub. Recv., Inform. Disposition Due, Inform. Disposition Date, Inform. Disposition

Figure 3-6. Informal Appeals Report Screen: Parameters and Criteria Sections.

### Informal Appeal Report Rules

Do not skip this subsection. The following are very important things to remember when you generate an Informal Appeals report:

← You choose report parameters and report columns (i.e., criteria) in two different places on the screen. You choose the parameters in the top portion; you choose the column names in the middle portion (see Figure 3-6 above.) The following is an explanation of the difference between parameters and criteria and what each means:

Parameters act as “common denominators” among report items. In other words, you should choose for the parameters whatever information you want all report items to share; you should choose as report columns the information you want to see for all the records that share that common information. Revisit the example above. In that example, the Informal Request Received date is the common information because all records returned will have Informal Request Received dates sometime between September 30 and November 30 of 2000. The Case Summary Due report column will show different dates for all Appeals that meet the September – November criterion.)

↑ There is “overlap” between what you can choose for parameters and what you can select for report columns.

→ There are four default columns that are programmed to show up on every report. These include the following:

- Provider ID
- Provider Name
- Appeal Type
- Agent ID

↓ You decide the name for each report that you generate. Parameters are **NOT** indicated on reports; requested information is. For this reason, you should name the report in terms of the parameters that you selected.

For example, suppose you want to find the “Dept Act Appealed From” for all Providers who have an “Informal Decision Date” between 09/30/2000 and 11/30/2000.

You should name this report, “Informal Decision Date – 09/30/2000 to 11/30/2000”. (The columns on the report will include “Dept Act Appealed From”, so I will know upon looking at the report that the “Dept Act Appealed From” items I am seeing are relative to the dates specified in the title.)

Figure 3-7 below shows the report title fields. You have three full lines to use, so your titles can easily indicate every parameter you have chosen.



Figure 3-7. Report Title Fields.

° You can use the drop-down fields at the bottom of the screen to choose a primary column by which to order the information on the report. For example, suppose you want all Agent IDs that are the same to be clumped together in the standard “Agent ID” column. To make this happen, you would choose “Agent ID” as the first “Sort” field. (Figure 3-8 below shows the four sort field drop-down boxes where you make your sort field selections.)



Figure 3-8. Sort Field Drop-down Boxes.

Note that secondary Sort field selections only apply to groups of primary Sort fields, and not the report at large. For example, if you choose “Agent ID” as the primary sort field and “Provider Name” as the second sort field, Provider Names will appear in alphabetical order on the report, *but only within alphabetized groups of like Agent IDs*. See the example below.

<p>“Provider Name” is the second Sort field, so Provider Names are sorted alphabetically in terms of the first Sort criterion, which is Agent ID. This means that Provider Names are alphabetical within alphabetized groups of Agent IDs.</p>	<p>→</p>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left; width: 30%;"><u>Agent ID</u></th> <th style="text-align: left;"><u>Provider Name</u></th> </tr> </table>	<u>Agent ID</u>	<u>Provider Name</u>	<table border="0" style="width: 100%;"> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">ADB1</td> <td>Apperson’s Pharmacy</td> </tr> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">ADB1</td> <td>Best Care Elderly Care</td> </tr> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">ADB1</td> <td>Care Unlimited</td> </tr> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">ADB1</td> <td>Doctors Unlimited</td> </tr> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">BDB1</td> <td>American Fitness Clinic</td> </tr> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">BDB1</td> <td>Best Care Elderly Care</td> </tr> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">BDB1</td> <td>Costco Pharmacy</td> </tr> </table>	ADB1	Apperson’s Pharmacy	ADB1	Best Care Elderly Care	ADB1	Care Unlimited	ADB1	Doctors Unlimited	BDB1	American Fitness Clinic	BDB1	Best Care Elderly Care	BDB1	Costco Pharmacy
<u>Agent ID</u>	<u>Provider Name</u>																		
ADB1	Apperson’s Pharmacy																		
ADB1	Best Care Elderly Care																		
ADB1	Care Unlimited																		
ADB1	Doctors Unlimited																		
BDB1	American Fitness Clinic																		
BDB1	Best Care Elderly Care																		
BDB1	Costco Pharmacy																		

If the second Sort field were NOT in terms of the first Sort field, you would see the following, where the Provider Names are in straight alphabetical order:

<u>Agent ID</u>	<u>Provider Name</u>
BDB1	American Fitness Clinic
ADB1	Apperson’s Pharmacy
ADB1	Best Care Elderly Care
BDB1	Best Care Elderly Care
ADB1	Care Unlimited
BDB1	Costco Pharmacy
ADB1	Doctors Unlimited

The third Sort field is in terms of the second one; the fourth one is in terms of the third one. Note that making Sort selections is optional.

± You must choose a report format (Standard, Extended, or Comment) based on the amount of information you specified in the criteria section of the screen and whether or not you want the report to display the information in the “Informal Comments” field.

The table below shows how much of each type of information each report format includes.

Report Format	Includes this Information
Standard*	<ul style="list-style-type: none"> <li>• Any number of parameters</li> <li>• 1-6 pieces of criteria</li> </ul>
Extended*	<ul style="list-style-type: none"> <li>• Any number of parameters</li> <li>• 7-12 pieces of criteria</li> </ul>
Comment*	<ul style="list-style-type: none"> <li>• Any number of parameters</li> <li>• 1-6 pieces of criteria</li> <li>• Whatever is in the “Informal Comments” field on the Appeal form</li> </ul>

**Table 3-9. Informal Appeal Report Formats.**

\*Includes the four standard columns noted above (Provider ID, Provider Name, Appeal Type, Agent ID) in addition to what is specified in the “Includes this Information” column of the table.

You specify the report format by clicking the corresponding radio button:

These buttons are located towards the bottom of the screen on the right. You may have to use the vertical scroll bar along the right side of the screen to scroll down to them.

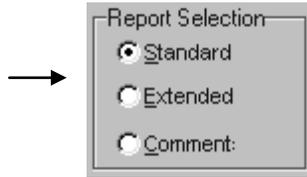


Figure 3-10. Report Selection Radio Buttons.

You can return to the Provider Appeals screen from the Reports screen by clicking the File menu and choosing the Exit option.

### Generating and Printing Informal Appeal Reports

Do the following to generate and print an Informal Report:

- Click the Reports menu.
- Click the Informal Appeals option to select it.
- Choose the desired parameters and criteria by specifying date ranges and/or clicking checkboxes. See item #1 in the “Informal Appeal Report Rules” subsection above for additional information.
- Type a name for the report in the “Report Title” field. Be sure to indicate ALL of the report parameters in the title. (See item #4 in the “Informal Appeal Report Rules” subsection above for additional information.)
- Select Sort fields as desired. See item #5 in the “Informal Appeal Report Rules” subsection above for additional information. Note that use of the Sort feature is not required.
- Choose a report format that reflects your criteria selections. See item #6 in the “Informal Appeal Report Rules” section above for additional information.
- Click the Run Report button (towards the bottom-right part of the screen) to generate the report.
- Click the Print button at the top of the screen to print the report.

*NOTE: When using a date range for a parameter, you must put a date in both the “From” and “To” fields, even if you only want to see criteria for a single date. See Figure 3-11 below.*

This is the proper way to indicate a single date as a date range.

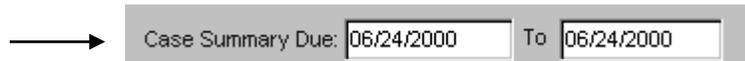


Figure 3-11. Single-date Date Range.

You must always fill both the “To” and “From” fields, so you use the same date when you want to generate information for a single day only.

### Formal Appeal Reports

You will generate a Formal Appeal report when you want to view information about Formal Appeals in the Provider Appeals system.

The Formal Appeal report screen is relatively simple and contains fewer options than the Informal Appeal report screen. See Figure 3-12 below.

**Formal Appeal Report Menu Screen**  
**Select Report Criteria\***

Formal Disposition	<input type="text"/>			
Director Decision Result	<input type="text"/>			
Documentary Evid. Due	<input type="text"/>	To	<input type="text"/>	You can choose only ONE "From" and "To" date range for each report.
Formal Hearing Scheduled	<input type="text"/>	To	<input type="text"/>	
Formal Hearing Due	<input type="text"/>	To	<input type="text"/>	
Exceptions To HO Due	<input type="text"/>	To	<input type="text"/>	
HO Recommendations Due	<input type="text"/>	To	<input type="text"/>	
Opening Briefs Due	<input type="text"/>	To	<input type="text"/>	
Reply Briefs Due	<input type="text"/>	To	<input type="text"/>	

Run Report
Clear Criteria
Exit Screen

**Figure 3-12. Formal Appeal Report Screen.**

### Formal Appeal Report Rules

The information in this subsection is very important. Read it before you attempt to generate and print any Formal Appeal reports.

← You can indicate only one date range parameter per report. That is, you can fill in “From” and “To” dates for only one of the Formal Appeal fields shown on the report screen. (See Figure 3-12.)

↑ You cannot choose the categories of information that appear on the Formal Appeal report the way you can with the Informal Appeal report. Every Formal Appeal report contains all of the following fields:

- |                                   |  |
|-----------------------------------|--|
| Formal Request Received           | Formal Request Due                     |
| Hearing Officer ID                | Hearing Officer Appointed Date         |
| Documentary Evidence Due          | Documentary Evidence Filed by DMAS     |
| Formal Hearing Due                | Formal Hearing Scheduled               |
| Opening Briefs Due                | Dept Opening Briefs Filed              |
| Dept Reply Briefs Due             | Dept Reply Briefs Filed                |
| Provider Reply Briefs Due         | Provider Reply Briefs Filed            |
| Exceptions to Hearing Officer Due | HO Recommendation Received             |
| HO Recommendation Due             | Formal Disposition Result              |
| Formal Disposition Due            | Formal Disposition                     |
| Formal Disposition Date           | Documentary Evidence Filed by Provider |
| Appeal Status                     | Formal Hearing Held                    |
| Formal Comments                   | Prov Opening Briefs Filed              |

→ You can return to the main interface screen by clicking the File menu and choosing the Exit option.

*. NOTE: When using a date range for a parameter, you must put a date in both the “From” and “To” fields, even if you only want to see criteria for a single date. See Figure 3-13 below.*

This is the proper way to indicate a single date as a date range.

**Figure 3-13. Single-date Date Range.**

You must always fill both the “To” and “From” fields, so you use the same date when you want to generate information for a

### Generating and Printing Formal Appeal Reports

Review the “Formal Appeal Report Rules” subsection above before generating and printing a Formal Appeal report. Then, do the following to generate and print a Formal Report:

- Click the Reports menu.
- Click the Formal Appeals option to select it.
- Choose the desired parameter(s). (You can select only one date range, but you can include “Formal Disposition” and /or “Director Decision Result” with it.)
- Click the Run Report button to generate the report.
- Click the Print button on the Previewer to print the report.

## Appendix A – Toolbar Icons

The following explains the function of the icons on the Provider Appeals toolbar.

### Query



The Query icon has two functions: It puts the Provider Appeals system in Query mode the first time you click it, and it executes a query the second time you click it. (See the “Performing Queries” section of Chapter 3 for additional information.)

### Save



The Save icon saves changes and information to the database.

### List of Values (List)



The List icon displays a List of Values for the field where the cursor is currently located if that field has a List of Values associated with it.

### Insert Row



The Insert Row icon clears the current record and displays a blank one in which you can type new information for a new record.

### Delete Row



The Delete Row icon deletes the current record.

### Edit



The Edit icon displays an edit pop-up box for the field where the cursor is located. You can use the pop-up box to edit or add text for that field.

### Next Row



The Next Row icon advances the cursor to the next record in a series.

### Previous Row



The Previous Row icon takes the cursor to the previous record in a series.

### Previous Item



The Previous Item icon takes the cursor to the data entry field that programmatically precedes the field where the cursor is located. This may or may not be the same as the field whose physical placement on the screen precedes the current field.

### Next Item



The Next Item icon takes the cursor to the data entry field that programmatically comes after the field where the cursor is located. This may or may not be the same as the field whose physical placement on the screen comes after the current field.

### Clear Changes



The Clear Changes icon clears the form of the current record and populates it with the next one in a series of records.

### Print



The Print icon displays the Print dialog box for choosing printer/printing options.

## Exit



The Exit icon does one of two things, depending on whether or not the system is in Query mode:

- If the system is in Query mode, the Exit icon cancels the query.
- If the system is not in Query mode, the Exit icon takes you out of the Provider Appeals application.

## Item Hint



The Item Hint icon displays in the Message Bar a hint about the kind of information that should go in the field where the cursor is located.

## Appendix B – Menus and Menu Items

This appendix explains the menus and menu selections of the Provider Appeals system

### File

The File menu provides four basic functions:

#### Clear All

Clears all fields for the current Appeal and closes any forms that are open (such as the Cross-Ref form). Note that Clear All does not delete records from the database.

#### Save

Saves current data to the database.

#### Print

Captures the image on the screen and prints it.

#### Exit

Exits you out of the Provider Appeals application.

### Edit

Edit menu options allow you to transfer, clear, or replicate selected text, fields, and records.

#### Cut

Cuts the selected text. (To place cut text in another field, click Edit/Paste.)

*. NOTE: To select text, place the cursor to the left of the first letter of the first word that you want to select. Then, drag the mouse across all of the text you want to select. Dark blue highlighting around the text indicates that it has been selected.*

#### Copy

Copies the selected text. (To place copied text in another field, click Edit/Paste.)

#### Paste

Pastes text that you have cut or copied. (To cut or copy text, select the text with the mouse and click Edit/Cut or Edit/Copy.)

#### Edit

Brings up the editable Editor box for the field where the cursor is.

### Field

Field menu options provide functionality that is specific to individual fields.

#### Previous

Moves the cursor to the previous field as determined by the programmed field sequence.

#### Next

Moves the cursor to the next field as determined by the programmed field sequence.

#### Clear

Clears the cursor field.

Duplicate

Duplicates the previous record's value for the same field.

**Record**

Record menu options provide functionality that is specific to individual records.

Previous

Moves the cursor to the previous record in a group of records.

Next

Moves the cursor to the next record in a group of records.

Scroll Up

Moves the cursor to the previous record in a group of records.

Scroll Down

Moves the cursor to the next record in a group of records.

Clear

Clears the current record off the screen without deleting the record.

Remove

Deletes the current record. (This option will not delete the current record if the record has other records "tied" to it. See the "Delete Restrictions" section of Chapter 3 for additional information.)

Insert

Inserts a blank record.

Duplicate

Duplicates in a new record the information for whatever record was most recently on the screen. You can only use this function with a new record.

Lock

Prevents other users from modifying a record while you are looking at it. (The system automatically prevents two users from updating the same record at the same time.) Unlocking occurs automatically when you save the information on the record, leave the record, or exit the application.

**Query**

The Query menu allows you to perform a variety of functions related to querying the database.

Enter

Clears the screen and places the Provider Appeals system in query mode.

Execute

Executes any type of query.

Last Criteria

Puts the Provider Appeals system in Query mode and inserts in the appropriate fields whatever search criteria was used in the last query.

Cancel

Cancels Query mode.

### Count Hits

Counts the number of records the current query criteria will return and displays the number in the Message Bar.

Do the following to use the Count Hits option:

- Go to the place where you want to perform the query. (The type of record you want the system to return will determine where you go. For example, if you wanted to bring up a Provider record, you would go to the Provider option under the Maintenance menu to execute this query. To return an Appeal record, you would stay on the user interface.)
- Click the Query icon on the toolbar to put the system in Query mode.
- Type the information you want to query for. (For example, if you are querying for all Appeals that were added on 2/29/2000, you would type “2/29/2000” in the “Entered On” field at the top of the user interface.)
- Click the Query menu, and click the Count Hits option to select it.
- Read the Message Bar. (As an example, it will say, “Query will retrieve 23 records.”)

If you still want to execute the query, do the following:

- Click the Query button.

If the query will return too many records and you do not want to execute it, do the following:

- Click the Exit icon on the toolbar.

### Fetch Next Set

Advances the cursor to the next record in a set.

## Maintenance

Maintenance menu options allow you to add and update Providers, Informal Appeal Agents, and Hearing Officers.

### Provider

Takes you to the *Providers of the DMAS Provider Appeal* form where you can add, update, or delete Providers.

### Informal Agent

Takes you to the *Informal Appeals Agents of the DMAS Provider Appeal* form where you can add, update, or update Agent names.

### Hearing Officer

Takes you to the Hearing Officers of the DMAS Provider Appeal form where you can add, update, or delete Hearing Officer names.

## Window

The Window menu offers functionality for manipulating the display of Windows on the screen.

### Cascade

Creates overlapping layers out of the open Windows so that a portion of each Window is visible.

Tile

Creates side-by-side “tiles” out of the open Windows.

Arrange Icons

The Arrange Icons option is a standard Windows option that arranges Desktop icons. This option does not apply to the Provider Appeals system.

**Help**

The Help menu provides access to on-screen information about fields, function keys, and messages.

Help

Displays explanatory text for the current field (the field where the cursor is located) in the Message Bar.

Keys

Displays a list of shortcut keys for performing a wide range of functions.

List

Displays the List of Values for the field where the cursor is located if one exists for that field.

Display Error

Displays information about any errors that recently occurred. This option is useful when a user is trying to help a PRU application developer retrace the cause of an error.

Debug

The Debug option is for Provider Appeals application developers and should be ignored by Provider Appeals users.

## Appendix C – Date Calculation Formulas

The Provider Appeals system automatically calculates certain dates relative to other dates. As an example, the “Written Submission Due” field (in the Informal Appeal section) is automatically calculated at 90 days after whatever date the user enters in the “Request Received” date field.

The system also automatically updates system-calculated date fields when you edit any of the dates on which they depend. For example, the “Additional Docu Due” field is programmed to reflect a date that is 30 days after the date in the “IFFC Held Date” field. If you access an existing Appeal and change the date in the “IFFC Held Date”, the system will automatically recalculate the “Additional Docu Due” field to reflect a date that is 30 days after it. This is a very handy feature because it ensures the accuracy of your deadline-type dates even when edits to original dates have been made.

Table C-1 below explains all of the date calculation formulas that the Provider Appeals system uses.

Programmed Date Fields	Date Calculation Formulas
<i>Informal Appeal Section:</i>	
“Written Submission Due”	“Request Received” date + 90 days
“Case Summary Due”	“Request Received” date + 30 days
“IFFC Due”	“Request Received” date + 90 days
“Additional Docu Due”	“IFFC Held Date” date + 30 days
“Informal Disposition Due”	“Request Received” date + 180 days
“Days to Dispose Appeal”*	“Informal Disposition Made” date – “Informal Request Received” date
<i>Formal Appeal Section:</i>	
“Request Due”	“Informal Disposition Made” + 30 days  . NOTE: The “Informal Disposition Made” field is in the Informal Appeal section of the screen.
“Documentary Evidence Due”	“Request Received” date + 21 days
“Objections to Docu Due”	“Documentary Evidence Filed” date + 7 days
“HO Rule Objections Due”	“Objections to Docu Filed” + 7 days
“Hearing Due”	“Request Received” date + 45 days
“Opening Briefs Due”	“Hearing Held” date + 30 days
“Reply Briefs Due (P)”	“Opening Briefs Filed (P)” date + 10 days
“Reply Briefs Due (D)”	“Opening Briefs Filed (D)” date + 10 days
“HO Recommendation Due”	“Request Received” date + 120 days
“Exceptions to HO Due”	“HO Recommendation Received” date + 30 days
“Formal Disposition Due”	“HO Recommendation Received” date + 60 days
“Days to Dispose Appeal”*	“Formal Disposition Made” date – “Formal Request Received” date
<i>Court Section:</i>	
“Days to Dispose Appeal”*	“Court Order Entered” date – “Court Notice Received” date

**Table C-1. Programmed Date Fields and Corresponding Date Calculations.**

. NOTE: The information in the table above is only for reference, and it may not be of use or interest to you in your job.

\*Non-enterable field.

## Appendix D – Frequently Asked Questions (FAQs)

The answers to the following questions intend to help you as you use the Provider Appeals system.

**Q:** Why Can't I scroll to the bottom of the user interface without it popping back up to the top?

**A:** The position of the cursor determines which part of the user interface you see. To see the bottom portion of the user interface, place your cursor in one of the fields towards the bottom. You can either advance there by pressing **Enter**, or you can scroll down and click.

**Q:** How do I use the "HO" and "Agent" fields?

**A:** These fields require you to click the List of Values icon on the toolbar. Do the following to use these fields:

- With your cursor in the desired field ("HO" or "Agent"), click the List of Values icon on the toolbar.
- Scroll down the list of names that pops up until you come to the one you want.
- Click on the desired name to highlight it.
- Click the OK button to select the name and dismiss the pop-up box.

**Q:** How do I add a new Appeal when I already have one on the screen?

**A:** Click the Insert Row icon on the toolbar.

*. NOTE: You can click the Insert Row icon to add other types of records (e.g., Providers, Agents, Cross-References, etc.) as well, not just Appeal records.*

**Q:** What are the "# Appeals" and "# Refs" fields used for?

**A:** The numbers in these fields indicate the number of Appeals the current Provider has and the number of Cross-References the current Appeal has, respectively. You cannot add data to these fields because they are protected against user update.

**Q:** Why can't I delete a certain record when I click the Delete Row icon?

**A:** If you cannot delete a certain record, it is most likely because that record has other records "tied" to it. See the "Delete Restrictions" section in Chapter 3 for information on what to do to in order to be able to delete the record.

**Q:** Can I perform a query in a field that has a gray background?

**A:** Yes. While you cannot type data into these fields, you can query on all of them except “# Appeals” and “# References”.

**Q:** Why can't I type in some of the fields?

**A:** If you can't type in a field, then it probably has a gray background and is a “non-enterable” field. These fields are populated automatically by the system.

**Q:** If I am in the process of adding an Appeal when I discover that the Hearing Officer (or Agent) I need is not in the List of Values, do I have to exit out of the Appeal in order to add the name (using the Maintenance menu)?

**A:** No, you do not have to exit out of the Appeal to add an Agent or Hearing Officer.

**Q:** How can I query for Appeals that have a status that is “Open”, when there is no way to choose “Open” as a piece of query criterion, per se?

**A:** To leave the “Closed?” checkbox blank in an Appeal record effectively marks that Appeal record as “Open”, but to leave the “Closed?” checkbox blank in a query does something different entirely. Because a query that neither checks the “Closed?” checkbox nor specifies any other criteria is in effect a General Query, it returns both closed and open Appeal records – not just open Appeal records.

To query for only those Appeals that are open, do the following:

- Click the Query icon on the toolbar to put the system in Query Mode.
- Click the “Closed?” checkbox to populate it with a checkmark.
- Click the “Closed?” checkbox again to remove the checkmark.
- Click the Query icon a second time to execute the query.

**Q:** Why can't I add, update, or delete information in either the Formal Appeal section or the Court section of the screen?

**A:** If your user role is not “Manager”, then you cannot add, update, or delete any information in the Formal Appeal and Court sections of the screen. See the “User Roles” section of Chapter 1 for additional information.