

# Are You Afraid of the MES?: Navigating the Medicaid Enrollment System

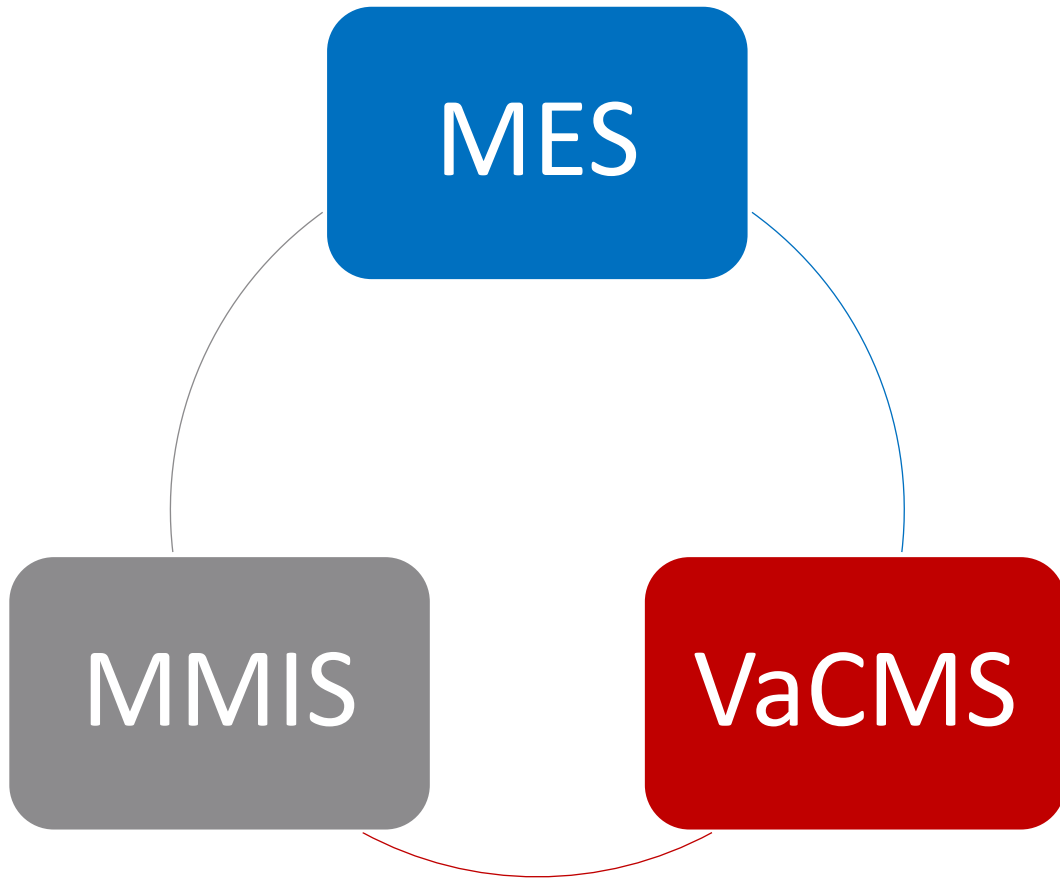
Alex Meade, Senior Eligibility Policy Specialist  
Alexandra Anthony, Newborn And Member Enrollment  
(NAME) Coordinator



# Learning Objectives

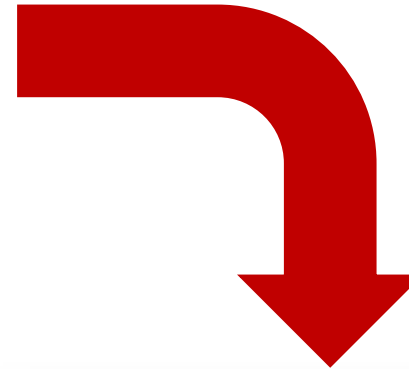
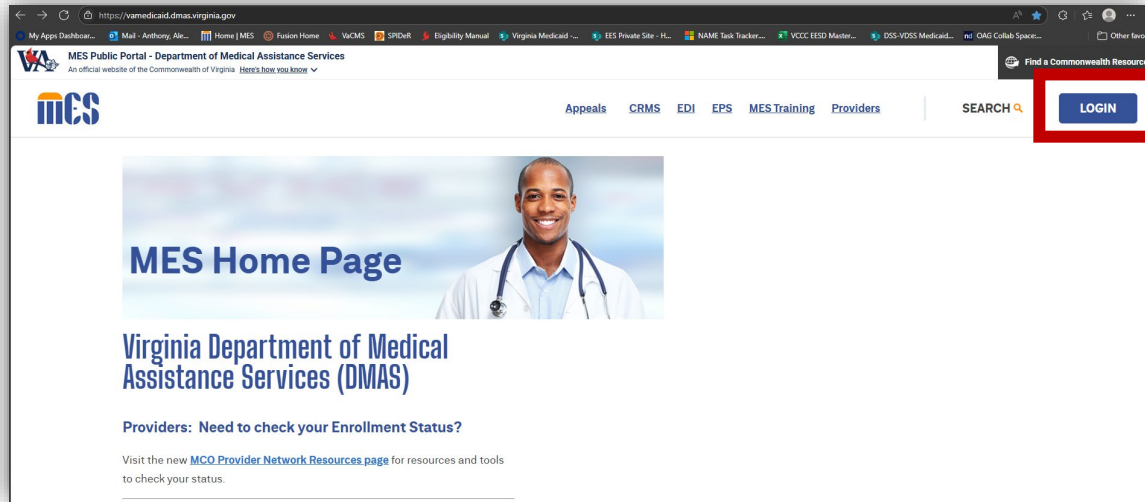
- What is MES/MMIS?
- Where to Start?
- Member and Case Screens
- Duplicate Member Review
- Patient Pay
- Level of Care (LOC)
- Waivers
- Provider Lookup
- MMIS Help Feature
- Coverage Correction Portal

# What is MES/MMIS?

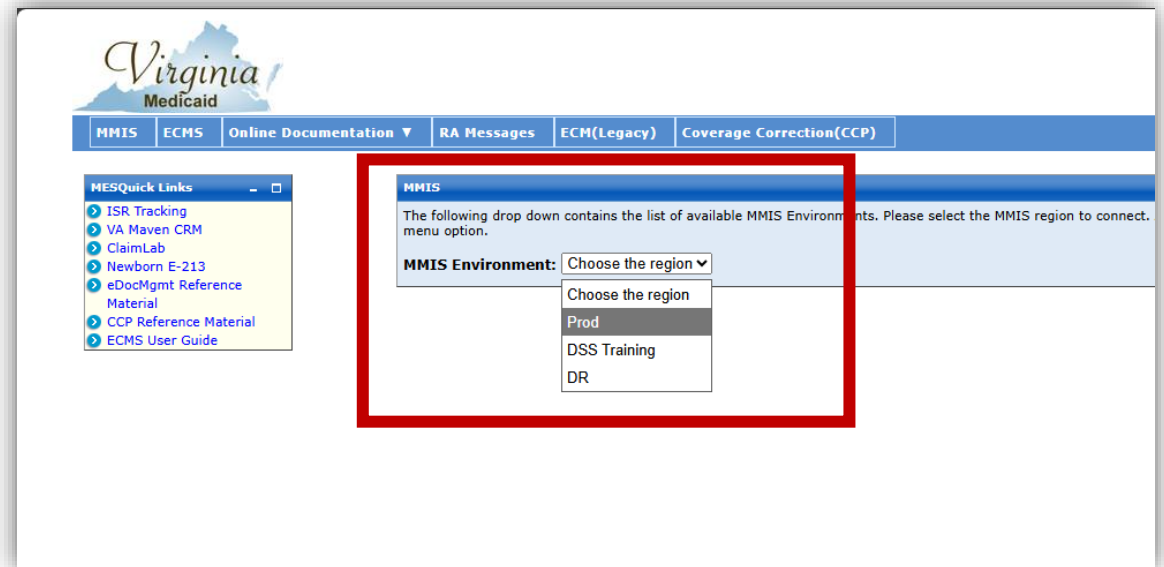
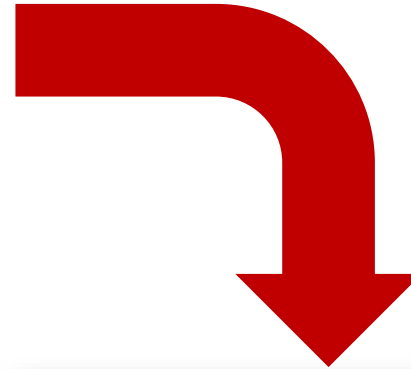
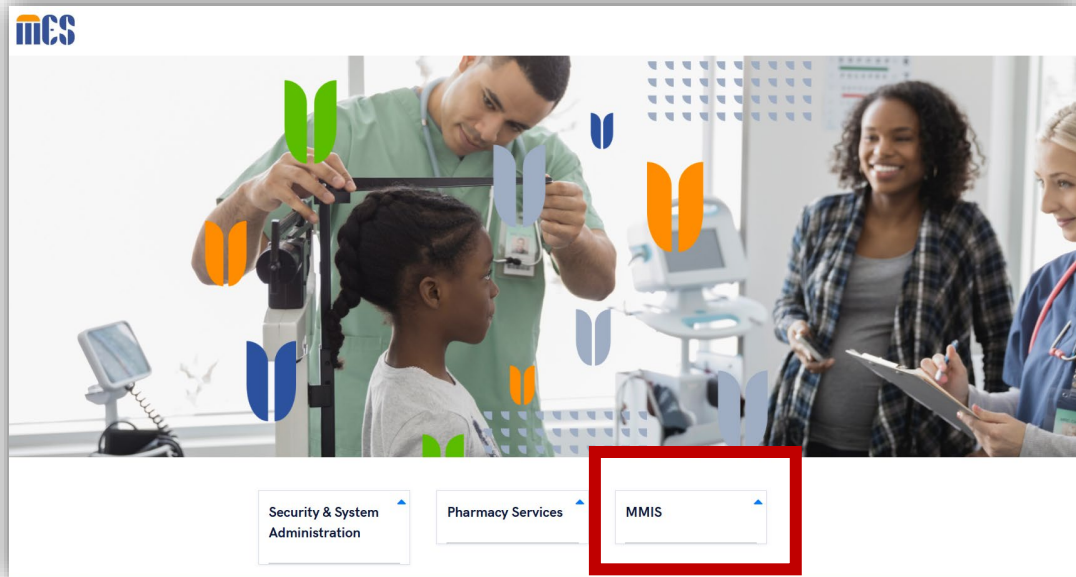


- The Medicaid Enterprise System (MES) houses multiple subsystems for the administration of the Virginia Medicaid Program.
- The Medicaid Management Information System (MMIS) is the subsystem that receives information from VaCMS and distributes enrollment details to other subsystems.
- VaCMS determines eligibility and is the system of record.

# Where to start? MES



# Where to start? MMIS



# Main System Menu

The screenshot displays the Virginia Medicaid MMIS Main System Menu. At the top left is the Virginia Medicaid logo. At the top right, there are links for "DSS Training" and "Help". Below the logo is a blue navigation bar with the text "MMIS" and links for "Help", "Print", and "Logout". A horizontal menu bar contains the following items: Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessment, Drugs, and Reports. A red arrow points to the "Member" item, which is also highlighted with a red box. Below the menu bar, the page content includes "Source ID: RF-S-010", "Trans ID: VS00", and "Program ID: RFT010" on the left; "VIRGINIA MEDICAID MAIN SYSTEM MENU" in the center; and "Date: 09/18/2025" and "Time: 16:56" on the right. The main content area is a large, empty light blue rectangle.

# Member Subsystem Menu

Virginia Medicaid

DSS Training | [Help](#)

MMIS

Help | Print | Logoff

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

Screen ID: RS-S-000  
Trans ID: VE00  
Program ID: RST000VA

**VIRGINIA MEDICAID**  
**MEMBER SUBSYSTEM MENU**

Date: 09/18/2025  
Time: 16:57

Select Function

- Enrollment
- Managed Care
- Medicare
- Benefit Definition
- Spend Down
- Duplicate Member Link
- Verification
- Input Request Data
- 1095

Sub Menu | Main Menu

# Enrollment Menu

The screenshot shows the 'VIRGINIA MEDICAID ENROLLMENT MENU' interface. At the top, there is a navigation bar with tabs for Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessment, Drugs, and Reports. The main content area includes a 'Select Enrollment Type' section with radio buttons for Case, Member, and Case and Member (ADD FUNCTION ONLY). A red box highlights the 'Member' option, and a red arrow points to the 'Inquire by Case or Member' text. The 'Select Function' section has radio buttons for Add, Update, Inquiry, Cancel, Retro Cancel Reinstate, Void, CID Request, Re-set ID Card, and ID Card Request. A red box highlights the 'Inquiry' option. Below this are input fields for Case ID, Member ID, SSN, VACIS/ADAPT ID, Last Name, First Name, DOB, Telephone Number, VaCMS Member ID, Suffix, Middle Initial, Gender, and HIPP. A 'New TDO Enrollee?' section has 'Yes' and 'No' radio buttons. A red box highlights the 'Enter' button in the bottom navigation bar, with an orange arrow pointing to it from the 'Submit Entry' text. Other buttons in the navigation bar include Clear Form, Member, Eligibility, TDO, Financial, Case, \*PL Sum, ID X-Ref, Override, Sub Menu, Main Menu, and Dup Mem. Three colored boxes with arrows point to these buttons: a yellow box for 'Go to Member Inquiry' pointing to 'Member', a green box for 'Go to Eligibility Inquiry' pointing to 'Eligibility', and a purple box for 'Go to Case Inquiry' pointing to 'Case'.

Virginia Medicaid

DSS Training | Help

MMIS

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

Screen ID: RS-S-001  
Trans ID: VE01  
Program ID: RST005VA

VIRGINIA MEDICAID ENROLLMENT MENU

Date: 09/22/2025  
Time: 16:34

Select Enrollment Type

Case  
 Member  
 Case and Member (ADD FUNCTION ONLY)

Select Function :

Add  
 Update  
 Inquiry  
 Cancel  
 Retro Cancel Reinstate  
 Void  
 CID Request  
 Re-set ID Card  
 ID Card Request

Re-Issue Reason:

Case ID:   
Member ID:   
SSN:   
VACIS/ADAPT ID:   
Last Name:   
First Name:   
DOB:   
Telephone Number:   
New TDO Enrollee?  Yes  No

VaCMS Member ID:   
Suffix:   
Middle Initial:   
Gender:   
HIPP:

ENTER SELECTION AND FUNCTION.

Submit Entry

Enter Clear Form Member Eligibility TDO Financial Case \*PL Sum ID X-Ref Override Sub Menu Main Menu Dup Mem

Go to Member Inquiry

Go to Eligibility Inquiry

Go to Case Inquiry

# Member Search

MMIS

Screen ID: RS-S-001  
Trans ID: VE01  
Program ID: RST005VA

**VIRGINIA MEDICAID ENROLLMENT MENU**

Date: 09/18/2025  
Time: 16:58

Select Enrollment Type :  Case  Add  
 Member  Cancel  
 Reinstatement  Reinstatement Request  
 Re-set ID Card  
 ID Card Request

Case ID:   
Member ID:   
SSN:   
VACIS/ADAPT ID:   
Last Name: little  
First Name: red  
DOB:   
Gender:   
HIPP:   
Telephone Number:   
New TDO Enrollee?  Yes  No

ENTER SELECTION AND FUNCTION.

Enter Clear Form Member Eligibility TDO Financial Case TPL Sum ID X-Ref Override Sub Menu

MMIS will provide a list of possible matches.

MMIS

Screen ID: RS-S-019  
Trans ID: VE19  
Program ID: RST013VA

**VIRGINIA MEDICAID SEARCH RESULTS: SELECT THE MEMBER**

Date: 09/18/2025  
Time: 17:02  
Page: 001 of 001

<input checked="" type="radio"/>	Member ID: 351-180617-016 ADAPT/VACIS ID: Last Name: LITTLE DOB: 06/25/1996 VaCMS Member ID: 2104516290	Cancel Date: 00/00/0000 Case: 351-180617-008 First Name: RED SSN: 111-22-3334	Reason: 000 FIPS: 009 MI: SEX: F	HIPP: Worker: M0000 Suffix: Phone:
<input type="radio"/>	Member ID: ADAPT/VACIS ID: Last Name: DOB: VaCMS Member ID:	Cancel Date: Case: First Name: DOB: SSN:	Reason: FIPS: MI: SEX:	HIPP: Worker: Suffix: Phone:
<input type="radio"/>	Member ID: ADAPT/VACIS ID: Last Name: DOB: VaCMS Member ID:	Cancel Date: Case: First Name: DOB: SSN:	Reason: FIPS: MI: SEX:	HIPP: Worker: Suffix: Phone:

Scroll Up Scroll Down

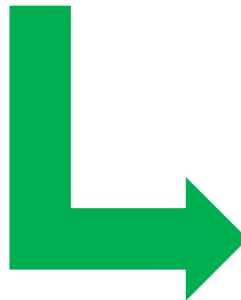
**NEW SEARCH**

SSN:   
ADAPT/VACIS ID:   
Last Name:   
DOB:   
HIPP:   
First Name:   
Phone:   
VaCMS Member ID:   
MI:   
Suffix:   
SEX:

END OF ENROLLEE DETAILS.

Enter Member Eligibility TDO Financial Case TPL Sum ID X-Ref 1095 Sub Menu Main Menu

Leave the radio buttons empty.  
Type in either the member's SSN or First and Last Name.  
Click the Enter button.



# Member Inquiry

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs	Reports
Screen ID: RS-S-018 Trans ID: VE18 Program ID: RST010VA												Date: 09/19/2025 Time: 13:51		
<b>VIRGINIA MEDICAID</b>														
<b>MEMBER DEMOGRAPHICS - INQUIRY</b>														
Member ID:	351-180617-016	Last Name:	LITTLE	First Name:	RED	MI:	Suffix:							
Case ID:	351-180617-008	ADAPT ID:		VaCMS ID:	2104516290	Caseworker:	M0000	Case FIPS:	009	Comments:	N			
Aid Category:	081	Benefit Plan:	MEDICAID FFS	More BP:	N	Exception Indicator:		Absent Parent:	N	HIPP:	HIPP Status:	TPL: N		
CMM Restriction Period:			CMM Restriction Status:											
Relationship to Case Head:	00	Gender:	F	DOB:	06 25 1996	SSN:	111 22 3334	Marital Status:	I	Primary Language:	1			
Cit Status:	C	Cit Level:	FH	Identity:	FH	Cit / ID Date:	08 2025	SSA Cit Ind:	Y	Country:	US	Entry Date:		
Same as Case Address:	Y	Same as Case FIPS:	Y	Mem FIPS:	009	EDD:		Mother ID:		Vet/Dep Ind:	N	NRF:		
Phone:		Disability Code:		Disability Onset Date:		Special Ind:								
Race:	6	Ethnicity:	OT											
Member Address: 153 WASHINGTON STREET														
City:	AMHERST	State:	VA	Zip Code:	24521									
Suppress ID Card:	N	Card Date		Reissue Reason		Sequence #		Card Type		Request #:	0			
<input type="radio"/> View Member FIPS <input type="radio"/> View Previous Names <input type="radio"/> View Previous Address <input type="radio"/> View Aliases <input type="radio"/> View Health Conditions														
Pend Claims:		Begin Date:		End Date:		Pend Source:								
<b>SELECT AN OPTION AND CHOOSE ENTER.</b>														
Enter	Update	MC Assign	Eligibility	TDO	Financial	Comments	Case	TPL Sum	ID X-Ref	Sub Menu	Main Menu			
ID/CID	Dup Mem	BENDEX	MICC	Absent Parent	VALTC Sum	Cost Eval	Case Sum	Incarceration	1095	Letters				

## Special Fields

- **Cit Level, Identity, Cit/ID Date** – Refers to how and when Citizenship and Identity were verified.
- **EDD** – Expected Due Date for Pregnancy
- **Mother ID** - Enrollee ID that qualified Newborn for automatic eligibility.
- **View Member FIPS, View Previous Names, View Previous Address** – Select to see FIPS, Cases, Names, and Address that have been linked and/or de-linked from Member

# Member ID Cross-Reference

MMIS
Help | Print | Logoff

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs	Reports
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Screen ID: RS-S-007  
 Trans ID: VE07  
 Program ID: RST020VA

**VIRGINIA MEDICAID  
MEMBER ID CROSS-REFERENCE**

Date: 09/22/2025  
 Time: 16:39  
 Page: 001 of 001

Member ID: 351-180617-016  
 Name: LITTLE RED  
 Case ID: 351-180617-008  
 Caseworker: M0000  
 Case FIPS: 009

Identifier	Type	Begin Date	End Date
FH	CIT LEVEL	08/25/2025	12/31/9999
FH	IDENTITY	08/25/2025	12/31/9999
111223334	SSN	09/15/2025	12/31/9999
654890123	SSN	08/25/2025	09/14/2025
2104516290	VACMS ID	08/25/2025	12/31/9999

Scroll Up
Scroll Down

END OF ENROLLEE ID CROSS-REFERENCE.

Member
Sub Menu
Main Menu



# Managed Care Assignment

MMIS

[Help](#) | [Print](#) | [Logoff](#)

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

Screen ID: MC-S-010      **VIRGINIA MEDICAID**      Date: 09/19/2025  
 Trans ID: VE62      **MANAGED CARE ASSIGNMENT - INQUIRY**      Time: 15:40  
 Program ID: MCT010      Page: 001 of 002

Member ID:       Name (F, L, MI):

Sub Program:       Sex: F      DOB:       FIPS: 540

Member Phone:       Preassignment Reason: 10      Cancel Date: 12/31/9999      OE Begin Month: 10

Type:      Restriction Period Begin Date:      End Date:      Restriction End Reason:

FCSP Opt-Out Ind:      FCSP Opt-Out Beg Dt:      FCSP Opt-Out End Dt:      Status Date:

CMM Level:      Review Date:      CMM Status Code:      MBR IND End Date:

MBR IND:      MBR IND Value:      MBR IND Begin Date:      User ID:

MBR IND Status:      MBR IND Add Date:      MBR IND Update Date:

Select	Benefit Plan Init FIPS	Exception	Provider Init Psn Prov	Begin Date End Date	Assignment Data	Re-Assignment Data	Status Data	Change Code
<input type="radio"/>	01 43 4903		0562425543	09 01 2024 12 31 9999	02 04/18/2021	000 12/31/9999	A 08/03/2024	00
<input type="radio"/>	01 43 4903		0562425543	03 01 2024 08 31 2024	02 04/18/2021	097 08/03/2024	A 08/03/2024	88
<input type="radio"/>	01 43 4903		0562425543	03 01 2023 02 29 2024	02 04/18/2021	097 01/24/2024	A 01/24/2024	88
<input type="radio"/>	01 43 4903		0562425543	01 01 2022 02 28 2023	02 04/18/2021	097 01/30/2023	A 01/30/2023	88

**MEMBER IN OPEN ENROLLMENT**

Enter	Update	CMM Restriction	Member	FCSP Opt-Out History	Prov Search	Prov Loc	IND History	Sub Menu	Main Menu
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# Third Party Liability (TPL) Summary

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs	Reports							
Screen ID: RS-S-020 Trans ID: VE20 Program ID: RST025VA		<b>VIRGINIA MEDICAID MEMBER TPL SUMMARY</b>										Date: 09/19/2025 Time: 15:45									
Member ID: [REDACTED] Name: [REDACTED] Case ID: [REDACTED] Caseworker: [REDACTED] Aid Category: 053 MAC-ID: [REDACTED]		Case FIPS: 009 HIPP: Benefit Plan: MED PREMIUM MAC Begin Date: 01/01/2025		Comments: N Incidents: N Retired TPL: N HIPP Status: Exception Indicator: MAC End Date: 12/31/9999																	
<b>Medicare Information</b>																					
Policy #: [REDACTED]		Status : A																			
		Coverage Begin Date	Coverage End Date	Eligibility Begin Date	Eligibility End Date																
PART-A		04/01/1986	12/31/9999																		
PART-B		04/01/1986	12/31/9999																		
PART-D				01/01/2006	12/31/9999																
					+																
Scroll Up		Scroll Down																			
<b>Other Insurance</b>																					
	Carrier	Policy Number	Begin Date	End Date	Coverage Type																
Scroll Up		Scroll Down																			
DATA DISPLAYED.																					
Medicare		Member		Eligibility		Part D		Financial		Comments		Case		TPL Resource		Retired TPL		Sub Menu		Main Menu	
							Cost Eval		Case Sum												

## Notes

Medicare Policy # may be updated by the DMAS Buy-In Unit directly in MMIS for existing members. Must be the actual policy # and NOT the Member's SSN to prevent automated closures.

# Case Inquiry

Help | Print | Logoff

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs	Reports
Screen ID: RS-S-010 Trans ID: VE10 Program ID: RST050VA		<b>VIRGINIA MEDICAID</b> <b>CASE DATA - INQUIRY</b>										Date: 09/19/2025 Time: 13:34		
Case ID: 351-180617-008 Last Name: LITTLE Address: 153 WASHINGTON STREET City: AMHERST Case SSN: 111 22 3334 Caseworker: M0000 Review Date: 12 31 2025			ADAPT ID: First Name: RED State: VA Case FIPS: 009 Follow-Up Code:			VaCMS ID: 113668977 Middle Initial: Zip Code: 24521 FIPS End Rsn: Follow-Up Date:			Comments: N Suffix: FIPS Date: 08 25 2025					
<input type="radio"/> View Previous FIPS		<input type="radio"/> View Previous Zip Codes												
Attach Member ID to Case Enter ID:		Relationship:												
<b>Case Members and Relationship to Case Head:</b>														
Select	Member	Relationship	A/P	Select	Member	Relationship	A/P							
<input type="radio"/>	351-180617-016	00		<input type="radio"/>	351-180617-024	02	P							
<input type="radio"/>	351-180617-032	02		<input type="radio"/>	351-180617-041	02	A							
							Scroll Up	Scroll Down						
DATA DISPLAYED.														
Enter	Update	Member	Eligibility	TDO	Financial	Comments	TPL Sum	Case Sum	1095	Sub Menu	Main Menu			

## Special Fields

**A/P**: Refers to Duplicate IDs that have been linked.  
 P = Permanent ID  
 A = Associated ID

## Notes

Associated IDs are INACTIVE and cannot be updated. Transactions sent to these IDs will always be rejected.

# Case Summary

Help | Print | Logoff

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

Screen ID: RS-S-051  
 Trans ID: VE91  
 Program ID: RST051VA

**VIRGINIA MEDICAID**  
**CASE SUMMARY - INQUIRY**

Date: 09/19/2025  
 Time: 13:43  
 Page: 1 of 2

Case ID: 351-180617-008      Name: LITTLE      RED      VaCMS ID: 113668977  
 ADAPT ID:      FIPS: 009      EW: M0000      Review Date: 12/31/2025

Sel	Ref	Member ID	A/P	HIPP	HIPP Status	AC	Begin Date	End Date	Cancel Date	Reason
		Last Name	First Name	MI	Suffix	SSN	DOB	TPL	Gender	Member FIPS
<input type="radio"/>	00	351-180617-016				081	06/01/2025	12/31/9999		
		LITTLE	RED			111-22-3334	06/25/1996	N	F	009
<input type="radio"/>	02	351-180617-024	P			091	01/01/2025	12/31/9999		
		LITTLE	RIDEN			222-33-4445	01/16/2020	N	M	009
<input type="radio"/>	02	351-180617-032				091	01/01/2025	12/31/9999		
		LITTLE	HOOD			333-44-5556	12/14/2023	N	M	009

Scroll Up    Scroll Down

**ENROLLEE DETAILS ARE DISPLAYED. PAGE DOWN FUNCTION IS ACTIVE.**

Member	Eligibility	Case	TPL Sum	Cost Eval	HIPP Payee	HIPP Payment	1095	Return	Sub Menu	Main Menu
--------	-------------	------	---------	-----------	------------	--------------	------	--------	----------	-----------

First Row

Second Row

# Case Summary

Case ID: 351-180617-008      Name: LITTLE      RED      VaCMS ID: 113668977  
ADAPT ID:      FIPS: 009      EW: M0000      Review Date: 12/31/2025

sel	Ref	Member ID	A/P	HIPP	HIPP Status	AC	Begin Date	End Date	Cancel Date	Reason
		Last Name	First Name	MI	Suffix	SSN	DOB	TPL	Gender	Member FIPS
	02	351-180617-041	A			093	01/16/2020	01/31/2021	01/31/2021	011
		LITTLE	RAIDEN			222-33-4445	01/16/2020	N	M	009

Scroll Up    Scroll Down

ENROLLEE DETAILS ARE DISPLAYED. PAGE UP FUNCTION IS ACTIVE.

First Row

Second Row

# Duplicate Member Review

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

Screen ID: RS-S-001  
Trans ID: VE01  
Program ID: RST005VA

**VIRGINIA MEDICAID ENROLLMENT MENU**

Date: 09/19/2025  
Time: 15:56

Select Enrollment Type :  Case  
 Member  
 Case and Member  
(ADD FUNCTION ONLY)

Select Function :  Add  
 Update  
 Inquiry  
 Cancel  
 Retro Cancel Reinstate  
 Void  
 CID Request  
 Re-set ID Card  
 ID Card Request

Re-Issue Reason:

Case ID:   
Member ID:   
SSN:   
VACIS/ADAPT ID:   
Last Name:   
First Name:   
DOB:   
Telephone Number:   
VaCMS Member ID:   
Suffix:   
Middle Initial:   
Gender:   
HIPP:   
New TDO Enrollee?  Yes  No

**POSSIBLE DUPLICATE FOUND ON FILE. PRESS 'DUP ENRL' TO REQUEST DMAS REVIEW.**

Enter Clear Form Member Eligibility TDO Financial Case TPL Sum ID X-Ref Override Sub Menu Main Menu  
Dup Mem

Errors like this appear on the MMIS Transaction History Screen.

# Duplicate Member Review

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

Screen ID: RS-S-021  
Trans ID: VE21  
Program ID: RST021VA

**VIRGINIA MEDICAID**  
**DUPLICATE MEMBER REVIEW - UPDATE**

Date: 09/19/2025  
Time: 15:59  
Page: 0001 of 0001

**New Member Data**

Member ID: 350-456789-413      Name (F,L): BIGG WOOLF  
Case ID: 350-456789-456      DOB: 05/20/1950      SSN: 444556667      ADAPT:  
Req Review(Y/N): y      Req Date:      Req User ID:      Req Type: ADD  
Action(P/A/D):      Rev Date:      Rev User ID:

Scroll Up    Scroll Down

**Possible Duplicates**

Member ID	Member Name (F,L)	DOB	SSN	Reason
350-456789-464	BIG WOOLF	05/20/1950	444556667	
350-456789-456	BIG WOOLF	080	12/31/2001	011
CASE ADDR: 153 WASHINGTON ST AMHERST VA 24521		DUP ON: SSN,PARTIAL NAME		

Scroll Up    Scroll Down

ALL THE EXISTING POSSIBLE DUPLICATE ENROLLEE DETAILS ARE DISPLAYED.

Enter    Update    Sub Menu    Main Menu

Details for attempted Member creation or update.

Member(s) that already exist in MMIS and match the new details.

### Notes

There are 2 validations for Possible Duplicates – text in red shows what caused the match.

**SSN** – Social Security Numbers are the same.

**Partial Name** – The first 3 letters of the First Name, the first 5 letters of the Last Name, and DOB are the same.

# Duplicate Member Review

## Notes

"Action" is the result of DMAS research.

P = Pending DMAS determination.

A = Approved. New details are NOT a duplicate of the existing member(s).  
Creation or update can continue.

D = Denied. New details ARE a duplicate of the existing member and the original ID must be used.

D = Inconclusive. DMAS does not have enough information to determine that the new details are not a duplicate of the existing member.

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs	Reports				
Screen ID: RS-S-021 Trans ID: VE21 Program ID: RST021VA														Date: 09/19/2025 Time: 16:02 Page: 0001 of 0001				
<b>VIRGINIA MEDICAID</b> <b>DUPLICATE MEMBER REVIEW - INQUIRY</b>																		
<b>New Member Data</b>																		
Member ID:	350-456789-413			Name (F,L):			BIGG WOOLF			SSN:			444556667			ADAPT:	N	
Case ID:	350-456789-456			DOB:			05/20/1950			Req User ID:			E61HD			Req Type: ADD		
Req Review(Y/N):	Y																	
Action(P/A/D):	D																	
<a href="#">Scroll Up</a> <a href="#">Scroll Down</a>																		
<b>Possible Duplicates</b>																		
Member ID	Member Name (F,L)			DOB		SSN												
Case ID	Case Name (F,L)			FIPS	AC	Cancel Date								Reason				
350-456789-464	BIG WOOLF					05/20/1950		444556667										
350-456789-456	BIG WOOLF			009	080	12/31/2001		011										
CASE ADDR: 153 WASHINGTON ST AMHERST VA 24521						DUP ON: SSN,PARTIAL NAME												
<a href="#">Scroll Up</a> <a href="#">Scroll Down</a>																		
THE POSSIBLE DUPLICATE ENROLLEE DETAILS ARE DISPLAYED.																		
<a href="#">Enter</a> <a href="#">Update</a> <a href="#">Sub Menu</a> <a href="#">Main Menu</a>																		

# Patient Pay Inquiry

The screenshot shows the Virginia Medicaid Enrollment Menu interface. At the top left is the Virginia Medicaid logo. At the top right, it says "DSS Training | Help". Below the logo is a navigation bar with tabs: Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessment, Drugs, Reports. The main header area contains "Screen ID: RS-S-001", "Trans ID: VE01", "Program ID: RST005VA", and "Date: 09/22/2025 Time: 16:34". The title is "VIRGINIA MEDICAID ENROLLMENT MENU".

Under "Select Enrollment Type:", there are radio buttons for "Case", "Member", and "Case and Member (ADD FUNCTION ONLY)". The "Member" option is highlighted with a red box. A red arrow points from a red box labeled "Select these" to the "Member" option and the "Inquiry" option in the "Select Function:" list.

Under "Select Function:", there are radio buttons for "Add", "Update", "Inquiry", "Cancel", "Retro Cancel Reinstare", "Void", "CID Request", "Re-set ID Card", and "ID Card Request". The "Inquiry" option is highlighted with a red box.

Below the function list are input fields for "Case ID:", "Member ID:", "SSN:", "VACIS/ADAPT ID:", "Last Name:", "First Name:", "DOB:", "Telephone Number:", "Middle Initial:", "Gender:", and "HIP:". The "Member ID:" field is highlighted with a blue box. A blue box labeled "Enter member ID" has an arrow pointing to this field.

At the bottom, there is a row of buttons: Enter, Clear Form, Member, Eligibility, TDO, Financial, Case, TPL Sum, ID X-Ref, Override, Sub Menu, Main Menu, Dup Mem. The "Financial" button is highlighted with a green box. A green box labeled "Go to Financial" has an arrow pointing to this button.

Other text on the page includes "Re-Issue Reason:" with an empty input field, and "ENTER SELECTION AND FUNCTION." in red text.

# Patient Pay Inquiry (continued)



**MMIS**

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

Screen ID: RS-S-006 Trans ID: VE06 Program ID: RST006VA **VIRGINIA MEDICAID MEMBER FINANCIALS - INQUIRY** Date: 10/01/2025 Time: 10:45

Member ID: [REDACTED] Name: [REDACTED] Case ID: [REDACTED] Caseworker: [REDACTED] Aid Category: [REDACTED] Auth Reason: [REDACTED] Rep Address 1: [REDACTED] Rep Address 2: [REDACTED] City: [REDACTED] State: VA Zip Code: 22407 Mail To Auth Rep: A

Case FIPS: 177 Benefit Plan: MEDICAID FFS

**Most recent patient pay line**

Begin Date	End Date	Patient Pay	Add Date	Reason Code	User ID	Update Date
10/01/2025	10/31/2025	0.00	08/28/2025	OP	VACMS	08/28/2025

View Previous Patient Pay

SSA Bendex Amt: 1,399.00 **Income** Payment Stat: CP Begin Date: 12/20/2024 SSA: 0.00 Other: 0.00 Unearned: 0.00 SSI: 0.00 Earned: 0.00

**DATA DISPLAYED.**

Enter Clear Form Refresh Member Eligibility Case Uncomp Property TPL Sum Patient Pay Sub Menu Main Menu Comments

# Patient Pay History



Prod | E

MMIS

Screen ID: RS-S-004  
Trans ID: VE04  
Program ID: RST004VA

**VIRGINIA MEDICAID**  
**PATIENT PAY HISTORY - INQUIRY**

Date: 10/02/2025  
Time: 08:08  
Page: 001 of 002

Member ID: [REDACTED]  
Name: [REDACTED]  
Case ID: 000-011021-000  
Caseworker: DSS  
Benefit Plan: MEDICAID FFS

Case FIPS: 145  
Aid Category: 029  
Comments: N  
Penalty: N  
Exception Indicator: 9

Select	Begin Date	End Date	Patient Pay	Add Date	Reason Code	User ID	Update Date	ST
<input type="radio"/>	08/01/2025	12/31/9999	0.00	09/26/2025	LA	E6WZM	09/26/2025	A
<input type="radio"/>	07/01/2025	07/31/2025	809.00	06/16/2025	DF	E6WZM	09/26/2025	A
<input type="radio"/>	01/01/2025	06/30/2025	809.00	06/16/2025	AL	VACMS	06/16/2025	A
<input type="radio"/>	12/01/2024	12/31/2024	614.00	12/31/2024	DF	VACMS	12/31/2024	A
<input type="radio"/>	10/01/2024	11/30/2024	614.00	12/11/2024	UP	VACMS	12/11/2024	A
<input type="radio"/>	07/16/2024	09/30/2024	0.00	08/29/2024	IA	VACMS	08/29/2024	A
<input type="radio"/>	07/01/2025	12/31/9999	809.00	06/16/2025	DF	E6WZM	09/26/2025	V
<input type="radio"/>	01/01/2025	12/31/9999	809.00	12/31/2024	AL	VACMS	06/16/2025	V
<input type="radio"/>	01/01/2025	12/31/9999	809.00	12/11/2024	AL	VACMS	12/31/2024	V
<input type="radio"/>	12/01/2024	12/31/2024	614.00	12/11/2024	DF	VACMS	12/31/2024	V

Scroll Up | Scroll Down

DATA DISPLAYED.

Enter | Clear Form | Refresh | Uncomp Property | Patient Pay | Comments | Return | Sub Menu | Main Menu

## Status column

"A" Active  
These are patient pay lines that are active or were active.

"V" Voided  
These patient pay lines have been voided and are null.

# Level of Care



MMIS

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

Screen ID: AS-S-005  
Trans ID: VFA0  
Program: AST005

### VIRGINIA MEDICAID ASSESSMENT MAINTENANCE MENU

SSN:   
Last Name:  First Name:  MI:  Suffix:   
Member ID:  Assessment Date:

Select Item from Data Entry Functions, Browse Functions or Maintenance Functions

Data Entry Functions:   
Browse Functions:   
Maintenance Functions: **Level of Care**

Select Function

Function:  Add  Change  Inquiry  Delete

To inquire if there is level of care to support LTSS:  
Select the assessment tab.  
Enter the member ID.  
Select Level of Care in the Maintenance Functions.  
Select Inquiry.

# Level of Care / Assessment



Prod |

MMIS

Help | Print | L

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

Screen ID: AS-S-075  
 Trans ID: VFO1  
 Program ID: AST075

**VIRGINIA MEDICAID**  
**LEVEL OF CARE -INQUIRY**

Date: 10/02/2025  
 Time: 08:20  
 Page: 001 of 001

SSN: [REDACTED]  
 Last Name: [REDACTED] First Name: DORIS MI: [REDACTED] Suffix: [REDACTED]  
 Member ID: [REDACTED]

Select	Benefit Program	LOC	Admission Date	Discharge Date	Provider ID	End Reason	Change Source	Level Of Care Segment Status	Update Date
<input type="radio"/>	01	9	08 21 2025	12 31 9999	000000000	000	00	APPROVED	08/22/2025
<input type="radio"/>	01	1	10 10 2024	07 01 2025	1578518577	403	00	APPROVED	07/07/2025
<input type="radio"/>	01	2	09 22 2024	10 09 2024	1578518577	403	00	APPROVED	10/23/2024
<input type="radio"/>	01	2	09 02 2024	09 02 2024	1578518577	488	00	VOIDED	10/23/2024
<input type="radio"/>	01	1	09 01 2024	09 18 2024	1578518577	403	00	APPROVED	10/23/2024
<input type="radio"/>	01	1	08 22 2024	08 31 2024	1578518577	403	00	APPROVED	08/23/2024

Scroll Up Scroll Down

DATA DISPLAYED.

Enter Update Clear Form Refresh Name Search Member Delete LOC VALTC Sum Return Sub Menu Main Menu  
 Prov Loc Assessment Service Auth

# From the Eligibility Data Inquiry



Prod | Help

MMIS

Screen ID: RS-S-015  
Trans ID: VE15  
Program ID: RS

**VIRGINIA MEDICAID**

ELIGIBILITY DATA - INQUIRY

Date: 10/01/2025  
Time: 10:18

Member ID: [Redacted]      Consent Date: NO CONSENT      Comments: N  
 Name: [Redacted]      FPL Begin Date: 10 2025      HIPP:  
 CASE ID: [Redacted]      Renewal Date: 08/31/2026      Case FIPS: 177      HIPP Status:

S	Date	End Date	Cancel Reason	Cancel Date	Extension Reason	Reinstate Reason	Status
<input checked="" type="radio"/>	025	12 13 2023	01 01 2024	12 31 9999	000	000	001 A
<input type="radio"/>	053	12 13 2023	12 01 2023	12 31 2023	011	12 31 2023	000 C
<input type="radio"/>	053	12 13 2023	09 01 2023	11 30 2023	011	11 30 2023	000 C
<input type="radio"/>	025	04 29 2014	04 01 2014	12 31 9999	005	08 31 2023	000 C
<input type="radio"/>	802	04 15 2014	04 15 2014	04 15 2014	080	04 15 2014	000 C
<input type="radio"/>	053	06 10 2013	03 01 2013	12 31 9999	024	03 31 2014	000 C
<input type="radio"/>	056	01 05 2009	01 01 2009	12 31 2009	027	12 31 2009	000 C
<input type="radio"/>	056	01 11 2008	01 01 2008	12 31 2008	027	12 31 2008	000 C
<input type="radio"/>	056	01 08 2007	01 01 2007	12 31 2007	027	12 31 2007	000 C
<input type="radio"/>	056	12 28 2005	01 01 2006	12 31 2006	027	12 31 2006	000 C

DATA DISPLAYED.

Enter    Update    Refresh    Financial    Case    TPL Sum    Comments    Sub Menu    Main Menu  
 Case Sum    1095    Renewal Date History    Update Renewal Date

Scroll Up    Scroll Down

Select the radio button of the line eligibility

Select

# Waivers



Prod | Help

MMIS

Screen ID: RS-S-011      **VIRGINIA MEDICAID**      Date: 10/01/2025  
 Trans ID: VE11      **MEMBER BENEFITS - INQUIRY**      Time: 10:32  
 Program ID: RST011VA

Member ID: [Redacted]      Comments: N  
 Name: [Redacted]      Income Less Than Or = 100% FPL: Y  
 Case ID: [Redacted]      FPL % ST Begin Date: 08 2025  
 Caseworker: [Redacted]      Case FIPS: 700

Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Status	Extension Reason	Reinstate Reason
029	07/23/2025	08/01/2025	12/31/9999	000		A	000	001

Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-14-0901		MCO TIDEWTR	0247726836	09/01/2025	12 31 9999	00	000	A	08/19/2025
01-01-0100		MEDICAID FT	0000000000	08/01/2025	12 31 9999	DF	000	A	08/04/2025
01-01-0100	9	CCC PLUS	0000000000	08/01/2025	12 31 9999	03	000	A	08/28/2025
01-01-0300		MED PREMIUM	0000000000	08/01/2025	12 31 9999	00	000	A	08/04/2025
01-01-0400		MED CO & DE	0000000000	08/01/2025	12 31 9999	00	000	A	08/04/2025

Scroll Up    Scroll Down

DATA DISPLAYED.

Enter    Update    Prov Loc    Comments    VALTC Sum    Return    Sub Menu    Main Menu

# Waivers



Prod | [He](#)

MMIS Help | Print | Log

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

Screen ID: RS-S-011      **VIRGINIA MEDICAID**      Date: 10/02/2025  
 Trans ID: VE11      **MEMBER BENEFITS - INQUIRY**      Time: 08:54  
 Program ID: RST011VA

Member ID: [REDACTED]      Comments: N  
 Name: [REDACTED]      Income Less Than Or = 100% FPL: N  
 Case ID: [REDACTED]      FPL % ST Begin Date: 09 2025  
 Caseworker: [REDACTED]      Case FIPS: 041

Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Status	Extension Reason	Reinstate Reason
060	07/01/2016	10/01/2024	12/31/9999	000		A	000	001

Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-14-0902		MCO CENTRAL	0247725788	01/01/2025	12 31 9999	00	000	A	12/19/2024
01-14-0902		MCO CENTRAL	0247726596	11/01/2024	12 31 2024	00	709	A	10/19/2024
01-01-0100		MEDICAID FF	0000000000	10/01/2024	12 31 9999	DF	000	A	09/26/2024
01-01-0100	Y	CL WAIVER	0000000000	10/01/2024	12 31 9999	Y1	000	A	09/26/2024
01-01-0300		MED PREMIUM	0000000000	10/01/2024	12 31 9999	00	000	A	09/26/2024
01-01-0400		MED CO & DE	0000000000	10/01/2024	12 31 9999	00	000	A	09/26/2024

[Scroll Up](#)   [Scroll Down](#)

DATA DISPLAYED.

[Enter](#)   [Update](#)   [Prov Loc](#)   [Comments](#)   [VALTC Sum](#)   [Return](#)   [Sub Menu](#)   [Main Menu](#)

# Waivers



MMIS Help | Print | Lo

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

Screen ID: RS-S-011      **VIRGINIA MEDICAID**      Date: 10/02/2025  
 Trans ID: VE11      **MEMBER BENEFITS - INQUIRY**      Time: 09:03  
 Program ID: RST011VA

Member ID: [REDACTED]      Comments: N  
 Name: [REDACTED]      Income Less Than Or = 100% FPL: Y  
 Case ID: [REDACTED]      FPL % ST Begin Date: 09 2024  
 Caseworker : DSS      Case FIPS: 095

Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Status	Extension Reason	Reinstate Reason
051	11/17/2017	02/01/2018	12/31/9999	000		A	000	001

Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-14-0901		MCO TIDEWTR	0247726240	04/01/2018	12 31 2020	10	000	A	12/16/2020
01-01-0100	S	BI WAIVER	0000000000	01/31/2020	12 31 9999	S1	000	A	02/03/2020
01-01-0100	S	BI WAIVER	0000000000	11/28/2018	01 30 2020	S2	488	A	11/28/2018
01-14-0901		MCO TIDEWTR	0247726240	04/01/2018	12 31 2020	10	613	A	04/01/2018
01-14-0902		MCO CENTRAL	0247726240	04/01/2018	04 01 2018	00	624	V	04/01/2018
01-01-0100		MEDICAID FF	0000000000	02/01/2018	12 31 9999	DF	000	A	02/14/2018
01-01-0300		MED PREMIUM	0000000000	02/01/2018	02 01 2018	00	097	V	02/14/2018

[Scroll Up](#)   [Scroll Down](#)

DATA DISPLAYED.

[Enter](#)   [Update](#)   [Prov Loc](#)   [Comments](#)   [VALTC Sum](#)   [Return](#)   [Sub Menu](#)   [Main Menu](#)

# Provider Lookup



Prod | [Help](#) | [Print](#) | [Log Out](#)

MMIS

Screen ID: RS-S-011  
 Trans ID: VB  
 Program ID: RS

**VIRGINIA MEDICAID  
 MEMBER BENEFITS - INQUIRY**

Date: 10/02/2025  
 Time: 08:54

Member ID: 041-056168-018  
 Name: KIBLER JENNIFER L  
 Case ID: 041-056168-000  
 Caseworker: M1679  
 Case FIPS: 041  
 FPL % ST Begin Date:

Place the cursor on the Provider ID number and then select Prov Loc

Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Status	Extension Reason	Reinstate Reason
060	07/01/2016	10/01/2024	12/31/9999	000		A	000	001

Benefit Plan	Exception Indicator	Plan Description	Provider ID	Begin Date	End Date	Change Source	End Reason	Disposition Ind	Disposition Date
01-14-0902		MCO CENTRAL	0247725788	01/01/2025	12 31 9999	00	000	A	12/19/2024
01-14-0902		MCO CENTRAL	<del>0247725788</del>	11/01/2024	12 31 2024	00	709	A	10/19/2024
01-01-0100		MEDICAID FF	0000000000	10/01/2024	12 31 9999	DF	000	A	09/26/2024
01-01-0100	Y	CL WAIVER	0000000000	10/01/2024	12 31 9999	Y1	000	A	09/26/2024
01-01-0300		MED PREMIUM	0000000000	10/01/2024	12 31 9999	00	000	A	09/26/2024
01-01-0400		MED CO & DE	0000000000	10/01/2024	12 31 9999	00	000	A	09/26/2024

Scroll Up | Scroll Down

DATA DISPLAYED.

Enter | Update | Prov Loc | Comments | VALTC Sum | Return | Sub Menu | Main Menu



# MMIS Help Feature



Take note of the Screen ID

Click either Help button

Pro | [Help](#)

MMIS

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

Screen ID: **RS-S-018** Trans ID: VE18 Program ID: RST010VA

**VIRGINIA MEDICAID**  
MEMBER DEMOGRAPHICS - INQUIRY

Date: 10/02/2025 Time: 09:42

Member ID: [Redacted] Last Name: [Redacted] First Name: [Redacted] MI: [Redacted] Suffix: [Redacted]  
 Case ID: [Redacted] ADAPT ID: [Redacted] VaCMS ID: 2124685053 Caseworker: M0746 Case FIPS: 710 Comments: N  
 Aid Category: 018 Benefit Plan: MEDICAID FFS More BP: N Exception Indicator: [Redacted] Absent Parent: N HIPP: [Redacted] HIPP Status: [Redacted] TPL: Y  
 CMM Restriction Period: - CMM Restriction Status: [Redacted]

Relationship to Case Head: 00 Gender: F DOB: 02 12 1959 SSN: [Redacted] Marital Status: D Primary Language: 1  
 Cit Status: C Cit Level: FH Identity: FH Cit / ID Date: 01 2021 SSA Cit Ind: Y Country: US Entry Date: [Redacted]  
 Same as Case Address: N Same as Case FIPS: Y Mem FIPS: 710 EDD: [Redacted] Mother ID: [Redacted] Vet/Dep Ind: N NRF: [Redacted]  
 Phone: 919 600 7568 Disability Code: [Redacted] Disability Onset Date: [Redacted] Special Ind: [Redacted] DOD: [Redacted]  
 Race: 1 Ethnicity: OT

Member Address: [Redacted]  
 City: VIRGINIA BEACH State: VA Zip Code: 23452

Card Date	Reissue Reason	Sequence #	Card Type	Request #
10/26/2022	L	03		0
11/04/2021	I	02		0
01/27/2021	I	01	PF	0

View Member FIPS   
  View Previous Names   
  View Previous Address   
  View Aliases   
  View Health Conditions

Pend Claims: Begin Date: End Date: Pend Source:

**SELECT AN OPTION AND CHOOSE ENTER.**

Enter Update MC Assign Eligibility TDO Financial Comments Case TPL Sum ID X-Ref Sub Menu Main Menu ID/CID Dup Mem BENDEX  
 MICC Absent Parent VALTC Sum Cost Eval Case Sum Incarceration 1095 Letters

# Help – Accessing Information

The screenshot shows the Virginia Medicaid MMIS Online Help interface. On the left is a blue navigation menu with the following items: Welcome, Automated Mailings, Claims, CS-SURS, Drug, EDI, EPDST, Financial, Global, MARS, Member, and Provider. The main content area has a blue header with the word "Welcome" and a sub-header "Welcome to the Virginia Medicaid MMIS Online Help To access information, use the navigation area to the left." Below this is a large graphic of the state of Virginia with the text "Virginia Medicaid" overlaid. In the top right corner, there is a search box containing the text "RS-S-018" and a magnifying glass icon. A red box highlights the search box, and a red callout box with the text "Enter the screen ID in the search box" has an arrow pointing to the search box. In the bottom right corner of the main content area, the text "Version 2025-08-05" is displayed.

# Search Results

RS-S-018

Welcome

Automated Mailings

Claims

CS-SURS

Drug

EDI

EPDST

Financial

Global

MARS

Member

Your search for "RS-S-018" returned 223 result(s).

[RS-S-018](#)

Screens RS-S-018 Member Demographics General Information This screen displays the member's demographic information. Entry fields are protected for transactions other than a Member Create, Update, or Reinstatement. Navigation to other screens will only be allowed if the proper operator security is ...

Select your screen

**RS-S-018**

Screens RS-S-018 Member Demographics General Information This screen displays the member's demographic information. Entry fields are protected for transactions other than a Member Create, Update, or Reinstatement. Navigation to other screens will only be allowed if the proper operator security is ...

[Recipient Screens/RS-S-018.htm](#)

**RS-S-046**

Screens RS-S-046 Member Request Data Maintenance General Information This screen allows entry of input data required for the following processes: Withdrawn Provider, Re-create HMO Enrollment File, Managed Care Eligible Member Extract, Service authorizations for Preassigned Members, Members in ...

[Recipient Screens/RS-S-046.htm](#)

**RS-S-001**

Screens RS-S-001 Enrollment Menu General Information Screen to facilitate Inquiry, Create and Update functions accessing Member tables. Navigation to other screens will only be allowed if the proper operator security is present. [Field Definitions](#) [Error Messages Screen Access](#)

[Recipient Screens/RS-S-001.htm](#)

**RS-S-006**

Screens RS-S-006 Member Financials General Information This screen displays member's latest patient pay information. Navigation to other screens will only be allowed if the proper operator security is present. [Field Definitions](#) [Error Messages Screen Access](#)

# Help – Member Screen Field Definitions (Ex: Aid category)

## Screens RS-S-018 Member Demographics

### General Information

This screen displays the member's demographic information. Entry fields are protected for transactions other than those allowed if the proper operator security is present.

SOURCE/ORIGINATOR	DMAS authorized staff.
USAGE	Inquiry, Update, Add
PROGRAM	<a href="#">RSR440</a> <a href="#">RST010</a>
MAPSET	RS018VA
TRAN ID	VE18-Inquiry/VEC8-Create ID/VEE8-RE-SET ID/VES8

Sample of the screen is displayed and field definitions

SAMPLE **Member Demographics (RS-S-018)**

MEMBER

Screen ID: RS-S-018  
Trans ID: VE18  
Program ID: RST010VA

**VIRGINIA MEDICAID MEMBER DEMOGRAPHICS - INQUIRY** Date: 11/22/2017 Time: 15:30

Member ID: 001-042699-043  
Case ID: 001-042699-001  
Aid Category: 002

ADAPT ID: 006700199  
Benefit Plan: MEDICAID FFS  
Move BP: N  
Exception Indicator: CMM Restriction Status:

Last Name: HANDY  
First Name: JAHKEECE  
Case FIPS: B10  
MI: Suffix: Comments: N  
TPL: N

SSN: 693 14 4122  
DOB: 12 23 2009  
Cit / ID Date: EDD: Mother ID: 901021270039  
Country: US  
Entry Date: N  
HPP: HPP Status: DOB:

Marital Status: 1  
Primary Language: 1

Relationship to Case Head: 02  
Cit Status: C  
Same as Case Address: N  
Phone: 757 675 4015  
Race: 2  
Incr Types: Incr Begin Date: Incr End Date: Incr Status:

Member Address: 811 PENCIL BOX WAY  
City: VIRGINIA BEACH State: VA Zip Code: 23462 1070

Suppress ID Card: N

Card Date	Reissue Reason	Sequence #	Card Type	Request #:
12/29/2009	1	01		

View Member FIPS View Previous Names View Previous Address View Aliases View Health Conditions

Pend Claims: Begin Date: End Date: Pend Source:

SELECT AN OPTION AND CHOOSE ENTER.

Enter Update MC Assign Eligibility TDD Financial Comments Case TPL Sum ID X Ref Sum Letters

Field Definitions			
#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructi
1	ENROLLEE ID Enrollee Permanent Identification Number ( <a href="#">DE3093</a> )	Edits: Displays Enrollee's identification number.	The DM together  The DM together Enrollee
2	(LINK INDICATOR) Calculated ( <a href="#">DE0002</a> )	Edits: Displays a 'P' if Enrollee ID currently has other IDs linked to it. Displays an 'A' if the Enrollee ID is linked to another Enrollee ID. Otherwise, a space is displayed. Messages:	Displays is linked Displays is linked
3	ADAPT ID Enrollee ADAPT/VACIS Client Identification Number ( <a href="#">DE3096</a> )	Edits: Initialized to zeros. If entered, must be numeric. For creates and reinstates, must be entered and greater than zero if program designation code is 71 or 73. Messages: Missing/Invalid data, please correct highlighted fields	The unic  The unic entered, program ADD (C If progra blank. UPDAT Type ov
4	VaCMS ID Enrollee VaCMS Client Identification Number ( <a href="#">DE3955</a> )	Edits: Initialized to zeros. If entered, must be numeric.  Message: Missing/Invalid data, please correct highlighted fields	The unic  The unic entered,
5	AID CATEGORY Enrollee Eligibility AID Category ( <a href="#">DE3009</a> )	Edits: Displays Enrollee's aid category.	Also kno code. Th adminis Plans.  Also kno code. Th adminis Plans. S

Click the blue hyperlink for additional details

# Help – Field Definition Example for Exception Indicator (DE3072)

## Data Elements 3009 Enrollee Eligibility Aid Category

### General Information

Also known as Recipient Program Designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS- administered programs. It is also used to identify an enrollee's eligibility for certain Benefit Plans.

Subsystem:	Recipient
Business Name:	N/A
Reference Name:	C_AID_CATG
Cobol Picture:	X(3)
DB2 Data Type:	CHAR(03)
Range:	000 - 999

### Business Rules

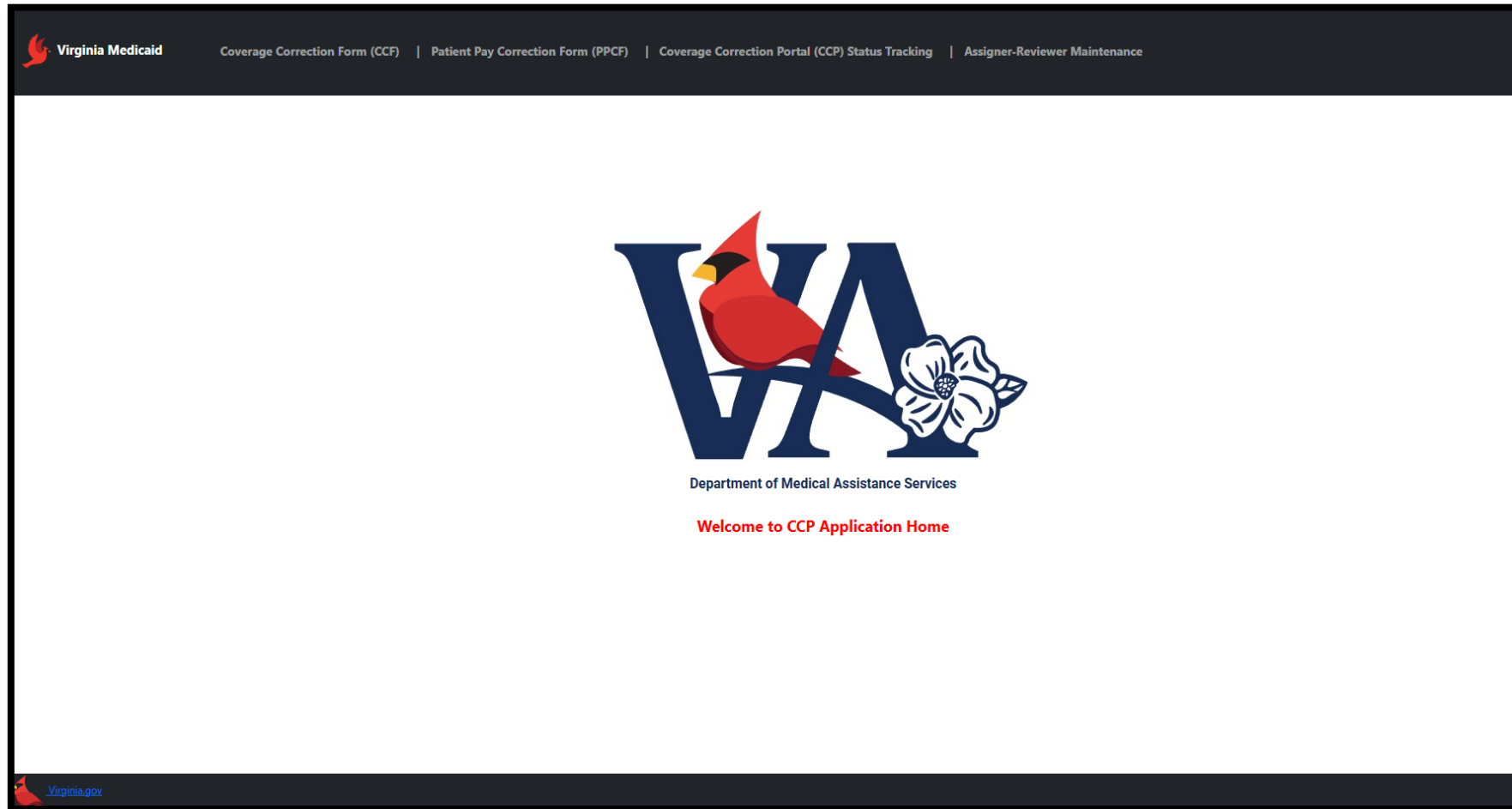
Cross Field(s) Edit	Valid entries for the subject field depend upon the value of an associated field or fields as defined.
Field Required	This field is required.
Valid Code	The data element must contain either a valid code (as defined by the domain / lookup table), or a blank.

### Valid Values Description

CWO	CCC COMMUNITY WELL AGE > 64
CWU	CCC COMMUNITY WELL AGE < 65
HOR	ACUTE CARE HIPP AGE 00-99
HOS	ACUTE CARE HIPP AGE 00-99
HOT	ACUTE CARE HIPP AGE 00-99
H0Y	ACUTE CARE HIPP AGE 00-99

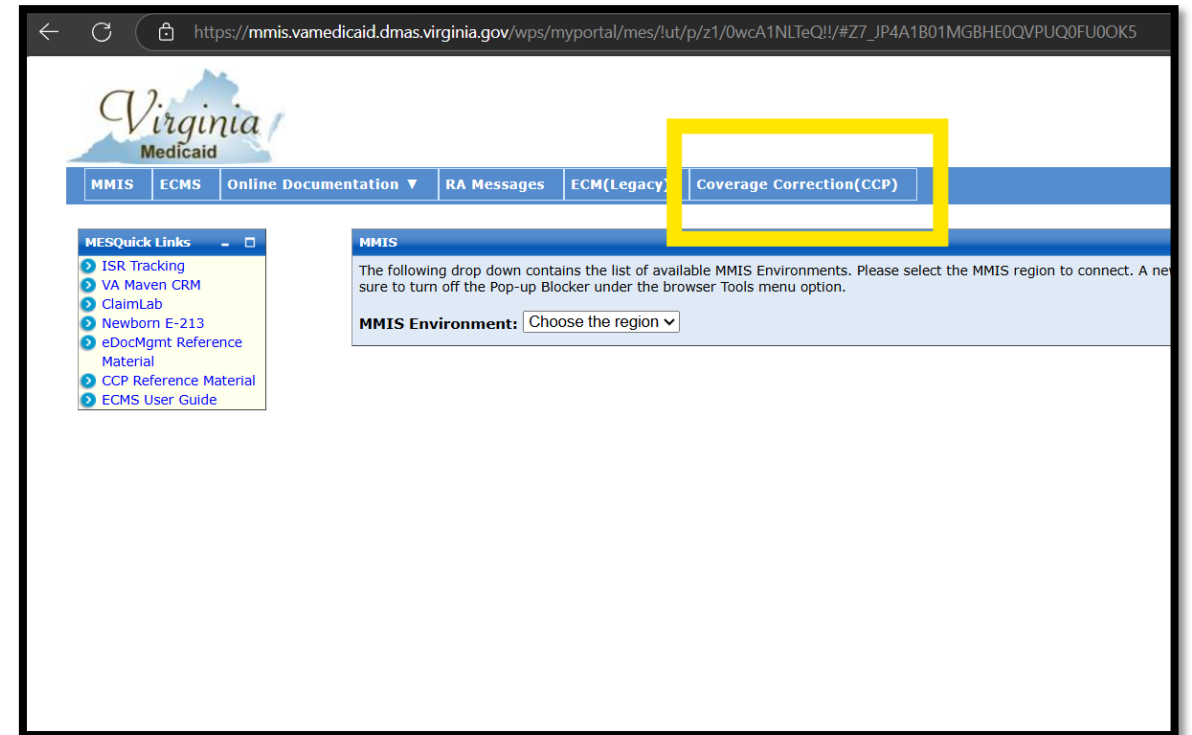
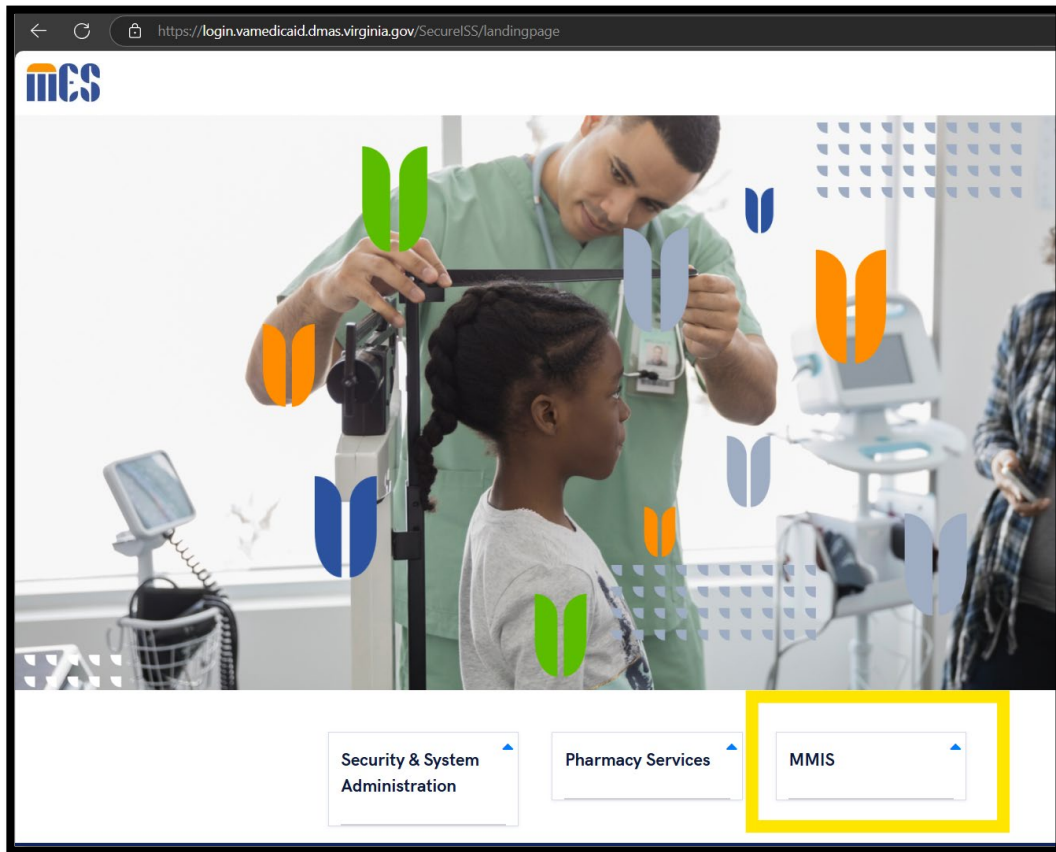
008	FAMIS Child under age 6, income>133% poverty and <=150% poverty.
009	FAMIS Child 6-19 years old, income>133% poverty and <=150% poverty
010	FAMIS Deemed Newborn <1 year old
011	Aged SSI Recipient - Includes Dually Eligible QMB
012	Aged AG Recipient - Includes Dually Eligible QMB
014	FAMIS DEEMED NEWBORN ABOVE 150% FPL
018	MN Aged; December 1973 Individual ; Not Also QMB
020	Aged - Individual in Medical Institution or receiving Wavered Services with income <=300% SSI; Hospice Recipient; Not also QMB.
021	Aged - Protected Covered individual; Former Money Payment Recipient - August 1972; Former SSI/AG Recipient; Protected Widow(er); Qualified Severely Disabled Individual; Protected Adult Disabled Child.
022	Aged - Individuals in Medical Institution or receiving Wavered Services with Income <=300% SSI; Hospice Recipient. Includes Dually Eligible QMB.
023	Aged - QMB Only
024	M/N-Aged SLMB Plus
025	300% SSI Aged SLMB Plus
028	MN Aged Individual - December 1973 Individual; Dually Eligible QMB
029	Aged, 80% FPL Group. Includes Dually Eligible QMB.
031	Blind SSI Recipient - Includes Dually Eligible QMB.
032	Blind AG Recipient - Includes Dually Eligible QMB.
035	Presumptive Eligibility Adult (Pregnant), Age range 19 but less than 57
038	MN Blind Individual; December 1873 Individual; Not also QMB.
039	Blind, 80% FPL Group. Includes Dually Eligible QMB.
040	Blind - Individual in Medical Institution or WS with income <=300% SSI; Hospice Recipient; Not also QMB
041	Blind - Protected Covered Individual; Former Money Pymt Recipient - August 1972; Former SSI/AG recipient; Protected Widow(er); Qualified Severely Disabled Individual; Protected Adult Disabled Child.
042	Blind - Individual in Medical Institution or receiving Wavered Services with Income <=300% SSI; Hospice Recipient in Medical Facility. Includes Dually Eligible QMB.
043	Blind - QMB only.
044	M/N-Blind/Disabled SLMB Plus
045	300% SSI Blind/Disabled SLMB Plus
048	MN Blind - Blind Individual; December 1973 Individual; Dually Eligible QMB.
049	Disabled, 80% FPL Group. Includes Dually Eligible QMB.
051	Disabled SSI Recipient. Includes Dually Eligible QMB
052	Disabled AG Recipient. Includes Dually Eligible QMB.
053	Special Low Income Medicare Beneficiary (SLMB).
054	Hospice Individual.
055	Qualified Disabled Working Individual (QDWI).
056	Qualified Individual (QI1).
057	Qualified Individual (QI2) Note: this group ended 12-31-02.
058	MN Disabled Individual; December 1973 Individual; Not also QMB.
059	AC 059 - MEDICAID WORKS, Disabled, 80% FPL Group. Includes Dually Eligible QMB.
060	Disabled - Individual in Medical Institution or receiving Waiver Services with income <= 300% SSI; Hospice recipient in Medical Facility. Not also QMB.
061	Disabled - protected Covered Individual; Former Money Payment Recipient--August 1972; Protected Widow(er); Qualified Severely Disabled Individual; Protected Adult Disabled Child. Includes Dually Eligible QMB.

# Coverage Correction Portal



The screenshot shows the homepage of the Virginia Medicaid Coverage Correction Portal. At the top left, the Virginia Medicaid logo is displayed. To its right, a navigation bar contains links for "Coverage Correction Form (CCF)", "Patient Pay Correction Form (PPCF)", "Coverage Correction Portal (CCP) Status Tracking", and "Assigner-Reviewer Maintenance". The main content area features the Virginia state logo, which consists of the letters "VA" in a dark blue serif font. A red cardinal is perched on the letter "A", and a white flower is positioned to the right of the "A". Below the logo, the text "Department of Medical Assistance Services" is centered. Underneath that, the text "Welcome to CCP Application Home" is centered in red. At the bottom left of the page, there is a small logo and the text "Virginia.gov".

# How to Access



# Coverage Correction Form

Virginia Medicaid | Coverage Correction Form (CCF) | Patient Pay Correction Form (PPCF) | Coverage Correction Portal (CCP) Status Tracking | Assigner-Reviewer Maintenance | Logged in user E | Log out

MMIS COVERAGE CORRECTION REQUEST

All textboxes in red are required on 'Ready for Review' submission

[User Guide](#)

Urgent Processing Requested

Urgency Justification:\*  
Select Justification

CCP Form #:

**SECTION 1: General**

Requestor's Name: \*  
[Redacted]

Requestor's e6code:\*  
[Redacted]

Date:\*  
07/03/2025

Requestor E-mail:\*  
[Redacted]

Direct Phone #:\*  
[Redacted]

Ext:  
Ext

Supervisor e6code:\*  
[Redacted]

Supervisor Name:\*  
[Redacted]

Supervisor Email:\*  
[Redacted]

VCC Ticket Number:  
YES

Locality:\*  
[Redacted]

Region:\*  
[Redacted]

Ticket Number:  
INQ  
The ticket number must be 3 letters followed by 7 digits.

**SECTION 2: Requested Correction**

# Coverage Correction Form

SECTION 2: Requested Correction

CORRECTION TYPE:	REQUIRED SECTIONS
<input type="radio"/> Add new member to existing case.	4, 5, 9
<input type="radio"/> Add new case and new member.	4, 5, 8, 9
<input type="radio"/> Demographic Change/Update.	4, 9
<input checked="" type="radio"/> Duplicate Member Link.	6
<input type="radio"/> Incarceration/Release.	4, 5, 7
<input type="radio"/> Limited to Full Coverage.	4, 5
<input type="radio"/> Period Older than 12 Months.	4, 5
<input type="radio"/> Other – Specify below	4, 5

SECTION 3. Member Details

Last Name:* MANS	First Name:* POKEY	Mi 	Suffix Select Suffix
Social Security Number:* 232	MMIS Case #:* 999999999999	MMIS Member ID:* XXXXXXXXXX	
Entry should be numeric and in 999-99-9999 format.			
VaCMS Case #:* XXXXXXXXXX	VaCMS Client ID:* XXXXXXXXXX		

SECTION 6. Duplicate Member Link

MMIS Member ID #		
Last Name	MANS	
First Name	POKEY	
SSN	232	XXX-XX-XXXX

Comments

[Save](#) [Ready For Review](#) [Reset](#) [Cancel](#)

# Patient Pay Correction Form

licaid Coverage Correction Form (CCF) **Patient Pay Correction Form (PPCF)** Coverage Correction Portal (CCP) Status Tracking | Assigner-Reviewer Maintenance

MMIS PATIENT PAY CORRECTION REQUEST

All textboxes in red are required on 'Ready for Review' submission

[User Guide](#)

Urgent / Same Day Void Processing Requested

Form #: \_\_\_\_\_ Date: \* 07/08/2025

### DMAS - ELIGIBILITY POLICY AND OUTREACH DIVISION

#### Member Information

First Name *	Last Name *	Middle Initial
<input type="text" value="FIA"/>	<input type="text" value="WERK"/>	<input type="text" value="MI"/>
MMIS Member ID *	Member SSN *	Date of Death
<input type="text" value="MMIS Member ID"/>	<input type="text" value="Member SSN"/>	<input type="text" value="mm/dd/yyyy"/>
Aid Category *	VaCMS Case *	
<input type="text" value="Select Aid Category"/>	<input type="text" value="VaCMS Case"/>	

#### Type of Institution

Type of Institution	Entry Date	Discharge Date
<input type="checkbox"/> CBC	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
<input type="checkbox"/> Nursing Facility	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
<input type="checkbox"/> PACE	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>

#### Correction Type Requested

Incorrect Patient Pay

End of Patient Pay Effective

Representative Patient Pay

# Status Tracking



CCP STATUS TRACKING												
10 entries per page										Search: <input type="text"/>		
Urgent	Requestor	Supervisor	DMAS Reviewer	Form #	Form Type	Correction Type	Status	Status Date	Member	Locality	Comments	Action
Y	E60FD BENZIZAR, NICOLE	E6AAR HOLDER, HEATHER M.	E6LUR HAIRSTON, MERVL	3130	CCF	CCF8	Returned	2025-09-25	[REDACTED]	59	<a href="#">Comment Link</a>	
	E6RPM FINK, LAURA	E6RPS MAJANO, KEVIN		<a href="#">3129</a>	CCF	CCF8	Ready	2025-09-24		59	<a href="#">Comment Link</a>	<a href="#">Assign</a>
	E6KJE PEKANYANDE, MAMIE	E6WTE CLARKE, CHERIE	E61Y8 ALEXANDER, MELINDA	3128	CCF	CCF4	Returned	2025-09-25		760	<a href="#">Comment Link</a>	
	E6OEE HARMON, DAWN M	E6BNO LAING, CRYSTAL A		<a href="#">3127</a>	CCF	CCF8	Ready	2025-09-24		197	<a href="#">Comment Link</a>	<a href="#">Assign</a>
	E6KKT PARKER-TURNER, SHA.	E6KKT PARKER-TURNER, SHA.		<a href="#">3126</a>	CCF	CCF7	Ready	2025-09-24		810	<a href="#">Comment Link</a>	<a href="#">Assign</a>
	E6LB7 RENEE LUND	E6CRH EWEN, CATRINA M		<a href="#">3125</a>	CCF	CCF6	Ready	2025-09-24		683	<a href="#">Comment Link</a>	<a href="#">Assign</a>
	E6XXC BRITTNEY N BINGHAM	E6XSJ GRESHAM, TARA	E6XYM MALY, SERAFIMA	3124	CCF	CCF5	Returned	2025-09-25		173	<a href="#">Comment Link</a>	
Y	E6KED CONSTANTINO, MARIA	E6VMV QUERBES RIOS, SOFIA	E6YIW BROOKS, NIKITA	3123	CCF	CCF8	Completed	2025-09-25		59	<a href="#">Comment Link</a>	
	E6KBJ JONES, LINDSEY	E6J71 TUCKER, TAMMY M	E61Y8 ALEXANDER, MELINDA	3122	CCF	CCF4	Returned	2025-09-25		177	<a href="#">Comment Link</a>	
	E6KBJ JONES, LINDSEY	E6J71 TUCKER, TAMMY M	E61Y8 ALEXANDER, MELINDA	3121	CCF	CCF4	Completed	2025-09-25		177	<a href="#">Comment Link</a>	

Showing 91 to 100 of 2,703 entries

« < 1 ... 9 10 11 ... 271 > »

# Automated E-mails

CCP Services - Form Returned

 VirginiaMedicaidCCPApplication@conduent.com  
To  Anthony, Alexandra (DMAS)

**This message was automatically created by CCP Service**



ANTHONY.ALEXANDRA




Form ID: 41 has been returned for update., with following Comment

Comment:Coverage correction for Exampley McSampleface is being returned for additional information.

**Note:** This is an auto-generated email, Please do not reply.

CCP Services - Form Completed

 VirginiaMedicaidCCPApplication@conduent.com  
To  Anthony, Alexandra (DMAS)

  Reply  Reply

**This message was automatically created by CCP Service**

ANTHONY.ALEXANDRA

Form ID: 84 has been completed. , with following Comment

Comment:Marked complete by A Anthony.

**Note:** This is an auto-generated email, Please do not reply.

# Questions?

