

PCP SUBSYSTEM ONLINE ERROR MESSAGES AND EDITS**CORRECTION LINE NUMBER IS OUT OF RANGE**

The correction line number must be between 01 and 95.

CROSS DISTRICT CORRECTIONS OR DELETIONS NOT ALLOWED

Corrections or deletions may only be performed on PCP records in the transaction district.

ERROR RETURN FROM MONDAY GENERATION ROUTINE - (99)

There is an internal system-related problem. Document and contact WMS Operations Hotline.

INSUFFICIENT SYSTEM AREA FOR FURTHER ENTRIES FOR CIN

All internal storage areas have been filled. System will accept no further transactions for this CIN.

INSUFFICIENT SYSTEM AREA FOR THIS TRANSACTION

System encountered a storage problem. Document and contact WMS Operations Hotline.

MA COVERAGE NOT FOUND

Individual has no MA coverage

NO CORRECTIONS, DELETIONS, OR ADDITIONS ENTERED

A blank screen was transmitted. Enter a correction, deletion or addition.

NO MATCH ON PCP ID AND/OR FROM DATE FOR DELETION

The PCP ID No. and/or FROM data to be deleted not found.

NO UPDATES POSTED FOR ATTEMPTED STORE (Applied to Ctrl+F3)

Ctrl+F3 was pressed but there was no data to store.

DISENROLL/DELETE ALLOWED ONLY-OLD CIN ENTERED - NEW CIN IS ...

If a CIN has been unduplicated, the new CIN will be displayed.

PLEASE USE CANCEL (F-12) INSTEAD OF 'DL' TO REMOVE UNSTORED LINES

Use Cancel (Ctrl+F2) to delete a line that has not been stored.

SECURITY VIOLATION/F13 NOT ALLOWED

The USERID/PASSWORD entered is not authorized to store data.

THIS INDIVIDUAL ACTIVE ON REST/EXC SYSTEM - PCP ENTRY NOT ALLOWED

The individual accessed is active on the restriction/exception subsystem and therefore cannot be assigned a PCP.

CLIENT EXCLUDED FROM MANAGED CARE

If an RRE 90 exists and No MC enrollment exists, no updates are allowed.

CLIENT EXCLUDED FROM MANAGED CARE (MCR)

MC enrollment is not allowed into a Medicare excluded provider if Medicare A or B or Other insurance is on file.

CLIENT EXCLUDED FROM MANAGED CARE (TPHI) - (Upstate Only)

MC enrollment is not allowed into a Dual Eligible provider or Medicare excluded provider if Other insurance is on file.

LTC ENROLLMENT NOT ALLOWED-ACTIVE RRE OR COVERAGE ERROR

If an RRE 23, 50, 51, 55, 56, 58, 59, 60, 62-71, 72-74, 78, 81, 83, K1-K7 is on file, an LTC enrollment is not allowed.

If an RRE 35 is on file, a PACE enrollment is not allowed.

If an RRE 38, 44, 45, 46-49 is on file, an LTC enrollment is not allowed, EXCEPT for FIDA-IDD (BP=80).

If Coverage is 20 or 24, an LTC enrollment is not allowed.

MC ENROLL NOT ALLOWED - INVALID CAT-CD W/ COV

MC enrollment is not allowed with Cat-Cd 37, 76, or 81.

ENROLLMENT NOT ALLOWED FOR ROSTER CLIENT

If Card-code R is on file and R/E N1-N7 is on file, enrollment must be into a PMHP or a LTC plan OR
If Card Code R is on file and R/E K8 AND K9 are on file, Mainstream Managed Care enrollment is allowed.

001 - PROVIDER NUMBER MUST BE NUMERIC

If Provider ID is entered, it must be numeric.

002 - PROVIDER NUMBER NOT KNOWN TO SYSTEM

If a Provider ID is entered, then Provider ID Number must be on Provider List.

003 - PROVIDER NUMBER NOT VALID FOR THIS DISTRICT

Provider ID Number must be that of a PCP provider.

004 - CAP CODE MUST BE '0' WHEN PROVIDER NUMBER NOT ENTERED

If Provider ID Number is not entered, then Capitation Code must be 0.

005 - IF PROVIDER NUMBER ENTERED, FROM DATE, BP CODE, CAP CODE, AND REASON CODE MUST ALSO BE ENTERED

If Provider ID Number is entered, then PCP FROM Data, Benefits Package Code, Capitation Code and Reason Code must all be entered.

006 - IF PROVIDER NUMBER NOT ENTERED, BP CODE, FEE FLAG AND GUARANTEE THRU DATE MAY NOT BE ENTERED

If Provider ID Number is not entered, then Benefits Package Code, Fee Flag and Guarantee THRU Date must not be entered.

007 - PCP FROM DATE IS INVALID

If PCP FROM Date is entered, it must be a valid calendar date.

008 - NO VALID MA COVERAGE EXISTS FOR THE DATE ENTERED

If PCP FROM Date is entered, then a valid MA-Coverage Record must exist.

009 - PCP FROM DATE MUST BE FIRST DAY OF THE MONTH

If PCP FROM Date is entered and the day is not 01, then Capitation Code must be 0.

010 - PCP FROM DATE MAY NOT BE EARLIER THAN JANUARY 1985

If PCP FROM Date is entered, it must not be earlier than January 1, 1985.

011 - PCP FROM DATE MAY NOT EXCEED FOUR MONTHS BEYOND TRANSACTION MONTH

If PCP FROM Date is entered, it must not exceed the transaction date month by more than 4 months.

013 - ENTERED PCP FROM DATE ALREADY ON FILE

If PCP FROM Date is entered, then there must not be an existing PCP record with the same PCP FROM date.

014 - RECORD WITH CAP CODE OF '0' ALREADY ON FILE FOR THE ASSOCIATED ENROLLMENT

Records with two consecutive Capitation Codes of 0 are not allowed.

015 - PCP FROM DATE FALLS WITHIN THE GUARANTEE PERIOD OF THE ASSOCIATED ENROLLMENT

If Capitation Code is '0', then the PCP FROM Date must not be later than or equal to the PCP FROM Date of the initial entry and must be earlier than the Guarantee THRU Date of the initial entry of this PCP..

016 - BENEFITS PACKAGE CODE IS INVALID

The Benefits Package Code must be valid.

017 - CAPITATION CODE IS INVALID

If Capitation Code is entered, it must be 0 or 3.

018 - IF CAP CODE IS '0', PROVIDER NUMBER, BP CODE, FEE FLAG AND GUARANTEE THRU DATE MUST NOT BE ENTERED

If Capitation Code is 0, then Provider ID, Benefits Package Code, Fee Flag and Guarantee THRU Date must not be entered.

019 - IF CAP CODE IS '0', PCP FROM DATE AND REASON CODE MUST BE ENTERED

If Capitation Code is 0, then PCP FROM Date and Reason Code must be entered.

020 - PROVIDER INVALID FOR ENROLLMENT PERIOD ENTERED

021 - GUARANTEE THRU DATE IS INVALID

022 - GUARANTEE THRU DATE MUST BE THE LAST DAY OF THE MONTH

If Guarantee THRU Date is entered, it must be the last day of the month.

023 - GUARANTEE THRU DATE MAY NOT BE EARLIER THAN THE FROM DATE OF THE INITIAL ENROLLMENT IN THAT PCP

If Guarantee THRU Date is entered, it must not be earlier than the PCP FROM Date of the initial enrollment record for this PCP.

024 - GUARANTEE THRU DATE MAY NOT BE LATER THAN 6 MONTHS FROM THE PCP FROM DATE OF THE INITIAL ENROLLMENT IN THAT PCP

If Guarantee THRU Date is entered, it must not be later than 6 months after the PCP FROM Date of the initial enrollment record of this PCP.

025 - BP CODE, CAP CODE, REASON CODE, FEE FLAG AND GUARANTEE THRU DATE MUST NOT BE ENTERED FOR DELETE TRANSACTION

If Correction Line is DL (DELETE), then Benefits Package Code, Capitation Code, Reason Code, Fee Flag and Guarantee THRU Date must not be entered.

026 - CAP CODE '0' MAY NOT BE ENTERED IF NO ACTIVE PCP ENROLLMENT

If Capitation Code is 0, then there must be an existing PCP record which is not a deletion or correction record.

027 - GUARANTEE THRU DATE MAY NOT BE LATER THAN THE CURRENT GUARANTEE THRU DATE

If Guarantee THRU Date is entered, than any existing PCP records which are not deletion or correction records:

Must not have a PCP FROM Date later than the entered PCP FROM Date and

Must not have a Guarantee THRU Date that is earlier than the entered Guarantee THRU Date

028 - GUARANTEE THRU DATE MAY NOT BE EARLIER THAN A GUARANTEE THRU DATE PRIOR

If Guarantee THRU Date is entered and a Correction Line No. is not entered, than any existing PCP records which are not deletion or correction records:

Must not have a PCP FROM Date earlier than or equal to the entered PCP FROM Date and

Must not have a Guarantee THRU Date Provider ID is entered, it must be numeric.

030 - ENTRY OF GUARANTEE DATE NOT ALLOWED FOR THIS PROVIDER

Guarantee THRU Date must not be entered if Provider ID number is 00477078, 00477087, 00477096, 00477110, 00477129, 00477138 or 00477147.

032 - PCP EFFECTIVE DATE EXCEEDS MA COVERAGE TO DATE ON UPDATED MA COVERAGE HISTORY RECORD

The PCP Effective Dates must fall within the range of the MA Coverage TO Date on any updated MA Coverage record. Adjust PCP Effective Dates to fall within Coverage.

034 - IF CAP CODE EQUALS '0', PCP FROM DATE MUST BE LESS THAN OR EQUAL TO EFFECTIVE FROM DATE

If the Capitation Code is 0, then the PCP FROM Date must be less than or equal to the PCP Effective FROM Date. Adjust the PCP FROM Date to be less than/equal to the Effective FROM Date.

036 - NO VALID MA COVERAGE FOR CASE NUMBER ENTERED (NYC ONLY)

A NYC non-services case must have valid MA Coverage for its Case Number to be accessed.

037- PENDING RECORD EXISTS WHICH WAS NOT CREATED BY PCP TRANSACTION. PCP INPUT NOT ALLOWED.

A pending record from any non-PCP medical assistance subsystem must be deleted before PCP input can be accepted by the system. Delete the pending record.

038 - REASON CODE INVALID FOR THIS TRANSACTION

The reason code input was not valid for this transaction type. The user must enter a valid reason code.

039 - ENHANCED FEE FLAG MUST EQUAL 'Y', 'N', OR SPACES

The valid set of values for the enhanced fee flag is 'Y', 'N', or spaces. All other input will be rejected.

040 - PCP EFFECTIVE DATE (+ 6 MONTHS) EXCEEDS MA COVERAGE TO DATE

The PCP Effective Date plus 6 months cannot exceed the Medical Assistance Coverage TO Date. The PCP Effective period (PCP Effective Date plus 6 months) goes beyond the MA Coverage TO Date. The user must change the PCP Effective Date or extend the MA Coverage TO Date.

041 - BENEFITS PACKAGE CODE = 70 AND CATEGORICAL CD = 57 OR 58 OR 59

The Benefits Package Code of 70 cannot be assigned when the Categorical Code is not 57, 58, or 59.

042 - CATEGORICAL CD = 57 OR 58 OR 59

For PCP transactions, the Categorical Code cannot be equal to 57, 58, or 59. The categorical code must be changed.

043 - BENEFITS PACKAGE CODE = 70 AND PCP FROM DATE < 10/01/2001 or >12/31/14

The Benefits Package Code has been set to 70 and the PCP From Date < 10/01/2001 or > 12/31/14. This Benefits Package Code was not effective until 10/01/2001 and cannot be used prior to that date. **This BP code is no longer effective after 12/31/14 and cannot be used after that date.**

044 - PCP CAP CODE =3 AND CASE TYPE = 21

The PCP Cap Code cannot be 3 when the Case Type is 21 (Medicaid Presumptive Eligibility).

045 - MA COVERAGE EXISTS FOR AID CATEGORY 80

MA Coverage cannot be established if the individual has an Aid Category of 80. The Aid Category must be changed.

046 - DISENROLL ALLOWED ONLY - OLD CIN ENTERED

If the individual has a new CIN Number and the user has entered their old CIN number, the only transaction that can be done using the old CIN Number is a disenroll.

047 - NO MC ENROLL - DUALY ELIGIBLE < AGE 21

No Managed Care enrollment has occurred even though the individual is eligible and under the age of 21.

048 - INVALID GUARANTEE DATE ENTERED

Any changes to a Guarantee Date must be less than existing Guarantee Date.

049 - COVERAGE CODE 06 AND RVI = 1, 2, OR 4 MUST HAVE PARTIAL LTC ENROLLMENT

When RVI equals 1, 2, or 4 and ICC equals 10, 11, or 12 and Coverage equals 06 the Managed Care Provider must be a **PARTIAL LTC** Provider

050 - MLTC MUST HAVE CT 20 AND RVI=1, 2, OR 4 (NYC ONLY)

Enrollment in a Managed Long Term Care Plan requires a Case Type 20 and an RVI equal to 1, 2 or 4.

052 - UNIQUE REASON CODE REQUIRED FOR THIS WORKER ID

Reason code 08 is limited to specific worker ID assigned to limited State staff.

053 - PCP FROM DATE SHOULD BE GREATER THAN PP CLOSE DATE FOR R/E N1-N6

If NH client is enrolled in MC, the PP code should be set to 00 before MC coverage starts.

054 - BENEFITS PACKAGE CODE = 77 AND PCP FROM DATE < 1/01/2015

The Benefits Package Code has been set to 77 and the PCP From Date < 1/1/2015. The Benefits Package Code will not be effective until 1/01/2015 and cannot be used prior to that date.

055 - BENEFIT PACKAGE NOT VALID FOR THIS WORKER ID

BP = 77 can only be entered by designated State or Enrollment Broker staff.

056 - INCOMPATIBLE WORKER ID AND USER ID

FIDA worker ID "NYMAX" is only allowed for designated State or Enrollment Broker staff.

057 - NO MC ENROLL - R/E 'S1' - MMC EXCLUDED

MC enrollment is not allowed with an R/E S1 on file.

060 - BENEFITS PACKAGE CODE = 80 AND PCP FROM DATE < 01/01/2016

The Benefits Package Code has been set to 80 and the PCP From Date < 01/01/2016

061 - MC NOT ALLOWED WITH CAT CODE 50

MC enrollment is not allowed with Cat Code 50