General Information

The Provider Profile Maintenance functionality provides a secure means for authorized provider users to change demographics, update disclosure information, submit revalidation and monitor the status of that revalidation. This information can be updated across sites. In addition, a user with the authorization to update servicing provider information for a group will be able to make the updates to any/all of the servicing providers within their group (associated with the group provider's location).

Registered providers, who have signed in to the portal and been authenticated will have access to this functionality. Also DMAS and Xerox with super user capability will be able to view the Provider Profile Maintenance screen but cannot perform any updates.

Access to the Provider Maintenance functionality is controlled through a menu screen with the following options:

- Provider Profile Maintenance – allows users to review and/or update demographic information associated with addresses, phone numbers, contacts, etc.
- Disclosure Information – allows user to review and/or update owner and control information for disclosing entities.
- Revalidation Submission – allows users to submit or view their revalidation information when due.
- Revalidation Status Tracking – gives users the ability to monitor the status of their revalidation from submission through final conclusion during the revalidation period.

The Provider Profile Maintenance screen is accessed via the DMAS Medicaid Provider Web Portal's navigation tab. All fields reflect what is currently captured within the Medicaid Management Information System (MMIS). Some fields are updatable and can be entered, updated or deleted in order to correct the captured information. All fields updated on the portal screen are captured and used to update the VA MMIS database tables.

For information that is incorrect in fields that are not updatable, the user is requested to contact the Virginia Medicaid to correct.

Data Elements

Data Elements Previously defined:

- Submitter ID (pDE-0006)
- Provider Suffix (pDE-0500)
- Provider Title (pDE-0501)
- Provider IRS Name (pDE-0502)
- Enrollment Requested Effective Date (pDE-0505)
- License Board (pDE-0506)
- License Issuing State (pDE-0507)
- Signature Waiver Ind (pDE-0511)
- Relationship From EIN/SSN (pDE-0516)
- Relationship Who EIN/SSN (pDE-0517)
- Date Screened (pDE-0529)
- Action Indicator (pDE-0530)
- Record Sequence Number (pDE-0531)
- EFT – Banking Institution (pDE-0546)
- EFT – Routing Number (pDE-0547)
- EFT – Account Number (pDE-0548)
- EFT Exemption Ind (pDE-0549)
- Electronic Claims Submission Ind (pDE-0554)
- Group Practice TIN (pDE-0557)
- Provider ID (NPI/API) (pDE-0610)
- FEIN/SSN (pDE-0611)
- Associated Servicing NPI (pDE-0612)
- Provider Name (pDE-0613)
- Status (pDE-0614)
- Provider Group ID (pDE-0615)
- Group Name (pDE-0616)
- Site Ind – Site ID (pDE-0617)
- Site Ind – Sites (pDE-0618)
- Active Provider Sites (pDE-0619)
- Program Code (pDE-0620)
- Program Code Description (pDE-0621)
- Provider Type (pDE-0622)
- Provider Type Description (pDE-0623)
- License Number (pDE-0624)
- Specialty Code (pDE-0625)
- Specialty Code Description (pDE-0626)
- Languages (pDE-0627)
- Servicing Address – Attn (pDE-0628)
- Servicing Address – Office Phone (pDE-0629)
- Servicing Address – Office Ext (pDE-0630)

- Servicing Address – Fax (pDE-0631)
- Servicing Address – Address 1 (pDE-0632)
- Servicing Address – City (pDE-0633)
- Servicing Address – State (pDE-0634)
- Servicing Address – Zip (pDE-0635)
- Servicing Address – Zip Extn (pDE-0636)
- Servicing Address – 24 Hr Phone (pDE-0637)
- Servicing Address – 24 Hr Ext (pDE-0638)
- Servicing Address – TDD (pDE-0639)
- Servicing Address – TDD Ext (pDE-0640)
- Servicing Address – Email (pDE-0641)
- Servicing Address – Contact Name (pDE-0642)
- Servicing Address – Contact Phone (pDE-0643)
- Servicing Address – Contact Ext (pDE-0644)
- Correspondence Address – Attn (pDE-0645)
- Correspondence Address – Office Phone (pDE-0646)
- Correspondence Address – Office Ext (pDE-0647)
- Correspondence Address – Fax (pDE-0648)
- Correspondence Address – Address (pDE-0649)
- Correspondence Address – City (pDE-0650)
- Correspondence Address – State (pDE-0651)
- Correspondence Address – Zip (pDE-0652)
- Correspondence Address – Zip Extn (pDE-0653)
- Correspondence Address – TDD (pDE-0654)
- Correspondence Address – TDD Ext (pDE-0655)
- Correspondence Address – Email (pDE-0656)
- Pay To Address – Attn (pDE-0657)
- Pay To Address – Office Phone (pDE-0658)
- Pay To Address – Office Ext (pDE-0659)
- Pay To Address – Fax (pDE-0660)
- Pay To Address – Address (pDE-0661)
- Pay To Address – City (pDE-0662)
- Pay To Address – State (pDE-0663)
- Pay To Address – Zip (pDE-0664)
- Pay To Address – Zip Extn (pDE-0665)
- Pay To Address – TDD (pDE-0666)
- Pay To Address – TDD Ext (pDE-0667)
- Pay To Address – Email (pDE-0668)
- Pay To Address – Contact Name (pDE-0669)
- Pay To Address – Contact Phone (pDE-0670)
- Pay To Address – Contact Ext (pDE-0671)
- Remittance Address Flag (pDE-0672)
- Remittance Advice Address – Attn (pDE-0673)
- Remittance Advice Address – Office Phone (pDE-0674)
- Remittance Advice Address – Office Ext (pDE-0675)

- Remittance Advice Address – Fax (pDE-0676)
- Remittance Advice Address – Address (pDE-0677)
- Remittance Advice Address – City (pDE-0678)
- Remittance Advice Address – State (pDE-0679)
- Remittance Advice Address – Zip (pDE-0680)
- Remittance Advice Address – Zip Extn (pDE-0681)
- Remittance Advice Address – TDD (pDE-0682)
- Remittance Advice Address – TDD Ext (pDE-0683)
- Remittance Advice Address – Email (pDE-0684)
- License Begin Date (pDE-0906)
- License End Date (pDE-0907)
- Facility Administrator - Last Name (pDE-0910)
- Record Code (pDE-0911)
- Case Type (pDE-0912)
- APIN Indicator (pDE-0915)
- ORP Indicator (pDE-0919)
- NPI Type (pDE-0956)
- Attachment File Name (pDE-0976)
- Payment Type Ind (pDE-0977)
- Application Payment Amount (pDE-0978)
- Provider Last Name (pDE-0981)
- Provider First Name (pDE-0982)
- Provider Middle Initial (pDE-0983)
- Error Code (pDE-0985)
- Error Name (pDE-0986)
- Error Message (pDE-0987)
- Pay Fee to VA Ind (pDE-0989)
- Disclosure Entity Ind (PDE-0990)

Data Elements NOT Previously Defined:

- Provider Date Of Birth (PDE-0685)
- Provider Termination Date (PDE-0686)
- Bypass Label Ind (PDE-0687)
- Disclosed Entity – First Name (PDE-0688)
- Disclosed Entity – Last/Org Name (PDE-0689)
- Disclosed Entity – Title (PDE-0690)
- Disclosed Entity – Date Of Birth (PDE-0691)
- Disclosed Entity – SSN/TIN (PDE-0692)
- Disclosed Entity – Entity Type (PDE-0693)
- Disclosed Entity – Address (PDE-0694)
- Disclosed Entity – City (PDE-0695)
- Disclosed Entity – State (PDE-0696)
- Disclosed Entity – Zip (PDE-0697)
- Disclosed Entity – Percent (PDE-0698)

- Relationship – First Name (PDE-0699)
- Relationship – Last Name (PDE-0700)
- Relationship – Type (PDE-0701)
- Relationship To – First Name (PDE-0702)
- Relationship To – Last Name (PDE-0703)
- Subcontractor – First Name (PDE-0704)
- Subcontractor – Last/Org Name (PDE-0705)
- Subcontractor – Title (PDE-0706)
- Subcontractor – Date Of Birth (PDE-0707)
- Subcontractor – SSN/TIN (PDE-0708)
- Subcontractor – Address (PDE-0709)
- Subcontractor – City (PDE-0710)
- Subcontractor – State (PDE-0711)
- Subcontractor – Zip (PDE-0712)
- Subcontractor – Percent (PDE-0713)
- Other Entity – First Name (PDE-0714)
- Other Entity – Last/Org Name (PDE-0715)
- Other Entity – Title (PDE-0716)
- Other Entity – Date Of Birth (PDE-0717)
- Other Entity – SSN/TIN (PDE-0718)
- Other Entity – Address (PDE-0719)
- Other Entity – City (PDE-0720)
- Other Entity – State (PDE-0721)
- Other Entity – Zip (PDE-0722)
- Other Entity – Percent (PDE-0723)
- Criminal Offenses – First Name (PDE-0724)
- Criminal Offenses – Last/Org Name (PDE-0725)
- Criminal Offenses – Title (PDE-0726)
- Criminal Offenses – Date Of Birth (PDE-0727)
- Criminal Offenses – SSN/TIN (PDE-0728)
- Criminal Offenses – Address (PDE-0729)
- Criminal Offenses – City (PDE-0730)
- Criminal Offenses – State (PDE-0731)
- Criminal Offenses – Zip (PDE-0732)
- Assessed Fines – First Name (PDE-0733)
- Assessed Fines – Last/Org Name (PDE-0734)
- Assessed Fines – Date Of Birth (PDE-0735)
- Assessed Fines – SSN/TIN (PDE-0736)
- Assessed Fines – Address (PDE-0737)
- Assessed Fines – City (PDE-0738)
- Assessed Fines – State (PDE-0739)
- Criminal Offenses – Zip (PDE-0740)
- Adverse Legal Action Ind (PDE-0741)
- Attestation Ind (PDE-0742)
- Electronic Signature (PDE-0743)

- Prior Screening - Agency (PDE-0744)
- Prior Screening – Medicaid State (PDE-0745)
- Prior Screening – Approval Date (PDE-0746)
- Prior Screening – Screening Status Ind (PDE-0747)
- Revalidation - Fee Ind (PDE-0748)
- Hardship Exception Request Submission Date (PDE-0749)
- Revalidation – Fee Agency (PDE-0750)
- Revalidation – Medicaid State (PDE-0751)
- Revalidation – Fee Paid Date (PDE-0752)
- Appl/Disc/Reval Tracking Number (PDE-0753)
- Revalidation – Submission Date (PDE-0754)
- Revalidation – Current Status (PDE-0755)
- Revalidation – Percent Complete (PDE-0756)
- PES User ID (PDE-0757)
- Document Control Number (PDE-0758)
- Prior Screening - Indicator (PDE-0759)
- Revalidation - Hardship Ind (PDE-0760)
- Revalidation – Fee Paid Ind (PDE-0761)
- Provider Termination Ind (PDE-0762)
- Risk Category (PDE-0763)
- Risk Score (PDE-0764)
- Previous Screen Indicator (PDE-0765)
- Application Fee Required Indicator (PDE-0766)
- Address Type Code (PDE-0768)
- Phone Type Code (PDE-0769)
- Attachment Type Code (PDE-0770)
- Attachment Submitted Date (PDE-0771)
- Phone Type Description (PDE-0772)
- Address Type Description (PDE-0773)
- Language Type Description (PDE-0774)
- TIN Effective Date (PDE-0775)

Submitter ID (PDE-0006)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0006
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
RPT-PPAR-0001	PPM Audit Report Summary (Cognos)
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0001	WP_USER_SK	WP_AUD_MNG_PRFL_TBL

Provider Suffix (PDE-0500)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0500
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Provider Title (PDE-0501)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0501
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Provider IRS Name (PDE-0502)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0502
Page	Revalidation Submission
Portlet Name	Tax Information
Element Type	Display
Field Type	Display Only

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Enrollment Requested Effective Date (PDE-0505)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0505
Page	Revalidation Submission
Portlet Name	Tax Information
Element Type	Display
Field Type	Display Only

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

License Board (PDE-0506)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0506
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

License Issuing State (PDE-0507)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0507
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Signature Waiver Ind (PDE-0511)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0511
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Relationship From EIN/SSN (PDE-0516)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0516
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Relationship Who EIN/SSN (PDE-0517)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0517
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_REL_SSN_ID	WP_PROV_DSCLSR_INDIV_TB

Date Screened (PDE-0529)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0529
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Action Indicator (PDE-0530)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0530
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Record Sequence Number (PDE-0531)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0531
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

EFT – Banking Institution (PDE-0546)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0546
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

EFT – Routing Number (PDE-0547)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0547
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

EFT – Account Number (PDE-0548)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0548
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

EFT Exemption Ind (PDE-0549)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0549
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Electronic Claims Submission Ind (PDE-0554)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0554
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

On Provider Enrollment Applications:
Y – Yes (EDI & DDE)
N – No (Exemption)

On the Enrollment/Provider Maintenance – Batch File:
Y – Yes; Exemption requested
N – EDI or DDE claims; no exemption needed

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Group Practice TIN (PDE-0557)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0557
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Provider ID (NPI/API) (PDE-0610)

General Information

A unique identification number assigned to a provider.

Page	Provider Maintenance, Profile Maintenance, Disclosure Submission, Revalidation, Application/Revalidation – Check Payment, Application/Revalidation – Credit Card Payment, Application/Revalidation – Credit Card Payment by Mail
Portlet Name	Profile Evalon
Element Type	Text Box – Provider Maintenance ID Entry Display – All others
Data Type	Numeric
Field Type	Required – Provider Maintenance ID Entry Protected – All others
Size	10
MMIS Data Element	National Provider Identifier
MMIS DE Number	DE4700

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

PPM-F-0002	Enrollment/Provider Maintenance – INP File
RPT-PPAR-0001	PPM Audit Report Summary (Cognos)
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0001	Profile Maintenance ID Entry
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission
PPM-S-0010	Check Payment
PPM-S-0011	Credit Card Payment
PPM-S-0012	Credit Card Payment Error
PPM-S-0015	Credit Card Payment by Mail

Tables – MMIS/DB2

Table Column Name	Table Name
I_PROV_NPI	PS_NPI_XREF

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0001	WP_NPI_ID	WP_AUD_MNG_PRFL_TB
PPM-T-0009	WP_NPI_ID	WP_PROV_DSCLSR_TB
PPM-T-0012	WP_NPI_ID	WP_REVLDTN_TB

FEIN/SSN (PDE-0611)

General Information

The Federal Employer Identification Number (FEIN) or Social Security Number (SSN) associated with the provider.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile Tax Information
Element Type	Text Box
Data Type	Numeric
Field Type	Protected
Size	9
MMIS Data Element	Provider Alternate ID Numbers
MMIS DE Number	4014

Business Rules

- This field should always be protected.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report Summary (Cognos)
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Value used based on column C_ALT_ID_CVAL being ‘F’ for FEIN or ‘S’ for SSN.

Table Column Name	Table Name
I_ALT_ID_VALUE	PS_ALT_ID

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0001	WP_PROV_FEIN_ID WP_PROV_SSN_ID	WP_AUD_MNG_PRFL_TBL
PPM-T-0012	WP_PROV_FEIN_ID WP_PROV_SSN_ID	WP_REVLDTN_TB
PPM-T-0014	WP_PROV_FEIN_ID WP_PROV_SSN_ID	WP_AUD_PRFL_ID_TB

Associated Servicing NPI (PDE-0612)

General Information

A dropdown list of servicing providers affiliated with a group provider. The servicing providers' NPI and provider name are included in the list.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile
Element Type	Select Box
Data Type	String
Field Type	Protected
Size	51
MMIS Data Element	National Provider Identifier
MMIS DE Number	4700

Business Rules

- This field should always be protected.

Valid Values

N/A

Outputs

Output ID	Output Name
RPT-PPAR-0001	PPM Audit Report

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
I_PROV_NPI	PS_NPI_XREF

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0001	WP_SVC_NPI_ID	WP_AUD_MNG_PRFL_TBL

Provider Name (PDE-0613)

General Information

The name of the individual provider or organization name associated with the NPI/API.

If the organization is the billing or servicing provider, it will display name of the organization and for any individual provider will display the provider name in the format of Last Name, First Name, Middle Initial and Title.

Page	Profile Maintenance Disclosure Submission Revalidation Check Payment Credit Card Payment Credit Card Error Credit Card Payment by Mail
Portlet Name	Profile Evalon
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	40
MMIS Data Element	Provider Name
MMIS DE Number	4085

Business Rules

- This field should always be protected.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0002	Enrollment/Provider Maintenance – INP File
PPM-F-0003	Financial – Successful Credit Card Transaction Email
RPT-PPAR-0001	PPM Audit Report Summary (Cognos)
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission
PPM-S-0010	Check Payment
PPM-S-0011	Credit Card Payment
PPM-S-0012	Credit Card Error
PPM-S-0015	Credit Card Payment by mail

Tables – MMIS/DB2

Table Column Name	Table Name
T_PROV_NAME	PS_NAME

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0001	WP_PROV_NAM	WP_AUD_MNG_PRFL_TB
PPM-T-0009	WP_PROV_NAM WP_PROV_BUS_NAM	WP_PROV_DSCLSR_TB

PPM-T-0012	WP_PROV_NAM WP_PROV_BUS_NAM	WP_REVLDTN_TB

Status (PDE-0614)

General Information

Reflects the “Active” or “Inactive” status of the provider or group. Status is based on the NPI Program dates in MMIS compared to current date.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	N/A

Business Rules

- This field should always be protected.

Valid Values

- Active
- Inactive

Outputs

N/A

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_PROV_PGM_END D_PROV_PGM_BEGIN	PS_PROV_PGM

Tables - Portal

PDE is for display only and no value is stored in any Portal table.

Provider Group ID (PDE-0615)

General Information

The unique provider identification number (NPI) assigned to a group.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile
Element Type	Text Box
Data Type	Numeric
Field Type	Protected
Size	10
MMIS Data Element	Provider Group Identifier
MMIS DE Number	4106

Business Rules

- Must be active with a group type of 01 (01 does not indicate active status).
- This field is protected.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
I_PROV	PS_PROV_PROV_REL

Tables - Portal

PDE is for display only of the MMIS DB2 value and not stored in any Portal table.

Group Name (PDE-0616)

General Information

The group provider's name associated to the provider Group ID will be located here.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	40
MMIS Data Element	Provider Name
MMIS DE Number	4085

Business Rules

- This field should always be protected.

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PROV_NAME	PS_NAME

Tables – Portal

PDE is for display only of the MMIS DB2 value and not stored in any Portal table.

Site Ind – Site ID (PDE-0617)

General Information

The site indicator associated with the provider's information being displayed.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile
Element Type	Text Box
Data Type	Numeric
Field Type	Protected
Size	2
MMIS Data Element	NPI XREF Site Number
MMIS DE Number	4143

Business Rules

- This field is protected.

Valid Values

N/A

Outputs

Output ID	Output Name
RPT-PPAR-0001	PPM Audit Report

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
I_SITE_NO	PS_NPI_XREF

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0001	WP_SITE_NBR	WP_AUD_MNG_PRFL_TB
PPM-T-0009	WP_SITE_NUM	WP_PROV_DSCLSR_TB

Site Ind – Sites (PDE-0618)

General Information

This reflects the maximum Site number that exists in MMIS for associated sites (active and inactive) to the provider.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile
Element Type	Text Box
Data Type	Numeric
Field Type	Protected
Size	2
MMIS Data Element	NPI XREF Site Number
MMIS DE Number	4143

Business Rules

- This field should always be protected.

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
I_SITE_NO	PS_NPI_XREF

Tables - Portal

N/A

Active Provider Sites (PDE-0619)

General Information

This is a drop down list for all active sites associated with a provider. The drop down will list each site by its site indicator (as stored in the MMIS) and the first servicing address line from the MMIS. List is displayed in site number order.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile
Element Type	Select Box
Data Type	String
Field Type	Protected
Size	43
MMIS Data Elements	NPI XREF Site Number Provider Address Line
MMIS DE Numbers	4143 4097

Business Rules

- This field should always be protected.

Valid Values

The list of all active sites for the provider's NPI.

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
I_PROV_NPI	PS_NPI_XREF
T_ADDR_LINE	PS_PHYSICAL_ADDR

Tables - Portal

N/A

Program Code (PDE-0620)

General Information

Displays the program code in which the provider participates.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Provider Type
Element Type	Text Box
Data Type	Numeric
Field Type	Protected
Size	2
MMIS Data Element	Provider Program Code
MMIS DE Number	4208

Business Rules

- This field should always be protected.

Valid Values

Program Code	Description
01	Medicaid
02	MEDALLION
03	Medallion II
04	Options
05	CMM
06	TDO
07	SLH
08	FAMIS
09	Assisted Living Medicaid
10	Administration Only
13	VALTC

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_PGM	PS_PROV_PGM

Tables - Portal

N/A

Program Code Description (PDE-0621)

General Information

Provides the program description associated with the program code.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Provider Type
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	30
MMIS Data Element	Provider Program Code Description
MMIS DE Number	4209

Business Rules

- This field should always be protected.

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_DESC	PS_PROGRAM_R

Tables - Portal

N/A

Provider Type (PDE-0622)

The provider type associated with the provider and this site.

Page	Profile Maintenance Provider Disclosure Revalidation
Portlet Name	Provider Type
Element Type	Text Box
Data Type	Numeric
Field Type	Protected
Size	3
MMIS Data Element	Provider Type
MMIS DE Number	4006

Business Rules

- This field should always be protected.

Valid Values

Provider Type	Description
001	Hospital, in-state, General
002	State Mental Hospital (Aged)
003	Private Mental Hospital (inpatient psych)
004	Long Stay Hospital
005	TB Hospital
006	Skilled Nursing Home Mental Health
007	State Mental Hospital (less than age 21)
008	State Mental Hospital (Med-Surge)
009	Medical Surgery - Mentally Retarded
010	Skilled Nursing Home Non Mental Health
011	Skilled Nursing Facility - Mentally Retarded
012	Long Stay Inpatient Hospital - Mental Health
013	Med-Surge Mental Health Retardation
014	Rehab Hospital
015	Intermediate Care Facility
016	Intermediate Care Facility - Mental Health

017	ICF - Mentally Retarded - State Owned
018	ICF - Mentally Retarded - Community Owned
019	CORF (Outpatient Rehab Facility)
020	Physician
021	Licensed Professional Counselor
022	Treatment Foster Care Program
023	Nurse Practitioner
024	Licensed Psychologist
025	Clinical Psychologist
026	Chiropractor
027	Christian Science SNF
028	Skilled Nursing Facility - State
029	Intermediate Care Facility - State
030	Podiatrist
031	Optometrist
032	Optician
033	Nurse Anesthetist
034	Clinical Nurse Specialist - Psychiatric only
035	Nurse Midwife
036	Case Management
037	Prenatal Nutrition
038	Hearing Aid
039	Respiratory Therapist
040	Dentist
041	Dental Clinic
042	Dental Clinic MH/MR
043	Speech/Language Pathologist
044	Audiologist
045	Occupational Therapist
046	Hospice
047	Respite Care
048	Adult Day Health Care
049	Ambulatory Surgical Center
050	Renal Unit
051	Health Department Clinic
052	Federally Qualified Health Center
053	Rural Health Clinic
054	Physical Therapist
055	Personal Care
056	Mental Health Mental Retardation
057	Rehab Agencies

058	Home Health Agency - State
059	Home Health Agency - Private
060	Pharmacy
061	Family Caregiver Training
062	Durable Medical Equipment/Supplies
063	Private Duty
064	Prosthetic Services
065	Eldercare Program
067	HMO Medallion II - Immunization
070	Independent Laboratory
071	Substance Abuse Clinic (FAMIS)
072	Education Services
073	Case Management Waiver
074	Head Start Clinic
075	Mental Retardation Waiver Services
076	Licensed Clinical Social Worker
077	Psych Residential Inpatient Facility
078	ORP Other
079	Assisted Living
080	Transportation
081	Registered Driver
082	Emergency Air Ambulance
083	Out-of-State Transportation
084	Out-of-State Emergency Air Ambulance
085	Out-of-State Rehab Hospital
086	Out-of-State Intermediate Care Facility
087	HMO Medallion II
088	Tax Group
090	Out-of-State Supply Equipment
091	Out-of-State Hospital
092	Out-of-State Skilled Care Facility
093	Out-of-State Clinic
094	Out-of-State Home Health
095	Out-of-State Physician
096	Out-of-State Pharmacy
097	Out-of-State Dental
098	Out-of-State Laboratory
099	Medicare Crossover
100	Non-Medicaid TDO
101	School Psychologist
102	Marriage and Family Therapist

103	Substance Abuse Practitioner
104	PACE Provider
105	Certified Professional Midwives
106	Transition Coordinator
107	MMIS Contractors or Vendors
108	Early Intervention
109	Out of State ICF Provider

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_PROV_TYPE	PS_PROV_PVTYPE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0013	WP_MMIS_PTY_CD	WP_MMIS_PTY_TB

Provider Type Description (PDE-0623)

General Information

The description associated with the provider type.

Page	Profile Maintenance Provider Disclosure Revalidation
Portlet Name	Provider Type
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	30
MMIS Data Element	Provider Type Description
MMIS DE Number	4296

Business Rules

- This field should always be protected.

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_DESC	PS_PVTYPE_R

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0013	WP_PTY_DESC	WP_MMIS_PTY_TB

License Number (PDE-0624)

General Information

The license number associated with the provider.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Provider Type
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	15
MMIS Data Element	Provider License Number
MMIS DE Number	4064

Business Rules

- This field should always be protected.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
I_LICENSE	PS_LICENSE

Tables - Portal

N/A

Specialty Code (PDE-0625)

General Information

The specialty codes associated with the provider and site.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Provider Type
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	3
MMIS Data Element	Provider Specialty Code
MMIS DE Number	4007

Business Rules

- This field should always be protected.

Valid Values

Specialty Code	Description
000	No Specialty
001	Ambulance
002	Wheelchair Van
003	Taxi
004	Ambulance/WC Van
005	Ambulance/Taxi
006	Ambulance/WC Van/Taxi
007	Wheelchair Van/Taxi
008	Taxi Non-Enrolled
009	Neo-natal Ambulance
010	Unknown
011	Registered Driver

012	Locked Facility
013	Unlocked Facility
014	Fiscal Agent - State
015	Fiscal Agent - Private
016	DD Waiver
017	DD Waiver Support Coord
018	Special ED Audiologist
019	Special ED Personal Care Services
020	Special ED Transportation
021	Air Ambulance
022	OB/GYN Nurse Practitioner
023	Family Nurse Practitioner
024	Pediatric Nurse Practitioner
025	Special ED Nursing Services
026	Special ED PSYCH services
027	Physical Therapy
028	Occupational Therapy
029	Speech/Language
030	ACR (Adult Care Residence)-AAA
031	ACR-CSB
032	ACR-DOH
033	ACR-CILS
034	ACR-DSS
035	EPSDT Special
036	Case Management
037	Nutrition
038	Patient Education
039	Homemaker Services
040	Consumer-Directed Personal Attendant
041	Mental Health Clinic
042	CSB Mental Health
043	CSB MR St Plan
044	MR Waiver: CSB ONLY
045	Private MHSA Services
046	MR Waiver: MR
047	Substance abuse
048	Regular Assisted Living
049	Intensive Assisted Living
050	Unknown
051	School Practitioner
052	Quality Health Center

053	Family Practice
054	Hosp-Home Health
055	Free Standing Home Health
056	General Practice
057	Anesthesiology
058	Colon/Rectal Surgery
059	Dermatology
060	Internal Medicine
061	Neurological Surgery
062	Obstetrics and Gynecology
063	Ophthalmology
064	Orthopedic Surgery
065	Otolaryngology
066	Pathology
067	Neonatology, Pediatrics
068	Phys Med/Rehab
069	Unit Dose/Plastic Surgery
070	Preventive Medicine
071	PSY and NEUR
072	Radiology
073	General Surgery
074	Thoracic Surgery
075	Urology
076	Other
077	Psychologist
078	Dentist (General Practice)
079	Orthodontist
080	Oral Surgery
081	Periodontist
082	Pedodontist
083	Endodontist
084	Other
085	Unknown
086	Ventilator
087	AIDS
088	Unknown
089	Complex
090	Elderly Case Mg
091	NF Pr Room Rate
092	Rehabilitation
093	Durable Equip/Supp

094	Health Dept Phar
095	Unknown
096	Unknown
097	Unknown
098	Unknown
099	Unknown
100	Mammography
101	Plastic Surgery
102	LTC Pharmacy Non-UD
103	Public Transportation
104	Stretcher Van
105	Alzheimer's Assisted Living
106	E Medicaid
107	Adult Nurse Practitioner
108	Geriatric Nurse Practitioner
109	Neonatal Nurse Practitioner
110	Acute Care Nurse Practitioner
111	Psychiatric Nurse Practitioner
112	Certified Nurse Midwife Nurse Practitioner
113	Full PACE(Program for All Inclusive Care for Elderly)
114	Children's Group Home Level A
115	Therapeutic Group Home Level B
116	Early Intervention Provider Specialty
117	CMHP Transition Coordinator
119	Early Intervention Targeted Case Management
120	EPSDT- Behavioral Therapy
123	ORP Physician Assistant
124	ORP Intern
125	ORP Other
127	Telemedicine

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_SPECIALTY	PS_SPECIALTY

Tables - Portal

N/A

Specialty Code Description (PDE-0626)

General Information

The description associated with the provider specialty.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Provider Type
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	45
MMIS Data Element	Provider Specialty Code Description
MMIS DE Number	4298

Business Rules

- This field should always be protected.

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_DESC	PS_SPECIALTY_R

Tables - Portal

N/A

Languages (PDE-0627)

General Information

Consists of 7 Check boxes reflecting each of the possible Languages that can be associated with a provider. If there are no languages in the MMIS system, 'English' will be shown by default.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Provider Type
Element Type	Check Box
Data Type	String
Field Type	Not Required
Size	1
MMIS Data Element	Provider Language Type
MMIS DE Number	4420

Business Rules

- English is always the default language
- Deletion of all languages is not allowed. (At least one must be selected)

Valid Values

- E - English
- F - Farsi
- H - Hindi
- K - Korean
- O - Other
- S - Spanish
- V - Vietnamese

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_LANGUAGE_CVAL	PS_PROV_LANG

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0006	WP_AUD_LANG_TY_CD	WP_AUD_LANG_TB
PPM-T-0007	WP_AUD_LANG_TY_CD	WP_AUD_LANG_TY_TB

Servicing Address – Attn (PDE-0628)

General Information

Name of the person contained in the Attention Line of the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Attention Name
MMIS DE Number	4096

Business Rules

- Attention Line can contain only the special characters: period, comma, hyphen, underscore, ! @ # $ % ^ & *.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ATTN_NAME	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ATTN_NAM	WP_AUD_ADR_TB

Servicing Address – Office Phone (PDE-0629)

General Information

The office phone number associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- Office Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- This field is required if office extension is entered

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Servicing Address – Office Ext (PDE-0630)

General Information

The office phone extension number associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- Office Extension Number entry must be 1 to 4 digits
- Field is numeric in the format xxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Servicing Address – Fax (PDE-0631)

General Information

The fax number associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- Fax Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Servicing Address – Address 1 (PDE-0632)

General Information

The street address associated with the servicing address. This address cannot be updated from the Portal.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	40
MMIS Data Element	Provider Address Line
MMIS DE Number	4097

Business Rules

- This field is protected for some provider types.
- The following provider types will have access to this information with the capability of updating it:

Provider Type	Provider Type Description
020	Physician
021	Licensed Professional Counselor
023	Nurse Practitioner
025	Clinical Psychologist
026	Chiropractor
030	Podiatrist
031	Optometrist
032	Optician
034	Clinical Nurse Specialist – Psychiatric only

036	Case Management
040	Dentist
044	Audiologist
073	Case Management Waiver
076	Licensed Clinical Social Worker
095	Out-of-State Physician
099	Medicare Crossover
101	School Psychologist
102	Marriage and Family Therapist
103	Substance Abuse Practitioner
105	Certified Professional Midwives
106	Transition Coordinator
108	Early Intervention

- For all other provider types, in order to change the servicing address, the user will be required to contact the Provider Enrollment Services unit.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ADDR_LINE	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ADR	WP_AUD_ADR_TB

Servicing Address – City (PDE-0633)

General Information

The city associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	17
MMIS Data Element	Provider Address City Name
MMIS DE Number	4130

Business Rules

- This field is protected for some provider types.
- The provider types list in PDE-0632 (Servicing Address – Address 1) will have access to this information with the capability of updating it.
- For all other provider types, in order to change the servicing address, the user will be required to contact the Provider Enrollment Services unit.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance - Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_CITY	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_CITY_NAM	WP_AUD_ADR_TB

Servicing Address – State (PDE-0634)

General Information

The state associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	String
Field Type	Protected
Size	2
MMIS Data Element	Provider Address State
MMIS DE Number	4098

Business Rules

- This field is protected for some provider types.
- The provider types list in PDE-0632 (Servicing Address – Address 1) will have access to this information with the capability of updating it.
- For all other provider types, in order to change the servicing address, the user will be required to contact the Provider Enrollment Services unit.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_STATE	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_US_STATE_CD	WP_AUD_ADR_TB

Servicing Address – Zip (PDE-0635)

General Information

The zip code associated with the servicing address. This is the first 5 of the 9 digits of the MMIS Zip code field.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Protected
Size	5
MMIS Data Element	Provider Address ZIP Code
MMIS DE Number	4099

Business Rules

- This field is protected for some provider types.
- The provider types list in PDE-0632 (Servicing Address – Address 1) will have access to this information with the capability of updating it.
- For all other provider types, in order to change the servicing address, the user will be required to contact the Provider Enrollment Services unit.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ZIP5_CD	WP_AUD_ADR_TB

Servicing Address – Zip Extn (PDE-0636)

General Information

The extension associated with the servicing address zip code. This field is for displaying the Zip code extension which is stripped from the last 4 digits of the 9 digit MMIS zip code field.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Protected
Size	4
MMIS Data Element	Provider Address ZIP Code
MMIS DE Number	4099

Business Rules

- This field is protected for some provider types.
- The provider types list in PDE-0632 (Servicing Address – Address 1) will have access to this information with the capability of updating it.
- For all other provider types, in order to change the servicing address, the user will be required to contact the Provider Enrollment Services unit.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ZIP4_CD	WP_AUD_ADR_TB

Servicing Address – 24 Hr Phone (PDE-0637)

General Information

The 24 hour phone number associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- 24 Hr Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- Required if 24 Hr Phone extension is entered.

Valid Values

N/A

Outputs

Output ID	Output Name
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Servicing Address – 24 Hr Ext (PDE-0638)

General Information

The 24 Hour phone extension associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- Extension Number must be 1 to 4 digits
- Field is numeric in the format xxxx

Valid Values

N/A

Outputs

Output ID	Output Name
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Servicing Address – TDD (PDE-0639)

General Information

The TDD phone number associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- TDD Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- Required if TDD extension is entered

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Servicing Address – TDD Ext (PDE-0640)

General Information

The TDD phone extension number associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- TDD Extension Number entry must be 1 to 4 digits
- Field is numeric in the format xxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Servicing Address – Email (PDE-0641)

General Information

The email address associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Email Address
MMIS DE Number	4202

Business Rules

- Email should be entered in the correct format using an '@' and one of the extensions: net, com, gov, org, edu etc…

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_EMAIL_ADDR	PS_EMAIL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_EMAIL_ADR_TEXT	WP_AUD_ADR_TB

Servicing Address – Contact Name (PDE-0642)

General Information

The name of the contact person at the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Contact Name
MMIS DE Number	4201

Business Rules

- Contact name can only contain the following special characters: period, comma, hyphen, underscore, ! @ # $ % ^ & *.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_CONTACT_NAME	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_CONTCT_NAM	WP_AUD_ADR_TB

Servicing Address – Contact Phone (PDE-0643)

General Information

The contact phone number associated with the contact at the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- Contact Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- This field is required if contact extension is entered

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Servicing Address – Contact Ext (PDE-0644)

General Information

The contact phone extension number associated with the servicing address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Servicing Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- Extension Number entry must be 1 to 4 digits
- Field is numeric in the format xxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Correspondence Address – Attn (PDE-0645)

General Information

Name of the person contained in the Attention Line of the correspondence address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Attention Name
MMIS DE Number	4096

Business Rules

- Attention Line can contain only the special characters: period, comma, hyphen, under-score, ! @ # $ % ^ & *

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ATTN_NAME	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ATTN_NAM	WP_AUD_ADR_TB

Correspondence Address – Office Phone (PDE-0646)

General Information

The office phone number associated with the correspondence address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- Office Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- This field is required if office extension is entered

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Correspondence Address – Office Ext (PDE-0647)

General Information

The office phone extension number associated with the correspondence address office number.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- Office Extension Number entry must be 1 to 4 digits
- Field is numeric in the format xxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Correspondence Address – Fax (PDE-0648)

General Information

The fax number associated with the correspondence address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- Fax Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Correspondence Address – Address (PDE-0649)

General Information

The street address associated with the Correspondence address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	String
Field Type	Required
Size	40
MMIS Data Element	Provider Address Line
MMIS DE Number	4097

Business Rules

- Correspondence Address is Required
- May contain alpha, numeric and space characters. No special characters.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ADDR_LINE	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ADR	WP_AUD_ADR_TB

Correspondence Address – City (PDE-0650)

General Information

The city associated with the correspondence address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	String
Field Type	Required
Size	17
MMIS Data Element	Provider Address City Name
MMIS DE Number	4130

Business Rules

- Correspondence Address is Required
- May contain alpha characters and spaces only.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_CITY	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_CITY_NAM	WP_AUD_ADR_TB

Correspondence Address – State (PDE-0651)

General Information

The state associated with the correspondence address. The full state name is shown when displaying in the dropdown list.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text/Select Box
Data Type	String
Field Type	Required
Size	2
MMIS Data Element	Provider Address State
MMIS DE Number	4098

Business Rules

- Correspondence Address is Required.

Valid Values

Table/DB	Screen Dropdown
AK	Alaska
AL	Alabama
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Col
FL	Florida
GA	Georgia

ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_STATE	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_US_STATE_CD	WP_AUD_ADR_TB

Correspondence Address – Zip (PDE-0652)

General Information

The zip code associated with the correspondence address. This is the first 5 of the 9 digits of the MMIS Zip code field.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	5
MMIS Data Element	Provider Address ZIP Code
MMIS DE Number	4099

Business Rules

- Enter numeric zip code in the format xxxxx
- Zip code is Required

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ZIP5_CD	WP_AUD_ADR_TB

Correspondence Address – Zip Extn (PDE-0653)

General Information

The extension associated with the correspondence address. This field is for displaying the Zip code extension which is stripped from the last 4 digits of the 9 digit MMIS zip code field. The MMIS will update as needed if the Zip code is updated.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	Numeric
Field Type	Protected
Size	4
MMIS Data Element	Provider Address ZIP Code
MMIS DE Number	4099

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ZIP4_CD	WP_AUD_ADR_TB

Correspondence Address – TDD (PDE-0654)

General Information

The TDD phone number associated with the correspondence address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- TDD Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- This field is required if TDD extension is entered

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Correspondence Address – TDD Ext (PDE-0655)

General Information

The TDD phone extension number associated with the correspondence address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- TDD Extension Number entry must be 1 to 4 digits
- Field is numeric in the format xxxx.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Correspondence Address – Email (PDE-0656)

General Information

The email address associated with the correspondence address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Email Address
MMIS DE Number	4202

Business Rules

- Email should be entered in the correct format using an '@' and one of the extensions: net, com, gov, org, edu etc…

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_EMAIL_ADDR	PS_EMAIL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_EMAIL_ADR_TEXT	WP_AUD_ADR_TB

Pay To Address – Attn (PDE-0657)

General Information

Name of the person contained in the Attention Line of the pay to address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Attention Name
MMIS DE Number	4096

Business Rules

- Attention Line can contain only the special characters: period, comma, hyphen, under-score, ! @ # $ % ^ & *

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ATTN_NAME	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ATTN_NAM	WP_AUD_ADR_TB

Pay To Address – Office Phone (PDE-0658)

General Information

The office phone number associated with the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- Office Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- Office Phone Number is required if office extension is entered

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Pay To Address – Office Ext (PDE-0659)

General Information

The phone extension number associated with the Pay To Address office number.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- Office Extension Number entry must be 1 to 4 digits
- Field is numeric in the format xxxx.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Pay To Address – Fax (PDE-0660)

General Information

The fax number associated with the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- Fax Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Pay To Address – Address (PDE-0661)

General Information

The street address associated with the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	String
Field Type	Required
Size	40
MMIS Data Element	Provider Address Line
MMIS DE Number	4097

Business Rules

- Pay To Address is required
- May contain alpha, numeric and space characters. No special characters.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ADDR_LINE	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ADR	WP_AUD_ADR_TB

Pay To Address – City (PDE-0662)

General Information

The city associated with the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	String
Field Type	Required
Size	17
MMIS Data Element	Provider Address City Name
MMIS DE Number	4130

Business Rules

- Pay To Address is required
- May contain alpha characters and spaces only.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_CITY	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_CITY_NAM	WP_AUD_ADR_TB

Pay To Address – State (PDE-0663)

General Information

The state associated with the Pay To Address. The full state name is shown when displaying in the dropdown list.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text/Select Box
Data Type	String
Field Type	Required
Size	2
MMIS Data Element	Provider Address State
MMIS DE Number	4098

Business Rules

- Pay To Address is required

Valid Values

Table/DB Value	Dropdown Value
AK	Alaska
AL	Alabama
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Col
FL	Florida
GA	Georgia
ID	Idaho
IL	Illinois

IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Outputs

Output ID	Output Name

PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_STATE	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_US_STATE_CD	WP_AUD_ADR_TB

Pay To Address – Zip (PDE-0664)

General Information

The zip code associated with the Pay To Address. This is initially populated with the first 5 of the 9 digits of the MMIS Zip code field.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	5
MMIS Data Element	Provider Address ZIP Code
MMIS DE Number	4099

Business Rules

- User has to enter zip if 4 digit extension is entered.
- Enter numeric zip code in the format xxxxx
- Pay To Address is required.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ZIP5_CD	WP_AUD_ADR_TB

Pay To Address – Zip Extn (PDE-0665)

General Information

The Zip extension associated with the Pay To Address. This field is for displaying the Zip code extension which is stripped from the last 4 digits of the 9 digit MMIS zip code field. The MMIS will update as needed if the Zip code is updated.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Address ZIP Code
MMIS DE Number	4099

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ZIP4_CD	WP_AUD_ADR_TB

Pay To Address – TDD (PDE-0666)

General Information

The TDD phone number associated with the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- TDD Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- This field is required if TDD extension is entered.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Pay To Address – TDD Ext (PDE-0667)

General Information

The TDD phone extension number associated with the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- TDD Extension Number entry must be 1 to 4 digits
- Field is numeric in the format xxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Pay To Address – Email (PDE-0668)

General Information

The email address associated with the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Email Address
MMIS DE Number	4202

Business Rules

- Email should be entered in the correct format using an '@' and one of the extensions: net, com, gov, org, edu etc…

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_EMAIL_ADDR	PS_EMAIL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_EMAIL_ADR_TEXT	WP_AUD_ADR_TB

Pay To Address – Contact Name (PDE-0669)

General Information

The name of the contact person at the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Contact Name
MMIS DE Number	4201

Business Rules

- Contact name can only contain the following special characters: period, comma, hyphen, underscore, ! @ # $ % ^ & *

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_CONTACT_NAME	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_CONTCT_NAM	WP_AUD_ADR_TB

Pay To Address – Contact Phone (PDE-0670)

General Information

The contact phone number associated with the contact at the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- Contact Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- This field is required if contact extension is entered

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Pay To Address – Contact Ext (PDE-0671)

General Information

The contact phone extension number associated with the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Pay To Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- Extension Number entry must be 1 to 4 digits
- Field is numeric in the format xxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Remittance Address Flag (PDE-0672)

General Information

A radio button used to distinguish if the Remittance Advice Address is the same as the Pay To Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile
Element Type	Radio Button
Data Type	String
Field Type	Not Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Yes
- No

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

PDE is for display only of the MMIS DB2 value and not stored in any Portal table.

Remittance Advice Address – Attn (PDE-0673)

General Information

Name of the person contained in the Attention Line of the Remittance Advice address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Attention Name
MMIS DE Number	4096

Business Rules

- Attention Line can contain only the special characters: period, comma, hyphen, under-score, ! @ # $ % ^ & *

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ATTN_NAME	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ATTN_NAM	WP_AUD_ADR_TB

Remittance Advice Address – Office Phone (PDE-0674)

General Information

The office phone number associated with the Remittance Advice Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- Office Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- This field is required if office extension is entered

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Remittance Advice Address – Office Ext (PDE-0675)

General Information

The office phone extension number associated with the Remittance Advice Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- Office Extension Number entry must be 1 to 4 digits
- Field is numeric in the format xxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Remittance Advice Address – Fax (PDE-0676)

General Information

The fax number associated with the Remittance Advice Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	
MMIS DE Number	

Business Rules

- Fax Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Remittance Advice Address – Address (PDE-0677)

General Information

The street address associated with the Remittance Advice Address. There may be no remittance address in MMIS.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Address Line
MMIS DE Number	4097

Business Rules

- May contain alpha, numeric and space characters. No special characters.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ADDR_LINE	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ADR	WP_AUD_ADR_TB

Remittance Advice Address – City (PDE-0678)

General Information

The city associated with the Remittance Advice Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	17
MMIS Data Element	Provider Address City Name
MMIS DE Number	4130

Business Rules

- May contain alpha characters and spaces only.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_CITY	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_CITY_NAM	WP_AUD_ADR_TB

Remittance Advice Address – State (PDE-0679)

General Information

The state associated with the Remittance Advice address. The full state name is shown when displaying in the dropdown list.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text/Select Box
Data Type	String
Field Type	Not Required
Size	2
MMIS Data Element	Provider Address State
MMIS DE Number	4098

Business Rules

N/A

Valid Values

Table/DB	Screen Dropdown
AK	Alaska
AL	Alabama
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Col
FL	Florida
GA	Georgia
ID	Idaho
IL	Illinois

IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Outputs

Output ID	Output Name

PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_STATE	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_US_STATE_CD	WP_AUD_ADR_TB

Remittance Advice Address – Zip (PDE-0680)

General Information

The zip code associated with the Remittance Advice address. This is initially populated with the first 5 of the 9 digits of the MMIS Zip code field.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	5
MMIS Data Element	Provider Address ZIP Code
MMIS DE Number	4099

Business Rules

- Enter numeric zip code in the format xxxxx.

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ZIP5_CD	WP_AUD_ADR_TB

Remittance Advice Address – Zip Extn (PDE-0681)

General Information

The zip extension associated with the Remittance Advice Address. This field is for displaying the Zip code extension which is stripped from the last 4 digits of the 9 digit MMIS zip code field. The MMIS will update as needed if the Zip code is updated.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	Numeric
Field Type	Protected
Size	4
MMIS Data Element	Provider Address ZIP Code
MMIS DE Number	4099

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PHYSICAL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_ZIP4_CD	WP_AUD_ADR_TB

Remittance Advice Address – TDD (PDE-0682)

General Information

The TDD phone number associated with the Remittance Advice Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	10
MMIS Data Element	Provider Phone Number
MMIS DE Number	4090

Business Rules

- TDD Phone Number entry must be 10 digits
- Field is numeric in the format xxxxxxxxxx
- This field is required if TDD extension is entered

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_NUM	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_NUM	WP_AUD_PHONE_TB

Remittance Advice Address – TDD Ext (PDE-0683)

General Information

The TDD phone extension number associated with the Remittance Advice Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	Numeric
Field Type	Not Required
Size	4
MMIS Data Element	Provider Phone Extension
MMIS DE Number	4506

Business Rules

- TDD Extension Number entry must be 1 to 4 digits
- Field is numeric in the format xxxx

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_PHONE_EXT	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_EXT_NUM	WP_AUD_PHONE_TB

Remittance Advice Address – Email (PDE-0684)

General Information

The email address associated with the Remittance Advice Address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Remittance Advice Address
Element Type	Text Box
Data Type	String
Field Type	Not Required
Size	40
MMIS Data Element	Provider Email Address
MMIS DE Number	4202

Business Rules

- Email should be entered in the correct format using an '@' and one of the extensions: net, com, gov, org, edu etc….

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_EMAIL_ADDR	PS_EMAIL_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0002	WP_EMAIL_ADR_TEXT	WP_AUD_ADR_TB

Provider Date of Birth (PDE-0685)

General Information

The provider's date of birth.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile
Element Type	Text Box; Calendar Wizard
Data Type	Date
Field Type	Situationally Required
Size	10
MMIS Data Element	Provider Date of Birth
MMIS DE Number	4733

Business Rules

- Date of Birth is required, only if blank
- Entry must be 10 digits
- Field is in the format MM/DD/YYYY

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_ENTITY_DOB	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0001	WP_PROV_DOB_DT	WP_AUD_MNG_PRFL_TB
PPM-T-0009	WS_PROV_DOB_DT	WP_PROV_DSCLSR_TB
PPM-T-0012	WP_PROV_DOB_DT	WP_REVLDTN_TB
PPM-T-0014	WP_PROV_DOB_DT	WP_AUD_PRFL_ID_TB

Provider Termination Date (PDE-0686)

General Information

The date a servicing provider is terminated from a group/site.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Profile
Element Type	Text Box; Calendar Wizard
Data Type	Date
Field Type	Situationally Required
Size	10
MMIS Data Element	Provider Relation End Date
MMIS DE Number	4045

Business Rules

- Termination Date is required, if servicing provider is flagged as terminated from a group/site
- Entry must be 10 digits
- Field is in the format MM/DD/YYYY

Valid Values

N/A

Outputs

Output ID	Output Name
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name

PPM-S-0003	Provider Profile Maintenance
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_PROV_REL_END	PS_PROV_PROV_REL

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0001	WP_SERV_PROV_TERM_DT	WP_AUD_MNG_PRFL_TB

Bypass Label Ind (PDE-0687)

General Information

This indicator determines whether or not Medicaid information is sent to the correspondence address.

Page	Profile Maintenance Disclosure Submission Revalidation
Portlet Name	Correspondence Address
Element Type	Radio Button
Data Type	Text
Field Type	Optional
Size	1
MMIS Data Element	Provider Bypass Label Indicator
MMIS DE Number	4219

Business Rules

N/A

Valid Values

- Y = Yes
- N = No

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
F_LABEL_BYPASS	PS_PROVIDER

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0014	WP_PROV_BYPS_IND	WP_AUD_PRFL_ID_TB

Disclosed Entity – First Name (PDE-0688)

General Information

The first name of any managing employee and/or any individual with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally required (for an individual)
Size	40
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_FIRST_NAM	WP_PROV_DSCLSR_INDIV_TB

Disclosed Entity – Last/Org Name (PDE-0689)

General Information

An individual's last name or the organization name of any managing employee and/or any individual or organization with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	40
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

- If a first name exists, field is stored in the Individual Last Name
- If no first name exists, field is stored in the Entity Business Name

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_LAST_NAM WP_ENTY_BUSN_NAM	WP_PROV_DSCLSR_INDIV_TB

Disclosed Entity – Title (PDE-0690)

General Information

The title of any managing employee and/or any individual with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	5
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

- If a first name exists, this field is required
- If no first name exists, this field is optional

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_TITLE_CD	WP_PROV_DSCLSR_INDIV_TB

Disclosed Entity – Date of Birth (PDE-0691)

General Information

The date of birth of any managing employee and/or any individual with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	10
MMIS Data Element	Disclosing Individual Date of Birth
MMIS DE Number	4733

Business Rules

- If a first name exists, this field is required
- If no first name exists, this field is not required
- Field is in the format MM/DD/YYYY

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_ENTITY_DOB	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_DOB_DT	WP_PROV_DSCLSR_INDIV_TB

Disclosed Entity – SSN/TIN (PDE-0692)

General Information

An individual's SSN or the organization's TIN associated to any managing employee and/or any individual or organization with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity SSN/TIN
MMIS DE Number	4742

Business Rules

- Numeric in the format 999999999 or 999-99-9999 or 99-9999999

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_EIN	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_SSN_ID	WP_PROV_DSCLSR_INDIV_TB

Disclosed Entity – Entity Type (PDE-0693)

General Information

The ownership indication on an individual or organization associated to any managing employee and/or any individual or organization with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Drop Down
Data Type	Character
Field Type	Required
Size	2
MMIS Data Element	Disclosed Individual/Entity Type
MMIS DE Number	4732

Business Rules

N/A

Valid Values

- AE - Assessed Penalty Entity
- AI - Assessed Penalty Individual
- CE - Control Interest Entity
- CI - Control Interest Individual
- FE - Criminal Offense Entity
- FI - Criminal Offense Individual
- ME - Managing Employee Entity
- MI - Managing Employee Individual
- OE - Owner Entity

- OI - Owner Individual
- PE - Provider Entity
- PI - Provider Individual
- SE - Subcontractor Entity
- SI - Subcontractor Individual
- TE - Other Entity
- TI - Other Individual

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_TYPE_CVAL	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_ENTY_TYPE_CD	WP_PROV_DSCLSR_INDIV_TB

Disclosed Entity – Address (PDE-0694)

General Information

The street address for an individual or organization associated to any managing employee and/or any individual or organization with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	64
MMIS Data Element	Disclosed Individual/Entity Street
MMIS DE Number	4752

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ADDR_LINE	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_ADR	WP_PROV_DSCLSR_INDIV_TB

Disclosed Entity – City (PDE-0695)

General Information

The city of an individual or organization associated to any managing employee and/or any individual or organization with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	30
MMIS Data Element	Disclosed Individual/Entity City
MMIS DE Number	4755

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_CITY	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_CITY_NAM	WP_PROV_DSCLSR_INDIV_TB

Disclosed Entity – State (PDE-0696)

General Information

The state of an individual or organization associated to any managing employee and/or any individual or organization with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box; Drop Down List
Data Type	Character
Field Type	Required
Size	2
MMIS Data Element	Disclosed Individual/Entity State
MMIS DE Number	4753

Business Rules

N/A

Valid Values

Table/DB	Screen Dropdown
AK	Alaska
AL	Alabama
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Col
FL	Florida
GA	Georgia
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas

KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_STATE	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_STATE_CD	WP_PROV_DSCLSR_INDIV_TB

Disclosed Entity – Zip (PDE-0697)

General Information

The zip code of an individual or organization associated to any managing employee and/or any individual or organization with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity Zip Code
MMIS DE Number	4754

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ZIP_CD	WP_PROV_DSCLSR_INDIV_TB

Disclosed Entity – Percent (PDE-0698)

General Information

The percent of ownership/controlling interest of an individual or organization associated to any managing employee and/or any individual or organization with ownership or controlling interests in the provider entity of 5% or more.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	3
MMIS Data Element	Disclosed Individual/Entity Controlling Interest Percent
MMIS DE Number	4736

Business Rules

- Must be a whole number between 1 and 100

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_CTL_INT_PCT	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_CTL_INT_PCT	WP_PROV_DSCLSR_INDIV_TB

Relationship – First Name (PDE-0699)

General Information

The first name of any individual listed in the controlling interest question that is related to another.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if selection of relationship question is ‘yes’

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Relationship – Last Name (PDE-0700)

General Information

The last name of any individual listed in the controlling interest question that is related to another.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if selection of relationship question is ‘yes’

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Relationship – Type (PDE-0701)

General Information

The type of relationship between the two related controlling interest parties.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Drop Down Box
Data Type	Character
Field Type	Situationally Required
Size	1
MMIS Data Element	Disclosed Individual/Entity Relationship Code
MMIS DE Number	4737

Business Rules

- Required if selection of relationship question is ‘yes’

Valid Values

- C - Child
- P - Parent
- S - Sibling
- W – Spouse

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_REL_CODE_CVAL	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_REL_CD	WP_PROV_DSCLSR_INDIV_TB

Relationship To – First Name (PDE-0702)

General Information

The first name of the related individual listed in the controlling interest question.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if selection of relationship question is ‘yes’

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_FIRST_NAM	WP_PROV_DSCLSR_INDIV_TB

Relationship To – Last Name (PDE-0703)

General Information

The last name of any related individual listed in the controlling interest question.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- Required if selection of relationship question is ‘yes’

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_LAST_NAM	WP_PROV_DSCLSR_INDIV_TB

Subcontractor – First Name (PDE-0704)

General Information

The first name of any individual with ownership or controlling interests in any subcontractor where the disclosing entity has 5% or more direct or indirect interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally required (for an individual)
Size	40
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name

C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_FIRST_NAM	WP_PROV_DSCLSR_INDIV_TB

Subcontractor – Last/Org Name (PDE-0705)

General Information

The last name of any individual with ownership or controlling interests in any subcontractor where the disclosing entity has 5% or more direct or indirect interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	40
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

- If a first name exists, field is stored in the Individual Last Name
- If no first name exists, field is stored in the Entity Business Name

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_LAST_NAM WP_ENTY_BUSN_NAM	WP_PROV_DSCLSR_INDIV_TB

Subcontractor – Title (PDE-0706)

General Information

The title of any individual with ownership or controlling interests in any subcontractor where the disclosing entity has 5% or more direct or indirect interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	5
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

- If a first name exists, this field is required
- If no first name exists, this field is optional

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_TITLE_CD	WP_PROV_DSCLSR_INDIV_TB

Subcontractor – Date of Birth (PDE-0707)

General Information

The date of birth of any individual with ownership or controlling interests in any subcontractor where the disclosing entity has 5% or more direct or indirect interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	10
MMIS Data Element	Disclosed Individual Date of Birth
MMIS DE Number	4733

Business Rules

- If a first name exists, this field is required
- If no first name exists, this field is not required

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_ENTITY_DOB	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_DOB_DT	WP_PROV_DSCLSR_INDIV_TB

Subcontractor – SSN/TIN (PDE-0708)

General Information

The SSN of any individual or TIN of any organization with ownership or controlling interests in any subcontractor where the disclosing entity has 5% or more direct or indirect interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity SSN/TIN
MMIS DE Number	4742

Business Rules

- Numeric in the format 999999999 or 999-99-9999 or 99-9999999

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name

C_ENTITY_EIN	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_SSN_ID	WP_PROV_DSCLSR_INDIV_TB

Subcontractor – Address (PDE-0709)

General Information

The street address of any individual with ownership or controlling interests in any subcontractor where the disclosing entity has 5% or more direct or indirect interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	64
MMIS Data Element	Disclosed Individual/Entity Street
MMIS DE Number	4752

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ADDR_LINE	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_ADR	WP_PROV_DSCLSR_INDIV_TB

Subcontractor – City (PDE-0710)

General Information

The city of any individual with ownership or controlling interests in any subcontractor where the disclosing entity has 5% or more direct or indirect interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	30
MMIS Data Element	Disclosed Individual/Entity City
MMIS DE Number	4755

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_CITY	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_CITY_NAM	WP_PROV_DSCLSR_INDIV_TB

Subcontractor – State (PDE-0711)

General Information

The state of any individual with ownership or controlling interests in any subcontractor where the disclosing entity has 5% or more direct or indirect interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	2
MMIS Data Element	Disclosed Individual/Entity State
MMIS DE Number	4753

Business Rules

N/A

Valid Values

Table/DB	Screen Dropdown
AK	Alaska
AL	Alabama
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Col
FL	Florida
GA	Georgia
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa

KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_STATE	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_STATE_CD	WP_PROV_DSCLSR_INDIV_TB

Subcontractor – Zip (PDE-0712)

General Information

The zip code of any individual with ownership or controlling interests in any subcontractor where the disclosing entity has 5% or more direct or indirect interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity Zip Code
MMIS DE Number	4754

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ZIP_CD	WP_PROV_DSCLSR_INDIV_TB

Subcontractor – Percent (PDE-0713)

General Information

The percent of ownership/controlling interest of any individual with ownership or controlling interests in any subcontractor where the disclosing entity has 5% or more direct or indirect interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	3
MMIS Data Element	Disclosed Individual/Entity Controlling Interest Percentage
MMIS DE Number	4736

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_CTL_INT_PCT	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_CTL_INT_PCT	WP_PROV_DSCLSR_INDIV_TB

Other Entity – First Name (PDE-0714)

General Information

The first name of any other individual with ownership or controlling interests in the provider entity where the other individual has 5% or more interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally required (for an individual)
Size	40
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_FIRST_NAM	WP_PROV_DSCLSR_INDIV_TB

Other Entity – Last/Org Name (PDE-0715)

General Information

The last name of any other individual or name of any other organization with ownership or controlling interests in the provider entity where the other individual/organization has 5% or more interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	40
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

- If a first name exists, field is stored in the Individual Last Name
- If no first name exists, field is stored in the Entity Business Name

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_LAST_NAM WP_ENTY_BUSN_NAM	WP_PROV_DSCLSR_INDIV_TB

Other Entity – Title (PDE-0716)

General Information

The title of any other individual with ownership or controlling interests in the provider entity where the other individual has 5% or more interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	5
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

- If a first name exists, this field is required
- If no first name exists, this field is optional

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_TITLE_CD	WP_PROV_DSCLSR_INDIV_TB

Other Entity – Date of Birth (PDE-0717)

General Information

The date of birth of any other individual with ownership or controlling interests in the provider entity where the other individual has 5% or more interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	10
MMIS Data Element	Disclosed Individual Date of Birth
MMIS DE Number	4733

Business Rules

- If a first name exists, this field is required
- If no first name exists, this field is not required

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_ENTITY_DOB	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_DOB_DT	WP_PROV_DSCLSR_INDIV_TB

Other Entity – SSN/TIN (PDE-0718)

General Information

The SSN of any other individual or TIN of any other organization with ownership or controlling interests in the provider entity where the other individual or organization has 5% or more interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity SSN/TIN
MMIS DE Number	4742

Business Rules

- Numeric in the format 999999999 or 999-99-9999 or 99-9999999

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name

C_ENTITY_EIN	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_SSN_ID	WP_PROV_DSCLSR_INDIV_TB

Other Entity – Address (PDE-0719)

General Information

The street address of any other individual/organization with ownership or controlling interests in the provider entity where the other individual/organization has 5% or more interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	64
MMIS Data Element	Disclosed Individual/Entity Street
MMIS DE Number	4752

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ADDR_LINE	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_ADR	WP_PROV_DSCLSR_INDIV_TB

Other Entity – City (PDE-0720)

General Information

The city of any other individual/organization with ownership or controlling interests in the provider entity where the other individual/organization has 5% or more interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	30
MMIS Data Element	Disclosed Individual/Entity City
MMIS DE Number	4755

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name

T_CITY	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_CITY_NAM	WP_PROV_DSCLSR_INDIV_TB

Other Entity – State (PDE-0721)

General Information

The state of any other individual/organization with ownership or controlling interests in the provider entity where the other individual/organization has 5% or more interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	2
MMIS Data Element	Disclosed Individual/Entity State
MMIS DE Number	4753

Business Rules

N/A

Valid Values

Table/DB	Screen Dropdown
AK	Alaska
AL	Alabama
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Col
FL	Florida
GA	Georgia
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa

KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_STATE	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_STATE_CD	WP_PROV_DSCLSR_INDIV_TB

Other Entity – Zip (PDE-0722)

General Information

The zip code of any other individual/organization with ownership or controlling interests in the provider entity where the other individual/organization has 5% or more interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity Zip Code
MMIS DE Number	4754

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ZIP_CD	WP_PROV_DSCLSR_INDIV_TB

Other Entity – Percent (PDE-0723)

General Information

The percent of ownership/controlling interest of any other individual with ownership or controlling interests in the provider entity where the other individual/organization has 5% or more interest.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	3
MMIS Data Element	Disclosed Individual/Entity Controlling Interest Percentage
MMIS DE Number	4736

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_CTL_INT_PCT	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_CTL_INT_PCT	WP_PROV_DSCLSR_INDIV_TB

Criminal Offenses – First Name (PDE-0724)

General Information

The first name of any individual having any ownership or controlling interest in the provider entity, who has ever been convicted or assessed fines or penalties for any health related crimes or mis-conduct, or excluded from any Federal or State health care program due to fraud, obstruction of any investigation, a controlled substance violation or any other crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally required (for an individual)
Size	40
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_FIRST_NAM	WP_PROV_DSCLSR_INDIV_TB

Criminal Offenses – Last/Org Name (PDE-0725)

General Information

The last name of any individual or organization name, having any ownership or controlling interest in the provider entity, who has ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of any investigation, a controlled substance violation or any other crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	40
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

- If a first name exists, field is stored in the Individual Last Name
- If no first name exists, field is stored in the Entity Business Name

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_LAST_NAM WP_ENTY_BUSN_NAM	WP_PROV_DSCLSR_INDIV_TB

Criminal Offenses – Title (PDE-0726)

General Information

The title of any individual, having any ownership or controlling interest in the provider entity, who has ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of any investigation, a controlled substance violation or any other crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	5
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

- If a first name exists, this field is required
- If no first name exists, this field is optional

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_TITLE_CD	WP_PROV_DSCLSR_INDIV_TB

Criminal Offenses – Date of Birth (PDE-0727)

General Information

The date of birth of any individual, having any ownership or controlling interest in the provider entity, who has ever been convicted or assessed fines or penalties for any health related crimes or mis-conduct, or excluded from any Federal or State health care program due to fraud, obstruction of any investigation, a controlled substance violation or any other crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	10
MMIS Data Element	Disclosed Individual Date of Birth
MMIS DE Number	4733

Business Rules

- If a first name exists, this field is required
- If no first name exists, this field is not required

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_ENTITY_DOB	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_DOB_DT	WP_PROV_DSCLSR_INDIV_TB

Criminal Offenses – SSN/TIN (PDE-0728)

General Information

The SSN of any individual or TIN of the organization, having any ownership or controlling interest in the provider entity, who has ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of any investigation, a controlled substance violation or any other crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity SSN/TIN
MMIS DE Number	4742

Business Rules

- Numeric in the format 999999999 or 999-99-9999 or 99-9999999

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_EIN	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_SSN_ID	WP_PROV_DSCLSR_INDIV_TB

Criminal Offenses – Address (PDE-0729)

General Information

The street address of any individual or organization name, having any ownership or controlling interest in the provider entity, who has ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of any investigation, a controlled substance violation or any other crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	64
MMIS Data Element	Disclosed Individual/Entity Street
MMIS DE Number	4752

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ADDR_LINE	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_ADR	WP_PROV_DSCLSR_INDIV_TB

Criminal Offenses – City (PDE-0730)

General Information

The city of any individual or organization name, having any ownership or controlling interest in the provider entity, who has ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of any investigation, a controlled substance violation or any other crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	30
MMIS Data Element	Disclosed Individual/Entity City
MMIS DE Number	4755

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_CITY	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_CITY_NAM	WP_PROV_DSCLSR_INDIV_TB

Criminal Offenses – State (PDE-0731)

General Information

The state of any individual or organization name, having any ownership or controlling interest in the provider entity, who has ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of any investigation, a controlled substance violation or any other crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	2
MMIS Data Element	Disclosed Individual/Entity State
MMIS DE Number	4753

Business Rules

N/A

Valid Values

Table/DB	Screen Dropdown
AK	Alaska
AL	Alabama
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Col
FL	Florida
GA	Georgia
ID	Idaho
IL	Illinois
IN	Indiana

IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_STATE	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_STATE_CD	WP_PROV_DSCLSR_INDIV_TB

Criminal Offenses – Zip (PDE-0732)

General Information

The zip code of any individual or organization name, having any ownership or controlling interest in the provider entity, who has ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of any investigation, a controlled substance violation or any other crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity Zip Code
MMIS DE Number	4754

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ZIP_CD	WP_PROV_DSCLSR_INDIV_TB

Assessed Fines – First Name (PDE-0733)

General Information

The first name of any individual or contractor, connected with the provider, who has been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any or crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally required (for an individual)
Size	40
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_FIRST_NAM	WP_PROV_DSCLSR_INDIV_TB

Assessed Fines – Last/Org Name (PDE-0734)

General Information

The last name (or organization name) of any individual or contractor, connected with the provider, who has been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any or crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	40
MMIS Data Element	Disclosed Individual/Entity Name
MMIS DE Number	4734

Business Rules

- If a first name exists, field is stored in the Individual Last Name
- If no first name exists, field is stored in the Entity Business Name

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information

PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_NAME	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_LAST_NAM WP_ENTY_BUSN_NAM	WP_PROV_DSCLSR_INDIV_TB

Assessed Fines – Date of Birth (PDE-0735)

General Information

The date of birth of any individual or contractor, connected with the provider, who has been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any or crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Situationally Required
Size	10
MMIS Data Element	Disclosed Individual Date of Birth
MMIS DE Number	4733

Business Rules

- If a first name exists, this field is required
- If no first name exists, this field is not required
- Field is in the format of MM/DD/YYYY

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name

PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_ENTITY_DOB	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_DOB_DT	WP_PROV_DSCLSR_INDIV_TB

Assessed Fines – SSN/TIN (PDE-0736)

General Information

The SSN or TIN of any individual or contractor, connected with the provider, who has been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any or crime or misconduct.

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Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Numeric
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity SSN/TIN
MMIS DE Number	4742

Business Rules

- Numeric in the format 999999999 or 999-99-9999 or 99-9999999

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ENTITY_EIN	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_SSN_ID	WP_PROV_DSCLSR_INDIV_TB

Assessed Fines – Address (PDE-0737)

General Information

The street address of any individual or contractor, connected with the provider, who has been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any or crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	64
MMIS Data Element	Disclosed Individual/Entity Street
MMIS DE Number	4752

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_ADDR_LINE	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_ADR	WP_PROV_DSCLSR_INDIV_TB

Assessed Fines – City (PDE-0738)

General Information

The city of any individual or contractor, connected with the provider, who has been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any or crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	30
MMIS Data Element	Disclosed Individual/Entity City
MMIS DE Number	4755

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
T_CITY	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_CITY_NAM	WP_PROV_DSCLSR_INDIV_TB

Assessed Fines – State (PDE-0739)

General Information

The state of any individual or contractor, connected with the provider, who has been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any or crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	2
MMIS Data Element	Disclosed Individual/Entity State
MMIS DE Number	4753

Business Rules

N/A

Valid Values

Table/DB	Screen Dropdown
AK	Alaska
AL	Alabama
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Col
FL	Florida
GA	Georgia
ID	Idaho
IL	Illinois
IN	Indiana

IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_STATE	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ENTY_STATE_CD	WP_PROV_DSCLSR_INDIV_TB

Criminal Offenses – Zip (PDE-0740)

General Information

The zip code of any individual or contractor, connected with the provider, who has been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any or crime or misconduct.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	9
MMIS Data Element	Disclosed Individual/Entity Zip Code
MMIS DE Number	4754

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_ZIP	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0010	WP_INDIV_ZIP_CD	WP_PROV_DSCLSR_INDIV_TB

Adverse Legal Action Ind (PDE-0741)

General Information

Indication of whether or not the provider entity has ever had any adverse legal actions imposed by Medicare, Medicaid or any other Federal or State agency or program, or any licensing or certification agency.

Page	Disclosure Submission Revalidation
Portlet Name	Ownership
Element Type	Radio Button
Data Type	Character
Field Type	Required
Size	1
MMIS Data Element	Adverse Legal Action Indicator
MMIS DE Number	4740

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_LEGAL_CODE_CVAL	PS_PROV_DISC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0009	WP_PROV_LEGAL_ACTN_IND	WP_PROV_DSCLSR_TB

Attestation Ind (PDE-0742)

General Information

Indication of whether or not the provider/submitter attests that all information about to be submitted is true and accurate.

Page	Disclosure Submission Revalidation
Portlet Name	Attestation
Element Type	Check box
Data Type	Character
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0009	WP_PROV_ATTESTN_IND	WP_PROV_DSCLSR_TB
PPM-T-0012	WP_REVLDTN_ATTESTN_IND	WP_REVLDTN_TB

Electronic Signature (PDE-0743)

General Information

The name of the provider/submitter entering and submitting disclosure and revalidation modifications.

Page	Disclosure Submission Revalidation
Portlet Name	Attestation
Element Type	Text Box
Data Type	Character
Field Type	Required
Size	40
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0004	Disclosure Information
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Prior Screening - Agency (PDE-0744)

General Information

The agency that previously conducted healthcare screening.

Page	Revalidation
Portlet Name	Prior Screening
Element Type	Drop Down
Data Type	Character
Field Type	Situationally Required
Size	2
MMIS Data Element	Screening Agency
MMIS DE Number	4712

Business Rules

- If previous screening indication it ‘yes’; this is required

Valid Values

- CM – CMS (used for Medicare option)
- 2-character state code

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_SCREEN_AGENCY_CVAL	PS_PROV_SCREEN

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_SCRNG_AGCY_CD	WP_REVLDTN_TB

Prior Screening – Medicaid State (PDE-0745)

General Information

The state Medicaid state that previously conducted healthcare screening.

Page	Revalidation
Portlet Name	Prior Screening
Element Type	Drop Down
Data Type	Character
Field Type	Situationally Required
Size	2
MMIS Data Element	Screening Agency
MMIS DE Number	4712

Business Rules

- If previous screening indication is ‘yes’ and Prior Screening Agency is ‘Medicaid’; this is required

Valid Values

- Two Character State Code

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_SCREEN_AGENCY_CVAL	PS_PROV_SCREEN

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_SCRNG_AGCY_STATE_CD	WP_REVLDTN_TB

Prior Screening – Approval Date (PDE-0746)

General Information

The approval date of the previous healthcare screening.

Page	Revalidation
Portlet Name	Prior Screening
Element Type	Text Box; Calendar Widget
Data Type	Date
Field Type	Situationally Required
Size	10
MMIS Data Element	Screening Date
MMIS DE Number	4713

Business Rules

- Field is in format MM/DD/YYYY

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_PES_SCREEN_VALID	PS_PROV_SCREEN

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_SCRNG_APPRVL_DT	WP_REVLDTN_TB

Prior Screening – Screening Status Ind (PDE-0747)

General Information

The indicator of the status of the previous screening.

Page	Revalidation
Portlet Name	Prior Screening
Element Type	Radio Button
Data Type	Character
Field Type	Situationally Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- If previous screening indication is ‘yes’ and Prior Screening Agency is ‘Medicaid’ or ‘Medicare’; this is required

Valid Values

- P - In progress
- A - Approved

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_SCRNG_STAT_CD	WP_REVLDTN_TB

Revalidation - Fee Ind (PDE-0748)

General Information

Indication that a revalidation fee is required.

Page	Revalidation
Portlet Name	Revalidation Fee
Element Type	Check Box
Data Type	Character
Field Type	Situationally Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

- If fee previously paid indication is ‘yes’; this is required

Valid Values

- Y – Yes
- N - Space

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_REVLDTN_FEE_IND	WP_REVLDTN_TB

Hardship Exception Request Submission Date (PDE-0749)

General Information

The date that the hardship exemption request was submitted.

Page	Revalidation
Portlet Name	Revalidation Fee
Element Type	Text Box
Data Type	Date
Field Type	Situationally Required
Size	10
MMIS Data Element	Provider Hardship Date
MMIS DE Number	4765

Business Rules

- If submitted a hardship requested is checked; this is required

Valid Values

- Field is in the format MM/DD/YYYY

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name

D_HARDSHIP	PS_WFLOW_LOC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_HRDSHP_SUBM_DT	WP_REVLDTN_TB

Revalidation – Fee Agency (PDE-0750)

General Information

The agency that previously received the application/revalidation fee within the last 12 months.

Page	Revalidation
Portlet Name	Revalidation Fee
Element Type	Drop Down Checkbox
Data Type	Character
Field Type	Situationally Required
Size	2
MMIS Data Element	Application Fee Paid-To Agency
MMIS DE Number	4716

Business Rules

- If previous payment indication it ‘yes’; this is required

Valid Values

- Two Character State Code
- CM - CMS
- HA - Hardship Approved
- HI - Hardship In Process
- HR - Hardship Requested

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_PAID_AGENCY_CVAL	PS_PROV_SCREEN

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_AGCY_PD_CD	WP_REVLDTN_TB

Revalidation – Medicaid State (PDE-0751)

General Information

The 2-character state of the Medicaid agency that previously collected the application/revalidation fee, or 'VA' if payment is to be made to Virginia.

Page	Revalidation
Portlet Name	Revalidation Fee
Element Type	Drop Down
Data Type	Character
Field Type	Situationally Required
Size	2
MMIS Data Element	Application Fee Paid-To Agency
MMIS DE Number	4806

Business Rules

- If previous screening indication is 'yes' and Prior Screening Agency is 'Medicaid'; this is required

Valid Values

- Two Character State Code

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
C_PAID_AGENCY_CVAL	PS_PROV_SCREEN

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_AGCY_PD_STATE_CD	WP_REVLDTN_TB

Revalidation – Fee Paid Date (PDE-0752)

General Information

The date the previous payment was collected.

Page	Revalidation
Portlet Name	Revalidation Fee
Element Type	Text Box; Calendar Widget
Data Type	Date
Field Type	Situationally Required
Size	10
MMIS Data Element	Application Fee Paid Date
MMIS DE Number	4717

Business Rules

- Required when it was indicated that an application fee had been paid in the last 12 months

Valid Values

- Field is in format MM/DD/YYYY

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_PAID	PS_PROV_SCREEN

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_AGCY_PD_DT	WP_REVLDTN_TB

Appl/Disc/Reval Tracking Number (PDE-0753)

General Information

The unique tracking number assigned to the disclosure and revalidation submissions. Format is YYYYJJJSSSS where YYYY is the year, JJJ is the Julian date, and SSSS is a sequential number that starts back at 1 each day.

Page	Disclosure Submission Revalidation Status Application/Revalidation – Check Payment Application/Revalidation – Credit Card Payment Application/Revalidation – Credit Card Error Application/Revalidation – Credit Card Payment by Mail
Portlet Name	N/A
Element Type	Generated
Data Type	Character
Field Type	Numeric
Size	14
MMIS Data Element	Provider Application Tracking Number
MMIS DE Number	4008

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
PPM-F-0002	Enrollment/Provider Maintenance – INP File
PPM-F-0003	Financial – Successful Credit Card Transaction Email

Screens

Screen ID	Screen Name
PPM-S-0007	Disclosure/Revalidation Submission Successful
PPM-S-0008	Revalidation Status Tracking
PPM-S-0010	Check Payment
PPM-S-0011	Credit Card Payment
PPM-S-0012	Credit Card Error
PPM-S-0015	Credit Card Payment by Mail

Tables – MMIS/DB2

Table Column Name	Table Name
C_WP_TRACKING_NO	PS_WFLOW_DISC
C_WP_TRACKING_NO	PS_WFLOW_PROV
C_WP_TRACKING_NO	PS_WFLOW_ADDR
C_WP_TRACKING_NO	PS_WFLOW_LOC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0009	WP_APPL_ID	WP_PROV_DSCLSR_TB
PPM-T-0012	WP_REVLDTN_APPL_ID	WP_REVLDTN_TB

Revalidation – Submission Date (PDE-0754)

General Information

The date the application, disclosure information, or revalidation is submitted for processing.

Page	Revalidation Status
Portlet Name	N/A
Element Type	Generated
Data Type	Date
Field Type	Required
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Field is in format MM/DD/YYYY

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0008	Revalidation Status Tracking

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_APPL_SUBM_DT	WP_REVLDTN_TB

Revalidation – Current Status (PDE-0755)

General Information

The status of the submitted revalidation in the approval process. The information is fed from the workflow.

Page	Revalidation Status
Portlet Name	N/A
Element Type	Text Box
Data Type	Character
Field Type	Required; Display Only
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0008	Revalidation Status Tracking

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Revalidation – Percent Complete (PDE-0756)

General Information

The completion percent of the submitted revalidation in the approval process. The information is fed from the workflow.

Page	Revalidation Status
Portlet Name	N/A
Element Type	Text Box
Data Type	Numeric
Field Type	Required; Display Only
Size	3
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0008	Revalidation Status Tracking

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

PES User ID (PDE-0757)

General Information

The xa- code assigned to the Provider Enrollment Services user.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	5
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Putput Name
RPT-PPAR-0001	PPM Audit Report Summary (Cognos)
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0008	WP_PES_USER_E_CD	WP_PES_USER_TB

Document Control Number (PDE-0758)

General Information

The unique control number assigned to any document that is included with the application.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Numeric
Field Type	N/A
Size	14
MMIS Data Element	Application Document Control Number
MMIS DE Number	4880

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
PPM-F-0002	Enrollment/Provider Maintenance – INP File

Screens

N/A

Tables – MMIS/DB2

Table Column Name	Table Name
C_DCN	PS_PROV_SCREEN
C_DCN	PS_WFLOW_PROV

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0009	WP_DSCLSR_DCN_ID	WP_PROV_DSCLSR_TB
PPM-T-0012	WP_DCN_ID	WP_REVLDTN_TB

Prior Screening - Indicator (PDE-0759)

General Information

The indication of whether a prior screening was completed or not.

Page	Revalidation
Portlet Name	Prior Screening
Element Type	Radio Button
Data Type	Character
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_PRIOR_SCRNG_IND	WP_REVLDTN_TB

Revalidation - Hardship Ind (PDE-0760)

General Information

The indication of whether a hardship exception has been requested, is in progress, or has been approved.

Page	Revalidation
Portlet Name	Revalidation Fee
Element Type	Radio Button
Data Type	Character
Field Type	Required
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- HA - Hardship Approved
- HI - Hardship In Process
- HR - Hardship Requested

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_HRDSHP_REQ_CD WP_APPRVD_HRDSHP_IND QP_HRDSHP_SUBMTD_IND	WP_REVLDTN_TB

Revalidation – Fee Paid Ind (PDE-0761)

General Information

The indication of whether an application/revalidation fee has been paid within the last 12 months.

Page	Revalidation
Portlet Name	Revalidation Fee
Element Type	Radio Button
Data Type	Character
Field Type	Required
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_PMT_IND	WP_REVLDTN_TB

Provider Termination Ind (PDE-0762)

General Information

Indication that a servicing provider is no longer part of a group.

Page	Provider Maintenance
Portlet Name	Profile
Element Type	Check Box
Data Type	Character
Field Type	Optional
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

Output ID	Output Name
RPT-PPAR-0001	PPM Audit Report (Cognos)

Screens

Screen ID	Screen Name
PPM-S-0003	Provider Profile Maintenance

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0001	WP_SVC_PROV_GRP_MBR_IND	WP_AUD_MNG_PRFL_TB

Risk Category (PDE-0763)

General Information

Indicates the risk category assigned to the provider during the screening and/or enrollment processes. The level of screening to be conducted according to the risk of fraud, waste, and abuse with respect to the category of provider of medical or other items or services or supplier.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	Risk Category
MMIS DE Number	4727

Business Rules

N/A

Valid Values

- L – Limited
- M – Moderate
- H – High

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

Table Column Name	Table Name
C_PROV_RISKCAT_CVAL	PS_PROV_RISKCAT
C_RISKCAT	PS_WFLOW_LOC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0013	WP_RISK_CAT_CD	WP_MMIS_PTY_TB

Risk Score (PDE-0764)

General Information

Indicates the risk score assigned to the provider during the screening and/or enrollment processes. This further categorizes providers with a risk category. The Risk Score is a numerical value derived by adding a base score for the provider's risk category to a Rating Score. Rating Score is 10 for all providers initially, but factors that arise during screening of a provider or during the provider's enrollment with Medicaid can increase the Rating Score.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	Risk Score
MMIS DE Number	4729

Business Rules

N/A

Valid Values

20	Limited, Low
30	Limited, Medium
40	Limited, High
50	Moderate, Low
60	Moderate, Medium
70	Moderate, High
80	High, Low
90	High, Medium
100	High, High

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

Table Column Name	Table Name
C_PROV_RISKSCR_CVAL	PS_PROV_RISKCAT
C_RISKSCR	PS_WFLOW_LOC

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0013	WP_RSK_SCRE_QTY	WP_MMIS_PTY_TB

Previous Screen Indicator (PDE-0765)

General Information

Indicates whether a previous screening conductedis necessary, based on provider type.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	???
MMIS DE Number	???

Business Rules

N/A

Valid Values

- Y – Yes
- N - No

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0013	WP_PREV_SCRN_IND	WP_MMIS_PTY_TB

Application Fee Required Indicator (PDE-0766)

General Information

Indicates whether an application fee is required of the provider.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

If the table value is ‘Y’, then the Revalidation Fee portlet is displayed on the Revalidation Submission (PPM-S-0005) screen.

Valid Values

- Y - Yes
- N - No

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0013	WP_APPL_FEE_REQD_IND	WP_MMIS_PTY_TB

Address Type Code (PDE-0768)

General Information

Indicates the type of address in the file or table.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	Provider Screening Regulations Address Type
MMIS DE Number	4741

Business Rules

N/A

Valid Values

- A – Pay-To Address
- C – Correspondence Address
- E – Remittance Address
- S – Servicing Address

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

Table Column Name	Table Name
C_REC_CD	PS_WFLOW_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name

PPM-T-0002	WP_AUD_ADR_TY_CD	WP_AUD_ADR_TB
PPM-T-0003	WP_AUD_ADR_TY_CD	WP_AUD_ADR_TYP_TB

Phone Type Code (PDE-0769)

General Information

Indicates the type of phone number in the file or table.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	1
MMIS Data Element	Provider Phone Type
MMIS DE Number	4279

Business Rules

N/A

Valid Values

- A – 24 Hour
- C – Contact
- F – Fax
- O – Office
- T - TDD

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

Table Column Name	Table Name
C_PHONE_TYPE_CVAL	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0004	WP_PHONE_TY_CD	WP_AUD_PHONE_TB
PPM-T-0005	WP_PHONE_TY_CD	WP_AUD_PHONE_TYP_TB

Attachment Type Code (PDE-0770)

General Information

Indicates the type of application attachment in the file or table.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	2
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0011	WP_ATTACH_TY_CD	WP_PROV_DSCLSR_ATTACH_TB

Attachment Submitted Date (PDE-0771)

General Information

The date that the attachment was submitted for the application.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Date
Field Type	N/A
Size	10
MMIS Data Element	N/A
MMIS DE Number	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0011	WP_ATTACH_SUBM_DT	WP_PROV_DSCLSR_ATTACH_TB

Phone Type Description (PDE-0772)

General Information

Description for the type of phone information in the file or table.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	40
MMIS Data Element	Provider Phone Type
MMIS DE Number	4279

Business Rules

N/A

Valid Values

- 24 hour
- Contact
- Fax
- Office
- TDD

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

Table Column Name	Table Name
C_PHONE_TYPE_CVAL	PS_PROV_PHONE

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0005	WP_AUD_PHONE_TY_DESC	WP_AUD_PHONE_TY_TB

Address Type Description (PDE-0773)

General Information

Description for the type of address information in the file or table.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	40
MMIS Data Element	Provider Address Type
MMIS DE Number	4200

Business Rules

N/A

Valid Values

- Pay-To Address
- Correspondence Address
- Remittance Address
- Servicing Address

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

Table Column Name	Table Name
C_ADDR_TYPE_CVAL	PS_PROV_ADDR

Tables - Portal

Table ID	Table Column Name	Table Name

PPM-T-0003	WP_AUD_ADR_TY_DESC	WP_AUD_ADR_TY_TB

Language Type Description (PDE-0774)

General Information

Description for the language.

Page	N/A
Portlet Name	N/A
Element Type	N/A
Data Type	Character
Field Type	N/A
Size	40
MMIS Data Element	Provider Language Type
MMIS DE Number	4420

Business Rules

N/A

Valid Values

- English
- Farsi
- Hindi
- Korean
- Other
- Spanish
- Vietnamese

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

Table Column Name	Table Name
C_LANGUAGE_CVAL	PS_PROV_LANG

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0007	WP_AUD_LANG_TY_DESC	WP_AUD_LANG_TY_TB

TIN Effective Date (PDE-0775)

General Information

The effective date of the provider's SSN or EIN.

Page	Revalidation Submission
Portlet Name	N/A
Element Type	Text Box
Data Type	Date
Field Type	Situationally Required
Size	10
MMIS Data Element	Provider Alternate ID Begin Date
MMIS DE Number	4553

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

Table Column Name	Table Name
D_PRV_ALT_ID_BEGIN	PS_PROV_ALT_ID

Tables - Portal

N/A

License Begin Date (PDE-0906)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0906
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

License End Date (PDE-0907)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0907
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Facility Administrator - Last Name (PDE-0910)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0910
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Record Code (PDE-0911)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0911
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Case Type (PDE-0912)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0912
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

APIN Indicator (PDE-0915)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0915
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

ORP Indicator (PDE-0919)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0919
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

NPI Type (PDE-0956)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0956
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Attachment File Name (PDE-0976)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0976
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0011	WP_ATTACH_NAM	WP_PROV_DSCLSR_ATTACH_TB

Payment Type Ind (PDE-0977)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0977
Page	Provider Enrollment Application or Revalidation – Payment
Portlet Name	N/A
Element Type	Radio Button
Field Type	Protected

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

Screen ID	Screen Name
PPM-S-0009	Payment Selection

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_PMT_TYP_CD	WP_REVLDTN_TB

Application Payment Amount (PDE-0978)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0978
Page	Application/Revalidation – Check Payment Application/Revalidation – Credit Card Payment
Portlet Name	Evalon – Credit Card Payment
Element Type	Text Box
Field Type	Display – Application/Revalidation – Check Payment Required – Application/Revalidation – Credit Card Payment

Business Rules

Must be a numeric dollar amount, including the decimal point

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File
PPM-F-0003	Financial – Successful Credit Card Transaction Email

Screens

Screen ID	Screen Name
PPM-S-0010	Check Payment
PPM-S-0011	Credit Card Payment

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name

PPM-T-0012	WP_PD_AMT	WP_REVLDTN_TB

Provider Last Name (PDE-0981)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0981
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Provider First Name (PDE-0982)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0982
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Provider Middle Initial (PDE-0983)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0983
Page	N/A
Portlet Name	N/A
Element Type	N/A
Field Type	N/A

Business Rules

N/A

Valid Values

N/A

Outputs

Output ID	Output Name
PPM-F-0001	Enrollment/Provider Maintenance – Batch File

Screens

N/A

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Error Code (PDE-0985)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0985
Page	N/A
Portlet Name	N/A
Element Type	Textbox
Field Type	Display

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0011	Credit Card Payment

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Error Name (PDE-0986)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0986
Page	N/A
Portlet Name	N/A
Element Type	Textbox
Field Type	Display

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0011	Credit Card Payment

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Error Message (PDE-0987)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0987
Page	N/A
Portlet Name	N/A
Element Type	Textbox
Field Type	Display

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0011	Credit Card Payment

Tables – MMIS/DB2

N/A

Tables - Portal

N/A

Pay Fee to VA Ind (PDE-0989)

General Information

This data element has previously been defined. The following information is how this data element is used within the Provider Profile Maintenance functionality.

Portal Data Element	PDE-0989
Page	N/A
Portlet Name	N/A
Element Type	Textbox
Field Type	Display

Business Rules

N/A

Valid Values

N/A

Outputs

N/A

Screens

Screen ID	Screen Name
PPM-S-0005	Revalidation Submission

Tables – MMIS/DB2

N/A

Tables - Portal

Table ID	Table Column Name	Table Name
PPM-T-0012	WP_PMT_TO_VA_IND	WP_REVLDTN_TB

Outputs

- PPM Audit Report Summary (Cognos) – RPT-PPAR-0001
- PPM Audit Report (Cognos) - RPT-PPAR-0001
- Enrollment/Provider Maintenance – Batch File – PPM-F-0001
- Enrollment/Provider Maintenance – INP File – PPM-F-0002
- Financial – Successful Credit Card Transaction Email – PPM-F-0003

PPM Audit Report Summary– RPT-PPAR-0001

General Information

PPM Audit Report Summary is a Cognos report that displays a list of the provider updates made for a specified NPI (optional) and/or time period (defaults current date) requested. From the summary report the details of each update may be viewed by selecting the Key link. The details are shown via the PPM Audit Report.

Report Sample

Report Number RPT-PPAR-0001 **Provider Profile Maintenance Audit Report** **Run Date : Jun 3, 2011**

List of Users who Modified their Profile

NPI	Provider Name	User ID	Change Date	Key
[redacted]	M[redacted]	[redacted]	Jun 3, 2011 8:10:41 AM	152
	P[redacted]		Jun 2, 2011 8:54:34 PM	151
	A[redacted]		Jun 2, 2011 6:52:22 PM	150
	C[redacted]NECK RESIDEN		Jun 2, 2011 5:04:32 PM	149
	C[redacted]		Jun 2, 2011 5:03:32 PM	148
	C[redacted]NECK RESIDEN		Jun 2, 2011 5:02:37 PM	147
	K[redacted]		Jun 2, 2011 5:01:03 PM	146
	C[redacted]		Jun 2, 2011 4:58:16 PM	145
	C[redacted]S		Jun 2, 2011 4:54:48 PM	144
	C[redacted]S		Jun 2, 2011 4:52:33 PM	143
	A[redacted]		Jun 2, 2011 3:01:40 PM	142
	C[redacted]D		Jun 2, 2011 2:30:57 PM	141
	R[redacted]C		Jun 2, 2011 1:21:00 PM	140
	L[redacted]		Jun 2, 2011 10:59:50 AM	139
	S[redacted]		Jun 2, 2011 10:31:29 AM	138
	I[redacted]D		Jun 2, 2011 10:24:02 AM	137

Jun 3, 2011 1 8:21:15 AM

Data Elements

Field/Data Element Name (ID)	Data Element Name (ID)	Table Column Name
Run Date Stamp (System Date)	N/A	N/A
Provider ID (NPI/API)	pDE-0610	WP_NPI_ID
Provider Name	pDE-0613	T_PROV_NAME
User ID	pDE-0006 PDE-0757	WP_USER_SK
Audit Time Stamp	N/A	G_AUD_TS

Key (link to specific data)	N/A	WP_AUD_MNG_PRFL_SK

Cognos Report Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Internal User link under Login and log in using valid user id
- Under Quick Links select SLA Reporting
- Drill down to Public Folders>Web PPM>PPM Audit Reports
- Run RPT-PPAR-0001-Provider Profile Maintenance Audit Report Summary

PPM Audit Report – RPT-PPAR-0001

General Information

PPM Audit Report is a Cognos report that displays the provider updated information for the selected update from the PPM Audit Report Summary. The report will only displays those fields that were updated providing the before and after results.

Report Sample

Report Number RPT-PPAR-0001

Provider Profile Maintenance Audit Report

Run Date : Nov 18, 2013

Provider Details

NPI : [redacted]	Provider Name : [redacted]	User ID : [redacted]	Site Number : 01
Date of Birth :	SSN :	FEIN :	Servicing Provider NPI : [redacted]
Bypass Ind :	Termination Ind : Y	Termination Date : Sep 4, 2013 12:00:00 AM	Modification date / Time Stamp : Nov 13, 2013 3:44:10 PM

Languages

Before Image	After Image
ENGLISH	ENGLISH

FEIN, SSN, Date of Birth

Before Image

FEIN	SSN	Date of Birth

After Image

FEIN	SSN	Date of Birth

Servicing Address

Before Image

Attention Name	Email Address	Contact Name	Office Phone	Office Ext	24 hr Phone	24 hr Ext	Contact Phone	Contact Ext	Fax Number	TDD Phone	TDD Ext

After Image

Attention Name	Email Address	Contact Name	Office Phone	Office Ext	24 hr Phone	24 hr Ext	Contact Phone	Contact Ext	Fax Number	TDD Phone	TDD Ext

Correspondence Address

Before Image

Attention Name	Address	City	State	Zip	Email Address	Office Phone	Office Ext	Fax Number	TDD Phone	TDD Ext

After Image

Attention Name	Address	City	State	Zip	Email Address	Office Phone	Office Ext	Fax Number	TDD Phone	TDD Ext

Pay to Address

Before Image

Attention Name	Address	City	State	Zip	Contact Name	Email Address	Office Phone	Office Ext	Fax Number	TDD Phone	TDD Ext	Contact Phone	Contact Ext

After Image

Attention Name	Address	City	State	Zip	Contact Name	Email Address	Office Phone	Office Ext	Fax Number	TDD Phone	TDD Ext	Contact Phone	Contact Ext

Remittance Advice Address

Before Image

Attention Name	Address	City	State	Zip	Email Address	Office Phone	Office Ext	Fax Number	TDD Phone	TDD Ext

After Image

Attention Name	Address	City	State	Zip	Email Address	Office Phone	Office Ext	Fax Number	TDD Phone	TDD Ext

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Data Elements

Field/Data Element Name (ID)	Data Element Name (ID)	Portal's Table Column Names
Provider ID (NPI/API)	pDE-0610	WP_NPI_ID
Provider Name	pDE-0613	WP_PROV_NAM
User ID	pDE-0006 PDE-0757	WP_USER_SK
Site Number / Sit Ind – Site ID	pDE-0617	WP_SITE_NBR
Provider Date of Birth	pDE-0685	WP_PROV_DOB
SSN	pDE-0611	WP_PROV_SSN
FEIN	pDE-0611	WP_PROV_FEIN
Servicing Provider NPI	pDE-0612	WP_PROV_NPI
Bypass Label Ind	pDE-0687	WP_PROV_BYPS_IND
Provider Termination Ind	PDE-0762	WP_SERV_PROV_GRP_ MEM_IND
Provider Termination Date	pDE-0686	WP_SERV_PROV_TERM_DT
Modification Date/Time Stamp	N/A	G_AUD_TS
Languages	pDE-0627	WP_AUD_LANG_TY_CD
Servicing Address – Address	pDE-0632	WP_ADR
Servicing Address – City	pDE-0633	WP_CITY_NAM
Servicing Address – State	pDE-0634	WP_US_STATE_CD
Servicing Address – Zip	pDE-0635	WP_ZIP5_CD
Servicing Address – Attn	pDE-0628	WP_ATTN_NAM
Servicing Address – Email	pDE-0641	WP_EMAIL_ADR_TEXT
Servicing Address – Contact Name	pDE-0642	WP_CONTCT_NAM
Servicing Address – Office Phone	pDE-0629	WP_PHONE_NUM
Servicing Address – Office Ext	pDE-0630	WP_PHONE_EXT_NUM
Servicing Address – 24 Hr Phone	pDE-0637	WP_PHONE_NUM
Servicing Address – 24 Hr Ext	pDE-0638	WP_PHONE_EXT_NUM
Servicing Address – Contact Phone	pDE-0643	WP_PHONE_NUM
Servicing Address – Contact Ext	pDE-0644	WP_PHONE_EXT_NUM
Servicing Address – Fax	pDE-0631	WP_PHONE_NUM
Servicing Address – TDD	pDE-0639	WP_PHONE_NUM
Servicing Address – TDD Ext	pDE-0640	WP_PHONE_EXT_NUM
Correspondence Address – Attn	pDE-0645	WP_ATTN_NAM
Correspondence Address – Address	pDE-0649	WP_ADR
Correspondence Address – City	pDE-0650	WP_CITY_NAM
Correspondence Address – State	pDE-0651	WP_US_STATE_CD
Correspondence Address – Zip	pDE-0652	WP_ZIP5_CD
Correspondence Address – Email	pDE-0656	WP_EMAIL_ADR_TEXT

Correspondence Address – Office Phone	pDE-0646	WP_PHONE_NUM
Correspondence Address – Office Ext	pDE-0647	WP_PHONE_EXT_NUM
Correspondence Address – Fax	pDE-0648	WP_PHONE_NUM
Correspondence Address – TDD	pDE-0654	WP_PHONE_NUM
Correspondence Address – TDD Ext	pDE-0655	WP_PHONE_EXT_NUM
Pay To Address – Attn	pDE-0657	WP_ATTN_NAM
Pay To Address – Address	pDE-0661	WP_ADR
Pay To Address – City	pDE-0662	WP_CITY_NAM
Pay To Address – State	pDE-0663	WP_US_STATE_CD
Pay To Address – Zip	pDE-0664	WP_ZIP5_CD
Pay To Address – Contact Name	pDE-0669	WP_CONTCT_NAM
Pay To Address – Email	pDE-0668	WP_EMAIL_ADR_TEXT
Pay To Address – Office Phone	pDE-0658	WP_PHONE_NUM
Pay To Address – Office Ext	pDE-0659	WP_PHONE_EXT_NUM
Pay To Address – Fax	pDE-0660	WP_PHONE_NUM
Pay To Address – TDD	pDE-0666	WP_PHONE_NUM
Pay To Address – TDD Ext	pDE-0667	WP_PHONE_EXT_NUM
Pay To Address – Contact Phone	pDE-0670	WP_PHONE_NUM
Pay To Address – Contact Ext	pDE-0671	WP_PHONE_EXT_NUM
Remittance Advice Address – Attn	pDE-0673	WP_ATTN_NAM
Remittance Advice Address – Address	pDE-0677	WP_ADR
Remittance Advice Address – City	pDE-0678	WP_CITY_NAM
Remittance Advice Address – State	pDE-0679	WP_US_STATE_CD
Remittance Advice Address – Zip	pDE-0680	WP_ZIP5_CD
Remittance Advice Address – Email	pDE-0684	WP_EMAIL_ADR_TEXT
Remittance Advice Address - Office Phone	pDE-0674	WP_PHONE_NUM
Remittance Advice Address – Office Ext	pDE-0675	WP_PHONE_EXT_NUM
Remittance Advice Address – Fax	pDE-0676	WP_PHONE_NUM
Remittance Advice Address – TDD	pDE-0682	WP_PHONE_NUM
Remittance Advice Address – TDD Ext	pDE-0683	WP_PHONE_EXT_NUM

Data Tables

The data tables used for the PPM Audit Report are shown below.

Table ID	Table Name	Description
PPM-T-0001	WP_AUD_MNG_PRFL_TB	User ID and related NPI
PPM-T-0002	WP_AUD_ADR_TB	Provider Address Table
PPM-T-0004	WP_AUD_PHONE_TB	Provider Address Phone Table
PPM-T-0006	WP_AUD_LANG_TB	Provider Language Table

Cognos Report Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Internal User link under Login and log in using valid user id
- Under Quick Links select SLA Reporting
- Drill down to Public Folders>Web PPM>PPM Audit Reports
- Run RPT-PPAR-0001-Provider Profile Maintenance Audit Report Summary
- Select Key link from Provider Profile Maintenance Audit Report Summary line

Enrollment/Provider Maintenance – Batch File – PPM-F-0001

General Information

The Enrollment/Provider Maintenance – Batch File feeds provider enrollment, disclosure and revalidation information to the MMIS for processing. The file is used to conduct provider screening against federal databases and then either update the MMIS or route to the PES workflow for further processing.

Data Elements

Record Length: 500

Data Element Name	MMIS Data Element	Field Length	Instructions
Header Record (HR)			
Record Code (PDE-911)	PSRWPREQ-REC-CD	2	HR – Header Record
Appl/Disc/Reval Tracking Number (PDE-0753)	PSRWPREQ-APP-TRK-NUM	10	Numeric – system generated
Case Type (pDE-0912)	PSRWPREQ-CASE-TYPE	1	E – Enrollment R – Revalidation U – Disclosure Update
APIN Indicator (only needed on Case Type = E) (pDE-0915)	PSRWPREQ-HDR-APIN-IND	1	Y – Yes N – No (default) Groups 4, 7, 11, 14, 17, 18, 19, 26 - If API/NPI on the enrollment form is blank, set indicator to 'Y'; Otherwise set to 'N'
ORP Indicator (only needed on Case Type = E)	PSRWPREQ-HDR-ORP-IND	1	Y – Yes N – No (default)

(pDE-919)			If Group 26 – Set ORP Indicator = 'Y' Otherwise set to 'N'
NPI (PDE-610)	PSRWPREQ-HDR-I-NPI	10	Provider's NPI
DCN (PDE-0758)	PSRWPREQ-HDR-DCN	14	Alpha Character
Adverse Legal Action Ind (PDE-0741)	PSRWPREW-HDR-ADVERSE-LGL	1	Y – Yes N – No (default) Note: for use with disclosures only
Provider Last Name (pDE-0981)	PSRWPREQ-HDR-LAST-NAME	19	Character
Provider First Name (pDE-0982)	PSRWPREQ-HDR-FIRST-NAME	12	Character
Provider Middle Initial (pDE-0983)	PSRWPREQ-HDR-MIDDLE-INT	1	Character
Provider Suffix (pDE-0500)	PSRWPREQ-HDR-SUFFIX	3	Character
Provider Title (pDE-0501)	PSRWPREQ-HDR-TITLE	5	Character
Provider Name (Business Name) (pDE-0613)	PSRWPREQ-HDR-BUS-NAME	40	Character
Provider IRS Name (pDE-0502)	PSRWPREQ-HDR-IRS_NAME	40	Character
Enrollment Requested Effective Date (pDE-0505)	PSRWPREQ-HDR-REQ_EFF_DT	10	Date – New enrollments only
EFT - Banking Institution (pDE-0546)	PSRWPREQ-HDR-BANK-INST	15	Numeric
EFT - Routing Number (pDE-0547)	PSRWPREQ-HDR-BANK-ROUTING	9	Numeric

EFT - Account Number (pDE-0548)	PSRWPREQ-HDR-BANK-ACCT	17	Numeric
Account Type (Future Use – HopR III)	PSRWPREQ-HDR-ACCT-TYPE	1	Alpha C = Checking S = Savings O = Other
EFT Exemption Ind (pDE-0549)	PSRWPREQ-HDR-EFT-IND	1	Y – Yes (Exemption requested) Blank – Banking information submitted or not applicable for provider type (i.e. ORPs)
Filler		287	
Provider Record (PR)			
Record Code (pDE-0911)	PSRWPREQ-REC-CD	2	PR – Provider Record
Appl/Disc/Reval Tracking Number (PDE-0753)	PSRWPREQ-APP-TRK-NUM	10	Numeric – system generated
Provider ID (pDE-0610)	PSRWPREQ-PRV-NPI	10	Numeric – NPI (or API if supplied)
NPI Type (pDE-0956)	PSRWPREQ-PRV-NPI-TYP	1	1 – Individual 2 – Organization Groups 2, 26 – set to '1'; Groups 1, 4, 5, 7, 9, 10, 14, 15, 18, 21, 23, 25 – set to '2' Groups 3, 6, 8, 12, 16, 17, 19, 20, 22 – if Individual Name is completed on the form, set to '1', if Organization (or Facility) Name is completed on the form set to '2'
Provider SSN (pDE-0611)	PSRWPREQ-PRV-SSN	9	Numeric

Provider TIN (pDE-0611)	PSRWPREQ-PRV-TIN	9	Numeric
Provider DOB (pDE-0685)	PSRWPREQ-PRV-DOB	10	MM/DD/YYYY
Prior Screening - Agency (PDE-0744) Prior Screening – Medicaid State (PDE-0745)	PSRWPREQ-PRV-SCRN-AGENCY	2	CM - CMS 2 Character State Abbreviation
Date Screened (pDE-0529) Prior Screening – Approval Date (PDE-0746)	PSRWPREQ-PRV-SCRN-DATE	10	MM/DD/YYYY Note: If previously screened; date previous screening approved
Revalidation – Fee Agency (PDE-0750) Revalidation – Medicaid State (PDE-0751)	PSRWPREQ-PRV-AGENCY-PD	2	2 Character State Abbreviation CM – CMS HA – Hardship Exception - Approved HP – Hardship Exception – In Process HR – Hardship Exception - Requested
Revalidation – Fee Paid Date (PDE-0752)	PSRWPREQ-PRV-DATE-PD	10	MM/DD/YYYY
Hardship Exception Request Submission Date (PDE-0749)	PSRWPREQ-PRV-HARDSHIP-DT	10	MM/DD/YYYY
Payment Type Ind (pDE-0977)	PSRWPREQ-PRV-PAYMENT-IND	3	CCO – Credit Card Online CCM – Credit Card Manual CKM – Check Manual Spaces – No Payment
License Number	PSRWPREQ-	15	Numeric

(pDE-0624)	PRV-LICENSE		
License Issuing State (pDE-0507)	PSRWPREQ-PRV-LICENSE-ST	2	State Abbreviation
License Board (pDE-0506)	PSRWPREQ-PRV-LIC-BOARD	15	Character
License Begin (pDE-0906)	PSRWPREQ-PRV-LIC-BEG-DT	10	MM/DD/YYYY
License End (pDE-0907)	PSRWPREQ-PRV-LIC-END-DT	10	MM/DD/YYYY
Second License Number MMIS: PSRWPREQ-PRV-LICENSE-2 Future Use: Telemedicine	PSRWPREQ-PRV-LICENSE-2	15	Numeric
Second License State MMIS: PSRWPREQ-PRV-LICENSE-ST-2 Future Use: Telemedicine	PSRWPREQ-PRV-LICENSE-ST-2	2	State Abbreviation
Second License Board MMIS: PSRWPREQ-PRV-LIC-BOARD-2 Future Use: Telemedicine	PSRWPREQ-PRV-LIC-BOARD-2	15	Character
Second License Begin MMIS: PSRWPREQ-PRV-LIC-BEG-DT-2 Future Use: Telemedicine	PSRWPREQ-PRV-LIC-BEG-DT-2	10	MM/DD/YYYY
Second License End MMIS: PSRWPREQ-PRV-LIC-END-DT-2 Future Use: Telemedicine	PSRWPREQ-PRV-LIC-END-DT-2	10	MM/DD/YYYY
Provider Type (pDE-0622)	PSRWPREQ-PRV-PROV-TYPE	3	Numeric
Specialty Code - Primary (pDE-0625)	PSRWPREQ-PRV-PROV-PRIM-SPEC	3	Numeric
Specialty Code - Secondary (pDE-0625)	PSRWPREQ-PRV-PROV-SECO-SPEC	12	Numeric 3 characters – occurs 4 x
Electronic Claims Submission Ind	PSRWPREQ-PRV-ECLAIM-	1	Y – Yes; Exemption requested

(pDE-0554)	IND		N – EDI or DDE claims; no exemption needed (These values are the reverse of what will be seen on the application)
Group Practice TIN (pDE-0557)	PSRWPREQ-PRV-GROUP-TIN	9	Numeric
Provider Group ID (pDE-0615)	PSRWPREQ-PRV-GROUP-NPI	10	Numeric
Adverse Legal Action Ind (PDE-0741)	PSRWPREQ-PRV-ADVERSE-LEGAL	1	Y – Yes Space – No (default)
Application Payment Amount (pDE-0978)	PSRWPREQ-PRV-PAID-AMT	8	Decimal 99999.99
Languages (pDE-0627)	PSRWPREQ-PRV-LANG-1 PSRWPREQ-PRV-LANG-2 PSRWPREQ-PRV-LANG-3 PSRWPREQ-PRV-LANG-4 PSRWPREQ-PRV-LANG-5 PSRWPREQ-PRV-LANG-6	6	E – English F – Farsi H – Hindi K – Korean S – Spanish V – Vietnamese 6 Occurrences
Languages - Other (pDE-0627)	PSRWPREQ-PRV-LANG-OTHER	10	Character
Signature Waiver Ind (PCD-0511)	PSRWPREQ-PRV-SIG-WAIVER	1	Y = Yes N = No New enrollments only
Filler		209	
Disclosed Individual/ Entity Record		(DR)	
Record Code	PSRWPREQ-	2	DR – Disclosed Individual/Entity Record

(pDE-0911)	REC-CD		
Appl/Disc/Reval Tracking Number (PDE-0753)	PSRWPREQ-APP-TRK-NUM	10	Numeric – system generated
Action Indicator (pDE-0530)	PSRWPREQ-DIS-CHANGE-IND	1	Space - Add (use for all new applications and additions on disclosure and revalidation) C - Change (use for updates on disclosure and revalidation only) D - Delete (use for removal of disclosure and revalidation records only)
Record Sequence Number (pDE-0531)	PSRWPREQ-DIS-I-PROV-SEQ-NO	4	MMIS sequence number for use in identifying the record to be updated New Application: – blank Disclosure & Revalidation: - Update or delete – MMIS sequence - Addition - blank
Disclosed Entity - Entity Type (pDE-0693)	PSRWPREQ-DIS-IND-ENT-TYP	2	First Disclosure Question Options: CE – Controlling Interest Entity CI – Controlling Interest Individual ME – Managing Employee Entity MI – Managing Employee Individual OE – Owner Entity OI – Owner Individual PE – Provider Entity (‘Other’ option) PI – Provider Individual (‘Other’ option)

			Third Disclosure Question Option: SE – Subcontractor Entity (N/A) SI – Subcontractor Individual Fourth Disclosure Question Option: TE – Other Entity (N/A) TI – Other Individual Fifth Disclosure Question Option: FE – Criminal Offense Entity (N/A) FI – Criminal Offense Individual Sixth Disclosure Question Option: AE – Assessed Fines/Penalties Entity (N/A) AI – Assessed Fines/Penalties Individual
Disclosed Entity – SSN/TIN (pDE-0692) Subcontractor – SSN/TIN (PDE-0708) Other Entity – SSN/TIN (PDE-0718) Criminal Offenses – SSN/TIN (PDE-0728) Assessed Fines – SSN/TIN (PDE-0736)	PSRWPREQ-DIS-TIN	9	Numeric
Disclosed Entity – Date of Birth	PSRWPREQ-DIS-DOB	10	MM/DD/YYYY

(pDE-0691) Subcontractor – Date of Birth (PDE-0707) Other Entity – Date of Birth (PDE-0717) Criminal Offenses – Date of Birth (PDE-0727) Assessed Fines – Date of Birth (PDE-0735)			
Disclosed Entity – Last/Org Name (pDE-0689) Subcontractor – Last/Org Name (PDE-0705) Other Entity – Last/Org Name (PDE-0715) Criminal Offenses – Last/Org Name (PDE-0725) Assessed Fines – Last/Org Name (PDE-0734)	PSRWPREQ-DIS-LAST-NAME	19	Character
Disclosed Entity – First Name (pDE-0688)	PSRWPREQ-DIS-FIRST-NAME	12	Character

Subcontractor – (PDE-0702) Other Entity – (PDE-0714) Criminal Offenses – (PDE-0724) Assessed Fines – (PDE-0733)			
Disclosed Entity – Last/Org Name (Business Name) (pDE-0689) Subcontractor – First (PDE-0704) Other Entity – First (PDE-0714) Criminal Offenses – First (PDE-0724) Assessed Fines – First (PDE-0733)	PSRWPREQ-DIS-BUS-NAME	28	Character
Disclosed Entity – Title (pDE-0690) Subcontractor – Title (PDE-0706) Other Entity – Title (PDE-0716) Criminal Offenses – Title	PSRWPREQ-DIS-TITLE	5	Character

(PDE-0726)			
Disclosed Entity – Percent (pDE-0698) Subcontractor – Percent (PDE-0713) Other Entity – Percent (PDE-0723)	PSRWPREQ-DIS-CONTROL-INT	3	Numeric
Disclosed Entity – Address (pDE-0694) Subcontractor – Address (PDE-0709) Other Entity – Address (PDE-0719) Criminal Offenses – Address (PDE-0729) Assessed Fines – Address (PDE-0737)	PSRWPREQ-DIS-ADDR-STREET	40	Character
Disclosed Entity – City (pDE-0695) Subcontractor – City (PDE-0710) Other Entity – City (PDE-0720) Criminal Offenses – City (PDE-0730) Assessed Fines – City	PSRWPREQ-DIS-ADDR-CITY	17	Character

(PDE-0738)			
Disclosed Entity – State (pDE-0696) Subcontractor – State (PDE-0711) Other Entity – State (PDE-0721) Criminal Offenses – State (PDE-0731) Assessed Fines – State (PDE-0739)	PSRWPREQ-DIS-ADDR-ST	2	State Abbreviation
Disclosed Entity – Zip (pDE-0697) Subcontractor – Zip (PDE-0712) Other Entity – Zip (PDE-0722) Criminal Offenses – Zip (PDE-0732) Assessed Fines – Zip (PDE-0740)	PSRWPREQ-DIS-ADDR-ZIP	9	Zip & Extension (if it exists)
Filler		327	
Address Record			
Record Code (pDE-0911)	PSRWPREQ-REC-CD	2	SR – Service Address Record CR – Correspondence Address Record ER – Remit Address Record AR – Pay to Address Record
Appl/Disc/Reval Tracking Number (PDE-0753)	PSRWPREQ-APP-TRK-NUM	10	Numeric – system generated
Street Address (pDE-0632 – Servicing) (pDE-0649 – Cor-respondence) (pDE-0677 – Remit) (pDE-0661 – Pay To)	PSRWPREQ-ADR-STREET-1	40	Character
City pDE-0633 – Servicing)	PSRWPREQ-ADR-CITY	17	Character

(pDE-0650 – Cor-respondence) (pDE-0678 – Remit) (pDE-0662 – Pay To)			
State (pDE-0634 – Servicing) (pDE-0651 – Cor-respondence) (pDE-0679 – Remit) (pDE-0663 – Pay To)	PSRWPREQ-ADR-STATE	2	State Abbreviation
Zip (pDE-0635 + pDE-0636 – Servicing) (pDE-0652 + pDE-0653) – Correspondence) (pDE-0680 + pDE-0681 – Remit) (pDE-0664 + pDE-0665 – Pay To)	PSRWPREQ-ADR-ZIP1	9	Zip & Extension (if it exists)
Attention (pDE-0628 – Servicing) (pDE-0645 – Cor-respondence) (pDE-0673 – Remit) (pDE-0657 – Pay To)	PSRWPREQ-ADR-ATTENTION	40	Character
Office Phone (pDE-0629 – Servicing) (pDE-0646 – Cor-respondence) (pDE-0674 – Remit) (pDE-0658 – Pay To)	PSRWPREQ-ADR-OFF-PHONE	10	Numeric
Office Extension (pDE-0630 – Servicing)	PSRWPREQ-ADR-OFF-EXT	4	Numeric

(pDE-0647 – Cor-respondence) (pDE-0675 – Remit) (pDE-0659 – Pay To)			
FAX (pDE-0631 – Servicing) (pDE-0648 – Cor-respondence) (pDE-0676 – Remit) (pDE-0660 – Pay To)	PSRWPREQ-ADR-OFF-FAX	10	Numeric
TDD Phone (pDE-0639 – Servicing) (pDE-0654 – Cor-respondence) (pDE-0682 – Remit) (pDE-0666 – Pay To)	PSRWPREQ-ADR-TDD-PHONE	10	Numeric
TDD Extension (pDE-0640 – Servicing) (pDE-0655 – Cor-respondence) (pDE-0683 – Remit) (pDE-0667 – Pay To)	PSRWPREQ-ADR-TDD-EXT	4	Numeric
E-mail (pDE-0641 – Servicing) (pDE-0656 – Cor-respondence) (pDE-0684 – Remit) (pDE-0668 – Pay To)	PSRWPREQ-ADR-EMAIL-ADDR	40	Character
Contact Name (pDE-0642 – Servicing) (pDE-0669 – Pay To)	PSRWPREQ-ADR-CONTACT-NAME	40	Character
Contact Phone (pDE-0643 – Servicing) (pDE-0670 – Pay To)	PSRWPREQ-ADR-CONTACT-PHONE	10	Numeric

Contact Extension (pDE-0644 – Servicing) (pDE-0671 – Pay To)	PSRWPREQ-ADR-CONTACT-EXT	4	Numeric
Bypass Label Ind (pDE-0687)	PSRWPREQ-ADR-LABEL-BYPASS	1	Y – Yes N –No
Provider Group ID (pDE-0615)	PSRWPREQ-ADR-GROUP-NPI	10	Numeric (only for SR Record)
Facility Administrator – First Name (pDE-0908)	PSRWPREQ-ADR-FAC-FNAME	11	Character
Facility Administrator – Middle Initial (pDE-0909)	PSRWPREQ-ADR-FAC-MINIT	1	Character
Facility Administrator – Last Name (pDE-0910)	PSRWPREQ-ADR-FAC-LNAME	28	Character
Filler		197	
Relationship Record (RR)			
Record Code (pDE-0911)	PSRWPREQ-REC-CD	2	RR – Relationship Record
Appl/Disc/Reval Tracking Number (PDE-0753)	PSRWPREQ-APP-TRK-NUM	10	Numeric – system generated
Action Indicator (pDE-0530)	PSRWPREQ-DIS-CHANGE-IND	1	Space - Add (use for all new applications and additions on disclosure and revalidation) C - Change (use for updates on disclosure and revalidation only) D - Delete (use for removal of disclosure and revalidation records only)
Record Sequence Number	PSRWPREQ-REL-I-PROV-SEQ-NO	4	MMIS sequence number for use in identifying the record to be updated

(pDE-0531)			New Application: – blank Disclosure & Revalidation: - Update or delete – MMIS sequence - Addition - blank
Relationship From EIN/SSN (pDE-0516)	PSRWPREQ-REL-FRM-EIN	9	Numeric – SSN/TIN We'll display the name on the screen but the associated EIN will be passed in the batch file
Relationship - Type (PDE-0701)	PSRWPREQ-REL-REL-CODE	1	W – Spouse P – Parent C – Child S - Sibling
Relationship Who EIN/SSN (pDE-0517)	PSRWPREQ-REL-WHO-EIN	9	Numeric – SSN/TIN We'll display the name on the screen but the associated EIN will be passed in the batch file
Filler		464	
Trailer Record (TR)			
Record Code (pDE-0911)	PSRWPREQ-REC-CD	2	TR – Trailer Record
Appl/Disc/Reval Tracking Number (PDE-0753)	PSRWPREQ-APP-TRK-NUM	10	Numeric – system generated
Case Type (pDE-0912)	PSRWPREQ-CASE-TYP	1	E – Enrollment R – Revalidation U – Disclosure Update
Filler		487	

Enrollment/Provider Maintenance – INP File – PPM-F-0002

General Information

The Enrollment/Provider Maintenance – INP File feeds provider enrollment, disclosure and revalidation PDFs and attachments. The file is used to load the documents to the ECM and in some cases trigger the PES workflow for further processing.

Data Elements

Data Element Name / Field Name	Field Length	Instructions
Docs Record		
Doc Count	4	The total number of document records in the file being sent. I.E. Doc_Count=3
Appl/Disc/Reval Tracking Number (PDE-0753) Document Name	10	The tracking number associated with the application, disclosure or revalidation I.E. Doc1=2013256927
ATN Record		
FN_DOC_CLASS	10	The document class ECM index I.E FN_DOC_CLASS=Provider
FN_SUB_CLASS	25	The document sub-class ECM index I.E FN_SUB_CLASS=Disclosure Information
Provider ID (NPI/API) (pDE-0610) FN_NATIONAL_ PROVIDER_ID	10	The provider's NPI/API associated with the enrollment, disclosure or revalidation
Provider Name	40	The provider's name associated with the enrollment, disclosure or revalidation

(pDE-0613) FN_PROVIDER_NAME		
FN_DOC_TYPE	40	The document type ECM index I.E FN_DOC_TYPE=Disclosure Information Application
DD_INPUT_TYPE=W	1	The input type of the data. The data in the INP file for enrollments, disclosures and revalidations will be 'W' for Web
Document Control Number (PDE-0758) FN_OriginalDCN	14	The unique number assigned to a document. If the document being sent to the ECM is to be associated to another document (i.e. a copy of a license needs to be associated to an application), the original DCN will be the DCN of the application. Format is Julian date, input type and a generated unique number (i.e. 2013256W900927)
Document Control Number (PDE-0758) FN_DCN	14	The unique number assigned to a document. If the document being sent to the ECM is to be associated to another document (i.e. a copy of a license needs to be associated to an application), the DCN will be the DCN of the license. If the document is the initial document for this application, disclosure or revalidation (i.e. the PDF of the application) then the DCN and the Original DCN will be equal. Format is Julian date, input type and a generated unique number (i.e. 2013256W900927)
FN_DateReceived (PDE-0754)	10	The date the document is being submitted; MM/DD/YYYY
Appl/Disc/Reval Tracking Number (PDE-0753) FN_Web-portalTrackingNumber	10	The tracking number associated with the application, disclosure or revalidation
FN_Backend	5	This represents an index in the ECM that is set to 'True' or 'False'

Financial – Successful Credit Card Transaction Email – PPM-F-0003

General Information

Upon successful credit card payment for both new enrollments and revalidations, the user receives the payment successful message. During the credit card online entry, if the user enters an email address, an email will be generated and sent to the user confirming the payment. This serves as the provider's receipt.

Report Sample

From: [redacted]
To: [redacted]
Cc:
Subject: Order Confirmation

Payment is successful

Order Results

Profile Name: [redacted]
Transaction ID: AA49315-63E7F2DA-3DC3-4849-9DD3-C15C5B224876
Date/Time: 08/22/2013 03:40:23 PM
Transaction Type: SALE
Approval Message: APPROVAL
Approval Code: CVI424
ECI:

Credit Card Details

Card Type : VISA
Card Number : [redacted]**********[redacted]
Amount : $532.00USD
Invoice Number : 2013234514
Get Token : N
webtrack : 2013234514

Billing Address

First Name :
Last name :
Address1 :
City :
State/Province :
Postal Code :
Country :
Phone :
Email Address :

[redacted]

Data Elements

Field/Data Element Name (ID)	Data Element Name (ID)	Table Column Name
Profile Name (Provider Name)	pDE-0613)	N/A
Transaction ID	N/A	Not stored within MMIS for financial reasons
Date/Time	N/A	Not stored within MMIS for financial reasons
Transaction Type	N/A	Not stored within MMIS for financial reasons
Approval Message	N/A	Not stored within MMIS for financial reasons
Approval Code	N/A	Not stored within MMIS for financial reasons
ECI	N/A	Not stored within MMIS for financial reasons
Credit Card Type	N/A	Not stored within MMIS for financial reasons
Credit Card Number	N/A	Not stored within MMIS for financial reasons
Amount (Application Payment Amount)	pDE-0978	WP_AMT_PAID
Invoice Number (Appl/Disc/Reval Tracking Number)	PDE-0753	WP_REVLDTN_DATA_SK
Get Token	N/A	
Webtrack (Appl/Disc/Reval Tracking Number)	PDE-0753	Application Tracking Number
Billing Address – First Name	N/A	Not stored within MMIS for financial reasons
Billing Address – Last Name	N/A	Not stored within MMIS for financial reasons
Billing Address – Address1	N/A	Not stored within MMIS for financial reasons
Billing Address – City	N/A	Not stored within MMIS for financial reasons
Billing Address – State	N/A	Not stored within MMIS for financial reasons
Billing Address – Postal Code	N/A	Not stored within MMIS for financial reasons
Billing Address – Country	N/A	Not stored within MMIS for financial reasons

Billing Address – Phone	N/A	Not stored within MMIS for financial reasons
Billing Address - Email	N/A	Not stored within MMIS for financial reasons

Programs

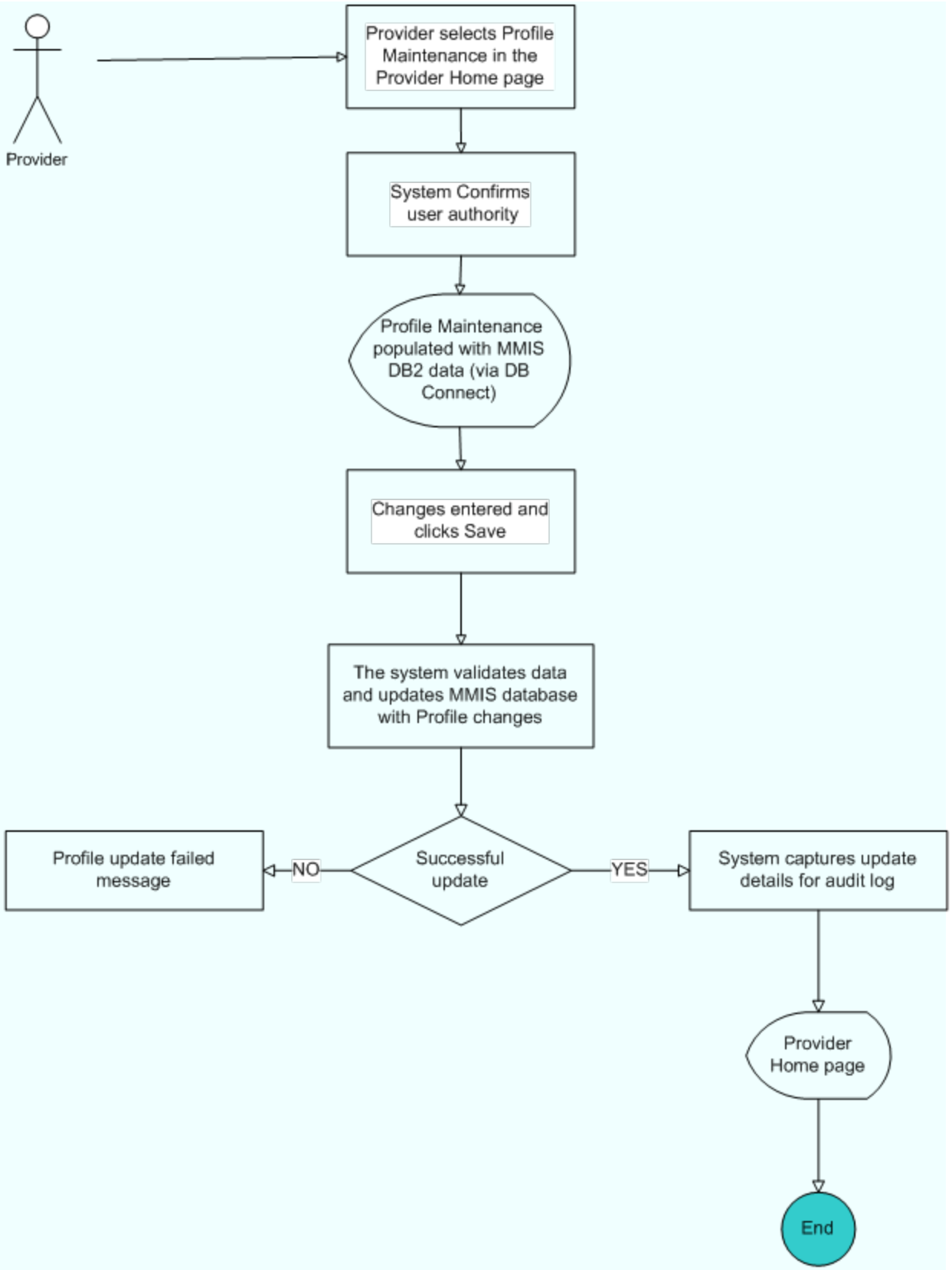
- Profile Maintenance PPM-P-0001
- Disclosure PDF Creation – PPM-P-0002
- Revalidation Extraction – PPM-P-0003
- Revalidation PDF Creation – PPM-P-0004
- Disclosure/Revalidation Attachments – PPM-P-0005
- Disclosure Extraction – PPM-P-0006

Profile Maintenance (PPM-P-0001)

General Information

This program provides a means for authorized provider users to change demographics for service, correspondence, remittance and pay-to address information.

Process


Provider
Provider selects Profile Maintenance in the Provider Home page
System Confirms user authority
Profile Maintenance populated with MMIS DB2 data (via DB Connect)
Changes entered and clicks Save
The system validates data and updates MMIS database with Profile changes
Successful update
NO
Profile update failed message
YES
System captures update details for audit log
Provider Home page
End

Disclosure PDF Creation - PPM-P-0002

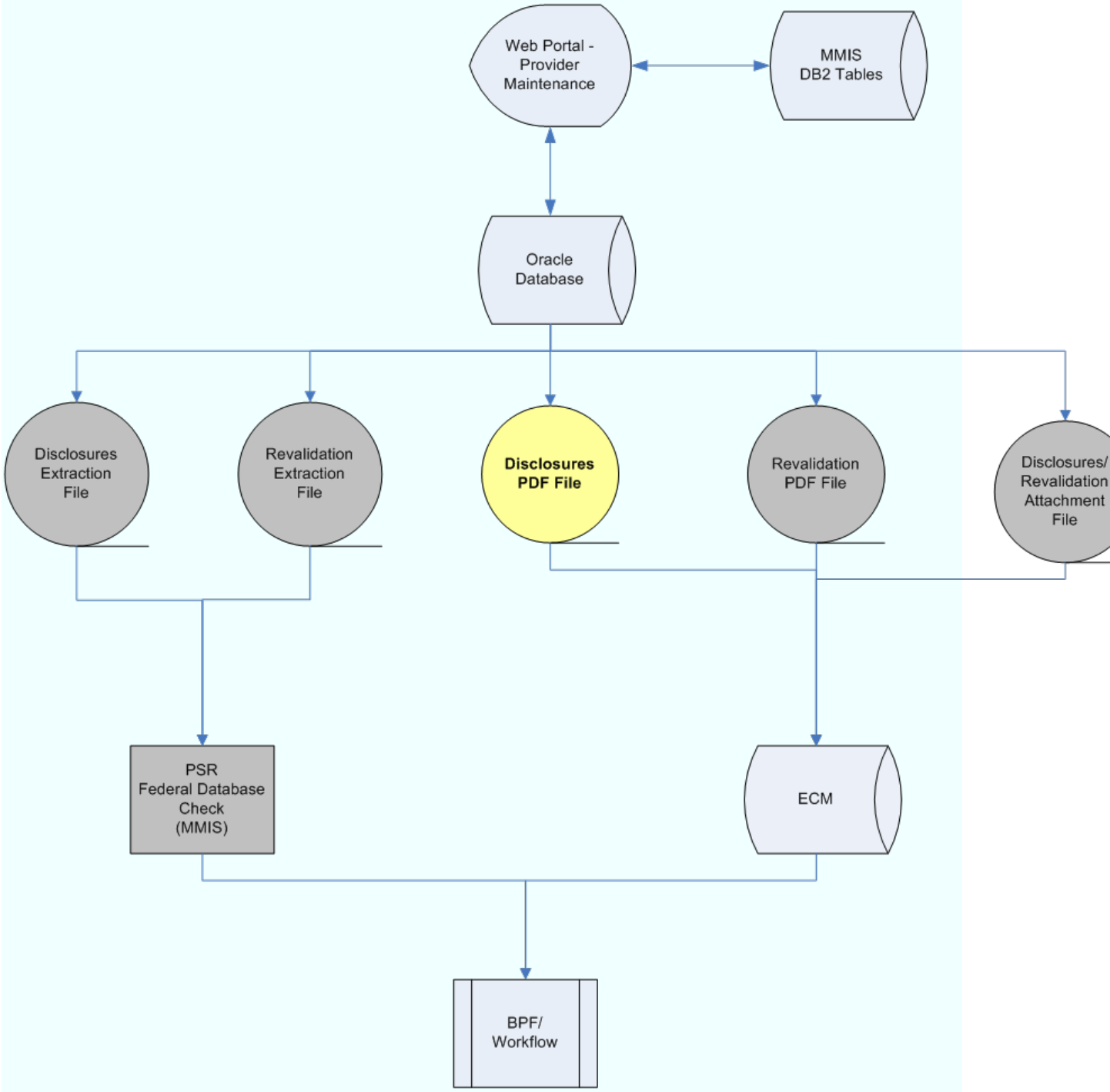
General Information

This program will run twice daily (noon and midnight) and will extract all submitted disclosure updates that are in the database.

The Disclosure Extraction program (PPM-P-0001) builds the records needed for the MMIS processing of the federal database checks as part of provider maintenance and screening. In conjunction with that extraction, all disclosures that are extracted will have a PDF created displaying all the information that was added/updated for that disclosure record.

The PDFs are loaded into the ECM and subsequently into workflow.

Process


Web Portal - Provider Maintenance
MMIS DB2 Tables
Oracle Database
Disclosures Extraction File
Revalidation Extraction File
Disclosures PDF File
Revalidation PDF File
Disclosures/ Revalidation Attachment File
PSR Federal Database Check (MMIS)
ECM
BPF/ Workflow

Revalidation Extraction - PPM-P-0003

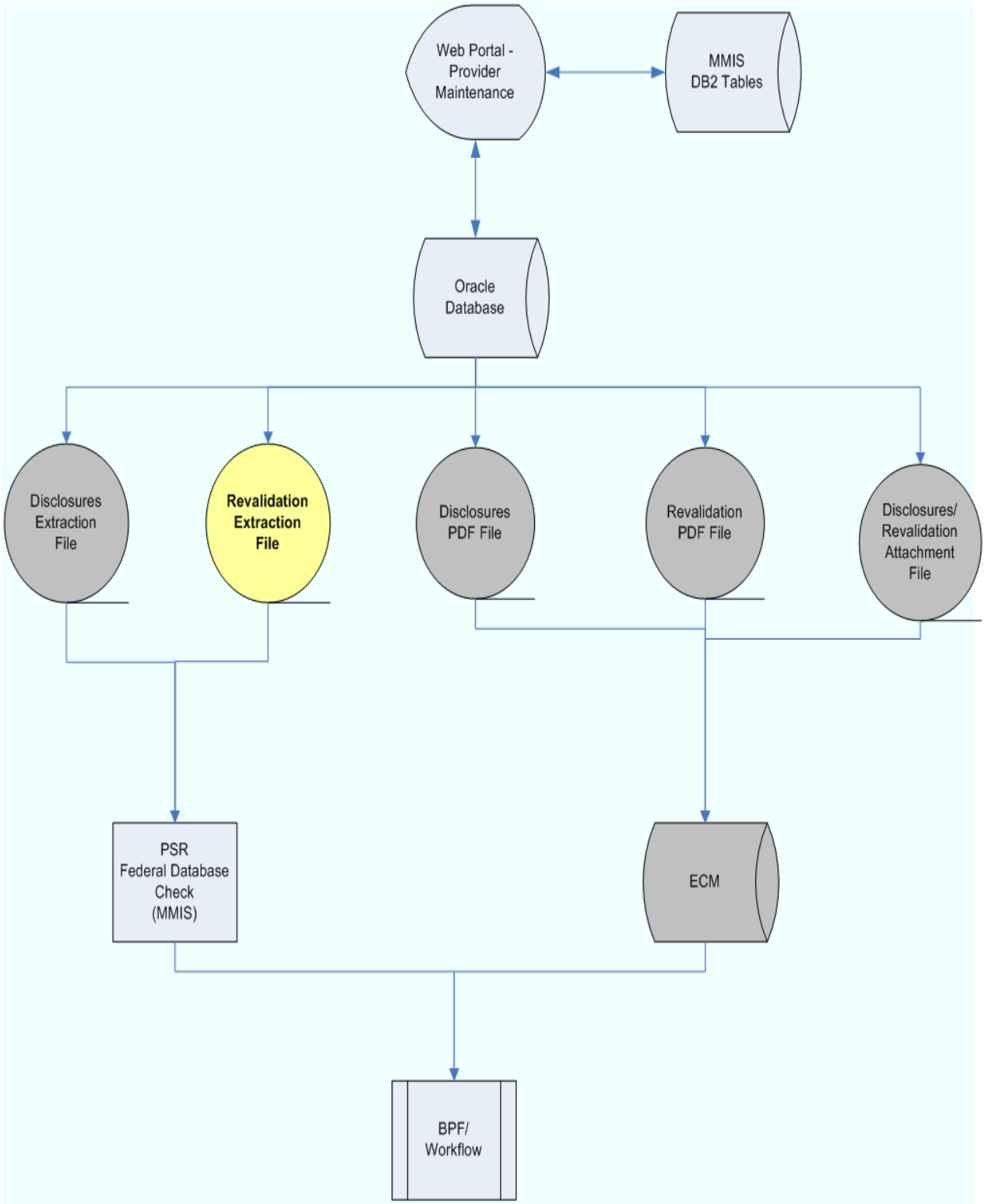
General Information

This program will run twice daily (noon and midnight) and will extract all submitted revalidation updates that are in the database.

The extract program builds the records needed for the MMIS processing of the federal database checks as part of provider maintenance and screening.

The extraction records leverage the Enrollment/Provider Maintenance – Batch File (PPM-F-0001) layout.

Process


Web Portal - Provider Maintenance
MMIS DB2 Tables
Oracle Database
Disclosures Extraction File
Revalidation Extraction File
Disclosures PDF File
Revalidation PDF File
Disclosures/ Revalidation Attachment File
PSR Federal Database Check (MMIS)
ECM
BPF/ Workflow

Revalidation PDF Creation - PPM-P-0004

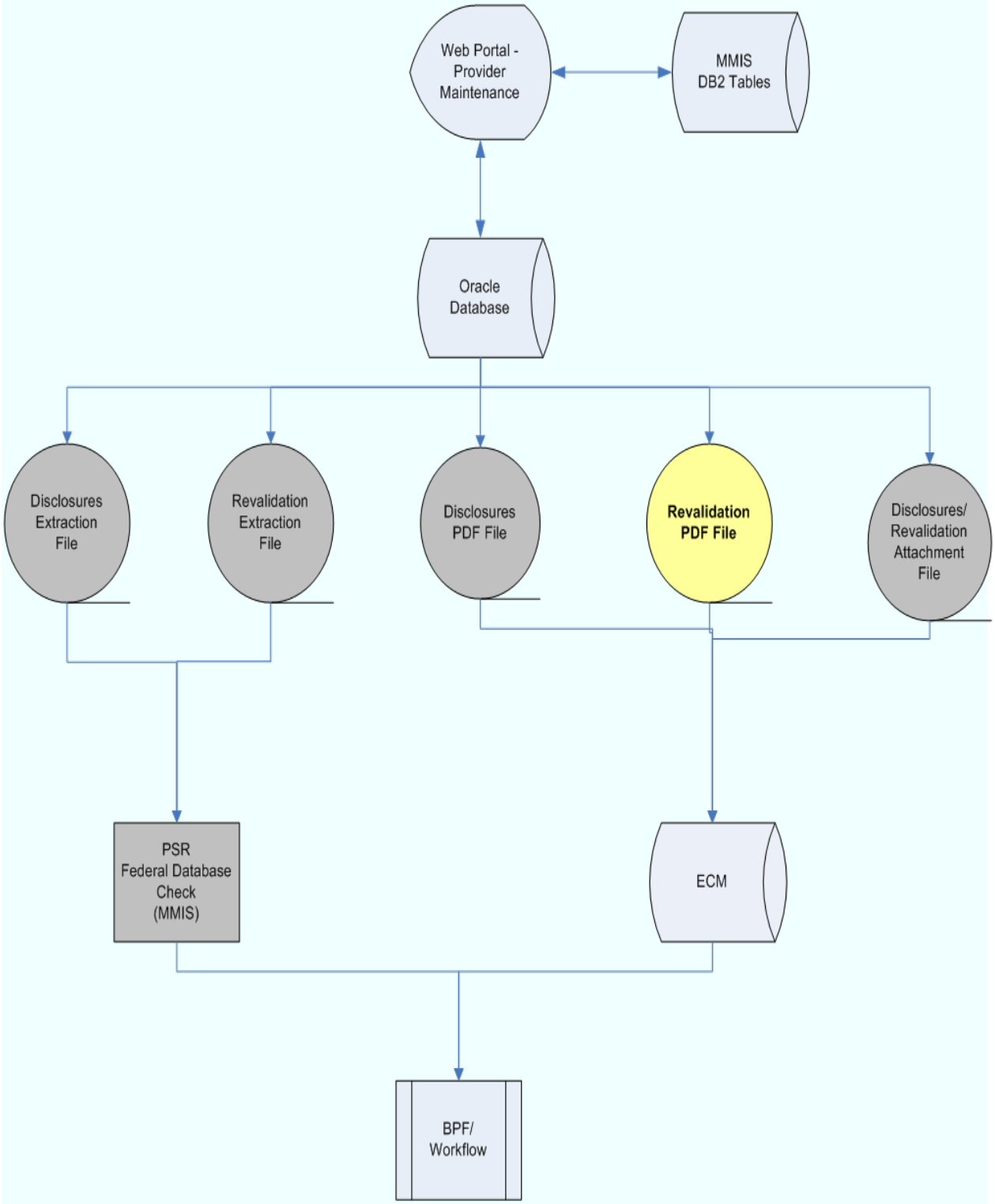
General Information

This program will run twice daily (noon and midnight) and will extract all submitted revalidation updates that are in the database.

The Revalidation Extraction program (PPM-P-0003) builds the records needed for the MMIS processing of the federal database checks as part of provider maintenance and screening. In conjunction with that extraction, all revalidations that are extracted will have a PDF created displaying all the information that was added/updated for that revalidation record.

The PDFs are loaded into the ECM and subsequently into workflow.

Process


Web Portal - Provider Maintenance
MMIS DB2 Tables
Oracle Database
Disclosures Extraction File
Revalidation Extraction File
Disclosures PDF File
Revalidation PDF File
Disclosures/ Revalidation Attachment File
PSR Federal Database Check (MMIS)
ECM
BPF/ Workflow

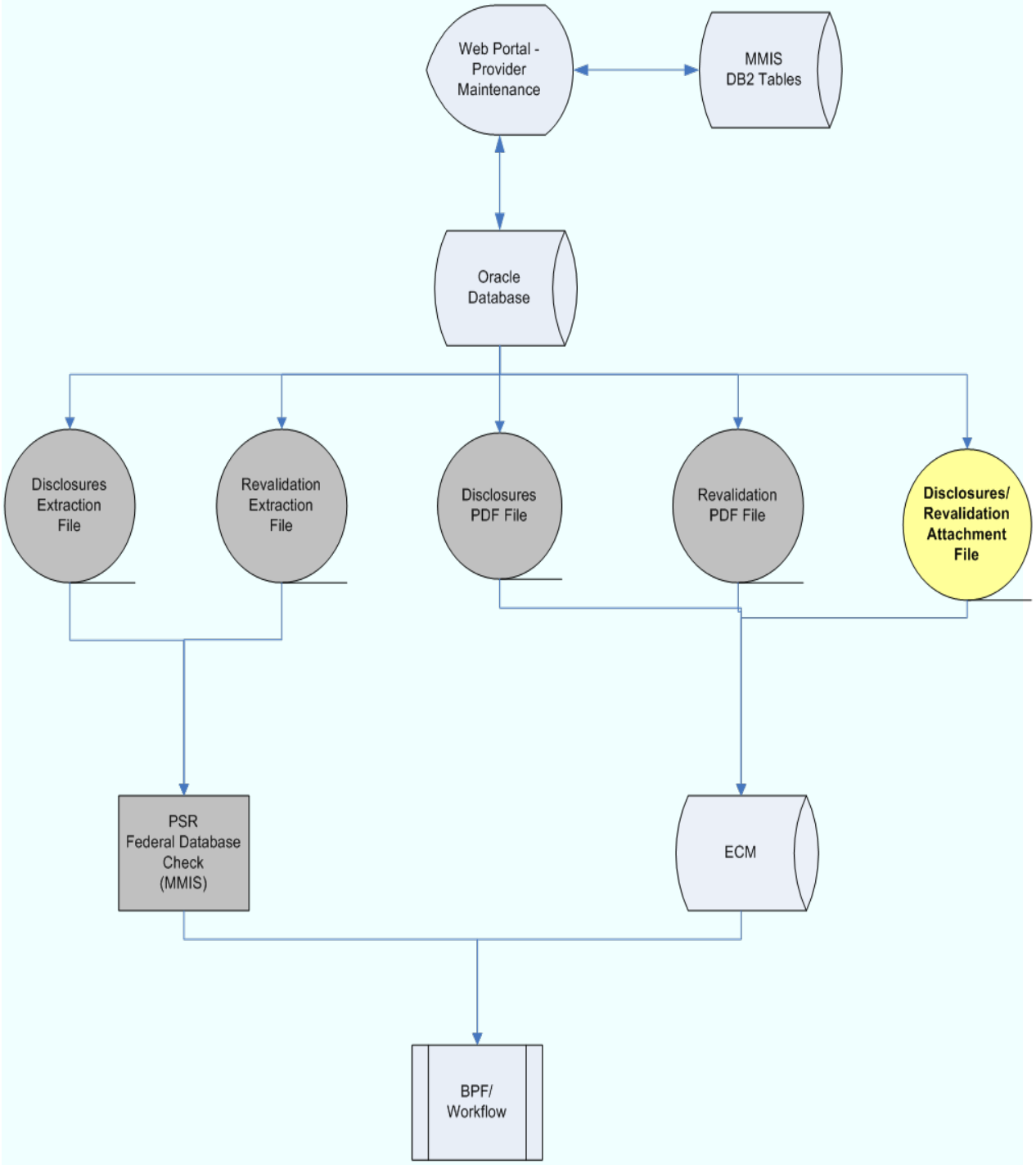
Disclosure/Revalidation Attachments - PPM-P-0005

General Information

This program will run twice daily (noon and midnight) and will extract all attachments submitted in conjunction with disclosure and revalidation updates that are in the database.

The attachment records leverage the Enrollment/Provider Maintenance – INP File (PPM-F-0002) layout.

Process


Web Portal - Provider Maintenance
MMIS DB2 Tables
Oracle Database
Disclosures Extraction File
Revalidation Extraction File
Disclosures PDF File
Revalidation PDF File
Disclosures/ Revalidation Attachment File
PSR Federal Database Check (MMIS)
ECM
BPF/ Workflow

Disclosure Extraction – PPM-P-0006

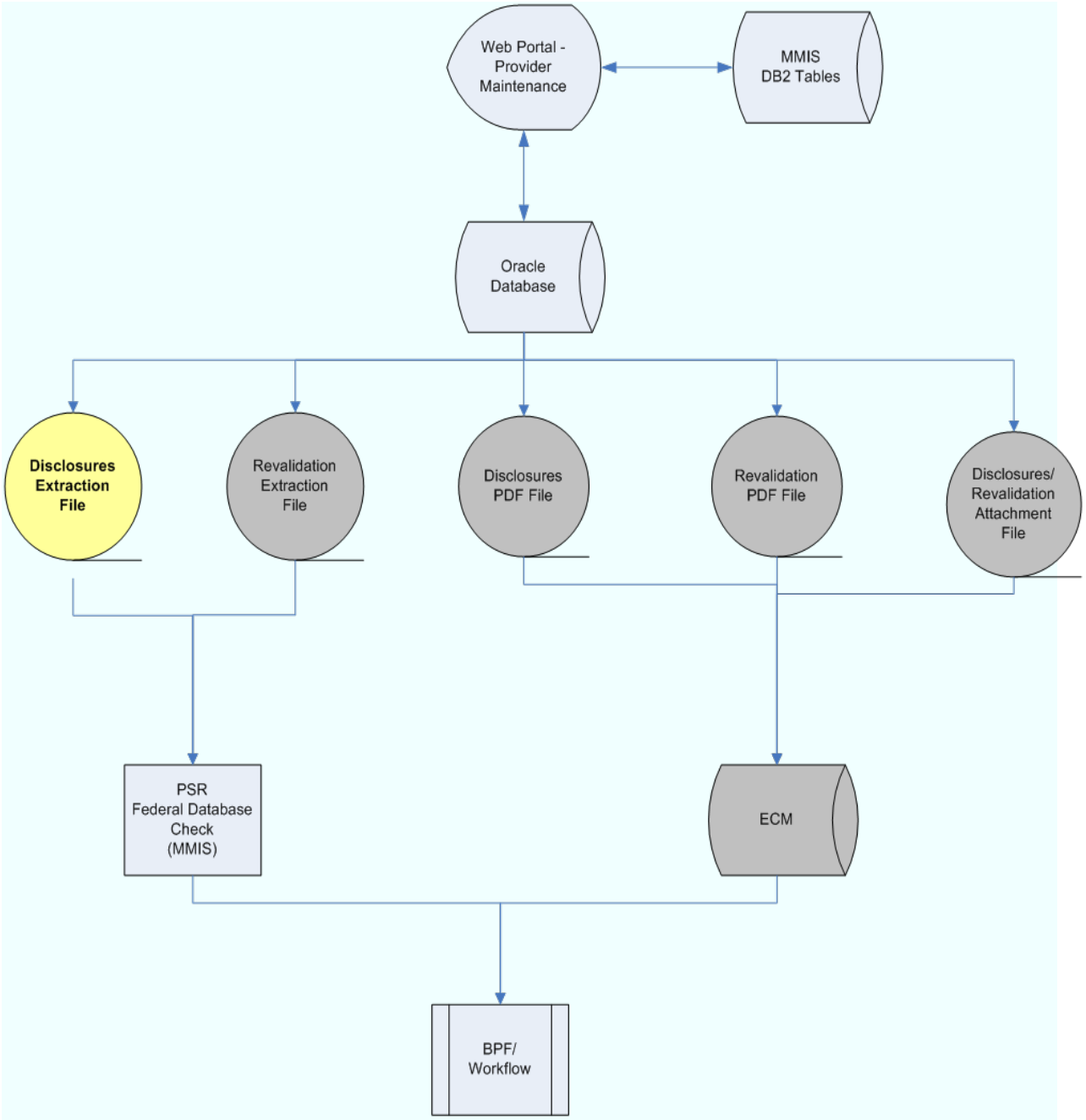
General Information

This program will run twice daily (noon and midnight) and will extract all submitted disclosure updates that are in the database.

The extract program builds the records needed for the MMIS processing of the federal database checks as part of provider maintenance and screening.

The extraction records leverage the Enrollment/Provider Maintenance – Batch File (PPM-F-0001) layout.

Process


Web Portal - Provider Maintenance
MMIS DB2 Tables
Oracle Database
Disclosures Extraction File
Revalidation Extraction File
Disclosures PDF File
Revalidation PDF File
Disclosures/ Revalidation Attachment File
PSR Federal Database Check (MMIS)
ECM
BPF/ Workflow

Screens

- Profile Maintenance ID Entry - PPM-S-0001
- Provider Maintenance Menu – PPM-S-0002
- Provider Profile Maintenance – PPM-S-0003
- Disclosure Information – PPM-S-0004
- Revalidation Submission – PPM-S-0005
- Profile Maintenance Update Successful – PPM-S-0006
- Disclosure/Revalidation Successful Submission – PPM-S-0007
- Revalidation Status Tracking – PPM-S-0008
- Payment Selection – PPM-S-0009
- Check Payment – PPM-S-0010
- Credit Card Payment– PPM-S-0011
- Credit Card Error – PPM-S-0012
- Payment Successful – PPM-S-0013
- Payment Denial – PPM-S-0014
- Credit Card Payment by Mail – PPM-S-0015
- Provider Profile Maintenance Disclosure Information Instructions - PPM-S-0016
- Provider Profile Maintenance Revalidation Submission Instructions - PPM-S-0017

Provider Maintenance ID Entry Screen - PPM-S-0001

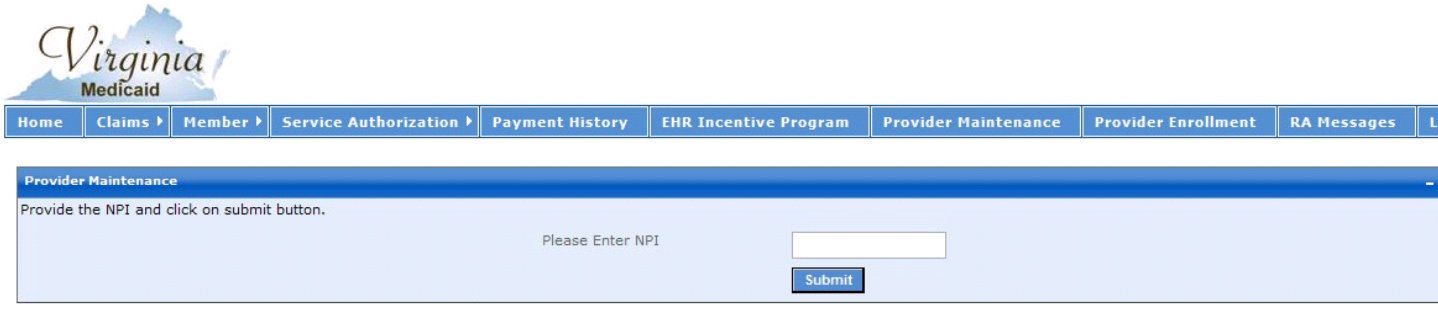
General Information

The Provider Maintenance Id Entry Screen is used by the Super users only.

Unlike the provider user id's the Super users are not associated to any specific provider, and thus will use this screen to enter a provider id to be used to access and view the profile details for the provider on the Provider Profile Maintenance PPM-S-0003 screen.

Screen Name	Provider Profile Maintenance
Source/Originator	Super user
Usage	Entry

Screen Samples - PPM-S-0001



Data Elements

Data Element Name	Data Element ID	Instructions
Provider ID (NPI/API)	pDE-0610	A unique identification number assigned to a provider. This number will default to the identification number (NPI or API) associated with the provider user who is logged into the portal. However for a Super user id the NPI/API must be entered.

Screen Navigation

Button/Link	Action	Link
Submit	Navigates to the Provider Profile Maintenance screen	PPM-S-0002

Error Messages

Error Message Description	Resolution
The status of the Provider is InActive	Enter Valid/Active Provider NPI/API value.
NPI should be Numeric	Enter Valid/Active Provider NPI/API value.
The Length of NPI should be 10	Enter Valid/Active Provider NPI/API value.
NPI is required	Enter Valid/Active Provider NPI/API value.
The given NPI is invalid.	Enter Valid/Active Provider NPI/API value.
Program Code 10 providers cannot be viewed or updated.	Enter Valid/Active Provider NPI/API value.

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page

Super users can access the Provider Maintenance ID entry screen from the Provider welcome page by selecting the 'Provider Maintenance' tab. The user may also return to the screen to enter a different provider id from the Provider Profile Maintenance Screen - PPM-S-0003 using the Back to NPI Entry button.

Provider Maintenance Menu - PPM-S-0002

General Information

The Provider Maintenance Menu gives the user the opportunity to select the avenue to best meet their provider maintenance needs.

The menu options are as follows:

- Provider Profile Maintenance – allows users to review and/or update demographic information associated with addresses, phone numbers, contacts, etc.
- Disclosure Information – allows user to review and/or update owner and control information for disclosing entities
- Revalidation Submission – allows users to submit or view their revalidation information when due
- Revalidation Status Tracking – gives users the ability to monitor the status of their revalidation from submission through final conclusion during the revalidation period

The various options are all encompassing so there's no need to access multiple options in order to complete any maintenance efforts. For example, the Disclosure Information option, when selected and opened, also encompasses the same information as the Provider Profile Maintenance so that it's not necessary to choose the Provider Profile Maintenance option, complete that information, come out, select the Disclosure Information option and then complete that information.

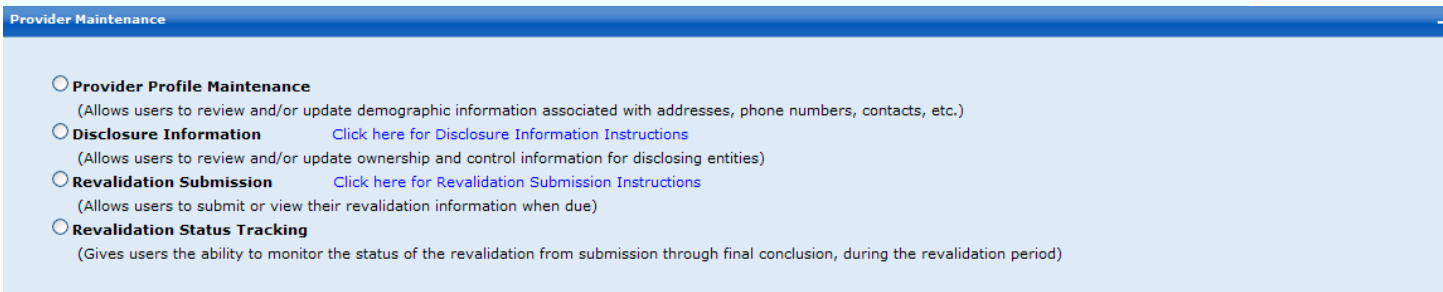
Ordering, Referring and Prescribing providers who only participate in Program 11 will not see the Disclosure Information as it's not relevant.

Revalidations are only required of providers every five years. If the Revalidation Submission or Revalidation Status Tracking options are chosen and the current date is not within the revalidation time period (revalidation due date or up to ninety days prior to the revalidation date), then the user will see an error message that will also include the revalidation date, for informational purposes.

Screen Name	Provider Maintenance Menu

Source/Originator	Provider/Super user
Usage	Entry

Screen Sample – PPM-S-0002



Data Elements

N/A

Screen Navigation

Button/Link	Action	Link
Provider Profile Maintenance	Navigates to the Provider Profile Maintenance page	PPM-S-0003
Disclosure Information	Navigates to the Disclosure Information page	PPM-S-0004
Click here for Disclosure Information Instructions	Displays the Virginia Medicaid Web Portal Disclosure Instructions in a new window	PPM-S-0016
Revalidation Submission	Navigates to the Revalidation Submission page	PPM-S-0005
Click here for Revalidation Submission Instructions	Displays the Virginia Medicaid Web Portal Revalidation Instructions in a new window	PPM-S-0017
Revalidation Status Tracking	Navigates to the Revalidation Status Tracking page	PPM-S-0008

Error Messages

Error Message Description	Resolution
Revalidation is not due until MM-DD-YYYY	Update appropriate data via PPM or Disclosure options and return within 90 days of the revalidation date to complete revalidation.
Revalidation already	Check Revalidation Status Tracking screen (PPM-S-0008) for status of

submitted, please check Revalidation Status Tracking.	revalidation processing. Once the revalidation has been approved, the updated information will be available for viewing via the Disclosure Information option.
No due Date available for the given NPI.	Update appropriate data via PPM or Disclosure options and check for revalidation availability at a later time.

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page

Provider Profile Maintenance Screen - PPM-S-0003

General Information

Based on the user id's associated provider NPI/API this screen displays the provider's current Profile, Provider Type and address information captured within the Medicaid Management Information System (MMIS). The screen is broken up into 6 sections: Profile, Provider Type, Servicing Address, Correspondence Address, Pay To Address and Remittance Advice Address.

This screen will allow authorized users to change Languages as well as demographics for service, correspondence, remittance and pay-to address information. This information can be updated across sites. Any Correspondence Address, Pay To Address and Remittance Advice Address information change saved will be reflected on all active sites of the provider. In addition, a user with the authorization to update servicing provider information for a group will be able to make the updates to any/all of the servicing providers within their group (associated with the group provider's location).

Note: When a group provider user selects a servicing provider, only the 'Profile', 'Provider Type' and 'Servicing Address' sections will be available to the user. 'Correspondence Address', 'Pay To Address' and 'Remittance Advice Address' information can only be updated by the user(s) associated to this provider as a billing provider.

Screen Name	Provider Profile Maintenance
Source/Originator	Provider/Super user
Usage	Inquiry, Add, Update, Delete

SAMPLE 1– PPM-S-0003 – Billing Provider

Profile Maintenance

* Required Field

Profile

Status: Active
Provider ID(NPI/API): [redacted]
FEIN: [redacted]
Provider Name: [redacted]
Status: Active
Provider Group ID:
Group Name:
Site Ind: 01 of 01
Active Provider Sites: 01-[redacted]

Provider Type

Program Code	Desc	Provider Type	Desc
01	MEDICAID	070	
08	FAMIS		

License:	Speciality Code	Desc
	000	NO SPECIALTY

Languages: ☑ ENGLISH ☐ FARSI ☐ HINDI ☐ KOREAN ☐ OTHER ☐ SPANISH ☐ VIETNAMESE

Servicing Address

Attn:
Office: [redacted]
Ext:
Fax: [redacted]
*Address: [redacted]
24 Hr:
Ext:
TDD:
Ext:
*City: ANNANDALE
Email:
*State: VA *Zip: 22003[redacted]
Contact Name:
Contact:
Ext:

If an update is needed to the servicing address, please contact the Virginia Medicaid Provider Enrollment Services at 888-829-5373.

Correspondence Address

Attn:
Office: [redacted]
Ext:
Fax: [redacted]
*Address: [redacted]
TDD:
Ext:
*City: PEABODY
Email:
*State: MASSACHUSETTS *Zip: 01960 [redacted]

Do you wish to receive Medicaid correspondence at this address? ○ Yes ○ No

Pay To Address

Attn:
Office: [redacted]
Ext:
Fax: [redacted]
*Address: [redacted]
TDD:
Ext:
*City: PEABODY
Email:
*State: MASSACHUSETTS *Zip: 01960 [redacted]
Contact Name: [redacted]
Contact: [redacted]
Ext:

Is Remittance Address different from the Pay To Address? ◉ Yes ○ No

Remittance Advice Address

Attn:
Office:
Ext:
Fax:
Address:
TDD:
Ext:
City:
Email:
State:
Zip:

For assistance, please contact Virginia Medicaid Provider Enrollment Services at [redacted]

Back to NPI Entry | Cancel | Reset | Save

SAMPLE 2– PPM-S-0003 – Group Provider

For a group NPI the Profile section will include the Associated Servicing NPI field, a dropdown box containing all the NPIs of the servicing providers with active sites associated to the group NPI.

Profile Maintenance

* Required Field

Profile

Status: Active
Provider ID(NPI/API): [redacted]
FEIN: [redacted]
Associated Servicing NPIs: Select servicing NPI
Provider Name: [redacted]
Status: Active
Provider Group ID: [redacted]
Group Name: [redacted]
Site Ind: 01 of 02
Active Provider Sites: 01-[redacted] AVE

Provider Type

Program Code	Desc	Provider Type	Desc
01	MEDICAID	001	
06	TDO		
07	SLH		
08	FAMIS		

License:	Speciality Code	Desc
	100	MAMMOGRAPHY

Languages: ☑ ENGLISH ☐ FARSI ☐ HINDI ☐ KOREAN ☐ OTHER ☐ SPANISH ☐ VIETNAMESE

Servicing Address

Attn:
Office: [redacted]
Ext:
Fax:
*Address: [redacted]
24 Hr:
Ext:
TDD:
Ext:
*City: PEARISBURG
Email:
*State: VA *Zip: [redacted]
Contact Name:
Contact:
Ext:

If an update is needed to the servicing address, please contact the Virginia Medicaid Provider Enrollment Services at 888-829-5373.

Correspondence Address

Attn: [redacted]
Office:
Ext:
Fax:
*Address: [redacted]
TDD:
Ext:
*City: ROANOKE
Email:
*State: VIRGINIA *Zip: 24038 [redacted]

Do you wish to receive Medicaid correspondence at this address? ○ Yes ○ No

Pay To Address

Attn: [redacted]
Office:
Ext:
Fax:
*Address: [redacted]
TDD:
Ext:
*City: ROANOKE
Email:
*State: VIRGINIA *Zip: 24037 [redacted]
Contact Name: [redacted]
Contact: [redacted]
Ext:

Is Remittance Address different from the Pay To Address? ○ Yes ◉ No

For assistance, please contact Virginia Medicaid Provider Enrollment Services at 888-829-5373.

Back to NPI Entry | Back to Group Provider View | Cancel | Reset | Save

SAMPLE 3– PPM-S-0003 – Group's Servicing NPIs

When a group provider user selects a servicing provider from the Associated Servicing NPI drop-down only the 'Profile', 'Provider Type' and 'Servicing Address' sections will be available to the user.

'Correspondence Address', 'Pay To Address' and 'Remittance Advice Address' information can only be updated by the user(s) associated to this provider as a billing provider.

Profile Maintenance

* Required Field

Profile

Provider ID(NPI/API): [redacted] FEIN: [redacted] SSN: Date of Birth:

Provider Name: [redacted] Status: Active

Provider Group ID: [redacted] Group Name: [redacted] ☑ Provider is no longer part of this group

Term Date*

Site Ind: 01 of 05

Provider Type

Program Code	Desc	Provider Type	Desc
01	MEDICAID	020	
08	FAMIS		

License: [redacted]

Speciality Code	Desc
060	INTERNAL MEDICINE
100	MAMMOGRAPHY
121	BOARD CERTIFIED

Languages: ☑ ENGLISH ☐ FARSI ☐ HINDI ☐ KOREAN ☐ OTHER ☐ SPANISH ☐ VIETNAMESE

Servicing Address

Attn: [redacted] Office: [redacted] Ext: Fax: [redacted]

*Address: [redacted] 24 Hr: [redacted] Ext: TDD: Ext:

*City: PEARISBURG Email:

*State: VIRGINIA *Zip: 24134 [redacted]

Contact Name: Contact: Ext:

For assistance, please contact Virginia Medicaid Provider Enrollment Services at 888-829-5373.

Back to Group Provider View | Cancel | Reset

Data Elements

Data Element Name	Data Element ID	Screen Section	Instructions
Status	pDE-0614	Profile	Reflects the Active or Inactive status of the group which is based on the Group NPI Program end dates.
Provider ID (NPI/API)	pDE-0610	Profile	A unique identification number assigned to a provider.

			This number will default to the identification number (NPI or API) associated with the provider user who is logged into the portal or the provider id entered by a Super user. This field is protected.
FEIN/SSN	pDE-0611	Profile	System displays the Federal Employer Identification Number (FEIN) or Social Security Number (SSN) associated with the provider. This field is protected.
Provider Date of Birth	pDE-0685	Profile	The date of birth of the provider. This field is protected.
Associated Servicing NPI	pDE-0612	Profile	A dropdown list of servicing providers affiliated with the group provider. The servicing providers' NPI and name are included in the list. This field only displays when the Provider ID is a group provider ID in order to provide a means to access the associated servicing providers' active sites. Note: When a servicing provider is selected, only the 'Profile', 'Provider Type' and 'Servicing Address' sections will be available to the user. This field is protested.
Provider Name	pDE-0613	Profile	The name of the individual provider or organization name associated with the NPI/API. If the organization is the billing or servicing provider, it will display

			name of the organization and for any individual provider will display the provider name in the format of Last Name, First Name, Middle Initial and Title. This field is protected.
Status	pDE-0614	Profile	Reflects the Active or Inactive status of the provider which is based on the NPI Program end dates. Only Active providers will be displayed with the exception of Program 10 providers that obtained a user id when they were active. However Program 10 providers will have no update capability. This field is protected.
Provider Group ID	pDE-0615	Profile	A unique identification number assigned to a group. If the information being displayed is associated to a group provider or to a servicing provider that was requested by a user supporting a group provider, the group provider's NPI will be displayed. This field is protected.
Group Name	pDE-0616	Profile	Displays the name of the Provider Group ID. This field is protected.
Site Ind – Site ID	pDE-0617	Profile	The site indicator associated with the provider's information being displayed.

			This field is protected.
Site Ind – Sites	pDE-0618	Profile	This reflects the maximum Site number that exists in MMIS for associated sites (active and inactive) to the provider. This field is protected.
Active Provider Sites	pDE-0619	Profile	This is a drop down list for all active sites associated with a provider. The drop down will lists each site by its site indicator (as stored in the MMIS) and the first servicing address line from the MMIS and is displayed in site number order. The first active site will be displayed in the screen information and will also be in the list for navigation purposes Selecting from this drop down will display the information associated with that site. This field is protected.
Program Code	pDE-0620	Provider Type	The program code(s) associated with the provider. This field is protected.
Program Code Description	pDE-0621	Provider Type	The program description associated with the program code. This field is protected.
Provider Type	pDE-0622	Provider Type	The provider type(s) associated with the provider and this site. This field is protected.
Provider Type Description	pDE-0623	Provider Type	The description associated with each of the provider type.

			This field is protected.
License Number	pDE-0624	Provider Type	The license number associated with the provider. This field is protected.
Specialty Code	pDE-0625	Provider Type	The specialty code associated with the provider and site. This field is protected.
Specialty Code Description	pDE-0626	Provider Type	The description associated with the provider specialty. This field is protected.
Languages	pDE-0627	Provider Type	These check boxes indicate the type of language(s) accommodated in the provider's office. Each of the language options may be checked as needed. English Farsi Hindi Korean Other Spanish Vietnamese If there are no languages in the MMIS system, 'English' will be shown by default. At Least one Language is required.
Servicing Address – Attn	pDE-0628	Servicing Address	The name of the person contained in the Attention line of the

			Servicing Address.
Servicing Address – Office Phone	pDE-0629	Servicing Address	The area code and office phone number associated with the servicing address. This number should be numeric 10 digits and in the format of XXXXXXXXXX This field is required if Servicing Address office extension is entered.
Servicing Address – Office Ext	pDE-0630	Servicing Address	The office phone extension associated with the servicing address. This number should be numeric, 1 to 4 digits, and in the format of XXXX
Servicing Address – Fax	pDE-0631	Servicing Address	The fax number associated with the servicing address. This number should be numeric 10 digits and in the format of XXXXXXXXXX
Servicing Address – Address 1	pDE-0632	Servicing Address	The street address of the servicing address. This field is protected.
Servicing Address – City	pDE-0633	Servicing Address	The city of the servicing address. This field is protected.
Servicing Address – State	pDE-0634	Servicing Address	The 2 character state of the servicing address. This field is protected.
Servicing Address – Zip	pDE-0635	Servicing Address	The ZIP code of the servicing address. This is initially populated with the first 5 of the 9 digits of the MMIS Zip code field.

			This should be numeric 5 digits and in the format of XXXXX. This field is protected.
Servicing Address – Zip Extn	pDE-0636	Servicing Address	The extension associated with the servicing address zip code. This field is for displaying the Zip code extension which is stripped from the last 4 digits of the 9 digit MMIS zip code field. This field is protected.
Servicing Address – 24 Hr Phone	pDE-0637	Servicing Address	The 24 hour phone number associated with the servicing address. This number should be numeric 10 digits and in the format of XXXXXXXXXX Required if 24 Hour Phone extension is entered.
Servicing Address – 24 Hr Ext	pDE-0638	Servicing Address	The 24 hour phone extension associated with the servicing address. This number should be numeric, 1 to 4 digits, and in the format of XXXX
Servicing Address – TDD	pDE-0639	Servicing Address	The TDD phone number associated with the servicing address. This number should be numeric 10 digits and in the format of XXXXXXXXXX Required if TDD extension is entered
Servicing Address – TDD Ext	pDE-0640	Servicing Address	The TDD phone extension associated with the servicing address. This number should be numeric,

			1 to 4 digits, and in the format of XXXX
Servicing Address – Email	pDE-0641	Servicing Address	The email address associated with the servicing address. Email should be entered in the correct format using an '@' and one of the extensions: net, com, gov, org, edu etc…
Servicing Address – Contact Name	pDE-0642	Servicing Address	The name of the contact person at the servicing location.
Servicing Address – Contact Phone	pDE-0643	Servicing Address	The area code and phone number associated with the contact at the servicing address. Should be numeric 10 digits and in the format of XXXXXXXXXX This field is always required if contact extension is entered.
Servicing Address – Contact Ext	pDE-0644	Servicing Address	The contact phone extension associated with the servicing address. This number should be numeric, 1 to 4 digits, and in the format of XXXX
Correspondence Address – Attn	pDE-0645	Correspondence Address	Name of the person contained in the Attention Line of the correspondence address.
Correspondence Address – Office Phone	pDE-0646	Correspondence Address	The area code and office phone number associated with the correspondence address. Number should be numeric 10 digits and in the format of XXXXXXXXXX. This field is required if Correspondence Address office extension is entered

Correspondence Address – Office Ext	pDE-0647	Correspondence Address	The office phone extension associated with the correspondence address office number. This number should be numeric, 1 to 4 digits, and in the format of XXXX
Correspondence Address – Fax	pDE-0648	Correspondence Address	The fax number associated with the correspondence address. This number should be numeric 10 digits and in the format of XXXXXXXXXX
Correspondence Address – Address	pDE-0649	Correspondence Address	The street address of the correspondence address. May contain alpha, numeric and space characters. No special characters. Correspondence Address is Required
Correspondence Address – City	pDE-0650	Correspondence Address	The city of the correspondence address. May contain alpha characters and spaces only Correspondence Address is Required
Correspondence Address – State	pDE-0651	Correspondence Address	The state of the correspondence address. The 2 character State abbreviation is stored and the full State name is displayed in the drop-down. Correspondence Address is

			Required
Correspondence Address – Zip	pDE-0652	Correspondence Address	The ZIP code of the correspondence address. This is initially populated with the first 5 of the 9 digits of the MMIS Zip code field. This should be numeric 5 digits and in the format of XXXXX.
Correspondence Address – Zip Extn	pDE-0653	Correspondence Address	The extension associated with the corresponding address zip code. This field is for displaying the Zip code extension which is stripped from the last 4 digits of the 9 digit MMIS zip code field. The MMIS will update as needed if the Zip code is updated.
Correspondence Address – TDD	pDE-0654	Correspondence Address	The TDD phone number associated with the correspondence address. This number should be numeric 10 digits and in the format of XXXXXXXXXX This field is required if TDD extension is entered
Correspondence Address – TDD Ext	pDE-0655	Correspondence Address	The TDD phone extension associated with the correspondence address. This number should be numeric, 1 to 4 digits, and in the format of XXXX
Correspondence Address – Email	pDE-0656	Correspondence Address	The email address associated with the correspondence address. Email should be entered in the correct format using an '@' and one of the extensions: net, com,

			gov, org, edu etc…
Bypass Label Ind	PDE-687	Correspondence Address	Radio button used to indicate whether Medicaid correspondence should be sent to the correspondence address.
Pay To Address – Attn	pDE-0657	Pay To Address	Name of the person contained in the Attention line of the Pay To Address.
Pay To Address – Office Phone	pDE-0658	Pay To Address	The area code and office phone number of the Pay To Address. This number should be numeric 10 digits and in the format of XXXXXXXXXX This field is required if office extension is entered
Pay To Address – Office Ext	pDE-0659	Pay To Address	The office phone extension of the Pay To Address. This number should be numeric, 1 to 4 digits, and in the format of XXXX
Pay To Address – Fax	pDE-0660	Pay To Address	The fax number of the Pay To Address. This number should be numeric 10 digits and in the format of XXXXXXXXXX
Pay To Address – Address	pDE-0661	Pay To Address	The street address of the Pay To Address. May contain alpha, numeric and space characters. No special characters. This field is Required.
Pay To Address – City	pDE-0662	Pay To Address	The city of the Pay To Address. May contain alpha characters and spaces only

			This field is Required.
Pay To Address – State	pDE-0663	Pay To Address	The state of the Pay To Address. The 2 character State abbreviation is stored and the full State name is displayed in the drop-down. Pay To Address is Required
Pay To Address – Zip	pDE-0664	Pay To Address	The ZIP code of the Pay To Address of the provider. This is initially populated with the first 5 of the 9 digits of the MMIS Zip code field. This should be numeric 5 digits and in the format of XXXXX. This field is Required.
Pay To Address – Zip Extn	pDE-0665	Pay To Address	The Zip extension of the Pay To Address. This field is for displaying the Zip code extension which is stripped from the last 4 digits of the 9 digit MMIS zip code field. The MMIS will update as needed if the Zip code is updated.
Pay To Address – TDD	pDE-0666	Pay To Address	The TDD phone number of the Pay To Address. This number should be numeric 10 digits and in the format of XXXXXXXXXX This field is required if TDD extension is entered
Pay To Address	pDE-0667	Pay To Address	The TDD phone extension of the

– TDD Ext			Pay To Address. This number should be numeric, 1 to 4 digits, and in the format of XXXX
Pay To Address – Email	pDE-0668	Pay To Address	The email address of the Pay To Address. Email should be entered in the correct format using an '@' and one of the extensions: net, com, gov, org, edu etc…
Pay To Address – Contact Name	pDE-0669	Pay To Address	The name of the contact person at the Pay To Address
Pay To Address – Contact Phone	pDE-0670	Pay To Address	The area code and phone number associated with the contact at the Pay To Address. This number should be numeric 10 digits and in the format of XXXXXXXXXX This field is required if contact extension is entered
Pay To Address – Contact Ext	pDE-0671	Pay To Address	The contact phone extension of the Pay To Address. This number should be numeric, 1 to 4 digits, and in the format of XXXX
Remittance Address Flag	pDE-0672	Remittance Advice Address	A radio button used to distinguish if the Remittance Advice Address is the same as the Pay To Address. If the Remittance Advice Address is blank from MMIS the Remittance Address section will be collapsed on the Provider Profile Maintenance screen and this radio button will be set to 'No'. If the Remittance Advice Address

			is different from the Pay To Address then this radio button will be set to 'Yes' and the remittance address section will be displayed with the information existing in the MMIS. Note that the Remittance Address section will expand for entry when the 'Yes' radio button is selected. And when the radio button 'No' is selected the section will be collapsed.
Remittance Advice Address – Attn	pDE-0673	Remittance Advice Address	Name of the person contained in the Attention line of the Remittance Advice Address.
Remittance Advice Address - Office Phone	pDE-0674	Remittance Advice Address	The area code and phone number associated with the Remittance Advice Address. This number should be numeric 10 digits and in the format of XXXXXXXXXX This field is required if office extension is entered
Remittance Advice Address – Office Ext	pDE-0675	Remittance Advice Address	The office phone extension associated with the Remittance Advice Address. This number should be numeric, 1 to 4 digits, and in the format of XXXX
Remittance Advice Address – Fax	pDE-0676	Remittance Advice Address	The fax number associated with the Remittance Advice Address. This number should be numeric 10 digits and in the format of XXXXXXXXXX
Remittance Advice Address – Address	pDE-0677	Remittance Advice Address	The street address associated with the Remittance Advice Address.

			May contain alpha, numeric and space characters. No special characters.
Remittance Advice Address – City	pDE-0678	Remittance Advice Address	The city associated with the Remittance Advice Address. May contain alpha characters and spaces only
Remittance Advice Address – State	pDE-0679	Remittance Advice Address	The state associated with the Remittance Advice address. The 2 character State abbreviation is stored and the full State name is displayed in the drop-down.
Remittance Advice Address – Zip	pDE-0680	Remittance Advice Address	The ZIP code associated with the Remittance Advice Address of the provider. This is initially populated with the first 5 of the 9 digits of the MMIS Zip code field. This should be numeric 5 digits and in the format of XXXXX.
Remittance Advice Address – Zip Extn	pDE-0681	Remittance Advice Address	The zip extension associated with the Remittance Advice Address. This field is for displaying the Zip code extension which is stripped from the last 4 digits of the 9 digit MMIS zip code field. The MMIS will update as needed if the Zip code is entered or updated.
Remittance Advice Address – TDD	pDE-0682	Remittance Advice Address	The TDD phone number associated with the Remittance Advice Address.

			This number should be numeric 10 digits and in the format of XXXXXXXXXX This field is required if TDD extension is entered
Remittance Advice Address – TDD Ext	pDE-0683	Remittance Advice Address	The TDD phone extension associated with the Remittance Advice Address. This number should be numeric, 1 to 4 digits, and in the format of XXXX
Remittance Advice Address – Email	pDE-0684	Remittance Advice Address	The email address associated with the Remittance Advice Address. Email should be entered in the correct format using an '@' and one of the extensions: net, com, gov, org, edu etc…

Screen Navigation

Button/Link	Action	Link
Back to NPI Entry (Available only for super users)	Routes the super user back to the Provider Maintenance ID Entry screen.	PPM-S-0001
Back to Group Provider View (Available only when the provider ID is a group NPI.)	The system refreshes the Provider Profile Maintenance screen using the MMIS data for the group provider.	N/A
Cancel	The transaction will be cancelled without altering any of the information and navigates to the Provider Home Page	Provider Home Page

Reset	Clears out any unsaved modifications made on the page returning to what it was at the time of the last save and stays on the same page	N/A
Save	The confirmation message “By clicking OK you are attesting that all information you have provided is correct, accurate and true.” will first be displayed. If OK is clicked any updated information is saved to the MMIS. If Cancel is clicked the user is returned to the reset PPM-S-0003 screen.	Will display the "Profile is updated successfully" message and once “OK” is clicked will return to Provider Welcome page.

Error Messages

Error Message Description	Resolution
NPI is required	Enter Valid Provider NPI/API value.
The given NPI is invalid.	Enter Valid Provider NPI/API value.
Profile is updated successfully.	Information message
Error while updating profile. Please try later.	Information message
Program Code 10 providers cannot be viewed or updated.	Enter Valid Provider NPI/API value.
This provider is no longer active. No profile data can be updated.	Informational Message
Deletion of languages is not allowed.	Leave at least one language checked.
Deletion of an existing address is not allowed.	Informational Message. Removing the complete address (Address, City, State and Zip) in the Correspondence or Pay To sections are not allowed.
Servicing Address: Attention name can only contain the following special characters: period, comma, hyphen, underscore, ! @ # $ % ^ & *	Enter valid Attention Name.
Servicing Address: Contact name can only contain the following special characters: period, comma, hyphen, underscore, ! @ # $ % ^ & *	Enter valid Servicing Address’ Contact Name.
Servicing Address: Office phone extn should be numeric only	Enter valid 4 digit numeric number.
Servicing Address: TDD phone extn should be numeric only	Enter valid 4 digit numeric number.
Servicing Address: 24 Hr phone extn should be numeric only	Enter valid 4 digit numeric number.
Servicing Address: Contact phone extn should be numeric only	Enter valid 4 digit numeric number.

Servicing Address: Office phone number should be numeric only	Enter valid 10 digit numeric number.
Servicing Address: TDD phone number should be numeric only	Enter valid 10 digit numeric number.
Servicing Address: 24 Hr phone number should be numeric only	Enter valid 10 digit numeric number.
Servicing Address: Fax number should be numeric only	Enter valid 10 digit numeric number.
Servicing Address: Contact phone number should be numeric only	Enter valid 10 digit numeric number.
Servicing Address: Office phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Servicing Address: TDD phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Servicing Address: 24 Hr phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Servicing Address: Fax number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Servicing Address: Contact phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Servicing Address: Enter valid Email address with the following extensions: net, com, gov, org, edu etc...	Enter a valid Email address using an '@' and a valid extension (.net, .com, .gov, .org, .edu, etc…)
Servicing Address: 24 Hr phone number is required	Remove extension or enter valid phone number.
Servicing Address: TDD phone number is required	Remove extension or enter valid phone number.
Servicing Address: Office phone number is required	Remove extension or enter valid phone number.
Servicing Address: Contact phone number is required	Remove extension or enter valid phone number.
Correspondence Address: Attention name can only contain the following special characters: period, comma, hyphen, underscore, ! @ # $ % ^ & *	Enter valid Attention Name.
Correspondence Address: Enter valid Zip code	Enter a 5 digit numeric number.
Correspondence Address: Enter valid City	Enter a valid City name using no numbers or special characters
Correspondence Address: Office phone extn should be numeric only	Enter valid 4 digit numeric number.
Correspondence Address: TDD phone extn should be numeric only	Enter valid 4 digit numeric number.
Correspondence Address: Office phone number should be numeric only	Enter valid 10 digit numeric number.
Correspondence Address: Fax number should be	Enter valid 10 digit numeric number.

numeric only	
Correspondence Address: TDD phone number should be numeric only	Enter valid 10 digit numeric number.
Correspondence Address: Office phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Correspondence Address: Fax number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Correspondence Address: TDD phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Correspondence Address: Enter valid Email address with the following extensions: net, com, gov, org, edu etc...	Enter a valid Email address using an '@' and a valid extension (.net, .com, .gov, .org, .edu, etc…)
Correspondence Address: TDD phone number is required	Enter valid 10 digit numeric number.
Correspondence Address: Office phone number is required	Enter valid 10 digit numeric number.
Correspondence Address: City, State and Zip are required	Enter City, State and zip code.
Correspondence Address: City and state are required	Enter City and State.
Correspondence Address: zip code is required	Enter a 5 digit numeric number
Correspondence Address: State is required	Select State.
Correspondence Address: City is required	Enter a valid City name using no numbers or special characters
Correspondence Address: Address is required	Enter an Address using alpha, numeric and space characters. No special characters.
Correspondence Address: State and zip are required	Enter State and Zip code.
Correspondence Address: City and zip are required	Enter City and Zip code.
Correspondence Address: Address, state and zip are required	Enter Address, State and Zip code.
Correspondence Address: Address and state are required	Enter Address and State.
Correspondence Address: Address and zip are required	Enter Address and Zip code.
Correspondence Address: Address, city and zip are required	Enter Address, city and Zip code.
Correspondence Address: Address and city are required	Enter Address and City.
Correspondence Address: Address, city and state are required	Enter Address, City and State.
PayTo Address: Attention name can only contain the following special characters: period, comma,	Enter valid Attention Name.

hyphen, underscore, ! @ # $ % ^ & *	
PayTo Address: Contact name can only contain the following special characters: period, comma, hyphen, underscore, ! @ # $ % ^ & *	Enter valid Contact Name.
PayTo Address: Enter valid Zip code	Enter a 5 digit numeric number
PayTo Address: Enter valid City	Enter valid City using no numbers or special characters.
PayTo Address: Enter valid Address	Enter an Address using alpha, numeric and space characters. No special characters.
PayTo Address: Office phone extn should be numeric only	Enter valid 4 digit numeric number.
PayTo Address: TDD phone extn should be numeric only	Enter valid 4 digit numeric number.
PayTo Address: Contact phone extn should be numeric only	Enter valid 4 digit numeric number.
PayTo Address: Office phone number should be numeric only	Enter valid 10 digit numeric number.
PayTo Address: TDD phone number should be numeric only	Enter valid 10 digit numeric number.
PayTo Address: Fax number should be numeric only	Enter valid 10 digit numeric number.
PayTo Address: Contact phone number should be numeric only	Enter valid 10 digit numeric number.
PayTo Address: Office phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
PayTo Address: TDD phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
PayTo Address: Fax number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
PayTo Address: Contact phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
PayTo Address: Enter valid Email address with the following extensions: net, com, gov, org, edu etc...	Enter a valid Email address using an '@' and a valid extension (.net, .com, .gov, .org, .edu, etc…)
PayTo Address: TDD phone number is required	Enter valid 10 digit numeric number.
PayTo Address: Office phone number is required	Enter valid 10 digit numeric number.
PayTo Address: Contact phone number is required	Enter valid 10 digit numeric number.
PayTo Address: City, State and Zip are required	Enter City, State and zip code.
PayTo Address: City and State are required	Enter City and State.
PayTo Address: zip code is required	Enter a 5 digit numeric number
PayTo Address: State is required	Select State.
PayTo Address: City is required	Enter a valid City name using no numbers or special characters.

PayTo Address: Address is required	Enter an Address using alpha, numeric and space characters. No special characters.
PayTo Address: State and zip are required	Enter State and Zip code.
PayTo Address: City and zip are required	Enter City and Zip code.
PayTo Address: Address, state and zip are required	Enter Address, State and Zip code.
PayTo Address: Address and state are required	Enter Address and State.
PayTo Address: Address and zip are required	Enter Address and Zip code.
PayTo Address: Address, city and zip are required	Enter Address, City and Zip code.
PayTo Address: Address and city are required	Enter Address and City.
PayTo Address: Address, city and state are required	Enter Address, City and State.
Remittance Address: Attention name can only contain the following special characters: period, comma, hyphen, underscore, ! @ # $ % ^ & *	Enter valid Attention Name.
Remittance Address: Enter valid Zip code	Enter a 5 digit numeric number
Remittance Address: Enter valid City	Enter a valid City name using no numbers or special characters.
Remittance Address: Enter valid Address	Enter an Address using alpha, numeric and space characters. No special characters.
Remittance Address should be different from PayTo Address	Select 'No' for Remittance Address is different from Pay To Address or enter a different Remittance address.
Remittance Address: Office phone extn should be numeric only	Enter valid 4 digit numeric number.
Remittance Address: TDD phone extn should be numeric only	Enter valid 4 digit numeric number.
Remittance Address: Office phone number should be numeric only	Enter valid 10 digit numeric number.
Remittance Address: Fax number should be numeric only	Enter valid 10 digit numeric number.
Remittance Address: TDD phone number should be numeric only	Enter valid 10 digit numeric number.
Remittance Address: Office phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Remittance Address: Fax number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Remittance Address: TDD phone number should be in the format xxxxxxxxxx only	Enter valid 10 digit numeric number.
Remittance Address: Enter valid Email address with the following extensions: net, com, gov, org, edu etc...	Enter a valid Email address using an '@' and a valid extension (.net, .com, .gov, .org, .edu, etc…)
Remittance Address: TDD phone number is required	Enter valid 10 digit numeric number.

Remittance Address: Office phone number is required	Enter valid 10 digit numeric number.
Remittance Address: City, State and Zip are required	Enter City, State and zip code.
Remittance Address: City and State are required	Enter City and State.
Remittance Address: zip code is required	Enter a 5 digit numeric number
Remittance Address: State is required	Select State.
Remittance Address: City is required	Enter a valid City name using no numbers or special characters.
Remittance Address: Address is required	Enter an Address using alpha, numeric and space characters. No special characters.
Remittance Address: State and zip are required	Enter State and Zip code.
Remittance Address: City and zip are required	Enter City and Zip code.
Remittance Address: Address, state and zip are required	Enter Address, State and Zip code.
Remittance Address: Address and state are required	Enter Address and State.
Remittance Address: Address and zip are required	Enter Address and Zip code.
Remittance Address: Address, city and zip are required	Enter Address, City and Zip code.
Remittance Address: Address and city are required	Enter Address and City.
Remittance Address: Address, city and state are required	Enter Address, City and State.

Screen Access

- Access Web Portal (www.virginiamedicaid.dmas.virginia.gov/wps/portal)
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome page
- Select either Provider Profile Maintenance, Disclosure Information, or Revalidation Submission

Users with the role of Primary Account Holder, Organization Administrator, or Authorized User–Provider will have access to this functionality. This includes users with Super user capabilities.

Disclosure Information - PPM-S-0004

General Information

Profile information is displayed at the top of this screen. Since that information has already been defined under Provider Profile Maintenance (PPM-S-0003), it is not included here.

This menu option is not available to Ordering, Referring and Prescribing providers who only participate in Program 11, as it's not relevant.

If the 'Disclosure Information' option is chosen on the Provider Maintenance Menu (PPM-S-0002), this information will begin immediately below the Remittance Advice address (or Pay To if RA is collapsed) of the Provider Profile Maintenance (PPM-S-0003) information.

Once disclosure information is submitted, it needs to go through a screening process before being applied to the MMIS. This could take up to several days, depending on the information entered. If the user goes back in to the disclosure information shortly after submitting the updated information, it might not appear.

The information will be retrieved from the VA Medicaid Management Information System (MMIS) based on the information submitted on the original provider application and any subsequent updates.

If the information is not available, a message of "No information on file for this provider" will be displayed.

Information that is needed but not present will be required.

Each question, whether information is displayed or not, will include an 'Add Row' button for initial/additional line entries

For each line that displays data, both an 'Edit' and a 'Delete' button will display.

- Edit – opens all the fields on the associated line to allow updating
- Delete – deletes all the fields on the associated line

Note: If 'Add Row' is clicked, the information noted with an asterisk (*) will be required.

Screen Name	Disclosure Information
Source/Originator	Provider/Super user
Usage	Entry

Screen Sample – PPM-S-0004

Ownership and Control Information for Disclosing Entity

For instructions on how to complete this section, please click here for the Provider Maintenance user guide and see section 4.0 - Disclosure Information Page.

1. Does the provider entity have any managing employees and/or any individual(s) or organization(s) with ownership or controlling interests of 5% or more?*

(●) Yes ( ) No

Please make any appropriate updates

First Name	Last/Org Name*	Title*	Date of Birth	SSN/TIN*	Ownership*	Address*	City*	State*	Zip*	Percent*	Action
John	Doe	CEO	01/12/1955	123456789	Owner	123 Main St	Richmond	VA	23219	50	Edit Delete
Jane	Doe	CFO	10/02/1955	456789123	Owner	123 Main St	Richmond	VA	23219	50	Edit Delete

Add Row

2. Relationships: Are any individuals named above related to each other? (spouse, parent, child or sibling)

Note: If editing or deleting a relationship, please be sure to edit/delete all associated relationships. Relationships may appear on multiple lines in reverse order (I.E Jane - sibling to - Joe may also be displayed as Joe - sibling to - Jane).

Please make any appropriate updates

System successfully saved the information

First Name	Last Name*	Relationship*	First Name	Last Name*	Action
John	Doe	Spouse	Jane	Doe	Edit Delete

Add Row

3. Subcontractor: Does any individual have ownership or controlling interest in any subcontractor that the disclosing entity has direct or indirect ownership of 5% or more? *

( ) Yes ( ) No

Please make any appropriate updates

First Name	Last Name*	Title*	Date of Birth	SSN/TIN*	Address*	City*	State*	Zip*	Percent*	Action
No information on file for this provider										

Add Row

4. Other Disclosing Entity: Does any other disclosing entity in which a person, with an ownership or controlling interest in this disclosing entity, have ownership or control interest of at least 5% or more

( ) Yes ( ) No

Please make any appropriate updates

First Name	Last Name*	Title*	Date of Birth	SSN/TIN*	Address*	City*	State*	Zip*	Percent*	Action
No information on file for this provider										

Add Row

5. Criminal Offenses: Has any individual or organization who has any ownership or controlling interest in the applicant ever been convicted or assessed fines or penalties for any health related crimes o misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of any investigation, a controlled substance violation or any other crime or misconduct? *

( ) Yes ( ) No

Please make any appropriate updates

First Name	Last Name*	Title*	Date of Birth	SSN/TIN*	Address*	City*	State*	Zip*	Action
No information on file for this provider									

Add Row

6. Has any individual or contractor connected with your practice ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any other crime or misconduct? *

( ) Yes ( ) No

Please make any appropriate updates

First Name	Last Name*	Date of Birth	SSN/TIN*	Address*	City*	State*	Zip*	Action
No information on file for this provider								

Add Row

Has the applicant ever had any adverse legal actions imposed by Medicare, Medicaid, or any other Federal or State agency or program, or any licensing or certification agency? *

( ) Yes ( ) No

Attestation

☐ By checking this box and entering your name below you attest that all information displayed above is correct, accurate and true. *

Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subje to civil penalities.

Provider Name (Electronic Signature): *

For assistance , please contact Virginia Medicaid Provider Enrollment Services at 888-829-5373

Submit Cancel Reset

Data Elements

Data Element Name	Data Element ID	Instructions
Disclosed Entity Ind	PDE-0990	Select Yes or No to indicate if the applicant has any entities to disclose. If answer is 'Yes' user will be required to submit the appropriate attachment.
Disclosed Entity - First Name	PDE-0688	Enter the first name of any managing employee(s) and/or any individual(s) with 5% or more ownership or controlling interest in the provider entity
Disclosed Entity - Last/Org Name	PDE-0689	Enter the last name of any managing employee(s) and/or any individual(s) or name of organization(s) with 5% or more ownership or controlling interest in the provider entity
Disclosed Entity - Title	PDE-0690	Enter the title associated with any managing employee(s) and/or any individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Disclosed Entity - Date of Birth	PDE-0691	Enter the date of birth associated with any managing employee(s) and/or any individual(s) with 5% or more ownership or controlling interest in the provider entity
Disclosed Entity - SSN/TIN	PDE-0692	Enter the social security number of any managing employee (s) or individual(s) or the Tax ID number of any organization (s) with 5% or more ownership or controlling interest in the provider entity
Disclosed Entity - Entity Type	PDE-0693	Enter the entity type associated with any managing employee (s) and/or any individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity - Controlling Interest - Managing Employee - Other - Owner
Disclosed Entity - Address	PDE-0694	Enter the street address associated with any managing employee(s) and/or any individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Disclosed Entity - City	PDE-0695	Enter the city associated with any managing employee(s) and/or any individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Disclosed Entity - State	PDE-0696	Enter the state associated with any managing employee(s) and/or any individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Disclosed Entity - Zip	PDE-0697	Enter the zip code associated with any provider entity that has any managing employee(s) and/or any individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Disclosed	PDE-0698	Enter the percentage associated with managing employee(s)

Entity - Percent		and/or any individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Relationship - First Name	PDE-0699	Enter the first name of any related individual listed in the controlling interest question (question 1)
Relationship - Last Name	PDE-0700	Enter the last name of any related individual listed in the controlling interest question (question 1)
Relationship - Type	PDE-0701	Enter the type of relationship between the two entities - Child - Parent - Sibling - Spouse
Relationship To - First Name	PDE-0702	Enter the first name of the related-to individual listed in the controlling interest question (question 1)
Relationship To - Last Name	PDE-0703	Enter the last name of the related-to individual listed in the controlling interest question (question 1)
Subcontractor Ind	PDE-0991	Select Yes or No to indicate if the applicant is a subcontractor. If answer is 'Yes' user will be required to submit the appropriate attachment.
Subcontractor - First Name	PDE-0704	Enter the first name of any individual(s) having ownership or controlling interest in any subcontractor with whom the disclosing entity has 5% or more of direct or indirect ownership
Subcontractor - Last/Org Name	PDE-0705	Enter the last name of any individual(s) or name of any organization(s) having ownership or controlling interest in any subcontractor with whom the disclosing entity has 5% or more of direct or indirect ownership
Subcontractor - Title	PDE-0706	Enter the title associated with any individual(s) having ownership or controlling interest in any subcontractor with whom the disclosing entity has 5% or more of direct or indirect ownership
Subcontractor - Date of Birth	PDE-0707	Enter the date of birth of any individual(s) having ownership or controlling interest in any subcontractor with whom the disclosing entity has 5% or more of direct or indirect ownership
Subcontractor - SSN/TIN	PDE-0708	Enter the social security number or TIN of any individual(s) having ownership or controlling interest in any subcontractor with whom the disclosing entity has 5% or more of direct or indirect ownership
Subcontractor - Address	PDE-0709	Enter the street address of any individual(s) having ownership or controlling interest in any subcontractor with whom the disclosing entity has 5% or more of direct or indirect ownership
Subcontractor - City	PDE-0710	Enter the city of any individual(s) having ownership or controlling interest in any subcontractor with whom the disclosing entity has 5% or more of direct or indirect ownership
Subcontractor - State	PDE-0711	Enter the state of any individual(s) having ownership or controlling interest in any subcontractor with whom the disclosing

		entity has 5% or more of direct or indirect ownership
Subcontractor - Zip	PDE-0712	Enter the zip code of any individual(s) having ownership or controlling interest in any subcontractor with whom the disclosing entity has 5% or more of direct or indirect ownership
Subcontractor - Percent	PDE-0713	Enter the percentage associated with any individual(s) having ownership or controlling interest in any subcontractor with whom the disclosing entity has 5% or more of direct or indirect ownership
Other Entity Ind	PDE-0992	Select Yes or No to indicate if the applicant has any other entities to disclose. If answer is 'Yes' user will be required to submit the appropriate attachment.
Other Entity - First Name	PDE-0714	Enter the first name of any other individual(s) with 5% or more ownership or controlling interest in the provider entity
Other Entity - Last/Org Name	PDE-0715	Enter the last name of any other individual(s) or name of any organization(s) with 5% or more ownership or controlling interest in the provider entity
Other Entity - Title	PDE-0716	Enter the title of any other individual(s) with 5% or more ownership or controlling interest in the provider entity
Other Entity - Date of Birth	PDE-0717	Enter the date of birth of any other individual(s) with 5% or more ownership or controlling interest in the provider entity
Other Entity - SSN/TIN	PDE-0718	Enter the last name of any other individual(s) or name of any organization(s) with 5% or more ownership or controlling interest in the provider entity
Other Entity - Address	PDE-0719	Enter the street address of any other individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Other Entity - City	PDE-0720	Enter the city of any other individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Other Entity - State	PDE-0721	Enter the state of any other individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Other Entity - Zip	PDE-0722	Enter the zip code of any other individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Other Entity - Percent	PDE-0723	Enter the percentage of any other individual(s) or organization(s) with 5% or more ownership or controlling interest in the provider entity
Criminal Offense Ind	PDE-0993	Select Yes or No to indicate if the applicant is associated with anyone who had committed a criminal offense. If answer is 'Yes' user will be required to submit the appropriate attachment.
Criminal Offenses - First Name	PDE-0724	Enter the first name of any individual(s) with any ownership or controlling interest who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 5

Criminal Offenses - Last/Org Name	PDE-0725	Enter the last name of any individual(s) or name of any organization(s) with any ownership or controlling interest who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 5
Criminal Offenses - Title	PDE-0726	Enter the title of any individual(s) with any ownership or controlling interest who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 5
Criminal Offenses - Date of Birth	PDE-0727	Enter the date of birth of any individual(s) with any ownership or controlling interest who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 5
Criminal Offenses - SSN/TIN	PDE-0728	Enter the SSN or TIN of any individual(s) or organization(s) with any ownership or controlling interest who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 5
Criminal Offenses - Address	PDE-0729	Enter the street address of any individual(s) or organization(s) with any ownership or controlling interest who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 5
Criminal Offenses - City	PDE-0730	Enter the city of any individual(s) or organization(s) with any ownership or controlling interest who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 5
Criminal Offenses - State	PDE-0731	Enter the state of any individual(s) or organization(s) with any ownership or controlling interest who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 5
Criminal Offenses - Zip	PDE-0732	Enter the zip code of any individual(s) or organization(s) with any ownership or controlling interest who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 5
Assessed Fines Ind	PDE-0994	Select Yes or No to indicate if the applicant is associated with any entity assessed fines or penalties. If answer is 'Yes' user will be required to submit the appropriate attachment.
Assessed Fines - First Name	PDE-0733	Enter the first name of any individual(s) or contractor(s) connected with the practice who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 6
Assessed Fines - Last/Org Name	PDE-0734	Enter the last name of any individual(s) or contractor(s) connected with the practice who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 6
Assessed Fines - Date of Birth	PDE-0735	Enter the date of birth of any individual(s) or contractor(s) connected with the practice who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 6

Assessed Fines - SSN/TIN	PDE-0736	Enter the SSN or TIN of any individual(s) or contractor(s) connected with the practice who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 6
Assessed Fines - Address	PDE-0737	Enter the street address of any individual(s) or contractor(s) connected with the practice who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 6
Assessed Fines - City	PDE-0738	Enter the city of any individual(s) or contractor(s) connected with the practice who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 6
Assessed Fines - State	PDE-0739	Enter the state of any individual(s) or contractor(s) connected with the practice who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 6
Assessed Fines - Zip	PDE-0740	Enter the zip code of any individual(s) or contractor(s) connected with the practice who has been convicted or assessed fines or penalties for any criminal offenses as detailed in question 6
Adverse Legal Action Ind	PDE-0741	Select Yes or No to indicate if the applicant has ever had any adverse legal actions
Attestation Ind	PDE-0742	Check the checkbox to indicate that you attest that all information displayed is correct, accurate, and true
Electronic Signature	PDE-0743	Type the name of the person signing the application

Screen Navigation

Button/Link	Action	Link
Submit		PPM-S-0003
Cancel	The transaction will be cancelled without altering any of the information and navigates to the Provider Home Page	Provider Home Page
Reset	Clears out any unsaved modifications made on the page returning to what it was at the time of the last save and stays on the same page	N/A
Save	The confirmation message "By clicking OK you are attesting that all information you have provided is correct, accurate and true." will first be displayed.Â If OK is clicked any updated information is saved to the MMIS. If Cancel is clicked the user is returned to the reset PPM-S-0003 screen.	Will display the "Profile is updated successfully" message and once "OK" is clicked will return to Provider Welcome page.

Error Messages

Error Message Description	Resolution
Controlling Interest- Yes/No response is required	Check Yes or No.
Subcontracting- Yes/No response is required	Check Yes or No.
Other Disclosing Entity- Yes/No response is required	Check Yes or No.
Criminal Offenses- Yes/No response is required	Check Yes or No.
Conviction or Assessed fines- Yes/No response is required	Check Yes or No.
Controlling Interest- Entry is required with an answer of 'yes'.	Enter at least one entry in the Controlling Interest section or change the response to 'no' if appropriate.
Please attach a copy of the Board of Directors	Attach documentation on Board of Directors
Subcontracting- Entry is required with an answer of 'yes'.	Enter at least one entry in the Subcontractor section or change the response to 'no' if appropriate.
Other Disclosing Entity- Entry is required with an answer of 'yes'.	Enter at least one entry in the Other Disclosing Entity section or change the response to 'no' if appropriate.
Criminal Offenses- Entry is required with an answer of 'yes'.	Enter at least one entry in the Criminal Offenses section or change the response to 'no' if appropriate.
Attach the details listing the final outcome of the offense.	Attach documentation on the final outcome finding for any entities with a criminal offense, conviction or assessed fines. Note: At least one attachment is required for each row added. Multiples documents can be added per row, but at least one is required.
Conviction or Assessed Fines- Entry is required with an answer of 'yes'.	Enter at least one entry in the Conviction or Assessed Fines section or change the response to 'no' if appropriate.
You have requested the removal of data currently on file for this question. Once removed this data is not retrievable and will require re-entry if needed again. If you wish to save your information please select the 'Return to Disclosure Questions Screen' button below. Do you wish to continue with the removal of the data?	Click 'Continue' button to remove existing data and return to the Disclosure questions. Click 'Return to Disclosure Questions Screen' button to return to the Disclosure screen and modify the response to the question.
You have requested the removal of data currently on file for this question. Once removed this data is not retrievable and will require re-entry if needed again. If you wish to save your information please select the 'Return to Revalidation Questions Screen' button below. Do you wish to continue with the removal of the data?	Click 'Continue' button to remove existing data and return to the Disclosure questions. Click 'Return to Revalidation Questions Screen' button to return to the Disclosure screen and modify the response to the question.

Error Message Description	Resolution
Adverse Legal Action - If applicant has ever had any adverse legal action imposed is required. Please enter a valid selection.	Check Yes or No.
Attestation-Acknowledgment of the accuracy of information entered is required.	Check the checkbox.
Attach copy of final disposition.	Attach documentation on the final outcome for any adverse legal action. Note: only one attachment is allowed for this question
Attestation-Provider Name is required. Please enter Provider Name.	Enter the Provider Name (Electronic Signature).
Last Name is required (Applies to all questions)	Enter the last name or organization name in the section that displayed the message.
Title is required (Does not apply to questions 2 & 6)	Enter the title of the individual. Is only required when First Name is entered.
Date of Birth is required (Does not apply to question 2)	Enter a valid date of birth of the individual. Is only required when First Name is entered.
SSN/TIN is required (Does not apply to question 2)	Enter the SSN or TIN of the individual or organization.
Ownership type is required (Only applies to question 1)	Select a value form the Ownership drop-down.
Street Address is required (Does not apply to question 2)	Enter a street address for the individual or organization.
City is required (Does not apply to question 2)	Enter a city for the individual or organization.
Zip is required (Does not apply to question 2)	Enter a zip code for the individual or organization.
Percent is required (Does not apply to questions 2, 5, & 6)	Enter a percentage for the individual or organization.
Relationship is a required field (Only applies to question 2)	Select a relationship from the dropdown. - Child - Parent - Sibling - Spouse
Relationship Last Name is required (Only applies to question 2)	Enter a last name.
Relationship name entered is not matched with disclosing entity. (Only applies to question 2)	Enter both the first name and last name as they were entered under question 1.

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select the Disclosure Information or Revalidation Submission option

Revalidation Submission - PPM-S-0005

General Information

Profile and Ownership/Disclosure information is displayed at the top of this screen. Since that information has already been defined under Provider Profile Maintenance (PPM-S-0003) and Disclosure Information (PPM-S-0004), it is not included here.

If the 'Revalidation Submission' option is chosen on the Provider Maintenance Menu (PPM-S-0002), this information will begin immediately below question 6 of the Ownership and Control Information for Disclosing Entity of the Disclosure Information (PPM-S-0004). There is also a Tax Information section that will appear immediately above the Ownership and Control Information for Disclosing Entity of the Disclosure Information (PPM-S-0004).

Once revalidation information is submitted, it needs to go through a screening process before being applied to the MMIS. This could take up to several days, depending on the information entered. If the user goes back in to the revalidation information shortly after submitting the updated information, it might not appear.

The information will be retrieved from the VA Medicaid Management Information System (MMIS) based on the information submitted on the original provider application and any subsequent updates.

Information that is needed but not present will be required.

Screen Name	Revalidation
Source/Originator	Provider/Super user
Usage	Entry

Screen Sample – PPM-S-0005

Tax Information

IRS Name : [redacted]
TIN Effective Date : 01/01/2000

Tax ID Number(TIN) : [redacted]

Prior Screening

I have previously been or to be screened by Medicare or a Medicaid Agency in the last 12 months*
○ Yes ○ No

Revalidation Fee

I have paid an application fee within the last 12 months*
○ Yes ○ No

Attestation

☐ By checking this box and entering your name below you attest that all information displayed above is correct, accurate and true.*

Any person who knowingly submits this form containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Provider Name(Electronic Signature)*

For assistance , please contact Virginia Medicaid Provider Enrollment Services at 888-829-5373

Make Payment and Submit | Cancel | Reset | Save

Data Elements

Data Element Name	Data Element ID	Instructions
Provider IRS Name	pDE-0502	Displays the name that the provider uses for the IRS.
FEIN/SSN	pDE-0611	Displays the FEIN or SSN of the provider.
TIN Effective Date	PDE-0775	Displays the effective date of the provider's FEIN.
Prior Screening – Indicator	PDE-0759	Select Yes or No to indicate if a screening was performed within the last 12 months.
Prior Screening – Agency	PDE-0744	Enter the agency that performed the previous screening.
Prior Screening – Medicaid State	PDE-0745	Enter the State of the Medicaid agency that performed the previous screening.
Prior Screening – Screening Status Ind	PDE-0747	Select the status of the prior screening. - Approved - In Progress
Prior Screening – Approval Date	PDE-0746	Enter the approval date of the prior screening.
Pay to Virginia Ind	pDE-0989	Check the checkbox if the provider plans to pay the application fee to Virginia Medicaid.
Revalidation – Fee	PDE-0761	Select Yes or No to indicate whether an application fee has

Paid Ind		been paid within the last 12 months.
Revalidation – Hardship Ind	PDE-0760	Check the appropriate check box to indicate the status of the hardship request.
Revalidation – Hardship Submitted Date	PDE-0749	Enter the date hardship request was submitted.
Revalidation – Agency	PDE-0750	Enter the agency that the application fee was paid to.
Revalidation – Medicaid State	PDE-0751	Enter the State of the Medicaid agency that performed the previous screening.
Revalidation – Fee Paid Date	PDE-0752	Enter the approval date of the prior screening.

Screen Navigation

Button/Link	Action	Link
Make Payment and Submit	Submits the updates to the system and navigates to the Payment Selection Screen to allow entering a payment.	PPM-S-0009
Cancel	The transaction will be cancelled without altering any of the information and navigates to the Provider Home Page	Provider Home Page
Reset	Clears out any unsaved modifications made on the page returning to what it was at the time of the last save and stays on the same page	N/A
Save	The confirmation message “By clicking OK you are attesting that all information you have provided is correct, accurate and true.” will first be displayed. If OK is clicked any updated information is saved to the MMIS. If Cancel is clicked the user is returned to the reset PPM-S-0005 screen.	Will display the "Profile is updated successfully" message and once “OK” is clicked will return to Provider Welcome page.

Error Messages

Error Message Description	Resolution
Adverse Legal Action–If applicant has ever had any adverse legal action imposed is required. Please enter a valid selection.	Check Yes or No.
Attestation-Acknowledgement of the accuracy of information entered is required.	Check the checkbox.
Attestation-Provider Name is required. Please enter Provider Name.	Enter the Provider Name (Electronic Signature).

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select the Revalidation Submission option

Profile Maintenance Update Successful - PPM-S-0006

General Information

This screen informs the user that the submitted updates were successful.

Screen Name	Profile Maintenance
Source/Originator	Provider/Super user
Usage	Display

Screen Sample – PPM-S-0006

Data Elements

N/A

Screen Navigation

Button/Link	Action	Link
OK	Navigates to the Provider Profile Maintenance page	PPM-S-0003
Back to Group Provider View (Available only when the provider ID is a	The system refreshes the Profile Maintenance screen using the MMIS data for the group provider.	N/A

group NPI.)		

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select the Provider Profile Maintenance option.

Disclosure/Revalidation Submission Successful - PPM-S-0007

General Information

This screen informs the user that the submitted updates for Disclosure and Revalidation data were successful.

Screen Name	Disclosure Submission Revalidation
Source/Originator	Provider/Super user
Usage	Display

Screen Sample – PPM-S-0007

Data Elements

Data Element Name	Data Element ID	Instructions
Appl/Disc/Reval Tracking Number	PDE-0753	Displays the tracking number for the disclosure or resubmission.

Screen Navigation

Button/Link	Action	Link
OK	Navigates to the Provider Maintenance Menu screen	PPM-S-0002

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select either the Disclosure Information or Revalidation Submission option and enter all necessary data.
- From the Disclosure Information screen, click the Submit button; From the Revalidation Submission screen, click the Make Payment and Submit button.

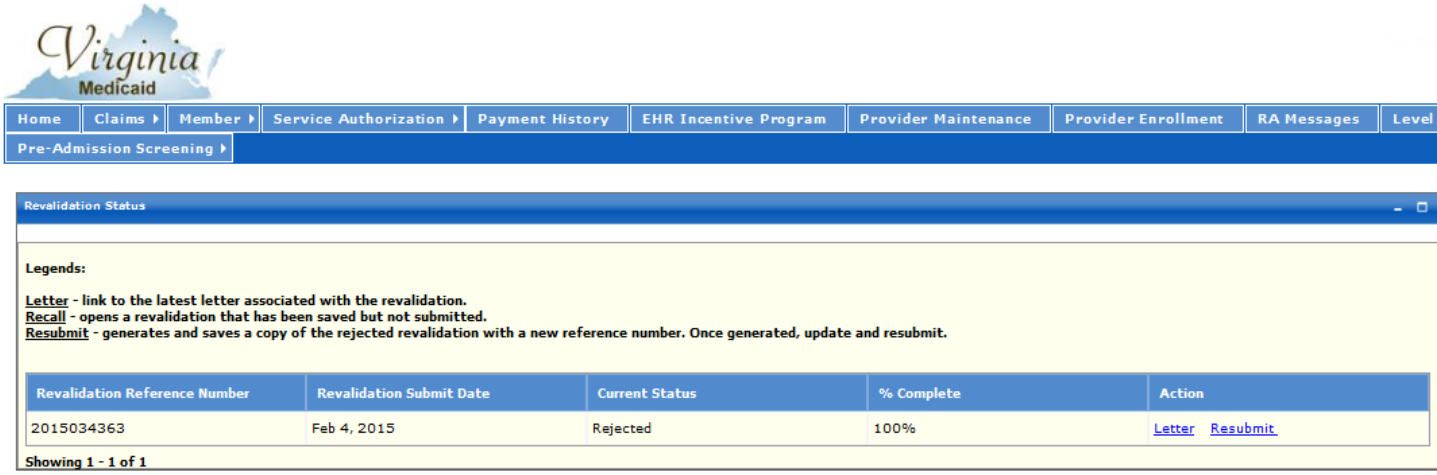
Revalidation Status Tracking - PPM-S-0008

General Information

This screen informs the user of the status of the Revalidation submissions. This screen will be available to the user at all times, even outside of the revalidation period. Users will be prohibited from submitting any revalidations left in a Not Submitted or Rejected status outside of the revalidation period though.

Screen Name	Revalidation Status
Source/Originator	Provider/Super user
Usage	Link Selection

Screen Sample – PPM-S-0008



Data Elements

Data Element Name	Data Element ID	Instructions
Appl/Disc/Reval Tracking Number	PDE-0753	Displays the tracking number for the resubmission.
Revalidation - Submission Date	PDE-0754	Displays the submission date of the revalidation.
Revalidation - Current	PDE-0755	Displays the current status of the reval-

Status		idation process.
Revalidation - Percent Complete	PDE-0756	Displays the percent complete of the revalidation process.

Screen Navigation

Button/Link	Action	Link
Make Payment	Navigates to the Payment Selection screen	PPM-S-0009
Recall	Navigates to the Disclosure Information screen	PPM-S-0004
Resubmit	Retrieves a copy of the rejected revalidation and allows the user to update the revalidation and resubmit it.	PPM-S-0004
Letter	Retrieves either the Approval or Rejection letter from the ECM	

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select Revalidation Status Tracking option

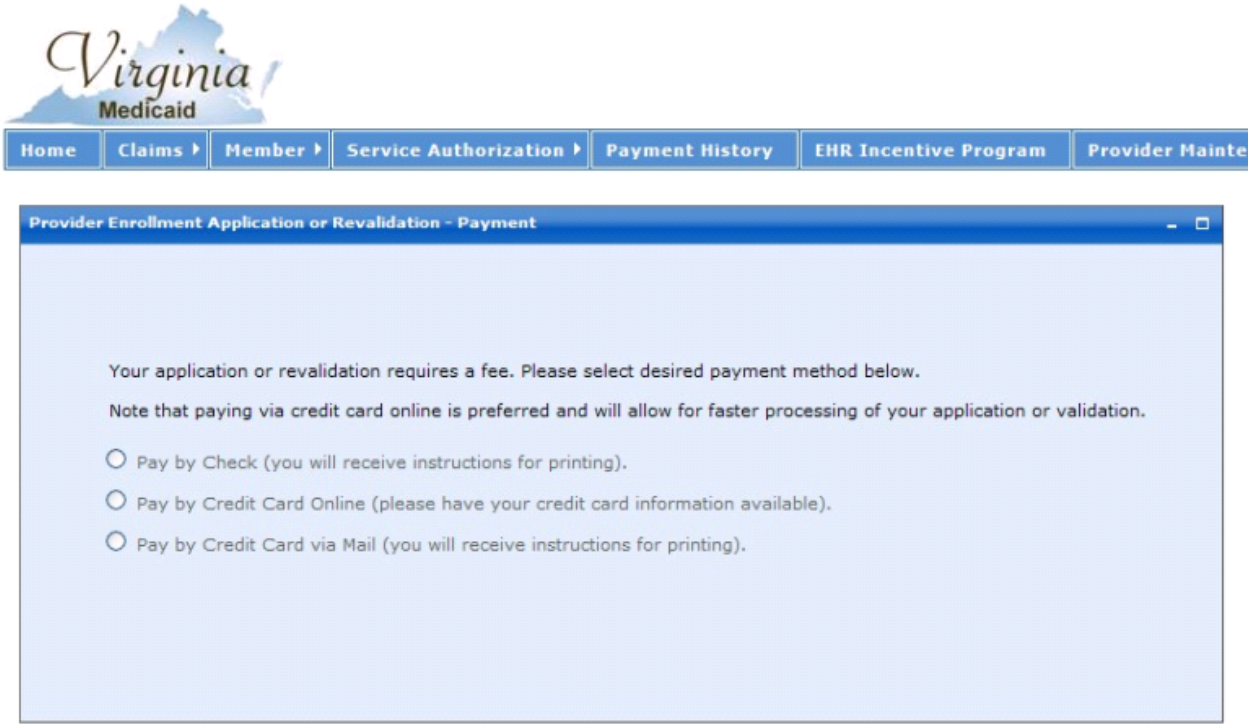
Payment Selection - PPM-S-0009

General Information

This screen allows the user to select the method of paying the revalidation fee.

Screen Name	Provider Enrollment Application or Revalidation - Payment
Source/Originator	Provider/Super user
Usage	Radio Button

Screen Sample – PPM-S-0009



Data Elements

Data Element Name	Data Element ID	Instructions
Payment Type	pDE-0977	Select the appropriate radio button to indicate the type of pay-

Ind		ment desired. - Pay by Check Pay by Credit Card Online Pay by Credit Card via Mail

Screen Navigation

Button/Link	Action	Link
Pay by Check	Navigates to the Check Payment screen and displays a form for the provider to print and send in with the payment.	PPM-S-0010
Pay by Credit Card	Navigates to the Credit Card Payment screen to allow the user to enter credit card payment information	PPM-S-0011
Pay by Credit Card via Mail	Navigates to the Credit Card Payment by Mail screen and displays a form for the provider to print and send in with the payment.	PPM-S-0015

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select the Revalidation Status Tracking option
- Click the Make Payment link (Or, from the Provider Maintenance Menu, select the Revalidation Submission option and enter all necessary and required information; Click the Make Payment and Submit button)

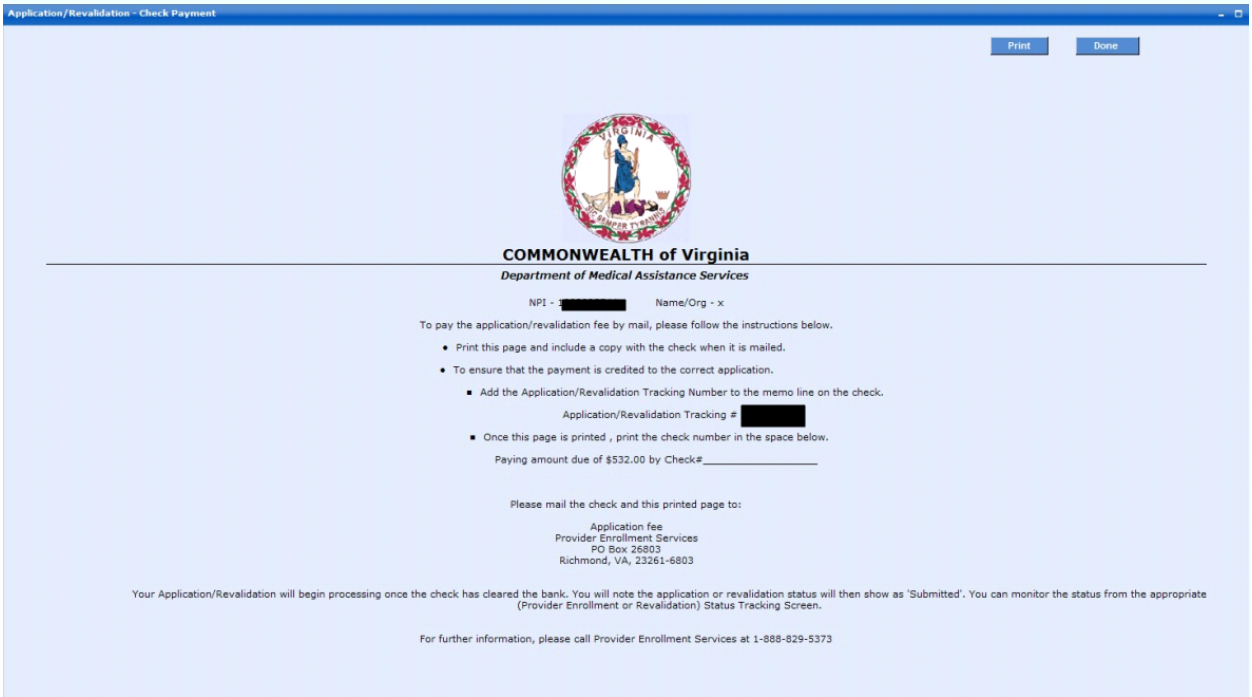
Check Payment - PPM-S-0010

General Information

This screen displays a form for the provider to print and send in with the check payment of the revalidation fee.

Screen Name	Application/Revalidation – Check Payment
Source/Originator	Provider/Super user
Usage	Display

Screen Sample – PPM-S-0010



Data Elements

Data Element Name	Data Element ID	Instructions
Provider ID (NPI/API)	pDE-0610	Displays the provider NPI/API
Provider Name	pDE-0613	Displays the provider name or business

		name
Appl/Disc/Reval Tracking Number	PDE-0753	Displays the revalidation tracking number
Application Payment Amount	pDE-0978	Displays the application fee amount to be paid

Screen Navigation

Button/Link	Action	Link
Print	Prints the displayed form	N/A
Done	Navigates to the Provider Maintenance Menu screen	PPM-S-0002
Explorer Back Button	Returns to the last accessed screen	PPM-S-0005 PPM-S-0008 PPM-S-0009

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select the Revalidation Status Tracking option
- Click the Make Payment link
- (Or, from the Provider Maintenance Menu, select the Revalidation Submission option and enter all necessary and required information; Click the Make Payment and Submit button)
- Click the Pay by Check option

Credit Card Payment - PPM-S-0011

General Information

This screen displays a form for entry of credit card information to be used for the revalidation fee. The actual data entry portion of the screen is a Elavon portlet.

Screen Name	Application/Revalidation – Credit Card Payment
Source/Originator	Provider/Super user
Usage	Entry

Screen Sample – PPM-S-0011

Application/Revalidation - Credit Card Payment

COMMONWEALTH of Virginia

Department of Medical Assistance Services

NPI - [redacted] Name/Org - [redacted] Application/Revalidation Tracking Number - 2013304893

To pay the application or revalidation fee by credit card, Please follow the instructions

SALE

Credit Card Details

Card Type: VISA *

Card Number: *

Expiration Date(MMYY): *

Amount: 532.00 *

CVV: *

Invoice Number: 2013304893

Billing Address

Hospital/Facility Name:

First Name: *

Last name: *

Address1: *

Address2:

City: *

State/Province: (VA) Virginia *

Postal Code: *

Country: United States (USA)

Phone: *

Email Address: *

Process

Data Elements

Data Element Name	Data Element ID	Instructions
Provider ID (NPI/API)	pDE-0610	Displays the provider NPI/API
Provider Name	pDE-0613	Displays the provider name or business name
Appl/Disc/Reval Tracking Number	PDE-0753	Displays the revalidation tracking number
Card Type	N/A	Select the type of credit card to be used for the payment
Card Number	N/A	Enter the credit card number to be used for the payment
Expiration Date	N/A	Enter the expiration date from the credit card in the

		format of MMYY
Application Payment Amount	pDE-0978	Displays the application fee amount to be paid
CVV	N/A	Enter the credit card security number which appears on either the front or back of the card, depending on the card type
Invoice Number	PDE-0753	This matches the Appl/Disc/Reval Tracking Number
Hospital/Facility Name	N/A	Enter the name of the hospital or facility
First Name	N/A	Enter the first name of the card holder
Last Name	N/A	Enter the ???? of the card holder
Address1	N/A	Enter the street address of the card holder
Address2	N/A	Enter the continuation of the street address of the card holder
City	N/A	Enter the city of the card holder
State/Province	N/A	Enter the state or province of the card holder
Postal Code	N/A	Enter the zip code of the card holder
Country	N/A	Enter the country of the card holder
Phone	N/A	Enter the phone number of the card holder
Email Address	N/A	Enter the email address of the card holder

Screen Navigation

Button/Link	Action	Link
Process	Submits the credit card information for processing and navigates to either the Credit card Error, Payment Successful, or Payment Denial Screens	PPM-S-0012 PPM-S-0013 PPM-S-0014
Explorer Back Button	Returns to the last accessed screen	PPM-S-0005 PPM-S-0008 PPM-S-0009

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page

- Select the Revalidation Status Tracking option
- Click the Make Payment link
- (Or, from the Provider Maintenance Menu, select the Revalidation Submission option and enter all necessary and required information; Click the Make Payment and Submit button)
- Click the Pay by Credit Card Online option

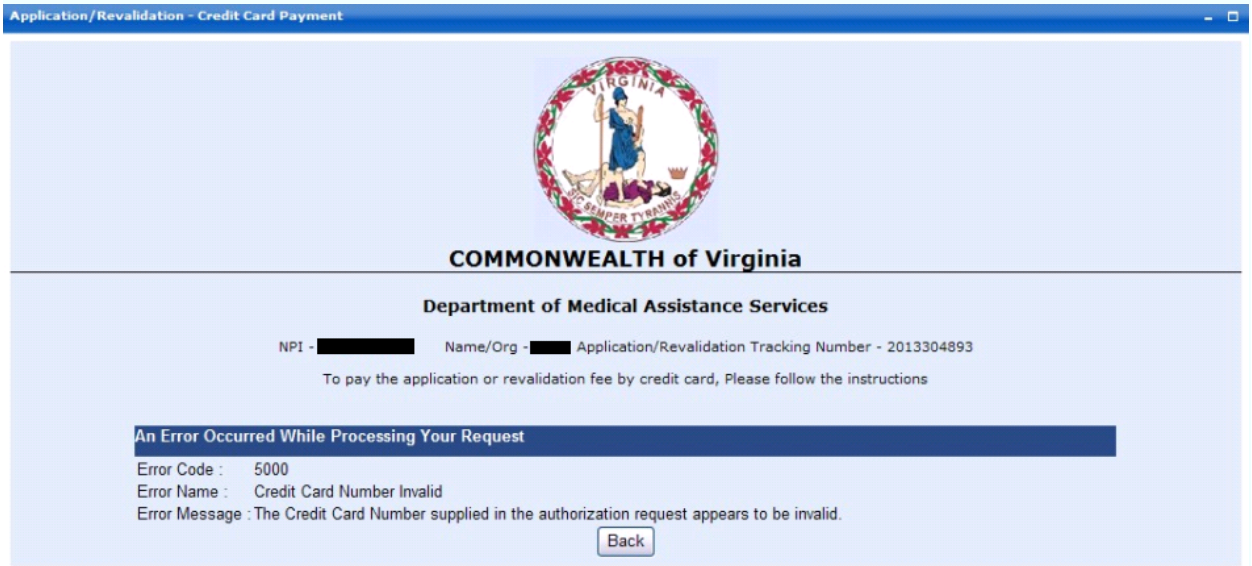
Credit Card Error - PPM-S-0012

General Information

This screen displays errors encountered while attempting to process the credit card information for payment of the application fee.

Screen Name	Application/Revalidation – Credit Card Payment
Source/Originator	Provider/Super user
Usage	Display

Screen Sample – PPM-S-0012



Data Elements

Data Element Name	Data Element ID	Instructions
Provider ID (NPI/API)	pDE-0610	Displays the provider NPI/API
Provider Name	pDE-0613	Displays the provider name or business name
Appl/Disc/Reval	PDE-0753	Displays the revalidation tracking number

Tracking Number		
Error Code	pDE-0985	Displays the error code of the error message
Error Name	pDE-0986	Displays the name of the error message
Error Message	pDE-0987	Displays the error message

Screen Navigation

Button/Link	Action	Link
Back	Navigates back to the Credit Card Payment screen to allow correction of the error	PPM-S-0011

Error Messages

Error Message Description	Resolution
An Error Occurred While Processing Your Request	Read the details in the Error Message displayed on the screen and take appropriate action

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select the Revalidation Status Tracking option
- Click the Make Payment link
- (Or, from the Provider Maintenance Menu, select the Revalidation Submission option and enter all necessary and required information; Then click the Make Payment and Submit button)
- Click the Pay by Credit Card Online option
- Click the Process button (must have errors on the screen)

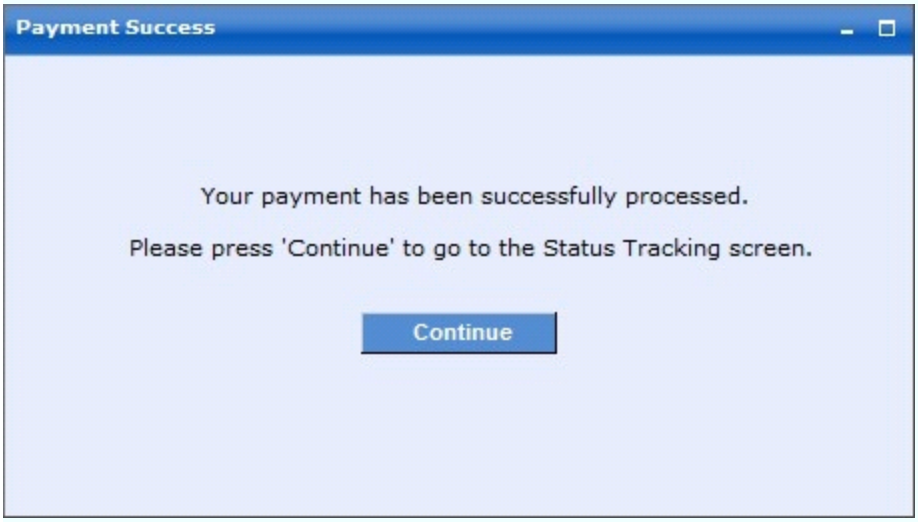
Payment Successful - PPM-S-0013

General Information

This screen displays a message that the credit card payment was successfully processed.

Screen Name	Payment Success
Source/Originator	Provider/Super user
Usage	Display

Screen Sample – PPM-S-0013



Data Elements

N/A

Screen Navigation

Button/Link	Action	Link
Continue	Navigates to the Revalidation Status Tracking screen	PPM-S-0008

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select the Revalidation Status Tracking option
- Click the Make Payment link
- (Or, from the Provider Maintenance Menu, select the Revalidation Submission option and enter all necessary and required information; Then click the Make Payment and Submit button)
- Click the Pay by Credit Card Online option
- Click the Process button

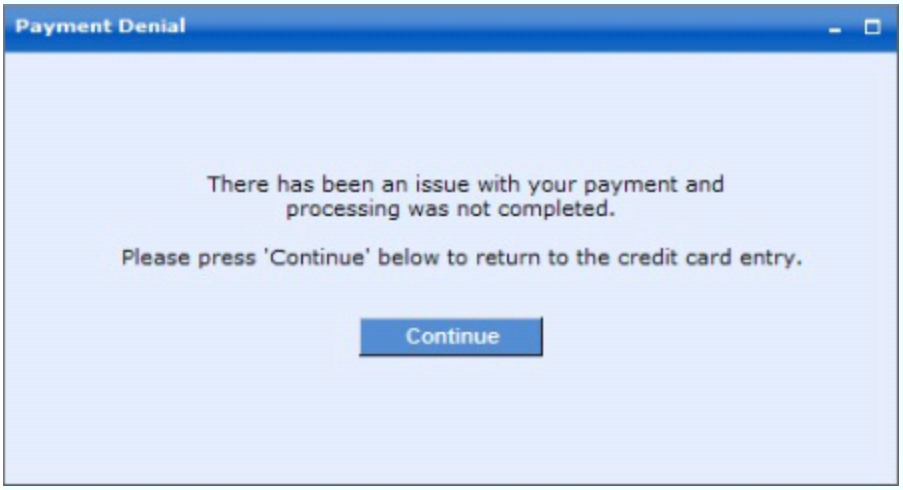
Payment Denial - PPM-S-0014

General Information

This screen displays a message indicating that there was an issue with the credit card payment and the processing was not completed.

Screen Name	Payment Denial
Source/Originator	Provider/Super user
Usage	Display

Screen Sample – PPM-S-0014



Data Elements

N/A

Screen Navigation

Button/Link	Action	Link
Continue	Navigates back to the Credit Card Payment screen	PPM-S-0011

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select the Revalidation Status Tracking option
- Click the Make Payment link
- (Or, from the Provider Maintenance Menu, select the Revalidation Submission option and enter all necessary and required information; Then click the Make Payment and Submit button)
- Click the Pay by Credit Card Online option
- Click the Process button

Credit Card Payment by Mail - PPM-S-0015

General Information

This screen displays a form for the provider to print and send in with the credit card payment of the revalidation fee.

Screen Name	Application/Revalidation – Credit Card Payment by Mail
Source/Originator	Provider/Super user
Usage	Display

Screen Sample – PPM-S-0015

Application/Revalidation - Credit Card Payment by Mail

Print Done

COMMONWEALTH of Virginia

Department of Medical Assistance Services

NPI - [redacted] Name/Org - [redacted]

Application/Revalidation Tracking Number # 2013304893

To pay the application/revalidation fee by mail, please follow the instructions below.

Credit Card Type (i.e. MasterCard, Visa, Discover, Amex):_____

Credit Card Number : _____

Expiration Date : _____

CVV : _____

Credit Card holder's Name: _____

Credit Card holder's Billing Address: _____

Credit Card holder's Phone Number : _____

Email Address : _____

- Please mail this printed page to:

Application fee
Provider Enrollment Services
PO Box 26803
Richmond, VA, 23261-6803

Your Application/Revalidation will begin processing once payment was made.

Please note that the application or revalidation status will then show as 'submitted'. You can monitor the status from the appropriate (Provider Enrollment or Revalidation) Status Tracking Screen.

For further information, please call Provider Enrollment Services at 1-888-829-5373

Data Elements

Data Element Name	Data Element ID	Instructions
Provider ID (NPI/API)	pDE-0610	Displays the provider NPI/API
Provider Name	pDE-0613	Displays the provider name or business name
Appl/Disc/Reval Tracking Number	PDE-0753	Displays the revalidation tracking number
Application Payment Amount	pDE-0978	Displays the application fee amount to be paid

Screen Navigation

Button/Link	Action	Link
Print	Prints the displayed form	N/A
Done	Navigates to the Provider Maintenance Menu screen	PPM-S-0002
Explorer Back Button	Returns to the last accessed screen	PPM-S-0005 PPM-S-0008 PPM-S-0009

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Select the Revalidation Status Tracking option
- Click the Make Payment link
- (Or, from the Provider Maintenance Menu, select the Revalidation Submission option and enter all necessary and required information; Click the Make Payment and Submit button)
- Click the Pay by Credit Card via Mail option

Provider Profile Maintenance – Disclosure Information Instructions - PPM-S-0016

General Information

This screen displays detail instructions for entering disclosure information.

Screen Name	Disclosure Information Instructions
Source/Originator	Provider/Super user
Usage	Display

Screen Sample – PPM-S-0016

Virginia Medicaid Web Portal
Disclosure Instructions

General Instructions

Disclosure updates can be made by authorized personnel at any time to ensure information contained with the VA Medicaid Management Information System (MMIS) is accurate and up to date.

If the 'Disclosure Information' option is chosen on the Provider Maintenance Menu, this information will begin immediately below the Provider Profile Maintenance information. This way any updates to demographic information can be made at the same time without having to return to the Provider Maintenance menu for another selection option.

Please note that once disclosure information is submitted, it needs to go through a screening process before being applied to the MMIS. This could take up to several days, depending on the information entered. Please be aware that if you go back in to the disclosure information shortly after submitting the updated information, it might not appear.

Disclosure updates can be made by authorized personnel at any time to ensure information contained with the VA Medicaid Management Information System (MMIS) is accurate and up to date.
If the 'Disclosure Information' option is chosen on the Provider Maintenance Menu, this information will begin immediately below the Provider Profile Maintenance information. This way any updates to demographic information can be made at the same time without having to return to the Provider Maintenance menu for another selection option.

Please note that once disclosure information is submitted, it needs to go through a screening process before being applied to the MMIS.

This could take up to several days, depending on the information entered. Please be aware that if you go back in to the disclosure information shortly after submitting the updated information, it might not appear.

Data Elements

N/A

Screen Navigation

N/A

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Click the "Click here for Disclosure Information Instructions" link

Provider Profile Maintenance – Revalidation Submission Instructions - PPM-S-0017

General Information

This screen displays detail instructions for entering revalidation information.

Screen Name	Revalidation Submission Instructions
Source/Originator	Provider/Super user
Usage	Display

Screen Sample – PPM-S-0017

Virginia Medicaid Web Portal
Revalidation Instructions

General Instructions

As part of the new Provider Screening Regulations, all billing providers will need to periodically revalidate the information contained with the VA Medicaid Management Information System (MMIS). Please note that servicing providers associated with a group will not need to revalidate. Revalidation for all servicing provider associated to that group will be done by the group administrator.

When it's time for your revalidation, you'll receive a letter 90 days in advance of the revalidation due date. Within that time period, you will be able to utilize the 'Revalidation Submission' option from the Provider Maintenance Menu.

If the 'Revalidation Submission' option is chosen on the Provider Maintenance Menu, this information will begin immediately below the Provider Profile Maintenance information. This way any updates to demographic information can be made at the same time without having to return to the Provider Maintenance menu for another selection option.

Please note that once revalidation information is submitted, it needs to go through a screening process before being applied to the MMIS. This could take up to several days, depending on the information entered. Please be aware that if you go back in to the revalidation information shortly after submitting the updated information, it might not appear.

Ownership and Control Information for the Disclosing Entity

Within this section, please verify the existing information currently housed within the MMIS. Please note that until the enactment of the Provider Screening Regulations, this information, though previously entered on enrollment applications and kept in your electronic file, but was not captured in our system. Therefore the first time this screen is viewed, information will not exist and is required to be entered (if applicable) before submitting your revalidation in order to be

Data Elements

N/A

Screen Navigation

N/A

Error Messages

N/A

Screen Access

- Access Web Portal via www.virginiamedicaid.dmas.virginia.gov/wps/portal
- Select Providers link under Login and log in using valid user id
- Select the Provider Maintenance Tab on the Providers Welcome Page
- Click the "Click here for Revalidation Submission Instructions" link

Tables – MMIS/DBs

Table Name	Description	Access
ps_ALT_ID	Base Alternate ID Table	Inquiry
ps_EMAIL_ADDR	Provider Email Table	Inquiry, Update
ps_LICENSE	Base License Table	Inquiry
ps_NAME	Base Name Table	Inquiry
ps_NPI_XREF	NPI XREF Table	Inquiry
ps_PHYSICAL_ ADDR	Base Address Table	Inquiry, Update
ps_PROGRAM_R	Program Description Table	Inquiry
ps_PROV_LANG	Provider Language Table	Inquiry, Update
ps_PROV_PGM	Provider Program Table	Inquiry
ps_PROV_PHONE	Provider Address Phone Table	Inquiry, Update
ps_PROV_PVTYPE	Provider Type Table	Inquiry
ps_PVTYPE_R	Provider Type Description Table	Inquiry
ps_SPECIALTY	Base Specialty Table	Inquiry
ps_SPECIALTY_R	Specialty Description Table	Inquiry
ps_PROV_RISKCAT	Provider Risk Category Table	Inquiry
ps_PROV_DISC	Provider Disclosure Table	Inquiry
ps_PROV_REVAL	Provider Revalidation Table	Inquiry
ps_WFLOW_ADDR	Provider Workflow Address Table	Inquiry
ps_WFLOW_DISC	Provider Workflow Disclosure Table	Inquiry
ps_WFLOW_LOC	Provider Workflow Location Table	Inquiry
ps_WFLOW_PROV	Provider Workflow Table	Inquiry

Tables – Portal

Table ID	Table Name	Description
PPM-T-0001	WP_AUD_MNG_PRFL_TB	User ID and related NPI
PPM-T-0002	WP_AUD_ADR_TB	Provider Address Table
PPM-T-0003	WP_AUD_ADR_TY_TB	Provider Address Type Table
PPM-T-0004	WP_AUD_PHONE_TB	Provider Address Phone Table
PPM-T-0005	WP_AUD_PHONE_TY_TB	Provider Address Phone Type Table
PPM-T-0006	WP_AUD_LANG_TB	Provider Language Table
PPM-T-0007	WP_AUD_LANG_TY_TB	Provider Language Type Table
PPM-T-0008	WP_PES_USER_TB	PES User Table
PPM-T-0009	WP_PROV_DSCLSR_TB	Provider Disclosure Table
PPM-T-0010	WP_PROV_DSCLSR_INDIV_TB	Individual Disclosure Table
PPM-T-0011	WP_PROV_DSCLSR_ATTACH_TB	Disclosure Information Attachments Table
PPM-T-0012	WP_REVLDTN_TB	Provider Revalidation Table
PPM-T-0013	WP_MMIS_PTY_TB	MMIS Priority Table
PPM-T-0014	WP_AUD_PRFL_ID_TB	Provider Profile Table
PPM-T-0015	WP_PROV_DSCLSR_REVLDTN_TB	Disclosure Revalidation Relationship Table

WP_AUD_MNG_PRFL_TB Table (PPM-T-0001)

General Information

This Audit Table is used to capture all updates that are done in Provider profile maintenance.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_AUD_MNG_PRFL_SK	10	N/A	Unique Manage Profile Surrogate Key
WP_NPI_ID	10	pDE-0610 pDE-0612	Provider ID (NPI/API) Associated Servicing NPI
WP_PROV_NAM	100	pDE-0613 pDE-0612	Provider Name Associated Servicing NPI
WP_USER_SK	10	PDE-0006	User Surrogate Key from WP_WEB_RGSTR_TB Table
G_AUD_ADD_USER_ID	30	N/A	Audit Added User Id
G_AUD_ADD_TS	6	N/A	Audit Added Timestamp
G_AUD_USER_ID	30	N/A	Audit Modified User ID
G_AUD_TS	6	N/A	Audit Modified Timestamp
L_HIBERNATE_VER_NUM	9	N/A	Hibernate Version number, default value is ‘1’
WP_SITE_NBR	5	pDE-0617 pDE-0619	Provider Site Indicator

WP_AUD_ADR_TB Table (PPM-T-0002)

General Information

This table will contain all the fields associated with all types of Addresses. It is used for storing Previous and Modified Addresses.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_AUD_ADR_SK	10	N/A	Unique Address Surrogate Key, unique for each Row
WP_AUD_ADR_TY_CD	1	N/A	Address Type Code
WP_ADR	64	pDE-0649 pDE-0661 pDE-0677	Address Line
WP_CITY_NAM	30	pDE-0650 pDE-0662 pDE-0678	City
WP_US_STATE_CD	2	pDE-0651 pDE-0663 pDE-0679	State
WP_ZIP5_CD	5	pDE-0652 pDE-0654 pDE-0680	Zip Code
WP_ZIP4_CD	4	pDE-0653 pDE-0665 pDE-0681	Zip Extension
G_AUD_ADD_USER_ID	30	N/A	Audit Added User Id
G_AUD_ADD_TS	6	N/A	Audit Added Timestamp
G_AUD_USER_ID	30	N/A	Audit Modified User ID
G_AUD_TS	6	N/A	Audit Modified Timestamp
WP_AUD_MNG_PRFL_SK	10	N/A	Unique surrogate key from WP_AUD_MNG_PRFL_TB Table
WP_EMAIL_ADR_TEXT	64	pDE-0641 pDE-0656 pDE-0668	Servicing Address – Email Correspondence Address – Email Pay To Address – Email

		pDE-0684	Remittance Advice Address – Email
WP_ATTN_NAM	100	pDE-0628 pDE-0645 pDE-0657 pDE-0673	Servicing Address – Attn Correspondence Address – Attn Pay To Address – Attn Remittance Advice Address – Attn
WP_CONTCT_NAM	100	pDE-0642 pDE-0669	Servicing Address – Contact Name Pay To Address – Contact Name
WP_IMAGE_IND	1	N/A	B – Before Address A – After Address
L_HIBERNATE_ VER_NUM	9	N/A	Hibernate Version number, default value is ‘1’

WP_AUD_ADR_TY_TB Table (PPM-T-0003)

General Information

This Table is used to store All Address Types.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_AUD_ADR_TY_CD	1	N/A	Address type Code
WP_AUD_ADR_TY_DESC	40	N/A	Address type description
G_AUD_ADD_USER_ID	30	N/A	Audit Added User Id
G_AUD_ADD_TS	6	N/A	Audit Added Timestamp
G_AUD_USER_ID	30	N/A	Audit Modified User ID
G_AUD_TS	6	N/A	Audit Modified Timestamp
L_HIBERNATE_VER_NUM	9	N/A	Hibernate Version number, default value is ‘1’

WP_AUD_PHONE_TB Table (PPM-T-0004)

General Information

This Table is used to store before and after Phone Number updates.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_AUD_PHONE_SK	10	N/A	Unique Phone Surrogate Key
WP_PHONE_TY_CD	1	N/A	Phone Type Code
WP_PHONE_NUM	10	pDE-0629 pDE-0631 pDE-0637 pDE-0639 pDE-0643 pDE-0646 pDE-0648 pDE-0654 pDE-0658 pDE-0660 pDE-0666 pDE-0670 pDE-0674 pDE-0676 pDE-0682	Phone Number
WP_PHONE_EXT_NUM	6	pDE-0630	Phone Extension

		pDE-0638 pDE-0640 pDE-0644 pDE-0647 pDE-0655 pDE-0659 pDE-0667 pDE-0671 pDE-0675 pDE-0683	
G_AUD_ADD_ USER_ID	30	N/A	Audit Added User Id
G_AUD_ADD_TS	6	N/A	Audit Added Timestamp
G_AUD_USER_ID	30	N/A	Audit Modified User ID
G_AUD_TS	6	N/A	Audit Modified Timestamp
L_HIBERNATE_ VER_NUM	9	N/A	Hibernate Version number, default value is ‘1’
WP_AUD_ADR_SK	10	N/A	Address Surrogate Key from WP_AUD_ ADR_TB Table

WP_AUD_PHONE_TY_TB Table (PPM-T-0005)

General Information

This Table is used to store All Phone Types.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_PHONE_TY_CD	1	N/A	Unique Phone Type Code
WP_AUD_PHONE_TY_DESC	40	N/A	Phone Type Description
G_AUD_ADD_USER_ID	30	N/A	Audit Added User Id
G_AUD_ADD_TS	6	N/A	Audit Added Timestamp
G_AUD_USER_ID	30	N/A	Audit Modified User ID
G_AUD_TS	6	N/A	Audit Modified Timestamp
L_HIBERNATE_VER_NUM	9	N/A	Hibernate Version number, default value is ‘1’

WP_AUD_LANG_TB Table (PPM-T-0006)

General Information

This Table is used to store before and after Language updates.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_AUD_LANG_SK	10	N/A	Language Surrogate Key
WP_AUD_LANG_TY_CD	1	pDE-0627	Languages
G_AUD_ADD_USER_ID	30	N/A	Audit Added User Id
G_AUD_ADD_TS	6	N/A	Audit Added Timestamp
G_AUD_USER_ID	30	N/A	Audit Modified User ID
G_AUD_TS	6	N/A	Audit Modified Timestamp
WP_AUD_MNG_PRFL_SK	10	N/A	Unique surrogate key from WP_AUD_MNG_PRFL_TB Table
L_HIBERNATE_VER_NUM	9	N/A	Hibernate Version number, default value is ‘1’
WP_IMAGE_IND	1	N/A	B – Before Address A – After Address

WP_AUD_LANG_TY_TB Table (PPM-T-0007)

General Information

This Table is used to store all Language Types.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_AUD_LANG_TY_CD	1	N/A	Language Type Code
WP_AUD_LANG_TY_DESC	40	N/A	Language Type Description
G_AUD_ADD_USER_ID	30	N/A	Audit Added User Id
G_AUD_ADD_TS	6	N/A	Audit Added Timestamp
G_AUD_USER_ID	30	N/A	Audit Modified User ID
G_AUD_TS	6	N/A	Audit Modified Timestamp
L_HIBERNATE_VER_NUM	9	N/A	Hibernate Version number, default value is ‘1’

WP_PES_USER_TB Table (PPM-T-0008)

General Information

This table is used to store User IDs that will see the Provider Maintenance Application link on the Internal User quick links. It allows the PES unit secured access to a specialized application to be used for online provider maintenance.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_PES_USER_SK	10	N/A	PES User Surrogate Key
WP_PES_USER_E_CD	10	PDE-0757	PES User Ecode
G_AUD_ADD_USER_ID	30	N/A	Audit User ID
G_AUD_ADD_TS	6	N/A	Audit Timestamp
G_AUD_USER_ID	30	N/A	Audit User ID
G_AUD_TS	6	N/A	Audit Timestamp
L_HIBERNATE_VER_NUM	9	N/A	Hibernate Version number, default value is ‘1’

WP_PROV_DSCLSR TB Table (PPM-T-0009)

General Information

This table is used to store provider disclosure information.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_PROV_DSCLSR_SK	10	N/A	Disclosure information Surrogate Key
WP_APPL_ID	20	PDE-0753	Application / Disclosure / Revalidation Tracking Number
WP_DSCLSR_DCN_ID	30	PDE-0758	Document Control Number
WP_DSCLSR_UPDT_DT	10	N/A	Disclosure information updated date
WP_PROV_DOB_DT	10	pDE-0685	Provider Date of birth
WP_SITE_NUM	5	pDE-0617	Provider Site number
WP_PROV_LEGAL_ACTN_IND	1	PDE-0741	Applicant Adverse Legal Action Ind
WP_PROV_ATTESTN_IND	1	PDE-0742	Applicant Attestation Ind
G_AUD_ADD_USER_ID	30	N/A	Audit User ID
G_AUD_ADD_TS	6	N/A	Audit Timestamp
G_AUD_USER_ID	30	N/A	Audit User ID
G_AUD_TS	6	N/A	Audit Timestamp
L_HIBERNATE_VER_NUM	9	N/A	
WP_DSCLSR_STAT_CD	2	N/A	Record Written to Batch File Y – Yes N – No
WP_I_PROV	10	N/A	System Assigned Unique Provider ID
WP_NPI_ID	10	pDE-0610	Provider ID (NPI/API)
WP_PROV_NAM	100	pDE-0613	Provider Name
WP_PROV_BUS_NAM	40	pDE-0613	Provider Business Name

WP_PROV_DSCLSR_INDIV_TB Table (PPM-T-0010)

General Information

This table is used to store individual/entity disclosure information.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_PROV_DSCLSR_INDIV_SK	10	N/A	Disclosure Individual Surrogate Key
WP_PROV_DSCLSR_SK	10	N/A	Disclosure Information Surrogate Key
WP_ROW_NUM	10	N/A	Row number
WP_ENTY_TYPE_CD	2	pDE-0693	Disclosure Entity Type Code
WP_INDIV_ENTY_SSN_ID	9	pDE-0692 PDE-0708 PDE-0718 PDE-0728 PDE-0736	Disclosed Individual/Entity SSN
WP_INDIV_DOB_DT	10	pDE-0691 PDE-0707 PDE-0717 PDE-0727 PDE-0735	Disclosed Individual Date of Birth
WP_INDIV_LAST_NAM	40	pDE-0689 PDE-0705 PDE-0715 PDE-0725 PDE-0734	Disclosed Individual Name Last
WP_INDIV_FIRST_NAM	40	pDE-0688	Disclosed Individual Name First

		PDE-0704 PDE-0714 PDE-0724 PDE-0733	
WP_ENTY_BUSN_NAM	40	pDE-0689 PDE-0705 PDE-0715 PDE-0725 PDE-0734	Disclosed Entity Business Name
WP_INDIV_ENTY_ADR	64	pDE-0694 PDE-0709 PDE-0719 PDE-0729 PDE-0737	Disclosed Individual/Entity Street
WP_INDIV_ENTY_CITY_NAM	30	pDE-0695 PDE-0710 PDE-0720 PDE-0730 PDE-0738	Disclosed Individual/Entity City
WP_INDIV_ENTY_STATE_CD	2	pDE-0696 PDE-0711 PDE-0721 PDE-0731 PDE-0739	Disclosed Individual/Entity State
WP_INDIV_ZIP_CD	9	pDE-0697 PDE-0712 PDE-0722 PDE-0732	Disclosed Individual/Entity Zip

		PDE-0740	
WP_CTL_INT_PCT	3	pDE-0698 PDE-0713 PDE-0723	Disclosed Control Interest percentage
WP_INDIV_ENTY_REL_ CD	1	PDE-0701	Disclosed Individual/Entity Rela-tionship Type
WP_INDIV_ENTY_LAST_ NAM	40	PDE-0703	Disclosed Individual/Entity Relation Name Last
WP_INDIV_ENTY_ FIRST_NAM	40	PDE-0702	Disclosed Individual/Entity Relation Name First
WP_IMAGE_CD	1	N/A	B – Before Address A – After Address
G_AUD_ADD_TS	6	N/A	Audit Timestamp
G_AUD_USER_ID	30	N/A	Audit User ID
G_AUD_TS	6	N/A	Audit Timestamp
G_AUD_ADD_USER_ID	30	N/A	Audit User ID
L_HIBERNATE_VER_ NUM	9	N/A	Hibernate Version number, default value is ‘1’
WP_INDIV_TITLE_CD	5	pDE-0690 PDE-0706 PDE-0716 PDE-0726	Disclosed Individual Title Code
WP_INDIV_REL_SSN_ ID	9	pDE-0517	Disclosed Individual/Entity Relation SSN
WP_DSCLSR_ENTY_ IND	1	pDE-0990	Disclosure Entity Ind of Y/N

WP_PROV_DSCLSR_ATTACH_TB Table (PPM-T-0011)

General Information

This table is used to store attachments associated with disclosure and/or revalidation information.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_PROV_DSCLSR_ ATTACH_SK	10	N/A	Disclosure Attachment Surrogate Key
WP_PROV_DSCLSR_SK	10	N/A	Disclosure Information Surrogate Key
WP_ATTACH_NAM	100	pDE-0976	Attachment Name
WP_ATTACH_DATA	BLOB	N/A	Attachment Data
WP_ATTACH_SUBM_DT	10	PDE-0771	Attachment Submitted Date
WP_ATTACH_STAT_TEXT	50	N/A	Attachment Status Text • Save • Submit • Submitted to Datacap
WP_ATTACH_TY_CD	2	PDE-0770	Attachment Type code
G_AUD_ADD_TS	6	N/A	Audit Timestamp
G_AUD_USER_ID	30	N/A	Audit User ID
G_AUD_TS	6	N/A	Audit Timestamp
G_AUD_ADD_USER_ID	30	N/A	Audit User ID
L_HIBERNATE_VER_NUM	9	N/A	Hibernate Version number, default value is '1'
WP_REVLDTN_SK	10	N/A	Revalidation Surrogate Key
WP_ATTACH_STAT_CD	2	N/A	Attachment Sent Status Code Y – Yes N - No

WP_REVLDTN_TB Table (PPM-T-0012)

General Information

This table is used to store revalidation information associated with prior screenings and/or prior application/revalidation fees.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_REVLDTN_SK	10	N/A	Revalidation Surrogate Key
WP_REVLDTN_APPL_ID	20	PDE-0753	Application / Disclosure / Revalidation Tracking Number
WP_DCN_ID	30	PDE-0758	Document Control Number
WP_PRIOR_SCRNG_IND	1	PDE-0759	Prior Screening Indicator
WP_SCRNG_AGCY_CD	2	PDE-0744	Screening Agency
WP_SCRNG_AGCY_STATE_CD	2	PDE-0745	Screening State
WP_SCRNG_STAT_CD	1	PDE-0747	Screening Status Indicator
WP_SCRNG_APPRVL_DT	10	PDE-0746	Screening Approval Date
WP_REVLDTN_FEE_IND	1	PDE-0748	Revalidation Fee Indicator
WP_AGCY_PD_CD	2	PDE-0750	Fee Agency
WP_AGCY_PD_STATE_CD	2	PDE-0751	Fee Paid to State
WP_AGCY_PD_DT	10	PDE-0752	Date Fee Paid to Agency
WP_PMT_TO_VA_IND	1	pDE-0989	Payment to VA Indicator
WP_HRDSHP_REQ_CD	1	PDE-0760	Hardship Requested
WP_APPRVD_HRDSHP_IND	1	PCD-0760	Hardship Approved
WP_HRDSHP_SUBMTD_IND	1	PDE-0760	Hardship Submitted
WP_HRDSHP_SUBM_DT	10	PDE-0749	Hardship Exception Request Submission Date
WP_PMT_IND	1	PDE-0761	Payment Made Indicator
WP_PD_AMT	11,2	pDE-0978	Fee Amount Paid

WP_REVLDTN_ ATTESTN_IND	1	PDE-0742	Revalidation Attestation Ind
G_AUD_ADD_USER_ ID	30	N/A	Audit User ID
G_AUD_ADD_TS	6	N/A	Audit Timestamp
G_AUD_USER_ID	30	N/A	Audit User ID
G_AUD_TS	6	N/A	Audit Timestamp
L_HIBERNATE_VER_ NUM	9	N/A	Hibernate Version number, default value is '1'
WP_REVLDTN_STAT_ CD	2	N/A	Revalidation Status Code 01 – Save 02 – Submitted 03 – Submitted to Datacap
WP_PMT_TYP_CD	3	pDE-0977	Payment Type Ind
WP_PMT_SUBM_DT	10	N/A	Payment Date
WP_APPL_SUBM_DT	10	PDE-0754	Application Submission Date
WP_USER_ID	20	N/A	User ID
WP_NPI_ID	10	pDE-0610	Provider ID (NPI/API)
WP_PROV_NAM	100	pDE-0613	Provider Name
WP_PROV_DOB_DT	10	pDE-0685	Provider Date of Birth
WP_PROV_BUS_NAM	40	pDE-0613	Provider Business Name
WP_PROV_FEIN_ID	9	pDE-0611	Provider FEIN
WP_PROV_SSN_ID	9	pDE-0611	Provider SSN

WP_MMIS_PTY_TB Table (PPM-T-0013)

General Information

This table is used to store prior screening and application fee indicators associated to a provider type. These indicators drive whether an application or revalidation requires a screening and/or a fee.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_MMIS_PTY_CD	3	pDE-0622	MMIS Provider Type Code
WP_PTY_DESC	65	pDE-0623	Provider Type Description
G_AUD_ADD_USER_ID	30	N/A	Audit Add User Id
G_AUD_ADD_TS	6	N/A	Audit Add Timestamp
G_AUD_USER_ID	30	N/A	Audit User ID
G_AUD_TS	6	N/A	Audit Timestamp
L_HIBERNATE_VER_NUM	9	N/A	Hibernate Version number, default value is '1'
WP_RISK_CAT_CD	2	PDE-0763	Risk Category
WP_RISK_SCRE_QTY	3	PDE-0764	Risk Score
WP_PREV_SCRN_IND	1	PDE-0765	Previous Screen Indicator
WP_APPL_FEE_REQD_IND	1	PDE-0766	Application Fee required indicator
WP_PTY_CD	5	N/A	Internal Provider Type Code

WP_AUD_PRFL_ID_TB Table (PPM-T-0014)

General Information

This table stores provider maintenance audit information.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_AUD_PRFL_ID_SK	10	N/A	Profile ID Surrogate Key
WP_AUD_MNG_PRFL_SK	10	N/A	Unique surrogate key from WP_AUD_MNG_PRFL_TB Table
WP_PROV_FEIN_ID	9	pDE-0611	Provider FEIN
WP_PROV_SSN_ID	9	pDE-0611	Provider SSN
WP_PROV_DOB_DT	10	pDE-0685	Provider Date of Birth
WP_IMAGE_IND	1	N/A	B – Before Address A – After Address
G_AUD_ADD_USER_ID	30	N/A	Audit Added User Id
G_AUD_ADD_TS	6	N/A	Audit Added Timestamp
G_AUD_USER_ID	30	N/A	Audit Modified User ID
G_AUD_TS	6	N/A	Audit Modified Timestamp
L_HIBERNATE_VER_NUM	9	N/A	Hibernate Version number, default value is ‘1’
WP_PROV_BYPS_IND	1	pDE-0687	Bypass Label Indicator

WP_PROV_DSCLSR_REVLDTN_TB Table (PPM-T-0015)

General Information

This table is used to store the relationship between the disclosure and revalidation tables.

Data Elements

Data Element Name	Field Length	Portal Data Element	Description
WP_PROV_ DSCLSR_SK	10	N/A	Disclosure Surrogate Key from WP_PROV_ DSCLSR_TB Table
WP_REVLDTN_ SK	10	N/A	Unique surrogate key from WP_REVLDTN_ TB Table
G_AUD_ADD_ USER_ID	30	N/A	Audit Added User Id
G_AUD_ADD_TS	6	N/A	Audit Added Timestamp
G_AUD_USER_ID	30	N/A	Audit Modified User ID
G_AUD_TS	6	N/A	Audit Modified Timestamp
L_HIBERNATE_ VER_NUM	9	N/A	Hibernate Version number, default value is ‘1’