



MARICOPA COUNTY REGIONAL BEHAVIORAL HEALTH AUTHORITY

Intake, Closure and Demographic Error Resolutions

Magellan Health Services

Updated on 07/06/11

Intake Errors

| Intake Errors | Error Description | Action Needed | Date Added/Changed |
|-------------------------------|--|--|--------------------|
| Internal (RBHA Errors) | | | |
| AC | Intake Date is required. | Please enter an Intake date. | |
| AD | Intake Date must be valid. | Please enter a valid Intake date. | |
| AE | Intake Date cannot be greater than today's date. | The Intake date cannot be in the future. | |
| AF | Address line 1 is required. | Please enter address line 1. | |
| AG | City is required. | Please enter a city. | |
| AI | Date of birth is required. | Please enter a date of birth. | |
| AJ | Date of birth must be in a valid format (YYYYMMDD). | Please enter a valid date of birth. | |
| AK | First name is required. | Please enter a first name. | |
| AL | Last name is required. | Please enter a last name. | |
| AM | Marital status is required. | Please enter a marital status. | |
| AO | Sex code is required. | Please enter a gender. | |
| AQ | Zip code is required. | Please enter a zip code. | |
| AS | Date of birth cannot be later than current date. | The date of birth cannot be in the future. | |
| AT | Date of birth cannot be later than Intake Date. | Please enter an intake date that is after the date of birth. | |
| AV | Medical insurance is missing. | Please enter a Medical Insurance code. | |
| AW | Medical insurance 1 is invalid. | Please enter a valid Medical Insurance code. | |
| BB | Medical insurance 2 is invalid. | Please enter a valid Medical Insurance code. | |
| BC | Medical insurance 3 is invalid. | Please enter a valid Medical Insurance code. | |
| | State is required. | Please enter a state. | |
| AA | Maintenance type must be 001, 021, OR 030. | A valid Intake Maintenance Type is 001-Change, 021-Initial or 030-Override. | |
| AN | Marital stat must be B, D, I, M, R, S, U, W, OR X. | Please enter a valid Marital Status | |
| AP | Sex code must be either F OR M. | Please enter a valid gender, F or M. | |
| AU | Client age can't be more than 110 at time of Intake. | Age cannot be more than 110 at the time of intake. | |
| 01 | 01 already active Magellan member. | Web user should archive this error. | |
| 02 | 02 Active in another RBHA. | Contact the prior RBHA to close the member record. | |
| 03 | 03 Similar data already being validated by State. | Another record for this member has been submitted and is in process. | |
| AB | CIS ID is required when maintenance type is 001. | Please enter a CIS ID when submitting an Intake Change. | |
| AH | County residence must be 13. | Please enter Maricopa County as the county of residence. | |
| AR | SSN must contain 9 numeric char and not all 9 or 0. | Please enter a 9 digit SSN. All 0's or 9's cannot be used. | |
| BD | AHCCCS ID is invalid. | A valid AHCCCS ID is one that matches the State Roster. Please resubmit using the correct AHCCCS ID. | |
| BE | Invalid/missing ID's, record found by name/DOB | Correct the Intake using CIS ID's and/or AHCCCS ID's that are on the State Roster for this member. | |
| BF | Customer not found in database. | Verify what was submitted and what is on the State Roster for this member. Resubmit using the correct information. | |
| BG | Zip code and State mismatch. | Select a zip code that is in the state selected. | |
| BH | Language code required. | Please enter a Language Code. | |
| BI | Language code invalid. | Please enter a valid Language Code. | |
| BJ | Invalid zip code. | Please enter a valid Zip Code. | |

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|---------------------|---|---|--------------------|
| BL | Non Maricopa Cty Zip – Contact RBHA for Enrollment | Zip code is not in Maricopa County. Contact the RBHA Eligibility team at MaricopaRBHAEligibility@magellanhealth.com with any questions | 1/25/2010 |
| BM | City not in ZIP Code | Consumers residing outside of Maricopa Co should not be enrolled in the Maricopa RBHA; contact the RBHA Eligibility team at MaricopaRBHAEligibility@magellanhealth.com with any questions | 10/8/2009 |
| BN | Override not allowed. Contact RBHA, | Email the RBHA Eligibility team at MaricopaRBHAEligibility@magellanhealth.com if you believe an override is necessary | 1/8/2009 |
| BO | CIS ID is secondary ID. Must resubmit using Primary ID. | Email the RBHA Eligibility team at MaricopaRBHAEligibility@magellanhealth.com if you believe an override is necessary | 1/8/2009 |
| BP | Invalid address, contact RBHA. | Email the RBHA Eligibility team at MaricopaRBHAEligibility@magellanhealth.com with any questions | 2/2/2009 |
| BR | Invalid character in record alpha/numeric only. | Please enter a valid alpha or numeric character. Cannot use characters such as ~ or ` for example. | 8/10/2009 |
| BS | Invalid County code due to zip code. Contact RBHA | Validate correct zip code. Contact the RBHA Eligibility team at MaricopaRBHAEligibility@magellanhealth.com with any questions | 7/1/2010 |
| BT | MAINTENANCE REASON CODE IS INVALID | | 10/1/2010 |
| BU | MAINT TYPE CD AND MAINT REASON CD NOT VALID COMBO | | 10/1/2010 |
| BV | CIS ID MUST BE POPULATED ON RE-ENROLLMENT | | 10/1/2010 |
| BW | INCORRECT ETHNICITY CODE IS NOT VALID | | 10/1/2010 |
| BZ | EMPLOYMENT STATUS CODE IS NOT VALID | | 10/1/2010 |
| CA | ETHNICITY CODE IS NOT VALID | | 10/1/2010 |
| CB | ENROLLMENT END DATE MUST BE VALID DATE | | 10/1/2010 |
| CC | DATE OF DEATH MUST BE VALID DATE | | 10/1/2010 |
| CD | INCORRECT DATE OF BIRTH IS NOT A VALID DATE | | 10/1/2010 |
| CE | INCORRECT MARITAL STATUS IS NOT A VALID CODE | | 10/1/2010 |
| State Errors | | | |
| F16 | Action Code is required. | Please enter an Action Code. | |
| F17 | Action Code is invalid. | Please enter a valid Action Code. | |
| F18 | Client ID is required when the action code is "C". | Please enter a CIS ID when submitting an Intake Change. | |
| F19 | Intake Date is missing. | Please enter an Intake date. | |
| F20 | Intake Date is not a valid date. | Please enter a valid Intake date. | |

Intake Errors

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|---------------|---|--|--------------------|
| F38 | Future Intake not allowed. | The Intake date cannot be in the future. | |
| N05 | Closure exists for Client ID, Intake Date & RBHA ID. | Web user should archive this error. | |
| N06 | When action code is A, closure must not exist for Client ID, Intake Date & RBHA ID on DB. | Web user should archive this record or change the Intake Date and submit | |
| N10 | City is missing. | Please enter a city. | |
| N11 | Client Ethnicity is missing. | Please enter Ethnicity | |
| N12 | Client Ethnicity is not valid. | Please enter a valid Ethnicity value | |
| N13 | Client ID is not blank & action code is "O". | A CIS ID is not allowed when submitting an Intake Override. | |
| N14 | County Residence is missing. | Please enter a county of residence. | |
| N15 | County Residence is not valid. | Please enter Maricopa County as the county of residence. | |
| N18 | 7 primary language is invalid. | Please enter a valid primary language code | |
| N20 | County residence and State are not compatible. | Please verify county code entered is correct. | |
| N23 | DOB is missing. | Please enter a date of birth. | |
| N24 | DOB is not a valid date. | Please enter a valid date of birth. | |
| N264 | Invalid zip code. | Please verify zip code entered it is not a valid zip code. | |
| N30 | First name is missing. | Please enter a first name. | |
| N38 | Last name is missing. | Please enter a last name. | |
| N41 | Marital status is missing. | Please enter a marital status. | |
| N42 | Marital status is not valid. | Please enter a valid Marital Status | |
| N43 | Med-Insurance-1 is missing. | Please enter a Medical Insurance code. | |
| N44 | Med-Insurance-1 is not valid. | Please enter a valid Medical Insurance code. | |
| N45 | Med-Insurance-2 is not valid. | Please enter a valid Medical Insurance code. | |
| N46 | Med-Insurance-3 is not valid. | Please enter a valid Medical Insurance code. | |
| N47 | New-Intake-Date invalidates existing encounters | New Intake date is invalid encounters exist prior to this date. | |
| N48 | New-Intake-Date is present for Action_Code other than "C" | A New Intake Date is not allowed for Initial Intake or Intake Override. | |
| N49 | New-Intake-Date, Client-ID & RBHA-ID combo exists on DB. | Web user should archive this error. | |
| N60 | Sex Code is missing. | Please enter a gender. | |
| N61 | Sex Code is not valid. | Please enter a valid gender, F or M. | |
| N64 | State is missing. | Please enter a state. | |
| N69 | Zip code is missing. | Please enter a zip code. | |
| N71 | New-Intake-Date is not valid | Please enter a valid New Intake Date. | |

Intake Errors

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|---------------|---|--|--------------------|
| N72 | Duplicate Intake exists in file. | Web user should archive this error. | |
| N74 | Client-ID Intake-Date and RBHA-ID Exists | Please verify data submitted for this member a intake is already on file for this member. | |
| N76 | No previous Intake exists for this Client ID. | Web user should archive this error. | |
| N77 | Field(s) must be in upper case. | Please verify data submitted in the file all alpha values must be in upper case. | |
| N80 | Invalid AHCCCS ID. | A valid AHCCCS ID is one that matches the State Roster. Please resubmit using the correct AHCCCS ID. | |
| N81 | Invalid SSN. | Please correct and submit the social security number to a 9 digit value. | |
| N82 | AHCCCS ID doesn't match current Intake. | A valid AHCCCS ID is one that matches the State Roster. Please resubmit using the correct AHCCCS ID. | |
| N83 | AHCCCS ID match in CIS. | Correct the initial intake by removing the incorrect AHCCCS ID submitted on the initial intake record. If the AHCCCS ID is on the State Roster twice, Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison. | |
| N84 | Database match not found. | Verify what was submitted and what is on the State Roster for this member. Resubmit using the correct information. | |
| N85 | DOB/gender must match current intake. | Correct and submit the gender and/or date of birth to match the State Roster. | |
| N86 | Duplicate Intake on submission file. | Only one record for a member can be submitted daily. | |
| N87 | New intake date after closure. | Please correct the New Intake Date so that it is before the Closure Date. | |
| N88 | New intake date orphans encounters. | Please correct and submit the rejected intake with dates that are after the encounters. | |
| N89 | Overlaps existing enrollment. | Please correct and submit the rejected intake with an Intake Date that is after the previous Closure Date. | |
| N90 | Partial name/DOB match in CIS. | Please correct and submit the rejected intake with the CIS ID that is on the State Roster. | |
| N91 | SSN doesn't match current Intake. | Please correct and submit the social security number that is on the State Roster. | |

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|---------------|--|--|--------------------|
| N92 | SSN match in CIS. | Please correct and submit the social security number that is on the State Roster. | |
| N93 | Secondary ID, no new intakes allowed. | Submit an initial intake with the correct CIS ID number that matches the State Roster. | |
| N94 | DOB cannot be a future date. | The date of birth cannot be in the future. | |
| N95 | DOB cannot be greater than date of intake. | Please enter an intake date that is after the date of birth. | |
| N96 | Age of client cannot be older than 110 at time of Intake. | Age cannot be more than 110 at the time of intake. | |
| N97 | Cannot change AHCCCS ID to anything but spaces. | A valid AHCCCS ID is one that matches the State Roster. Please resubmit using the correct AHCCCS ID. | |
| N187 | Primary language is invalid. | Please enter a valid Language Code. | |
| ENR001 | MAINTENANCE TYPE CODE IS NOT VALID | | 10/1/2010 |
| ENR002 | MAINTENANCE REASON CODE IS NOT VALID | | 10/1/2010 |
| ENR003 | MAINTENANCE TYPE CD AND MAINTENANCE RSN CD NOT VALID COMBINATION | | 10/1/2010 |
| ENR004 | RBHA ID ON FILE HEADER IS NOT VALID | | 10/1/2010 |
| ENR005 | ACTION CODE IS NOT VALID | | 10/1/2010 |
| ENR006 | CLIENT ID IS REQUIRED ON A CHANGE, TERM OR RE-ENROLL | | 10/1/2010 |
| ENR007 | CLIENT ID IS NOT VALID | | 10/1/2010 |
| ENR008 | DATE OF BIRTH IS REQUIRED | | 10/1/2010 |
| ENR009 | MEMBER FIRST NAME IS REQUIRED | | 10/1/2010 |
| ENR010 | MEMBER LAST NAME IS REQUIRED | | 10/1/2010 |
| ENR011 | ENROLLMENT BEGIN DATE IS REQUIRED ON AN ADD TRANSACTION | | 10/1/2010 |
| ENR012 | ENROLLMENT END DATE IS REQUIRED ON A TERMINATION | | 10/1/2010 |
| ENR013 | MEDICARE PLAN CODE IS NOT VALID | | 10/1/2010 |
| ENR014 | EMPLOYMENT STATUS CODE IS NOT VALID | | 10/1/2010 |
| ENR015 | GENDER IS NOT VALID | | 10/1/2010 |
| ENR016 | MARITAL STATUS CODE IS NOT VALID | | 10/1/2010 |
| ENR017 | ETHNICITY CODE IS NOT VALID | | 10/1/2010 |
| ENR018 | LANGUAGE CODE IS NOT VALID | | 10/1/2010 |
| ENR019 | ZIP CODE IS NOT VALID | | 10/1/2010 |
| ENR020 | DATE OF BIRTH MUST BE A VALID DATE - CCYYMMDD | | 10/1/2010 |
| ENR021 | ENROLLMENT BEGIN DATE MUST BE A VALID DATE - CCYYMMDD | | 10/1/2010 |
| ENR022 | ENROLLMENT END DATE MUST BE A VALID DATE - CCYYMMDD | | 10/1/2010 |

Intake Errors

| Intake Errors | Error Description | Action Needed | Date Added/Changed |
|---------------|--|---------------|--------------------|
| ENR023 | MAINTENANCE EFFECTIVE DATE MUST BE A VALID DATE - CCYYMMDD | | 10/1/2010 |
| ENR024 | DATE OF DEATH DATE MUST BE A VALID DATE - CCYYMMDD | | 10/1/2010 |
| ENR025 | INCORRECT DATE OF BIRTH MUST BE A VALID DATE - CCYYMMDD | | 10/1/2010 |
| ENR026 | RATE CODE BEGIN DATE MUST BE A VALID DATE - CCYYMMDD | | 10/1/2010 |
| ENR027 | MENTAL HEALTH CTG BEGIN DATE MUST BE VALID DATE - CCYYMMDD | | 10/1/2010 |
| ENR028 | MENTAL HEALTH CTG END DATE MUST BE A VALID DATE - CCYYMMDD | | 10/1/2010 |
| ENR029 | PREGNANCY EXPECTED DATE MUST BE A VALID DATE - CCYYMMDD | | 10/1/2010 |
| ENR030 | MULTIPLE CLIENTS FOUND WITH THE SAME GENDER, DOB, FIRST NAME, LAST NAME | | 10/1/2010 |
| ENR031 | MULTIPLE CLIENTS FOUND WITH THE SAME GENDER, DOB, FIRST NAME(3),LAST NAME(4) | | 10/1/2010 |
| ENR032 | AN ENROLLMENT SEGMENT ALREADY EXISTS FOR THE GIVEN CLIENT ID AND DATES | | 10/1/2010 |
| ENR033 | NO ENROLLMENT SEGMENT WAS FOUND FOR CLIENT ID | | 10/1/2010 |
| ENR034 | CLIENT CANNOT HAVE OVERLAPPING ENROLLMENT SEGMENTS | | 10/1/2010 |
| ENR035 | THE ENROLLMENT INFORMATION ON THIS CLIENT BELONGS TO A DIFFERENT RBHA | | 10/1/2010 |
| ENR036 | RBHA IS NOT ALLOWED TO TERMINATE AHCCCS ELIGIBLE CLIENT | | 10/1/2010 |
| ENR037 | RBHA IS NOT ALLOWED TO CHANGE AN AHCCCS ELIGIBLE CLIENT | | 10/1/2010 |
| ENR038 | MAINTENANCE EFFECTIVE DATE IS REQUIRED ON A CHANGE | | 10/1/2010 |
| ENR039 | GENDER IS REQUIRED | | 10/1/2010 |
| ENR040 | NO OPEN ENROLLMENT SEGMENT TO TERMINATE | | 10/1/2010 |
| ENR041 | ENROLLMENT END DATE IS PRIOR TO ENROLLMENT BEGIN DATE | | 10/1/2010 |
| ENR042 | NOT ALLOWED TO TERMINATE STATE-ONLY CLIENT THAT BELONGS TO ANOTHER RBHA | | 10/1/2010 |
| ENR043 | NOT ALLOWED TO CHANGE STATE-ONLY CLIENT THAT BELONGS TO ANOTHER RBHA | | 10/1/2010 |
| ENR044 | CANNOT TERMINATE A CLIENT THAT DOES NOT EXIST IN THE SYSTEM | | 10/1/2010 |
| ENR045 | CANNOT CHANGE A CLIENT THAT DOES NOT EXIST IN THE SYSTEM | | 10/1/2010 |
| ENR046 | INCORRECT MARITAL STATUS CODE IS NOT VALID | | 10/1/2010 |
| ENR047 | INCORRECT ETHNICITY CODE IS NOT VALID | | 10/1/2010 |

Intake Errors

| Intake Errors | Error Description | Action Needed | Date Added/Changed |
|---------------|---|---------------|--------------------|
| ENR048 | CLIENT ID CANNOT BE SUBMITTED ON A NEW CLIENT | | 10/1/2010 |
| ENR049 | TERMINATION DATE PROVIDED CONFLICT WITH EXISTING ENROLLMENT SEGMENT | | 10/1/2010 |
| ENR050 | INVALID MEMBER IDENTIFIER CODE | | 10/1/2010 |
| ENR051 | INVALID CITY, STATE OR ZIP CODE COMBINATION | | 10/1/2010 |
| ENR052 | RE-ENROLLMENT DATES PROVIDED CONFLICT WITH EXISTING ENROLLMENT SEGMENT | | 2/7/2011 |
| ENR053 | ADDRESS REQUIRED FOR REASON CODE 43 (CHANGE OF ADDRESS) | | 2/7/2011 |
| ENR054 | MAINTENANCE REASON CODE 33 IS USED TO CHANGE CO-PAY AND SOC INFORMATION | | 2/7/2011 |
| ENR055 | MAINTENANCE REASON CODE A1 IS USED TO CHANGE PREGNANCY INFORMATION | | 2/7/2011 |

Demographic Errors

| Demographic Errors | Error Description | Action Required | Date Added |
|-------------------------------|---|---|----------------------------|
| Internal (RBHA) Errors | | | |
| M232 | Referral Source is blank or invalid | You must enter a Referral Source | |
| M098 | Clinical Agency MIS # field is invalid | Correct the demographic and submit a valid Agency MIS #. | |
| M230 | Referral Date is greater than Intake Date | Correct the Referral Date to be less than the Intake Date. | |
| M099 | Clinical Liaison ID field is blank or invalid | Correct the Referral Date to be less than the Intake Date. | |
| M093 | Enrollment exists for ID; however, not for specified RBHA. | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | Description change 10/1/10 |
| M095 | EOC Start date is not within range with any open enrollment with Magellan | Please verify client information no intake was found for this client. | Description change 10/1/10 |
| M118 | EOC End Demographic already submitted | Archive this record as a duplicate. | Description change 10/1/10 |
| M119 | Crisis/Short Start Demographic already submitted | Intake Closure must be submitted before a Disenrollment Demographic can be submitted. | Description change 10/1/10 |
| M156 | Invalid RBHAID | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| M113 | Demographic Master not Found | If this is a Demographic Change, there is no Initial Demographic submitted. If there is an Initial Demographic the Intake Date may not match. Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison. | |
| M110 | Date of Service not within coverage dates | One of the Demographic dates entered was outside of the date period of Intake date through Closure date. Correct Demographic and change all dates to be greater than this Intake Date and less than this Closure Date period. | |
| M071 | BH Category is invalid due to age | If members age is under 18, Behavioral category must be 'C' or 'Z'. If members age is 18 or older, Behavioral category must be 'S', 'M' or 'G'. Correct Demographic selecting the correct Behavioral category for the age of the member. The member's should be correct based on the Effective Date of the Demographic. | |
| M070 | BH Category field is blank or invalid | You must select a behavioral health category. If this is a demographic change, please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison. | |
| M072 | Black must be Y or N | Please verify value entered for Black, it must be Y or N. | |
| M073 | White must be Y or N | Please verify value entered for White, it must be Y or N. | |
| M074 | CASII Date is greater than closure date | Please verify the value entered for CASII date it cannot be greater than closure date. | |
| M075 | CASII Date is less than EOC Start date | Please verify the value entered for CASII date it cannot be less than the EOC Start date. | Description change 10/1/10 |
| M076 | CASII Date is not a valid date | Please verify the value entered for CASII date it is not a valid date. | |
| M077 | CASII Date must be greater than Date of Birth | Please verify the value entered for CASII date it must be greater the date of birth. | |
| M078 | CASII Intensity Level invalid for client less than 6 | Please verify the value entered for CASII Intensity Level it is not valid for clients less than 6. | |
| M079 | CASII Intensity Level invalid must be a valid value | Please verify the value entered for CASII Intensity Level it is not valid value. | |

Demographic Errors

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| M080 | CASII Intensity Level must be completed for children | Please enter a value CASII Intensity Level it must be completed for children. | |
| M081 | CASII Intensity Level N/A due to age, CASII Date need | Please verify CASII Intensity Level it is invalid due to age. Please enter a CASII Date. | |
| M082 | CASII Intensity Level present, must have CASII Date | Please enter a CASII Date. | |
| N277 | CASII Intensity Lvl must be completed for children at least 6 and less than 18 effect | Please enter a value for CASII Intensity Level it must be completed for children. | |
| N278 | CASII Intensity Lvl must be a valid value effective 07/21/08 | Please enter a valid value for CASII Intensity Level it must be completed for children. | |
| N279 | CASII Intensity Lvl invalid for client less than 6 or | Please review value entered for CAS II Intensity Level it is not value for client less than 6 or greater than 18. | |
| N280 | CASII Date must be greater than or equal to the intake date effective 07/21/08 | Please verify value entered for CASII Date. | |
| N281 | CASII date is less than DOB effective 07/21/08 | Please verify value entered for CASII Date it can not be less than Date of Birth. | |
| N282 | CASII date not valid YYYYMMDD effective 07/21/08 | Please verify value entered for CASSII Date it is not in the valid format. | |
| N283 | CASII date must be less than or equal to current date | Please verify CASII Date it must be less than or equal to current date. | |
| N284 | Must have CASII date if CASII Intensity Lvl present effective 07/21/08 | Please entered a valid value for CASII Date. | |
| N285 | CASII date is greater than closure date effective 07/21/08 | Please verify the value entered for CASII date it can not be greater than closure date. | |
| N286 | CASII Intensity Lvl and date required when CASII fields exist on Master | Please verify values for CASII fields they must contain valid values if CASII fields have previously been submitted for the client. | |
| M083 | Effective Date is out of range for AXIS III code. | Please verify Effective Date it is out of range for AXIS III Code. | |
| M151 | Initial Demographic already submitted | Archive this record as a duplicate. | |
| M222 | EOC Status is not valid with this submission type | Select a valid status code for submission value. | Description change 10/1/10 |
| M228 | Referral Date is blank or invalid | If blank=You must enter a Referral Date If invalid=Referral date must be prior to the Intake Date | |
| M061 | AXIS II-2 field is blank or invalid | Axis II Secondary Diagnosis code cannot be blank or invalid. Enter a valid code or 'NONE' in the field. You cannot enter duplicate Axis codes. | |
| M100 | Clinical Liaison MIS# field for Billing Id invalid | Correct the Demographic to include the correct Clinical Liaison MIS#. | |
| M101 | Clinical Liaison MIS# field is invalid | Please verify MIS number the number entered is not valid. | |
| M022 | Duplicate AXIS II codes used | Correct the AXIS II codes so that the same value is not used twice. If there is only one valid AXIS II code, enter NONE for the second AXIS II code. | |
| M135 | First Name does not match client intake record | Correct the First Name to the name previously accepted on the Intake record. | |
| M157 | ISP Date field is blank or invalid | Please verify value entered for ISP it must be a valid date. | |
| M158 | ISP Date is less than Intake Date | Please verify value entered for ISP date it can not be less than the Intake Date. | |
| M162 | Last Name does not match client intake record | Correct the Last Name to the name previously accepted on the Intake record. | |
| M052 | AXIS I-1 field is blank or invalid | Axis I Primary Diagnosis code cannot be blank or invalid. Enter a valid code or 'NONE' in the field. | |
| M105 | Date of Birth does not match Client Intake record | Correct the Date of Birth to the date previously accepted on the Intake record. | |
| M106 | Date of Birth is missing | Please enter a Date of Birth. | |
| M107 | Date of Birth is invalid | Please verify value entered for Date of Birth. | |

Demographic Errors

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|------|--|---|----------------------------|
| M108 | Date of Birth is greater than today's date | Please verify value entered for Date of Birth, the value cannot be greater than today's date. | |
| M114 | Depressed must be Y or N | Please verify value entered for Depressed it must be Y or N. | |
| M115 | DES-CPS must be Y or N | Please verify value entered for DES-CPS it must be Y or N. | |
| M116 | DES-DDD must be Y or N | Please verify value entered for DES-DDD it must be Y or N. | |
| M117 | DES-RSA must be Y or N | Please verify value entered for DES-RSA it must be Y or N. | |
| M152 | Intake Date does not match Demographic Intake Dt. | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| M153 | EOC Start date is blank/missing | Please enter a value for EOC Start date. | Description change 10/1/10 |
| M154 | EOC Start date is invalid | Please verify value entered for EOC Start date. | Description change 10/1/10 |
| M269 | SP Pregnancy field is invalid due to gender | Correct demographic and go through all edits and resubmit. | |
| M275 | SP Woman DC field is invalid due to gender | Correct demographic and go through all edits and resubmit. | |
| M053 | AXIS I-1 is populated with V71.09, AXIS I-2 thru AXIS I-5 must be NONE | Please verify values entered if V71.09 was entered for AXIS I -1 then AXIS I-2 thru AXIS I - 5 must be blank. | |
| M054 | AXIS I-1 is V71.09, Principle Diagnosis must be equal to AXIS II- 1 | Please verify values entered for AXIS II - 1. | |
| M055 | AXIS I-2 field is blank or invalid | Axis I Secondary Diagnosis code cannot be blank or invalid. Enter a valid code or 'NONE' in the field. You cannot enter duplicate Axis codes. | |
| M060 | AXIS II-1 is V71.09, Principle Diagnosis must be equal to AXIS I - 1 | Please verify value entered for AXIS I - 1. | |
| M067 | AXIS V field is blank or invalid | Please verify value entered for AXIS V or enter a value if Blank. | |
| M048 | At Least One Field Must be Y | Must select one race designation. | |
| M250 | SA Primary field is blank or invalid | Substance Abuse Primary Type field is blank. Select a Primary Use Type. | |
| M159 | ISP Date field is not a valid date | Please verify the value entered it is not a valid date. | |
| M202 | Past SA Type field is blank or invalid | You must enter a past Use Type The Past use type you selected cannot be repeated | |
| M002 | AXIS I code(s) is(are) not SMI, but client is SMI | Please verify the value entered they are not flagged as SMI codes. | |
| M001 | AXIS code(s) is(are) not SED but client is SED | Please verify the value entered they are not flagged as SED codes. | |
| M003 | AXIS I-1 can not be the same as AXIS II-1. | Please verify the value entered it can not be the same as the value entered for AXIS II - 1. | |
| M069 | AXIS value out of sequence | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| M020 | AXIS II-2 is populated, AXIS II-1 can not be blank | Please verify values entered AXIS II - 1 can not be blank. | |
| M021 | Diagnosis code V71.09 requires valid AXIS I1 and AXIS II1 dx code | Please enter a valid value for AXIS I -1 and AXIS II -1 | |
| M024 | 799.9 not allowed for Principle Diagnosis | Please verify value entered 799.9 can not be entered for the Principle Diagnosis. | |
| M026 | Accept Emotional Reg invalid due to age | Please verify value entered it is not a valid value based on member's age. | |
| M029 | Accept Emotional Reg. invalid due to BH Cat. BH Cat. Must be C or Z | Please verify values entered for Accept Emotional Reg it must be C or Z based on BH Cat entered. | |
| M130 | Employment status field is blank or invalid | You must select a employment or rehabilitation status. | |
| M215 | Primary Residence field is blank or invalid | You must select a Primary Residence. | |

Demographic Errors

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| M259 | SA Secondary field is blank or invalid | Substance Abuse Secondary Type field is blank. Select a Secondary Use Type. | |
| M056 | AXIS I-3 field is blank or invalid | Axis I Tertiary Diagnosis code cannot be blank or invalid. Enter a valid code or 'NONE' in the field. You cannot enter duplicate Axis codes. | |
| M031 | ADC-Parole must be Y or N | Please verify value entered the ADC-Parole must be Y or N | |
| M032 | ADHS-CRS must be X | Please verify value entered the ADHS - CRS must be X. | |
| M033 | ADHS-CRS must be Y or N | Please verify value entered the ADHS-CRS must be X. | |
| M034 | ADJC-Parole must be Y or N | Please verify value entered for ADJC - Parole it must be Y or N. | |
| M035 | Adult Parole must be X | Please verify value entered for Adult Parole it must be an X. | |
| M036 | Adult Probation must be Y or N | Please verify value entered the Adult Probation value must be a Y or N for this record. | |
| M037 | Adult Probation must be X | Please verify value entered the Adult Probation value must be X for this record. | |
| M038 | American Indian must be Y or N | Please verify value entered the American Indian value must be Y or N. | |
| M039 | Anxiety/Stress must be Y or N | Please verify value entered for Anxiety/Stress it must be Y or N. | |
| M040 | Asian must be Y or N | Please verify value entered the Asian value must be Y or N. | |
| M041 | Assessment Date and Effective Date can not both be blank | Please enter a valid date for Assessment Date or Effective Date. | |
| M042 | ADJC-Parole must be X | Please verify value entered the ADJC Parole value must be X for this record. | |
| M043 | Assessment Date is blank | Please enter an Assessment Date. | |
| M044 | Assessment Date is greater than today's date | Please verify value entered Assessment date cannot be greater than today's date. | |
| M045 | Assessment Date is less than EOC Start Date | Please verify value entered Assessment date cannot be less than the EOC Start date. | Description change 10/1/10 |
| M046 | Assessment Date can not be changed | Please verify value entered the Assessment date does not match what is on file for this enrollment period. | |
| M091 | Assessment Date is not valid | Please verify value entered for Assessment date it is not a valid value. | |
| M047 | Assultive Must be Y or N | Please verify value entered the Assultive value must be Y or N. | |
| M225 | Record is an EOC End. EOC Status is not valid with this submission | Please verify value entered and submit with valid code. | Description change 10/1/10 |
| M226 | Record type needs to be blank in record type field | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| M227 | Record not an End EOC. EOC Status not valid with this submission | Please verify value entered and submit with valid code. | Description change 10/1/10 |
| M223 | EOC Status is blank | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | Description change 10/1/10 |
| M002 | AXIS I code(s) is(are) not SMI, but client is SMI | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| M059 | AXIS II-1 field is blank or invalid | Axis II Primary Diagnosis code cannot be blank or invalid. Enter a valid code or 'NONE' in the field. You cannot enter duplicate Axis codes. | |
| M260 | SA Tertiary field is blank or invalid | Substance Abuse Tertiary Type field is blank. Select a Tertiary Use Type. If Primary or Secondary use types are 'None', Additional Use Type must be 'None'. | |
| M123 | Effective Date does not have a valid date | Please verify Effective date it must be a valid date. | |
| M124 | Effective Date field is blank or invalid | Please enter a value for Effective Date. | |

Demographic Errors

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| M125 | Effective Date is Greater than Closure DT | Correct demographic and enter an Effective Date that is greater than the intake date and less than the closure date. | |
| M126 | Effective Date is greater than today's date | Please verify value entered for Effective Date | |
| M127 | Effective Date is less than the EOC Start date. | | Description change 10/1/10 |
| M128 | Effective Date is not valid | | |
| M111 | Decrease in Safety Risk Flag invalid due to age. | Correct demographic and go through all edits and resubmit. | |
| M265 | SF COOL field is invalid due to age. | Correct demographic and go through all edits and resubmit. | |
| M068 | AXIS value duplicated | Correct demographic and go through all edits and resubmit. | |
| M006 | AXIS I-1 code must be a SA AXISCode | Correct demographic and go through all edits and resubmit. | |
| M180 | OA ADJC Parole field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M266 | SF-COOL Must be Y or N | Correct demographic and go through all edits and resubmit. | |
| M267 | SF COOL must be X | Please verify value entered for SF COOL it must be X for this record. | |
| M050 | Avoid Delinquency Flag invalid because of age | Correct demographic and go through all edits and resubmit. | |
| M149 | Increased Stability flag invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M276 | Stable & Product Adult flag invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M009 | AXIS I-3 field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M017 | AXIS II-1 populated w/ V71.09 AXIS II-2 must = NONE | Correct demographic and go through all edits and resubmit. | |
| M178 | OA ADHS CRS field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M229 | Referral Date is Greater than Today's date | Correct demographic and go through all edits and resubmit with a Referral Date that is less than the intake date. | |
| M231 | Referral Date is not valid | Please verify value entered for Referral date it has to be a valid value. | |
| M232 | Referral Source is blank or invalid | Please verify value entered for Referral Source it can not be blank or must contain a valid value. | |
| M233 | Relational must be Y or N | Please verify value entered for Relational it must be Y or N. | |
| M234 | RHBA ID for Magellan should be 07 in RHBA ID field | Please verify value entered for RHBA ID it must be 07 for Magellan. | |
| M280 | Success in School flag invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M272 | SP Priority SMI field is invalid because BH category | Please verify value entered for SP Priority SMI field it is invalid based on BH Category entered. | |
| M273 | SP Priority SMI field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M179 | OA ADJC Parole field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M146 | Improve Family Stress flag is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M160 | Juvenile Probation must be Y or N | Please verify value entered the Juvenile Probation, the value must be Y or N for this record. | |
| M161 | Juvenile Probation must be X | Please verify value entered for Juvenile Probation, the value must be X for this record. | |
| M183 | OA AOC Juvenile Probation flag is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M200 | Parent/Child Interaction flag is invalid due to age | Correct demographic and go through all edits and resubmit. | |

Demographic Errors

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| M027 | Accept Emotional Reg. flag is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M177 | OA ADHS CRS field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M131 | Explore & Adpt flag is blank, invalid or age error | Correct demographic and go through all edits and resubmit. | |
| M181 | OA AOC Adult Probation field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M219 | Ready to Learn Flag is invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M007 | AXIS I-2 field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M136 | Formal schooling field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M148 | Incorrect Unable to Care flag for age | Correct demographic and go through all edits and resubmit. | |
| M176 | OA ADC Parole field is invalid due to age. | Correct demographic and go through all edits and resubmit. | |
| M258 | SA Secondary field invalid because SA Priority is populated with 0001 | Secondary Use Frequency must be 'No use past month' if Secondary Use Type is 'None' . | |
| M182 | OA AOC Adult Probation field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M175 | OA ADC Parole field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M004 | AXIS I-1 field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M057 | AXIS I-4 field is blank or invalid | You cannot select duplicate Axis III medical conditions | |
| M120 | Duplicate SA value used | Correct demographic and go through all edits and resubmit. | |
| M147 | Incorrect Chld Behavior flag for age | Correct demographic and go through all edits and resubmit. | |
| M184 | OA AOC Juvenile Probation flag is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M164 | Lives With Family flag invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M089 | Child serv CFT invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M263 | SF COOL field is "Y", OA ADC Parole field must be a "Y" | Correct demographic and go through all edits and resubmit. | |
| M051 | Avoid Delinquency Flag invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| | AXIS III-2 is 00; AXIS III-3, AXIS III-4, and AXIS III-5 must be 00 | Correct demographic and go through all edits and resubmit. | |
| M088 | Child serv CFT invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M112 | Decrease in Safety Risk invalid due to BH Cat. BH | Correct demographic and go through all edits and resubmit. | |
| M150 | Increased Stability flag invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M165 | Lives With Family flag invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M277 | Stable & Product Adult flag invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M281 | Success in School flag invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M282 | Suicidal must be Y or N | Please verify the value entered for Suicidal it must be Y or N. | |
| M284 | Unable to Care must be Y or N or X | Please verify the value entered for Unable to Care it must be a Y or N. | |
| M287 | Woman DC must be Y or N or X | Please verify value entered for Woman DC it must be a Y, N or X. | |
| M049 | Avoid Delinquency field is blank or invalid | Correct demographic and go through all edits and resubmit. | |

Demographic Errors

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| M051 | Avoid Delinquency Flag invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M008 | AXIS I-2 field is invalid due to gender | Correct demographic and go through all edits and resubmit. | |
| M015 | AXIS II-1 field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| N266 | Invalid AXIS code. | If Axis III-1 Medical Condition is 00-Not Applicable, all Axis III conditions must be 00. | |
| M064 | AXIS III-3 field is blank or invalid | You must select response for Axis III-3 Medical Conditions field. | |
| M088 | Child serv CFT invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M085 | Child Behavior Must be Y or N | Correct demographic and go through all edits and resubmit. | |
| M086 | Childlike Behavior must be X | Please verify the value entered for Childlike Behavior it must be an X. | |
| M087 | Child serv CFT invalid due to age. | Please verify value entered for CFT it is invalid based on client's age. | |
| M104 | D.in Safety Risk flag is blank, invalid or age error | Correct demographic and go through all edits and resubmit. | |
| M112 | Decrease in Safety Risk Flag invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M143 | I.Stability flag is blank, invalid or age error | Correct demographic and go through all edits and resubmit. | |
| M163 | Lives w/family flag is blank, invalid or age error | Correct demographic and go through all edits and resubmit. | |
| M164 | Lives With Family flag invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M165 | Lives With Family flag invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M210 | PC - Substance Abuse field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M212 | PC - Unable to care field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M235 | S & P Adults field is blank, invalid or age error | Correct demographic and go through all edits and resubmit. | |
| M261 | School-Spec-Ed must be Y or N | Please verify the value entered for School-Spec-Ed it must be Y or N. | |
| M262 | Served by CFT field is blank, invalid or age error | Correct demographic and go through all edits and resubmit. | |
| M277 | Stable & Product Adult flag invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M278 | Substance Abuse Must be Y or N | Correct demographic and go through all edits and resubmit. | |
| M279 | Success in school field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M280 | Success in School flag invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M281 | Success in School flag invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M239 | SA Age First Use 3 field must be 00, because SA Tertiary is populated with 0001 | Correct demographic and go through all edits and resubmit. | |
| M270 | SP Priority SMI field is a "Y", BH Cat. must be an "S" | Correct demographic and go through all edits and resubmit. | |
| M283 | Treatment Participation field is blank or invalid | Correct demographic and select a Treatment Reason. | |
| M023 | 1 or more of the Assessment fields are populated | Correct demographic and go through all edits and resubmit. | |
| M025 | A.E.Regulation flag is blank, invalid or age error | Correct demographic and go through all edits and resubmit. | |
| M028 | Accept Emotional Reg. flag is invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |

Demographic Errors

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| M030 | ACT Team field is blank, invalid or age error | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| M005 | AXIS I-1 field is invalid due to gender | Correct demographic and go through all edits and resubmit. | |
| M053 | AXIS I-1 is populated with V71.09, AXIS I-2 thru AXIS I-5 must be NONE | Correct demographic and go through all edits and resubmit. | |
| M010 | AXIS I-3 field is invalid due to gender | Correct demographic and go through all edits and resubmit. | |
| M011 | AXIS I-4 field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M012 | AXIS I-4 field is invalid due to gender | Correct demographic and go through all edits and resubmit. | |
| M058 | AXIS I-5 field is blank or invalid | Axis I Additional Condition 2 Diagnosis code cannot be blank or invalid. Enter a valid code or 'NONE' in the field. You cannot enter duplicate Axis codes. | |
| M013 | AXIS I-5 field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M014 | AXIS I-5 field is invalid due to gender | Correct demographic and go through all edits and resubmit. | |
| M002 | AXIS II code(s) is(are) not SMI, but client is SMI | Correct demographic and go through all edits and resubmit. | |
| M016 | AXIS II-1 field is invalid due to gender | Correct demographic and go through all edits and resubmit. | |
| M018 | AXIS II-2 field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M019 | AXIS II-2 field is invalid due to gender | Correct demographic and go through all edits and resubmit. | |
| M062 | AXIS III-1 field is blank or invalid | You must select response for Axis III-1 Medical Conditions field. | |
| M063 | AXIS III-2 field is blank or invalid | You must select response for Axis III-2 Medical Conditions field. | |
| M065 | AXIS III-4 field is blank or invalid | You must select response for Axis III-4 Medical Conditions field. | |
| M066 | AXIS III-5 field is blank or invalid | You must select response for Axis III-5 Medical Conditions field. | |
| M067 | AXIS V field is blank or invalid | Axis V Score must be between 001 and 100. | |
| M090 | Client first name can not be blank | Fill in the client's first name | |
| M092 | Client ID can not be blank | You must enter a Client ID | |
| M096 | Client last name can be blank | Fill in the client's last name | |
| M102 | Clinical Liaison Name field is blank or invalid | Correct demographic and enter a valid Clinical Liaison MIS#. | |
| M103 | Clinical Site ID field is blank or invalid | Correct demographic and enter a valid Clinical Liaison MIS#. | |
| M121 | Educational status field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M122 | Education Status must be Y or N | Please verify value entered for Education Status it must be Y or N. | |
| M129 | Emp status is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M132 | Explore and Adapt flag is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M133 | Explore and Adapt flag is invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M137 | Formal Schooling field is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M138 | Hispanic/Latino must be Y or N | Please verify the value entered for Hispanic/Latino it must be a Y or N. | |
| M139 | Household Income Invalid valid range is 000000 thru 999999 | Please verify the value entered for Household Income. | |
| M140 | Household size field is blank or invalid | Correct demographic and go through all edits and resubmit. | |

Demographic Errors

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| M141 | Household Size Invalid valid range 01 thru 99 | Please verify the value entered for the Household Size it must be 01-99. | |
| M142 | Household income field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M144 | Imp Fam Stress flag is blank, invalid or age error | Correct demographic and go through all edits and resubmit. | |
| M145 | Improve Family Stress flag is invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M173 | Number of Arrests field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M174 | Number of Arrests Invalid valid Range is 00 thru 99 | Please verify the value entered for Number of Arrests it must be 00 thru 99. | |
| M185 | OA DES CPS field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M186 | OA DES DDD field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M187 | OA DES RSA field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M188 | OA Other field is blank or invalid | You must answer 'Y' or 'N' to Other Agency question. | |
| M189 | OA School Special Ed field is blank or invalid | You must answer 'Y' or 'N' to Other Agency School Special Ed question. | |
| M190 | OMB American Indian field is blank or invalid | You must answer 'Y' or 'N' to OMB American Indian question. | |
| M191 | OMB Asian field is blank or invalid | You must answer 'Y' or 'N' to OMB Asian question. | |
| M192 | OMB Black field is blank or invalid | You must answer 'Y' or 'N' to OMB Black question. | |
| M193 | OMB Hispanic/Latino field is blank or invalid | You must answer 'Y' or 'N' to Hispanic/Latino question. | |
| M194 | OMB Native Hawaiian field is blank or invalid | You must answer 'Y' or 'N' to OMB Native Hawaiian question. | |
| M195 | OMB White field is blank or invalid | You must answer 'Y' or 'N' to OMB White question. | |
| M196 | One of the race designations must be a Yes | At least one OMB field must contain a Y. | |
| M197 | Only 1 record for each unique RBHAID, Client ID, intake date will be accepted per day | There is already a record processing for this member. | |
| M198 | Other must be Y or N | Please verify value entered for Other it must be Y or N. | |
| M199 | P/C Interaction flag is blank, invalid or age error | You must answer 'Y' or 'N' to Parent-child interaction question. | |
| M201 | Parent/Child Interaction flag is invalid due to BH Cat. | Correct demographic and go through all edits and resubmit. | |
| M203 | PC - Anxiety/Stress field is blank or invalid | At least one Presenting Concern must be selected. | |
| M204 | PC - Assaultive field is blank or invalid | At least one Presenting Concern must be selected. | |
| M205 | PC - Child Behavior field is blank or invalid | At least one Presenting Concern must be selected. | |
| M206 | PC - Depressed field is blank or invalid | At least one Presenting Concern must be selected. | |
| M207 | PC - Other field is blank or invalid | At least one Presenting Concern must be selected. | |
| M208 | PC - Psychotic field is blank or invalid | At least one Presenting Concern must be selected. | |
| M209 | PC - Relational field is blank or invalid | At least one Presenting Concern must be selected. | |
| M211 | PC - Suicidal field is blank or invalid | At least one Presenting Concern must be selected. | |
| M213 | Pregnancy must be Y or N or X | Please verify the value entered for Pregnancy it must be Y, N or X. | |
| M215 | Principle Diagnosis does not match either AXIS I.1 or AXIS II.1 | Please verify value entered for Principle Diagnosis it must match be the same value entered for either AXIS I.1 or AXIS II.1. | |
| M216 | Psychotic must be Y or N | Please verify the value entered for Psychotic it must be Y or N. | |
| M220 | Ready to Learn flag is blank, invalid or age error | Correct demographic and go through all edits and resubmit. | |

Demographic Errors

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| M218 | Ready to Learn Flag is invalid due to age | Correct demographic and go through all edits and resubmit. | |
| M221 | EOC Status field is blank or invalid | Correct demographic and go through all edits and resubmit. | Description change 10/1/10 |
| M227 | Record type not a disenrollment, but field is populated | Correct demographic and go through all edits and resubmit. | |
| M236 | SA Age First Use 1 field is invalid, SA Priority is p | Please verify the value entered for SA Age First Use 1 field it is invalid. | |
| M237 | SA Age First Use 1 field is invalid because SA Type 1 is 0001 | Primary Use Age must be '00' if Primary Use Type is 'None' . | |
| M238 | SA Age First Use 2 field must be 00, because SA Secondary is populated with 0001 | Secondary Use age must be '00' if Secondary Use Type is 'none' . | |
| M240 | SA Age of First Use 1 field is blank or invalid | Primary use age must be entered | |
| M241 | SA Age of First Use 2 field is blank or invalid | Secondary use age must be entered | |
| M242 | SA Age of First Use 3 field is blank or invalid | Substance Abuse Tertiary Use Age must be entered. | |
| M243 | SA Freq 1 field is invalid because SA Priority is pop | Please verify value entered for SA Freq 1 it is not valid since SA Priority is populated. | |
| M244 | SA Freq 1 field is invalid because SA Type 1 is 0001 | Primary Use Frequency must be 'No use past month' if Primary Use Type is 'None'. | |
| M245 | SA Freq 2 field must be a "1", because SA Secondary is populated with 0001 | Secondary Use Method must be 'No Use' if Secondary Use Type is 'None' . | |
| M246 | SA Freq 3 field must be a "1", because SA Tertiary is populated with 0001 | Additional Use Frequency must be 'No use past month' if Additional Use Type is 'None'. | |
| M247 | SA Frequency of Use 1 field is blank or invalid | You must select a primary Use Frequency | |
| M248 | SA Frequency of Use 2 field is blank or invalid | You must select a Secondary Use Frequency | |
| M249 | SA Frequency of Use 3 field is blank or invalid | Additional Substance Use Frequency must be selected if additional Use type was selected. | |
| M251 | SA Route 1 field is blank or invalid | You must select a Primary use method | |
| M252 | SA Route 1 field is invalid because SA Primary is populated. | Please verify the value entered for SA Route 1it is not value valid. | |
| M253 | SA Route 1 field is invalid because SA Type 1 is 0001 | Primary Use Method must be 'No Use' if Primary Use Type is 'None' . | |
| M254 | SA Route 2 field is blank or invalid | Secondary use method must be selected | |
| M255 | SA Route 2 field must be a "6", because SA Secondary is populated with 0001 | Secondary Use Method must be 'No Use' if Secondary Use Type is 'None' . | |
| M256 | SA Route 3 field is blank or invalid | Substance Abuse Tertiary Type field is blank. Select a Tertiary Use Type. If Primary or Secondary use types are 'None', Additional Use Type must be 'None' . | |
| M257 | SA Route 3 field must be a "6", because SA Tertiary is populated with 0001 | Additional Use Method must be 'No Use' if Additional Use Type is 'None' . | |
| M264 | SF COOL field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M268 | SP Pregnancy field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M271 | SP Priority SMI field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M274 | SP Woman DC field is blank or invalid | Correct demographic and go through all edits and resubmit. | |
| M286 | Victim ANV field is blank or invalid | Correct demographic and go through all edits and resubmit. | |

Demographic Errors

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| M289 | BH Category does not match current status | Category is accurate. Correct any errors and resubmit the transaction. If the data has been validated and is correct, please contact the Maricopa RBHA Eligibility Department via phone at 1-800-564-5465 or email | 3/3/2009 |
| M291 | Client is substance abuse due to axis code(s) or BH cat. SA Type 1 cannot be none | Enter valid value for SA Type 1 | 7/1/2010 |
| M292 | SA Type 1 populated (not = none). SA freq 1 cannot be blank | Enter valid frequency value for SA Type 1 | 7/1/2010 |
| M293 | SA Type 1 populated (not = none). SA route 1 cannot be blank | Enter valid route for SA Type 1 | 7/1/2010 |
| M294 | SA Type 2 populated (not = none). SA freq 2 cannot be blank | Enter valid frequency value for SA Type 2 | 7/1/2010 |
| M295 | SA Type 2 populated (not = none). SA route 2 cannot be blank | Enter valid route for SA Type 2 | 7/1/2010 |
| M296 | SA Type 3 populated (not = none). SA freq 3 cannot be blank | Enter valid frequency value for SA Type 3 | 7/1/2010 |
| M297 | SA Type 3 populated (not = none). SA route 3 cannot be blank | Enter valid route for SA Type 3 | 7/1/2010 |
| M084 | Assessment Date should not be submitted for this transaction type | | 10/1/2010 |
| M094 | EOC Start Date is greater than today. | | 10/1/2010 |
| M097 | Assessment Date is greater than Effective Date | | 10/1/2010 |
| M166 | CASII Date is greater than Effective Date | | 10/1/2010 |
| M167 | A Crisis/Short Start record not found | | 10/1/2010 |
| M168 | A EOC Start Record not found | | 10/1/2010 |
| M169 | Record to be corrected not found | | 10/1/2010 |

Demographic Errors

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|---------------------|---|--|-----------|
| M298 | GENDER IDENTITY IS BLANK OR INVALID. | Enter valid value for gender identity | 10/1/2010 |
| M299 | GENDER IDENTITY INVALID DUE TO AGE | Confirm the date of birth and effective dates are accurate. Gender identity field valid for age 18 and older | 10/1/2010 |
| M300 | SEXUAL ORIENTATION IS BLANK OR INVALID | Enter valid value for sexual orientation | 10/1/2010 |
| M301 | SEXUAL ORIENTATION INVALID DUE TO AGE | Confirm the date of birth and effective dates are accurate. Sexual orientation field valid for age 18 and older | 10/1/2010 |
| M302 | CRISIS DEMO CAN ONLY BE SUBMITTED BY CRISIS PROVIDER – CONTACT RBHA | Contact RHBA Eligibility for assistance | 10/1/2010 |
| M303 | AXIS IV-1 is invalid or blank | Enter valid value for AXIS IV-1 | 7/6/2011 |
| M304 | AXIS IV-2 is invalid or blank. | Enter valid value for AXIS IV-2 | 7/6/2011 |
| M305 | AXIS IV-1 is 0 – none. Then AXIS IV-2 must also be 0 - None. | Validate that AXIS IV-1 value is correct. If 0-None is accurate, then AXIS IV-0 must also be 0-None. | 7/6/2011 |
| M306 | Duplicate AXIS IV codes used | Correct duplicate AXIS IV codes | 7/6/2011 |
| M307 | Primary Residence invalid due to age | Confirm the date of birth and effective dates are accurate, then correct primary residence value | 7/6/2011 |
| State Errors | | | |
| F01 | File-Name on File header is missing | | |
| F02 | File-Name on File header is invalid | | |
| F04 | RBHA ID on file header is missing | | |
| F05 | RBHA ID on file header is invalid | | |
| F06 | Invalid Record Type | | |
| F07 | Multiple File Header records exist for the same file | | |
| F08 | No file Header record was found on file | | |
| F55 | > 45 days after Intake and Intake Demographic already on file | Archive this record as a duplicate. | |
| F93 | Date of Birth does not match Client Intake record | Please verify the date of birth entered, the value sent does not match the value submitted on the intake. | |
| F99 | First Name does not match Client Intake record | Please verify the first name entered, the value sent does not match the value submitted on the intake. | |
| F100 | Last Name does not match Client Intake record | Please verify the last name entered for the member it does not match the last name submitted on the intake. | |
| F101 | Cannot change incomplete intake demographic at this time | One or more fields submitted in the initial demographic is blank. Correct demographic and go through all edits and resubmit. | |

Demographic Errors

| | | | |
|------|--|---|----------------------------|
| F110 | Date of Birth is a future date | Please verify the value entered for Date of Birth. This value can not be greater than the intake date. | |
| F111 | EOC Date | EOC date is a future date. | Description change 10/1/10 |
| F112 | Demographic Master Record Already Closed | A disenrollment demographic has already been received for this intake period. Please verify dates submitted. | |
| F113 | Assessment date not valid - YYYYMMDD effective 07/xx/ | Please verify value entered for Assessment date it is not in the valid format. | |
| F114 | Assessment date must be less than or equal to current | Please verify value entered for Assessment date it can not be greater than the date the record is submitted. | |
| F115 | Assessment date is less than intake date effective 07 | Please verify value entered for Assessment date it can not be less than the intake date on the record. | |
| F116 | Assessment date is less than DOB effective 07/xx/08 | Please verify value entered for Assessment date it can not be less than the member's date of birth. | |
| F117 | Effective date not valid YYYYMMDD | Please verify value entered for Effective date is not in the valid format. | |
| F118 | Effective date must be less than or equal to current | Please verify value entered for Effective date it can not be greater than the date record is sent. | |
| F119 | Effective date is less than intake effective 07/xx/08 | Please verify value entered for Effective date. | |
| F120 | Effective date is less than DOB effective 07/xx/08 | Please verify value entered for Effective date. | |
| F121 | Assessment date is greater than closure date effective | Please verify value entered for Assessment date. | |
| F122 | Effective date is greater than closure date effective | Please verify value entered for Effective date. | |
| F123 | Assessment date cannot be changed effective 07/xx/08 | Please verify value entered for Assessment date. | |
| F46 | Client First Name missing | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| F53 | Client ID missing | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| F52 | Client Intake record not found | The State does not have a current Intake on file. You must first submit an initial intake before submitting the demographics. | |
| F47 | Client Last Name missing | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| N190 | Date is greater than Today's Date | A date was submitted which is greater than the date the record processed. Verify the Date of Birth, Referral Date, Descriptive Characteristics Date and Outcomes Measures Date are correct. | |
| F88 | Date is invalid | Correct the date to a value which is greater than the intake date but less than the current date. | |
| N129 | Date is not valid | A date was submitted which is invalid. Verify the Referral Date, Descriptive Characteristics Date and Outcomes Measures Date is correct. | |
| F49 | Date of Birth invalid | Complete an Intake Change form to change the Date of Birth | |
| F48 | Date of Birth missing | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |

Demographic Errors

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|--------------------|--|--|----------------------------|
| N237 Referral-Date | Descriptive Characteristic Changed but no Effective Date Found | A descriptive characteristic was changed without a new date being submitted. Correct and submit the descriptive characteristic which changed and the associated Descriptive Characteristic Date. | |
| F87 | Descriptive Characteristics Effective Date is invalid. | Correct the date to a value which is greater than the intake date but less than the current date. | |
| F89 | Descriptive Characteristics Effective Date out of Intake Dates range | Correct the date to a value which is greater than the intake date but less than the current date. | |
| N193 | Diagnosis does not support Behavioral Health Category | The Axis code submitted is invalid due to the Behavioral Health Category. Verify the Axis codes for are appropriate for diagnosis, gender and age. | |
| N194 | Diagnosis Code 7999 is invalid for AXIS-1 AXIS-II | Please verify value entered for AXIS I and AXIS II, 799.9 can not be used in these fields. | |
| N195 | Diagnosis V71-09 only allowed in AXIS I 1 or AXIS II | Please verify values entered in AXIS fields, Diagnosis code V71.09 can only be used in fields AXIS I 1 or AXIS II 1. | |
| N197 | Diagnosis V7109 not allowed in both AXIS I 1 and AXIS | Please verify values entered in AXIS fields, Diagnosis code V71.09 can only be used in fields AXIS I 1 or AXIS II 1 not both. | |
| N198 | Diagnosis V7109 require valid AXIS I 1 and AXIS II 1 | Please verify values entered in AXIS fields, Diagnosis code V71.09 can only be used in fields AXIS I 1 or AXIS II 1 not both. | |
| N199 | AXIS 1 2 thru AXIS I 5 or AXIS 11 2 must be "NONE" for dx code V7109 | Please verify values entered for AXIS I 2 thru AXIS I 5 or AXIS II 2 they must be none if diagnosis code V71.09 was entered for AXIS I1 or AXIS II 1 fields. | |
| N268 | Principle diagnosis does not match either AXIS I1 or AXIS II1 effective 07/xx/08 | Please verify value entered for Principle Diagnosis. | |
| N269 | AXIS II1 must have a valid value for Principle diagnosis code effective 07/xx/08 | Please verify values entered for AXIS II1 and Principle Diagnosis. | |
| N270 | AXIS I1 must have a valid value for Principle diagnosis code effective 07/xx/08 | Please verify values entered for AXIS I1 and Principle Diagnosis. | |
| N276 | 7999 is not allowed effective date 07/xx/08 | Please verify values entered for AXIS fields and Principle Diagnosis, 799.9 is no longer a valid value. | |
| F91 | Reason for Submission Contr-id, client-id | EOC Start or Crisis/Short Start submitted but existing EOC Record not closed | Description change 10/1/10 |
| N138 | Field Invalid. Valid Range is 00000 thru 99999 | Please verify the value entered for Household Income. | |
| N139 | Field Invalid. Valid Range is 001 thru 100 | Please verify the value entered for AXIS-V. | |
| N189 | Field Invalid. Valid Range is 001 thru 100 | Please verify the value entered for Number of Arrest | |
| N137 | Field Invalid. Valid Range is 01 thru 99 | Please verify the value entered for Household size. | |

Demographic Errors

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| N135 | Field is invalid. Valid values are Y or N (for Submission Reason 1 or 2) | Please verify the value entered for the following fields it must be a Y or N: OMB-American-Indian OMB-Asian OMB-Black OMB-Native Hawaiian OMB-White OMB-Hispanic-Latino PC-Suicidal PC-Assaultive PC-Victim-ANV PC-Anxiety-Stress PC-Depressed PC-Psychotic PC-Substance-Abuse PC-Relational PC-Other OA-DES-CPS OA-DES-DDD OA-DES-RSA OA-School-Special-Ed OA-Other Educational-Status | |
| N132 | Field is invalid. Valid values are Y, N, * (for Change or Disenrollment Demographics only) | Correct demographic and go through all edits and resubmit. | |
| N131 | Field Required for Submit Reason | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| F103 | Field(s) required for Reason-for submission code missing | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| F102 | Init demog must be complete when sent 45 days after intake | Correct demographic and go through all edits and resubmit. | |
| N126 | Initial Intake Submission Not Found | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility Liaison | |
| N127 | Initial Intake transaction already exists | Archive this record as a duplicate. | |
| F94 | Intake and Initial Demographic may not be submitted on the same day. | Resubmit Initial Demographic after Intake has been accepted by ADHD/DBHS. | |
| F45 | Intake date invalid | Intake date is invalid. Verify the intake has a valid intake date. | |
| F44 | Intake date missing | Intake date is blank. Verify the intake has a valid intake date. | |
| N130 | Date is greater than Today's Date | Please verify the value entered for Referral Date it can not be greater than today's date. | |

Demographic Errors

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| N133 | Invalid Field Value | Please verify the value entered for the following fields: Referral-Source Treatment-Participation Formal-Schooling-Level Behavior-Health-Category AXIS-I-1 AXIS-I-2 AXIS-I-3 AXIS-I-4 AXIS-I-5 AXIS-II-1 AXIS-II-2 AXIX-III-1 AXIS-III-2 AXIS-III-3 AXIS-III-4 AXIS-III-5 Employment-Status Primary-Residence SA-Type-1 SA-Freq-1 SA-Route-1 Reason-for-Disenrollment Past-SA-Type | |
| N125 | Invalid Submission Reason | Correct demographic and submit. | |
| N128 | Date is Invalid or not Numeric | Please verify the value entered for the Referral Date or ISP Date is not in the correct format or is not a numeric value. | |
| F54 | No Intake Demographic found | The State does not have a current Demographic record on file. You must first submit an initial demographic. | |
| F58 | Only one record for each unique type. Only one record for each unique RBHA ID, Client ID, Intake Date will be accepted per day | Another RBHA has submitted a record for this member. Resubmit on another date. | |
| N136 | Outcome Measure changed but no Effective Date found. | Enter an effective date that applies to the outcome measure change | |
| N238 | Outcome Measure value invalid for client's age. | An outcomes measure was submitted which is invalid due to member's age. Correct and submit a valid outcomes measure which changed and Outcomes Measures Date. | |
| F90 | Outcome Measures Effective Date out of Intake Dates range | Correct and submit the date to a value which is greater than the intake date but less than the current date. | |
| N239 | Priority SMI can only be 'Y' for ValueOptions' SMI Clients | | |

Demographic Errors

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|------|-------------------------------------|---|--|
| N240 | Value Must be Y, N or X. | Please verify information sent on the file Y, N and X are the only valid value for these fields: PC-Unable-to-Care PC-Child-Behavior OA-ADC-Parole OA-ADJC-Parole OA-ADHS-CRS OA-AOC-Adult-Probation OA-AOC-Juvenile-Probation SF-Cool SP-Pregnancy SP-Woman-DC SP-Priority-SMI Avoid-Delinquency Success-in-school Stable-Productive Lives-with-Family Increased-Stability Decreased-Safety-Risk Served-by-CFT Acptbl-Emot-Reg Ready-to-Learn Explore-and-Adapt Parent-Child-Interact Family-Stress | |
| N248 | Invalid value based on SA Type | Please verify values entered for the following fields: SA-Type-1 SA-Freq-1 SA-Route-1 SA-Type-2 SA-Type-2 SA-Route-2 SA-Type-3 SA-Freq-3 SA-Route-3 | |
| N249 | Invalid value for Maricopa GSA | Please verify values entered for the following fields: ACT-Team Clinic-Site-id | |
| N250 | Invalid value based on client's age | Please verify values entered for the following fields: PC-Unable-to-Care PC-Child-Behavior OA-ADC-Parole-ADJC OA-ADJC-Parole OA-ADHS-CRS OA-AOC-Adult-Probation OA-AOC-JVNL-Probation Formal-School-Level-cd SF-Cool SP-Priority-SMI Behavior-Health-Cat Employment-Status Success-In-School Served-By-CFT Acptbl-Emot-Reg Ready-To-Learn Explore-and-Adapt Parent-Child-Interact Family-Stress | |
| N251 | Invalid value based on gender | Please verify values entered for the following fields: SP-Pregnancy SP-Woman-DC | |

Demographic Errors

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|------|---|---|-----------|
| N252 | Invalid value based on Master Records Value | Please verify the values entered for the following fields they do not match the master record for this member: Referral-Date ISP-Date | |
| N253 | Invalid Date or Out of Intake/Closure/Run Date Range | Please verify the values entered for the following fields: Referral-Date ISP-Date | |
| N236 | Value Duplicated or Out of Sequence | Please verify the values entered for the following fields: AXIS-III-2 AXIS-III-3 AXIS-III-4 AXIS-III-5 | |
| F50 | Reason for Submission missing | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility team | |
| F51 | Reason for Submission missing | Please call Member Services at 800-564-5465 and ask to speak to the Eligibility team | |
| F126 | EOC Status Reason for Submission | Invalid EOC Status for Reason for Submission | 10/1/2010 |
| F127 | Reason for Submission = '4' | An EOC Start Record not found | 10/1/2010 |
| F128 | Reason for Submission = '6' | A Crisis/Short Start Record not Found | 10/1/2010 |
| F129 | | Record to be Corrected not found | 10/1/2010 |
| F130 | EOC Date | EOC Date will cause an overlap | 10/1/2010 |
| F131 | EOC-Date | EOC Date is older than 4 years from Process Date | 10/1/2010 |
| N133 | Referral-Source Treatment-Participation Formal-Schooling-Level Behavior-Health-Category AXIS-I-1 AXIS-I-2 AXIS-I-3 AXIS-I-4 AXIS-I-5 AXIS-II-1 AXIS-II-2 AXIX-III-1 AXIS-III-2 AXIS-III-3 AXIS-III-4 AXIS-III-5 Employment-Status Primary-Residence SA-Type-1 SA-Freq-1 SA-Route-1 EOC Status Past-SA-Type Gender Identity Sexual Orientation | Invalid Field Value | 10/1/2010 |
| N301 | Gender Identity Sexual Orientation | Code invalid for client's age | 10/1/2010 |

Closure Errors

| Closure Errors | Error Description | Action Needed |
|-------------------------------|---|--|
| Internal (RBHA) Errors | | |
| AC | INTAKE DATE IS REQUIRED. | Please enter an Intake date. |
| AD | INTAKE DATE MUST BE VALID. | Please enter a valid Intake date. |
| AE | INTAKE DATE CAN NOT BE GREATER THAN TODAY'S DATE. | The Intake date cannot be in the future. |
| AF | ADDRESS LINE 1 IS REQUIRED. | Please enter address line 1. |
| AG | CITY IS REQUIRED. | Please enter a city. |
| AI | DATE OF BIRTH IS REQUIRED. | Please enter a date of birth. |
| AJ | DATE OF BIRTH MUST BE IN A VALID FORMAT(YYYYMMDD). | Please enter a valid date of birth. |
| AK | FIRST NAME IS REQUIRED. | Please enter a first name. |
| AL | LAST NAME IS REQUIRED. | Please enter a last name. |
| AM | MARITAL STATUS IS REQUIRED. | Please enter a marital status. |
| AO | SEX CODE IS REQUIRED. | Please enter a gender. |
| AQ | ZIP CODE IS REQUIRED. | Please enter a zip code. |
| AS | DATE OF BIRTH CAN NOT BE LATER THAN CURRENT DATE. | The date of birth cannot be in the future. |
| AT | DATE OF BIRTH CAN NOT BE LATER THAN INTAKE DATE. | Please enter an intake date that is after the date of birth. |
| AV | MEDICAL INSURANCE IS MISSING. | Please enter a Medical Insurance code. |
| AW | MEDICAL INSURANCE 1 IS INVALID. | Please enter a valid Medical Insurance code. |
| AY | CLOSURE DATE IS REQUIRED. | Please enter a Closure Date. |
| AZ | CLOSURE DATE MUST BE A VALID DATE. | Please enter a valid Closure Date. |
| BA | CLOSURE DATE CANNOT BE GREATER THAN CURRENT DATE. | The Closure Date cannot be in the future. |
| BB | MEDICAL INSURANCE 2 IS INVALID. | Please enter a valid Medical Insurance code. |
| BC | MEDICAL INSURANCE 3 IS INVALID. | Please enter a valid Medical Insurance code. |
| BD | AHCCCS ID IS INVALID | A valid AHCCCS ID is one that matches the State Roster. Please resubmit using the correct AHCCCS ID. |
| | STATE IS REQUIRED | Please enter a state. |
| AN | MARITAL STAT MUST BE B, D, I, M, R, S, U, W, OR X. | Please enter a valid Marital Status |
| AP | SEX CODE MUST BE EITHER F OR M. | Please enter a valid gender, F or M. |
| AU | CLIENT AGE CAN'T BE MORE THAN 110 AT TIME OF INTAKE | Age cannot be more than 110 at the time of intake. |
| AX | MAINTENANCE TYPE MUST BE 001, OR 024 ON CLOSURE. | A valid Closure Maintenance Type is 001-Change, 024-Initial. |
| 01 | 01 ALREADY ACTIVE MAGELLAN MEMBER | Web user should archive this error. |
| 02 | 02 ACTIVE IN ANOTHER RBHA | Contact the prior RBHA to close the member record. |
| 03 | 03 SIMILAR DATA ALREADY BEING VALIDATED BY STATE | Another record for this member has been submitted and is in process. |

Closure Errors

| Closure Errors | Error Description | Action Needed |
|----------------|---|--|
| 04 | 04 CLOSURE RECORD SENT FOR MEMBER ALREADY CLOSED | Please verify data entered, this member is already closed for this intake period. |
| AB | CIS ID IS REQUIRED WHEN MAINTENANCE TYPE IS 001. | Please enter a CIS ID when submitting an Intake Change. |
| AH | COUNTY RESIDENCE MUST BE 13. | Please enter Maricopa County as the county of residence. |
| AR | SSN MUST CONTAIN 9 NUMERIC CHAR AND NOT ALL 9 OR 0 | Please enter a 9 digit SSN. All 0's or 9's cannot be used. |
| BD | AHCCCS ID IS INVALID | A valid AHCCCS ID is one that matches the State Roster. Please resubmit using the correct AHCCCS ID. |
| BE | INVALID/MISSING ID'S; RECORD FOUND BY NAME/DOB | Correct the Intake using CIS ID's and/or AHCCCS ID's that are on the State Roster for this member. |
| BF | CUSTOMER NOT FOUND IN DATABASE | Verify what was submitted and what is on the State Roster for this member. Resubmit using the correct information. |
| BG | ZIP CODE AND STATE MISMATCH | Select a zip code that is in the state selected. |
| BH | LANGUAGE CODE REQUIRED | Please enter a Language Code. |
| BI | LANGUAGE CODE INVALID | Please enter a valid Language Code. |
| BJ | INVALID ZIP CODE | Please enter a valid Zip Code. |
| BQ | Last DOS on file is MM/DD/YY. Correct closure date. | The closure date must be dated after the last encounter on file for the segment to be closed successfully. |
| BR | INVALID CHARACTER IN RECORD ALPHA/NUMERIC ONLY | Please enter a valid alpha or numeric character. Cannot use characters such as ~ or ` for example. |
| BL | BL – Non Maricopa County Zip – Contact RBHA for Closure | Zip code is not in Maricopa County. Contact the RBHA Eligibility team at MaricopaRBHAEligibility@magellanhealth.com with any questions |
| BS | Invalid County code due to zip code. Contact RBHA | Validate correct zip code. Contact the RBHA Eligibility team at MaricopaRBHAEligibility@magellanhealth.com with any questions |
| BT | MAINTENANCE REASON CODE IS INVALID | |
| BU | MAINT TYPE CD AND MAINT REASON CD NOT VALID COMBO | |
| BW | INCORRECT ETHNICITY CODE IS NOT VALID | |
| BX | CIS ID MUST BE POPULATED ON TERMINATION | |
| BZ | EMPLOYMENT STATUS CODE IS NOT VALID | |
| CA | ETHNICITY CODE IS NOT VALID | |
| CB | ENROLLMENT END DATE MUST BE VALID DATE | |
| CC | DATE OF DEATH MUST BE VALID DATE | |
| CD | INCORRECT DATE OF BIRTH IS NOT A VALID DATE | |
| CE | INCORRECT MARITAL STATUS IS NOT A VALID CODE | |

Closure Errors

| Closure Errors | Error Description | Action Needed |
|---------------------|--|---|
| State Errors | | |
| F14 | RBHA-ID on data record is invalid | Please verify value entered for RBHA ID is it not a valid value. |
| F15 | RBHA-ID on data record does not match RBHA-ID on File | Please verify value entered for RBHA ID it does not match what is on file with the state for this member. |
| F16 | Action-Code is required. | Please enter an Action Code. |
| F17 | Action Code is invalid | Please enter a valid Action Code. |
| F18 | Client-ID is required when the Action-Code is "C". | Please enter a CIS ID when submitting an Intake Change. |
| F19 | Intake-Date is missing. | Please enter an Intake date. |
| F20 | Intake-Date is not a valid date. | Please enter a valid Intake date. |
| F21 | Closure -Date is missing. | Please enter a Closure Date. |
| F22 | Closure -Date must be a valid date. | Please enter a valid Closure Date. |
| F23 | Closure-Date is less than Intake-Date. | The Closure Date cannot be before the Intake Date. |
| F25 | Closure Date greater than current date | The Closure Date cannot be in the future. |
| N05 | Closure exists for Client-ID, Intake-date & RBHA-ID. | Web user should archive this error. |
| N06 | Closure does not exist for Client-ID, Intake-date & RBHA-ID. | Web user should archive this record or change the Intake Date and submit. |
| N07 | Closure does not exist for Client-ID, Intake-Date and RBHA-ID. | Web user should archive this Closure Change record since there is no Closure on file. |
| N08 | Closure-Date invalidates existing encounters. | Web user should archive this record or change the Closure Date and submit. |
| N13 | Closure-Date causes overlapping enrollment. | Web user should archive this record or change the Closure Date and submit. |
| N18 | Duplicate Closure exists in file. | Web user should archive this error. |
| ENR001 | MAINTENANCE TYPE CODE IS NOT VALID | |
| ENR002 | MAINTENANCE REASON CODE IS NOT VALID | |
| ENR003 | MAINTENANCE TYPE CD AND MAINTENANCE RSN CD NOT VALID COMBINATION | |
| ENR004 | RBHA ID ON FILE HEADER IS NOT VALID | |
| ENR005 | ACTION CODE IS NOT VALID | |
| ENR006 | CLIENT ID IS REQUIRED ON A CHANGE, TERM OR RE-ENROLL | |
| ENR007 | CLIENT ID IS NOT VALID | |
| ENR008 | DATE OF BIRTH IS REQUIRED | |
| ENR009 | MEMBER FIRST NAME IS REQUIRED | |
| ENR010 | MEMBER LAST NAME IS REQUIRED | |
| ENR011 | ENROLLMENT BEGIN DATE IS REQUIRED ON AN ADD TRANSACTION | |

Closure Errors

| Closure Errors | Error Description | Action Needed |
|----------------|--|---------------|
| ENR012 | ENROLLMENT END DATE IS REQUIRED ON A TERMINATION | |
| ENR013 | MEDICARE PLAN CODE IS NOT VALID | |
| ENR014 | EMPLOYMENT STATUS CODE IS NOT VALID | |
| ENR015 | GENDER IS NOT VALID | |
| ENR016 | MARITAL STATUS CODE IS NOT VALID | |
| ENR017 | ETHNICITY CODE IS NOT VALID | |
| ENR018 | LANGUAGE CODE IS NOT VALID | |
| ENR019 | ZIP CODE IS NOT VALID | |
| ENR020 | DATE OF BIRTH MUST BE A VALID DATE - CCYYMMDD | |
| ENR021 | ENROLLMENT BEGIN DATE MUST BE A VALID DATE - CCYYMMDD | |
| ENR022 | ENROLLMENT END DATE MUST BE A VALID DATE - CCYYMMDD | |
| ENR023 | MAINTENANCE EFFECTIVE DATE MUST BE A VALID DATE - CCYYMMDD | |
| ENR024 | DATE OF DEATH DATE MUST BE A VALID DATE - CCYYMMDD | |
| ENR025 | INCORRECT DATE OF BIRTH MUST BE A VALID DATE - CCYYMMDD | |
| ENR026 | RATE CODE BEGIN DATE MUST BE A VALID DATE - CCYYMMDD | |
| ENR027 | MENTAL HEALTH CTG BEGIN DATE MUST BE VALID DATE - CCYYMMDD | |
| ENR028 | MENTAL HEALTH CTG END DATE MUST BE A VALID DATE - CCYYMMDD | |
| ENR029 | PREGNANCY EXPECTED DATE MUST BE A VALID DATE - CCYYMMDD | |
| ENR030 | MULTIPLE CLIENTS FOUND WITH THE SAME GENDER, DOB, FIRST NAME, LAST NAME | |
| ENR031 | MULTIPLE CLIENTS FOUND WITH THE SAME GENDER, DOB, FIRST NAME(3),LAST NAME(4) | |
| ENR032 | AN ENROLLMENT SEGMENT ALREADY EXISTS FOR THE GIVEN CLIENT ID AND DATES | |
| ENR033 | NO ENROLLMENT SEGMENT WAS FOUND FOR CLIENT ID | |
| ENR034 | CLIENT CANNOT HAVE OVERLAPPING ENROLLMENT SEGMENTS | |
| ENR035 | THE ENROLLMENT INFORMATION ON THIS CLIENT BELONGS TO A DIFFERENT RBHA | |
| ENR036 | RBHA IS NOT ALLOWED TO TERMINATE AHCCCS ELIGIBLE CLIENT | |
| ENR037 | RBHA IS NOT ALLOWED TO CHANGE AN AHCCCS ELIGIBLE CLIENT | |
| ENR038 | MAINTENANCE EFFECTIVE DATE IS REQUIRED ON A CHANGE | |
| ENR039 | GENDER IS REQUIRED | |
| ENR040 | NO OPEN ENROLLMENT SEGMENT TO TERMINATE | |
| ENR041 | ENROLLMENT END DATE IS PRIOR TO ENROLLMENT BEGIN DATE | |
| ENR042 | NOT ALLOWED TO TERMINATE STATE-ONLY CLIENT THAT BELONGS TO ANOTHER RBHA | |
| ENR043 | NOT ALLOWED TO CHANGE STATE-ONLY CLIENT THAT BELONGS TO ANOTHER RBHA | |
| ENR044 | CANNOT TERMINATE A CLIENT THAT DOES NOT EXIST IN THE SYSTEM | |

Closure Errors

| Closure Errors | Error Description | Action Needed |
|----------------|---|---------------|
| ENR045 | CANNOT CHANGE A CLIENT THAT DOES NOT EXIST IN THE SYSTEM | |
| ENR046 | INCORRECT MARITAL STATUS CODE IS NOT VALID | |
| ENR047 | INCORRECT ETHNICITY CODE IS NOT VALID | |
| ENR048 | CLIENT ID CANNOT BE SUBMITTED ON A NEW CLIENT | |
| ENR049 | TERMINATION DATE PROVIDED CONFLICT WITH EXISTING ENROLLMENT SEGMENT | |
| ENR050 | INVALID MEMBER IDENTIFIER CODE | |
| ENR051 | INVALID CITY, STATE OR ZIP CODE COMBINATION | |
| ENR052 | RE-ENROLLMENT DATES PROVIDED CONFLICT WITH EXISTING ENROLLMENT SEGMENT | |
| ENR053 | ADDRESS REQUIRED FOR REASON CODE 43 (CHANGE OF ADDRESS) | |
| ENR054 | MAINTENANCE REASON CODE 33 IS USED TO CHANGE CO-PAY AND SOC INFORMATION | |
| ENR055 | MAINTENANCE REASON CODE A1 IS USED TO CHANGE PREGNANCY INFORMATION | |