

**File Transfer Application**  
**Common Error and Warning Messages**  
**Revision: March 26, 2008**

The file transfer edit program looks at each record in the file. It will validate all information in the file. If there is a problem with the information, it will generate an error message and reject the record. All error messages should be reviewed. If there is a situation that **may** present a problem, a warning message is issued. Warning messages are informational only and do not affect the acceptance of the record. All warning messages should be reviewed to assure that no problems exist.

All errors and warnings are coded with an “error number”. Each “error number” corresponds to a unique message. The messages below are the most common messages that you will receive. If you receive a different message, you may contact the Office of Pool Administration at (315) 671-3800, for more information.

**Error Messages** – These will prevent a record from being accepted.

**215 - Payor is Not Elected.** This means that the payor is not elected into the pool. We cannot accept any reports from payors who are not in the pool. If you believe this company has elected into the pool, check the federal Id number and make sure it is the number that they elected into the pool with. A list of elected companies is posted on the web at [www.health.state.ny.us/nysdoh/hcra/elector.htm](http://www.health.state.ny.us/nysdoh/hcra/elector.htm).

**218 - Payor Filing Status not found for #####.** This means that there is a problem with this payors’ filing status for the pool year specified in the message. The pool year for the missing filing status is displayed by the “#####” in the message. You must notify the Office of Pool Administration to resolve this issue.

**220 - Payor is Not Effective for this Report Month.** This means that the payor is not yet effective with the pool. For example, if the payor elected into the pool as of July 2003, we cannot accept a report for a month prior to July 2003.

**222 - Payor is Not Effective for this Pool Year.** This means we cannot accept a report from a pool year prior to when the payor elected into the pool. Also, we cannot accept a report for a year after they left the pool. For example, if the payor elected into the pool as of January 2003, we cannot accept a report for a pool year prior to 2003.

**236 – An Annual payor cannot submit a Monthly report after the Annual Due Date.** This means we cannot accept a monthly report from an annual payor past the due date for the annual report for any month during that same year. For example, if the payor is an annual filer for the 2007 pool year, we cannot accept a monthly report for any month in 2007 after the due date of the 2007 annual report.

**237 – An Annual report has been submitted for a monthly payor. Annual report is not allowed.** This means we cannot accept an annual report from a payor that has a monthly filing obligation.

**252 – No Covered Lives lines found for Rate Period #.** This means there are no covered lives records for the rate period displayed in the message. The rate period is displayed by the “#” in the message. The rate period can be “1” or “2”. This normally occurs for the 2007 pool year where we require two covered lives records. Rate period “1” covers the period from January 2007 through March 2007. Rate period “2” covers the period from April 2007 through December 2007.

**262 - Invalid Covered Lives Line - # for a Current Pool Year.** This means that the covered lives line number is invalid for this pool year. The invalid line number is displayed by the “#” in the message. Valid line numbers for a current year pool year are “A, B, C, D, F, G, K, L, and #”. If you are using a check box, the line number would be “#”. If you use the line “letters”, you must include all “letters”( A, B, C, D, F, G, K, and, L).

**264 - Invalid Covered Lives Line - # for a Prior Pool Year.** This means that the covered lives line number is invalid for this pool year. The invalid line number is displayed by the “#” in the message. Valid line numbers for a prior pool year are “M, N, and #”. If you are using a check box, the line number would be “#”. If you use the line “letters”, you must include both “letters”(M and N).

**282 – Covered Lives reported separate flag is no longer valid.** This means that the value in column 117 in the covered lives record is ignored. We no longer accept separate sections of the report. Either the payor **or** the TPA has to report both the patient services section **and** the covered lives section of the report.

**290 – Invalid Covered Lives Detail – Missing Appropriate Flag.** This means that you have indicated that you will be using a covered lives flag, but no flag is present. The covered lives flags are in columns 115 or 116 and are used if the line value in column 18 is “#”.

**300 – Invalid Covered Lives Detail – Multiple Flags.** This means that you have indicated that you will be using a covered lives flag, but both flags are present. You must use either the “No covered Lives Payment” flag in column 115 **or** the “No Covered Lives Obligation” flag in column 116.

**325 - Invalid Sequence of Covered Lives Lines #####.** This means that the combination of line numbers is invalid. If you use the line “letters”, you must include **all** “letters”. If you are using a check box, the line number “#” is the only record required.

**326/327/328 – Line X plus Line Y amounts for Covered Lives do not sum to a whole number.** This means that the sum of all columns for the line numbers must be a whole

number. The combinations for this message are Line A Plus Line B, Line C plus Line F, and Line K plus Line L.

**581 – Report Months prior to 04/01/2007 should only report Covered Lives of \$0.00 for Rate Period 2.** This message occurs when there are money values reported for rate period “2” when this period is not valid. Rate period “2” covers the period from April 2007 through December 2007. This report is for a report month prior to April 2007.

**582 – Payor's Last Report Month is prior to 04/01/2007 and should only report Covered Lives of \$0.00 for Rate Period 2.** This message occurs when there are money values reported for rate period “2” when this period is not valid. Rate period “2” covers the period from April 2007 through December 2007. Our records indicate that this payors’ adjudicated date is prior to April 2007.

**590 – Payor not associated with TPA cannot have a CL credit balance.** This message occurs when the Pool Administrator does not know that a relationship exists between the payor and the third party administrator and you are trying to take a credit on the covered lives report.

**630 - Invalid Patient Services Line - #####.** This means that the patient services line number is invalid for this pool year. The invalid line number is displayed by the “#####” in the message. If you are using a checkbox, the line number would be “#####”. If you use the line “letters”, you must include all applicable line “letters”.

**631/632/633/634/635 – Patient Services Line - # - Negative value for X.** This means that the patient services amount for Line - # is a negative number for column X. The line number is displayed by the “#” in the message. The column is displayed by the “X”. Line numbers 1A, 1.1A, 2A, and 2.1A cannot be negative. Columns are either Inpatient Hospital, Outpatient Hospital, Freestanding Ambulatory, Comprehensive Primary, or Freestanding Clinical Labs.

**652 – Patient Services reported separate flag is no longer valid.** This means that the value in column 82 in the patient services record is ignored. We no longer accept separate sections of the report. Either the payor **or** the TPA has to report both the patient services section **and** the covered lives section of the report.

**660 – Invalid Patient Services Detail – Missing Appropriate Flag.** This means that you have indicated that you will be using the patient services flag, but the flag is present. The “No Patient Services Payments” flag is in columns 81 and is used if the line value in columns 17-20 is “#####”.

**710 - Invalid Sequence of Patient Services Lines #####.** This means that the combination of line numbers is invalid. If you use the line “letters”, you must include **all** “letters”. If you are using a check box, the line number “#####” is the only record required.

Required Lines for Patient Services (unless using a check box):

*For pool year 2003 and all report months on or after July 2003, lines 1A, 1B, 1.1A, 1.1B, 2A, 2B, 2E, 2.1A, 2.1B, and 2.1E are required.*

*For all other pool years/report months, lines 1A, 1B, 2A, 2B, and 2E are required.*

**762 – Payor not associated with TPA cannot have a PS credit balance.** This message occurs when the Pool Administrator does not know that a relationship exists between the payor and the third party administrator and you are trying to take a credit on the patient services report.

**840/841/842/843 – No Covered Lives Reported (or accepted) for Payor for prior Pool Year #####. Current and Prior pool years rejected.** This means that we do not have the required prior pool year for this payor. The prior pool year is displayed by the “#####” in the message. The required prior pool year may be missing or it may have an error associated with it.

**848 – Current and/or Prior pool year report(s) missing. Both Current and Prior pool years rejected.** This means that we do not have the required pool years for this payor. The required pool year(s) may be missing or they may have an error associated with it.

**865 – Cannot Find Parent Payment for Attachment 1 record.** This means that there is a subsidiary payor indicated by an attachment 1 record, but we cannot find the associated parent records in the file.

**875 - Payor is Not Elected in Attachment 1 record.** This means that the subsidiary payor is not elected into the pool. We cannot accept any reports from payors who are not elected in the pool. If you believe this company has elected into the pool, check the federal Id number and make sure it is the number that they elected into the pool with. A list of elected companies is posted on the web at [www.health.state.ny.us/nysdoh/hcra/elector.htm](http://www.health.state.ny.us/nysdoh/hcra/elector.htm).

**953 – Check Type of Z (Zero Payment) with Filer Total Liability other than \$0.00. Entire File rejected.** This means you indicated in the “payment\_type” field on the header record that this was a zero report. We have calculated that there is money due. This is inconsistent and will cause the entire file transfer to be rejected.

**955 – Total liability for this submission is less than \$0.00. Entire File Rejected.** We cannot accept a credit report. The total for the entire report month cannot be less than \$0.00. The entire file transfer will be rejected.

**Warning Messages** - These will still allow a record to be accepted, but should be reviewed.

**208 - Check Type is not C or W (Check or Wire).** The check type indicates how payment is going to be made to the pool. It is listed in the header record and should be a “C” for a check, or “W” for a wire. If you get this warning, the field positioning on the header record may be “off”. Make sure position 267 in the header record is a “C” or a “W”. If no payment is due, this warning can be ignored.

**225/230 - Report Month is greater than the Payors Adjudicated Date.** This means the report month being submitted is greater than the adjudication date for this payor. Since it is greater than the adjudication date, we do not expect to receive any reports from this payor. If you get this warning, check to see if the adjudication date for this payor is correct. If all claims have not been adjudicated, than the Office of Pool Administration should be notified to adjust the date.

**235 - A monthly report has been submitted for an Annual payor. Annual report will still be required.** This message is generated when a payor has been designated to file their report annually. Although an annual payor can submit monthly reports, they are still required to submit their annual report.

**240 - Payor is not associated with the TPA for any Report Month.** This message occurs when the report is for a month that the Pool Administrator does not know that a relationship exist between the payor and the third party administrator. If you receive this message, generally we need an Attachment 2.6 from the payor. You can get an attachment 2.6 on the web at [www.health.state.ny.us/nysdoh/hcra/forms.htm](http://www.health.state.ny.us/nysdoh/hcra/forms.htm).

**242 - Payor is not associated with the TPA for this Report Month.** This message occurs when the report month is either before the start date, or after the end date, of the time period with the third party administrator.

**290 – Invalid Covered Lives Detail – Missing Appropriate Flag.** This means we that you have indicated you are using a checkbox, but, you have not “checked” which box you are using.

**300 – Invalid Covered Lives Detail – Multiple Flags.** This means we that you have indicated you are using a checkbox, but, you have “checked” more than one box. Only one checkbox can be used.

**322 - No Covered Lives Lines for Payor.** This indicates that there were no covered lives records for this payor/pool year. Generally, all reports should include both patient services and covered lives. This message can be ignored if you have previously submitted your covered lives or you are exempt, by law, from submitting covered lives.

**680 - Clinical Labs should NOT be reported on for Pool Years 2001 and beyond. Amount reported has been set to Zero.** This message denotes that there is information for clinical labs after the period when they are no longer required to report. There is no need to report clinical labs after October 2001. If there was money involved, they have been changed to zeros.

**700/705 - No Patient Services Lines for Payor.** This indicates that there were no patient services records for this payor/pool year. Generally, all reports should include both patient services and covered lives. This message can be ignored if you have previously submitted your patient services.

**865 – Cannot find Parent Payment for Attachment 1 record.** This means that you have an attachment 1 record indicating a parent/subsidiary relationship, but, there is no parent report in the file.

**895/900 - Report Month is later than the Payors Adjudication Date in the Attachment 1 Record.** This means the report month being submitted is greater than the adjudication date for this subsidiary payor. Since it is greater than the adjudication date, we do not expect to receive any reports from this subsidiary payor. If you get this warning, check to see if the adjudication date for this payor is correct. If all claims have not been adjudicated, than the Office of Pool Administration should be notified to adjust the date.