

CBF Stabilisation CBF External Error Messages Information Pack

Version: 1.2
Status: Active
Date: 31 January 2007
Reference: CBFS07

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1 Introduction

1.1 Document purpose

This document describes the error messages produced in processing PHO Patient Registers through CBF.

1.2 Intended audience

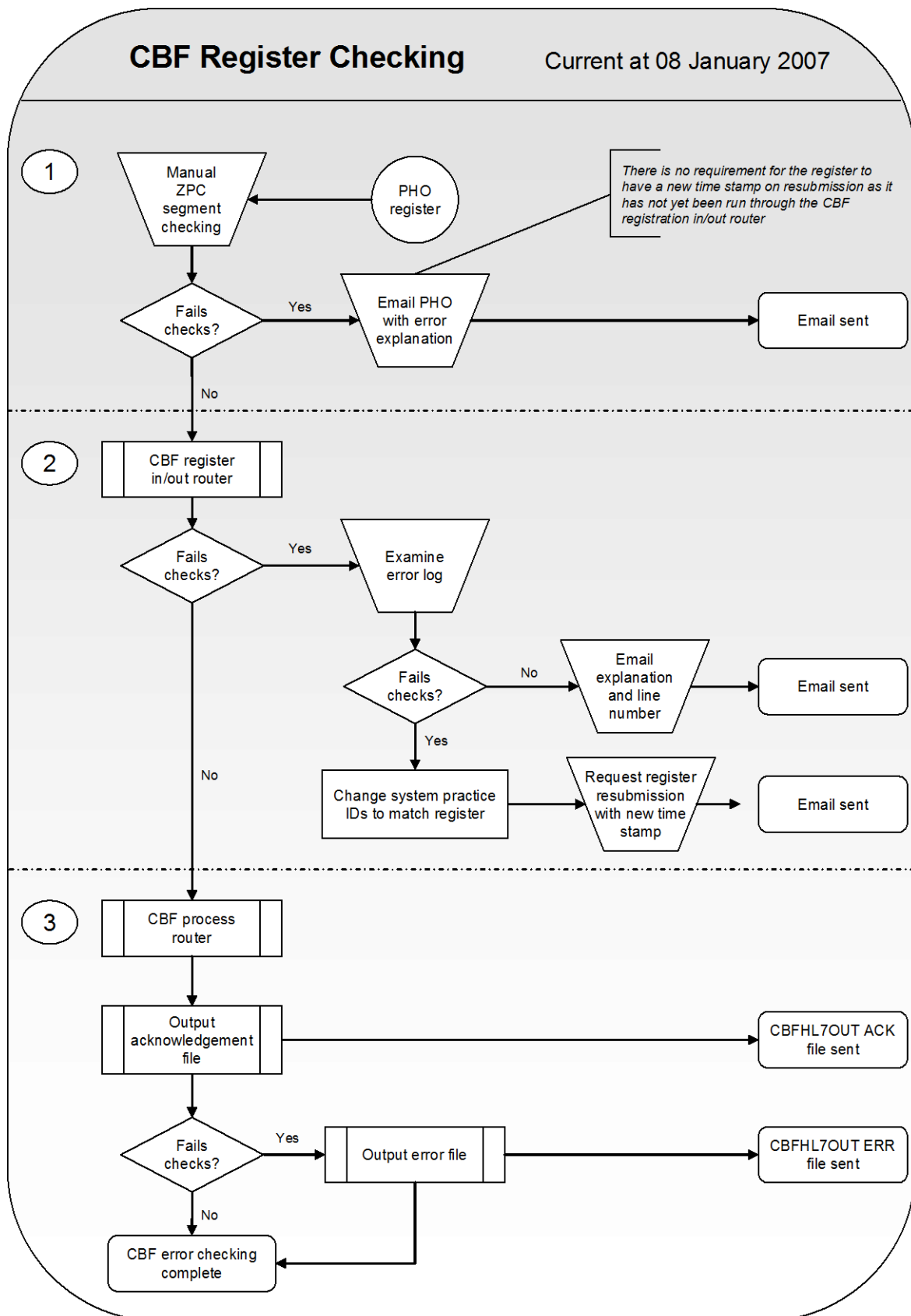
This document is intended for use by DHBs, PHOs, PHO Vendors, Management Services Organisations (MSO), and HealthPAC.

1.3 For further information

If further information is required regarding CBF error messages, email cbf_admin@moh.govt.nz.

2 CBF Error Checking Process

2.1 CBF register error checking process diagram



2.2 Pre-processing manual checks

This section corresponds to stage ① of the CBF Register Checking diagram. To avoid unnecessary system rejections, a number of manual checks are performed by HealthPAC Payments Processing prior to the submission of registers for initial CBF processing.

The following fields in the “Organisation Details” (ZPC) segment of the submitted register are checked for the mandatory presence of data.

2.2.1 “Organisation details” (ZPC) segment checks

Sequence	Field name	Usage
1	Organisation ID	Mandatory
2	Contract number	Mandatory
3	Payee number	Mandatory
4	Payment period	Mandatory
5	Total affiliated practices	Mandatory
6	Total registered patients	Mandatory
7	Organisation name	Mandatory

The following checks are also performed on the “Organisation Details” (ZPC) segment of the PHO submitted patient register by HealthPAC Payments Processing.

Sequence	Field name	Check
1	Organisation ID	That the PHO Org ID in the header matches with the ID incorporated in the file name and that it is a valid PerOrg ID
2	Contract number	That the contract number is valid for the organisation ID
3	Payee number	That the payee number is valid for the organisation ID
4	Payment period	That the date is correct for the upcoming payment period

2.2.2 Filename checks

These checks are performed by HealthPAC Payments Processing on the filename of the patient register.

File name	Check	Organisational action
HL7IN not HL7OUT	That the prefix of the file is CBFHL7IN and not CBFHL7OUT	Resubmit file with the correct prefix CBFHL7IN
CBF not CIC	That the file is a ‘production’ CBF file and not a ‘test’ version of the register (eg, CBFHL7IN not CICH7IN)	Resubmit file with the correct prefix CBFHL7IN
Time stamp	If the register has been previously submitted the time stamp on the resubmitted register must be different from that of the register that was rejected	Resubmit file with a new time stamp

2.2.3 Error handling

If the register fails any of the tests described above then HealthPAC Payments Processing will either send an email or ring the PHO outlining the error.

The PHO is then asked to send in a complete new corrected register. At this stage there is no need for the PHO to submit the register with a new time stamp as the register has not yet been processed.

2.3 Processing manual checks

This section corresponds to stage ② of the CBF Register Checking diagram. CBF register processing confirms whether a register has been accepted or rejected.

If the register is rejected then HealthPAC Payments Processing will check the log file to determine the cause.

2.3.1 Checks on errors in the log file

The table below describes the most common errors that appear in the log file after processing.

Error	Cause	Organisation action
Invalid practice IDs	Practice exceptions not recognised by the system because the practice IDs in the register do not match	If the practice IDs are in error, then HealthPAC Payments Processing will change the IDs in CBF to correspond with those submitted on the PHO Register. HealthPAC Payments Processing will inform the PHO that they must resubmit their register with a new time stamp.
Mismatch header	Two possible causes: <ul style="list-style-type: none">• incorrect number of practices• incorrect number of patients	If the register fails this test, then HealthPAC Payments Processing will send an email to the PHO to notify them of the error. If the error is within the segments/sequence or dates, the PHO is sent the line number on which the error occurred. The PHO is asked to send in a new register. The PHO needs to submit the register with a new time stamp as the register has already been processed through the CBF register in/out router.
Invalid segment	Segment has the wrong number of fields or has an invalid segment identifier. See the HL7 Messages Standard Definition document for a detailed specification.	Same as 'Mismatch header' action.
Sequence out of place	Segments must be delivered in a set order. See the table below for more information.	Same as 'Mismatch header' action.
Invalid dates	For example, 20051131 – there is only 30 days in November not 31	Same as 'Mismatch header' action.

2.3.2 Structure of the patient register

Segment identifier	Patient referral message	Usage
MSH	Message header	Mandatory
ZPC	Organisation details	Mandatory
ZCT	HealthPAC register type	Mandatory
ZPR	Practice identifier	Mandatory
PRD	Practitioner identifier	Optional
PID	Patient identification	Mandatory
ZRD	Register details	Mandatory
PID	Patient identification	Optional
ZRD	Register details	Optional

1. Each practice segment must be followed by at least one segment each of patient identification and register details segments.
2. The practitioner segment is optional, but where provided, must be followed by at least one segment each of patient identification and register details segments.
3. In both of the above cases, there may then follow none, one or more pairs of patient identification and register details segments.

2.3.3 Invalid practice IDs

If the practice IDs are in error, then HealthPAC Payment Processing will change them in CBF to correspond with those submitted on the PHO register.

HealthPAC Payments Processing will inform the PHO that they must resubmit their register with a new time stamp.

Every quarter, one month prior to the register submission date, the Primary Health Care Delivery Team (PHCDT) produces a Payment Advice Sheet (PAS). The PAS contains the most up to date PHO and practice information known to PHCDT.

This sheet is supplied to HealthPAC Payment Processing and is used to update the organisational data in CBF.

The following checks are performed on the organisational data held in CBF:

- practices that are funded as “access”
- PHOs funding type
- PHO services, whether they are entitled to HP/SIA or CP
- practices that have been removed
- practices with name changes
- practice IDs.

The practice ID data supplied by PHCDT does not always correspond with that sent by the PHO within the register. This is because the practice ID is not a formal identifier and is subject to change at the discretion of the PHO and its practices.

2.4 Post processing checks

Note: This corresponds to section ③ of the CBF Register Checking diagram.

The error messages output after processing the register are described in section 3 below.

3.2 Error lists

The content of the “error type” (or message type) is used in the “error text” (or message text) component. The “description of cause of error” column in the following sections corresponds to an error at the level of the field and is the error description text that is appended to the “error text” / “message text” component of the “error condition”, “grouping message” and “error message” fields of MSA, ZSA and ZER segments respectively.

3.2.1 Error identifiers at register level

Table B.2: Error identifiers at register level

Identifier	Acknowledgement type	Error type	Description of cause of error	Organisation action
0001	Accept (AA)	Register is accepted		Register is accepted, processing will continue with errors possibly following at a later time.
0002	Reject (AR)	Invalid file format or file is corrupt		Register is rejected. Review errors that follow this acknowledgement, fix and resubmit within three business days or no register will be processed.
0003	Reject (AR)	Register not submitted within contracted time		Register will not be processed this quarter. Organisation must submit next patient register at least one month before the quarter start date. Note: This was error identifier 1001.
9997	Errors (AE)	No patient errors found		Register is accepted and no errors have been found. Register will process as sent.
9998	Errors (AE)	Patient record errors found. Patients with errors have been removed from register		Register has been processed. What follows are the errors and associated patient records that will be removed from the register for processing. Review these errors, fix and resubmit within three business days or register will be processed less these patient records.
9999	Validation (AV)	Validated details returned patient included in payment, and duplicate patient removed from register		Register has been processed. What follows is the validated data for claimants upload and/or analysis, AND the patient records which have been found on multiple registers and which will not be included for payment calculation on this register.

3.2.2 Error identifiers at segment level

The following errors indicate a problem in the original file which prohibits processing of the entire message, resulting in a reject acknowledgement.

Table B.3: Error identifiers at segment level

Identifier	Acknowledgement code	Error type	Description of cause to error	Organisation action
1000	Reject (AR)	Invalid format or file is corrupt – <filename.ext>		Resubmit file in accordance with CBF HL7 Message Standard Definition
1002	Reject (AR)	Segment missing or invalid: message header (MSH)	Segment missing Out of sequence HL7 unmarshall error Encoding characters required Sending application required Sending facility required Receiving application required Receiving facility required Date/time of message required Date/time of message invalid Invalid message type Invalid message type/trig event Control ID required Processing ID required Version ID required	Organisation to resubmit entire register within three business days
1003	Reject (AR)	Segment missing or invalid: organisation details (ZPC)	Payment period start date invalid Out of sequence HL7 unmarshall error Organisation ID required Organisation ID not found <number> Organisation ID not numeric Contract number required Contract number not found <number> Payee number required Payment period required Payment period invalid Total practices cannot be 0 Total patients cannot be 0 Organisation name required Valid payment reference data for organisation not found	Organisation to resubmit entire register within three business days
1004	Reject (AR)	Segment missing or invalid: claim type (ZCT)	Out of sequence HL7 unmarshall error	Organisation to resubmit entire register within three business days

Identifier	Acknowledgement code	Error type	Description of cause to error	Organisation action
1005	Reject (AR)	Segment missing or invalid: practice (ZPR)	Out of sequence Practice ID required Practice ID not numeric HL7 unmarshall error Practice exception for organisation absent in register	Organisation to resubmit entire register within three business days
1006	Reject (AR)	Segment missing or invalid: practitioner identifier (PRD)	Out of sequence HL7 unmarshall error	Organisation to resubmit entire register within three business days
1007	Reject (AR)	Segment missing or invalid: patient (PID)	Out of sequence HL7 unmarshall error	Organisation to resubmit entire register within three business days
1008	Reject (AR)	Segment missing or invalid: patient (ZRD)	Out of sequence HL7 unmarshall error	Organisation to resubmit entire register within three business days
1009	Reject (AR)	Segment invalid	Invalid segment ID <text>	Organisation to resubmit entire register within three business days
1010	Reject (AR)	File count mismatch	Practice total mismatch – header <number>, actual <number> Patient total mismatch – header <number>, actual <number>	Organisation to resubmit entire register within three business days Note: This error will be provided only if there are no other errors.
1011	Reject (AR)	Threshold not met: NHI		Organisation to resubmit entire register within three business days
1012	Reject (AR)	Threshold not met: residential address		Organisation to resubmit entire register within three business days

3.2.3 Error identifiers at field level

The following data errors indicate a problem in the original register file that prohibits the processing of certain segments (practice, practitioner or patient).

Table B.4: Error identifiers at field level

Identifier	Acknowledgement code	Error type	Description of cause to error	Organisation action
2001	Error (AE)	Patient ID (internal) missing or invalid		Organisation to resubmit register within three business days or this patient record will be rejected
2002	Error (AE)	Patient name missing or invalid	Family name field missing First given name field missing	Organisation to resubmit register within three business days or this patient record will be rejected
2003	Error (AE)	Date of birth missing or invalid	Date of birth missing Invalid date of birth <date> Date of birth is in the future Age must be less than 120 years old	Organisation to resubmit register within three business days or this patient record will be rejected
2004	Error (AE)	Gender missing or invalid	Gender missing Gender contains invalid value <x>	Organisation to resubmit register within three business days or this patient record will be rejected
2006	Error (AE)	Date of enrolment missing or invalid	Invalid date <string> Date is in the future <date>	Organisation to resubmit register within three business days or this patient record will be rejected
2008	Error (AE)	Registration status missing or invalid	Registration status missing Registration status invalid <x>	Organisation to resubmit register within three business days or this patient record will be rejected
2010	Error (AE)	Last patient contact not within three years		Organisation to resubmit register within three business days or this patient record will be rejected
2011	Error (AE)	Practice does not have patients	Patient segment PID and/or ZRD missing	Organisation to resubmit register within three business days or this practice record will be ignored

3.2.4 Grouping codes at practice segment level

Table B.5: Grouping codes at practice segment level

Identifier	Acknowledgement code	Error type	Description of cause to error	Organisation action
3000	Error (AE)	No patient errors found		Patients for the practice are accepted and no errors have been found. Patients for the practice will process as sent.
3001	Error (AE)	Patient record error: patient has been removed from register		Patients for the practice have been processed. What follows are the errors and associated patient records of the practice that will be removed from the register for processing. Review these errors, fix and resubmit within three business days or register will be processed less these patient records.
3002	Validation (AV)	Validated details returned: patient will be included in payment		Register has been processed. What follows is the validated data for claimants upload and/or analysis.
3003	Validation (AV)	Duplicate patient found: patient has been removed from register		Register has been processed. What follows are the patient records which have been found on multiple registers and will not be included for payment calculation on this register.
3004	Validation (AV)	Deceased patient found: patient has been removed from register	Deceased patient was found in register of previous quarter and this was confirmed in this quarter	Register has been processed. What follows are the records of patient who have been identified to be dead in the previous quarter and will therefore not be included for payment calculation on this register.

3.2.5 Component level error identifiers

Component level errors are presented as part of the field level error to which additional descriptive text and component level reference information is appended. This takes the following form:

“: Incorrect number of components for <field name> field (<actual field content>) : definition[<expected number of components>], field[<actual number of components>]”

Note: Component level error descriptions may not always be provided.