



INCOME VERIFICATION MATCH (IVM)  
ERROR MESSAGE REFERENCE GUIDE

IVM\*2.0\*71

June 2003

# Revision History

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|                      |                    |                           |

# Table of Contents

|  |          |
|--|----------|
| <b>Introduction.....</b>                         | <b>1</b> |
| Background.....                                  | 1        |
| <b>Error Message Reference Guide.....</b>        | <b>2</b> |
| File #408.11      RELATIONSHIP .....             | 2        |
| File #408.12      PATIENT RELATION.....          | 2        |
| File #408.1275    EFFECTIVE DATE.....            | 3        |
| File #408.13      INCOME PERSON .....            | 4        |
| File #408.21      INDIVIDUAL ANNUAL INCOME ..... | 4        |
| File #408.22      INCOME RELATION.....           | 6        |
| File #408.31      ANNUAL MEANS TEST .....        | 9        |
| File #408.32      MEANS TEST STATUS.....         | 13       |
| File #408.34      SOURCE OF INCOME TEST .....    | 13       |
| File #43          MAS PARAMETERS .....           | 13       |

# Introduction

## **Background**

Means Tests from the Health Eligibility Center (HEC) are not uploading at the VA Medical Centers (VAMCs) when they contain data that does not pass the consistency checks. VAMCs are allowed to enter Income Tests with known data inconsistencies and transmit them to the HEC. The HEC then transmits the test to all VAMCs visited. If any inconsistent data is found, the Income Test is not uploaded at the VAMCs. A Transmission Error message is then sent to the HEC. NO message is received at the VAMCs informing them of the upload failure.

Patch IVM\*2\*71 allows both ORF~Z10 and ORU~Z10 HL7 transmissions to upload, regardless of any errors. Using existing consistency checks, the patch updates the COMMENT Sub-file (#408.311) in the ANNUAL MEANS TEST File (#408.31) with the message that there were errors in the upload, and lists the errors. Any data inconsistencies that are identified by the consistency checks will be stored in the COMMENT Sub-file (#408.311) in the ANNUAL MEANS TEST File (#408.31). Additionally, comments not relating to data inconsistencies will also be maintained in the COMMENT Sub-file (#408.311) in the ANNUAL MEANS TEST File (#408.31) each time the Income Test is uploaded. Because the Income Test may be edited, transmitted to the HEC, and then uploaded at all sites visited countless times, the inconsistencies are checked each time the test is uploaded, and only the current inconsistency messages will be in the comment field, along with any user-entered messages. The Non-Inconsistency messages are always maintained.

These data inconsistency error messages cover Both Means Tests and Co-Pay Tests.

## Error Message Reference Guide

The following files are referred to in one or more of the following data inconsistency error message explanations. If an error message explanation references more than one file, the message text and its explanation are duplicated in the referenced file(s).

### **File #408.11    RELATIONSHIP**

| <b>File #408. 11</b>  |   |
|---|---|
| <b>Message Text</b>   | <b>Explanation</b>  |
| <i>Invalid relationship for means test dependent</i>              | This error message is returned when the ALLOWABLE FOR MEANS TEST? Field (#.04) for the RELATIONSHIP (File #408.12, Field #.02) is set to "NO".  |
| <i>Dependent relationship/sex are inconsistent</i>                | This error message is returned when the SEX Field (#.03) for the RELATIONSHIP (File #408.12, Field #.02) is not correct. The three possible values for the SEX field are "M" for male, "F" for female, and "E" for either.  |
| <i>Dependent (&lt;dependent type&gt;) transmitted without SSN</i> | This error message is returned when the SOCIAL SECURITY NUMBER (File #408.13, Field #.09) is NULL. If the relationship is undefined, the message will use the default relationship of "OTHER".<br><br>Dependent (SON) transmitted without SSN<br>Dependent (DAUGHTER) transmitted without SSN<br>Dependent (STEPDAUGHTER) transmitted without SSN |

### **File #408.12    PATIENT RELATION**

| <b>File #408. 12</b>  |  |
|---|--|
| <b>Message Text</b>   | <b>Explanation</b>   |
| <i>Number of Dependent Children does not match dependents transmitted</i> | This error message is returned when the NUMBER OF DEPENDENT CHILDREN (File #408.22, Field #.13) does not match the number of TOTAL DEPENDENTS (File #408.31, Field #.18) minus the Spouse (if there is one). The RELATIONSHIP Field (#.02) is used to determine if the dependent is a spouse. (The field value for a spouse is two.) |

| File #408. 12  |  |
|--|--|
| Message Text   | Explanation  |
| <i>No income data allowed if spouse didn't live w/vet &amp; amt contributed &lt; \$600</i> | <p>This error message is returned when the LIVED WITH PATIENT (File #408.22, Field #.06) is "NO", the RELATIONSHIP Field (#.02) value is 2 for a spouse, the AMOUNT CONTRIBUTED TO SPOUSE (File #408.22, Field #.07) is less than \$600, and one or more of the following fields in File #408.21 contain data:</p> <ul style="list-style-type: none"> <li>• SOCIAL SECURITY (NOT SSI) Field #.08</li> <li>• US CIVIL SERVICE Field #.09</li> <li>• US RAILROAD RETIREMENT Field #.1</li> <li>• MILITARY RETIREMENT Field #.11</li> <li>• UNEMPLOYMENT COMPENSATION Field #.12</li> <li>• OTHER RETIREMENT Field #.13</li> <li>• TOTAL INCOME FROM EMPLOYMENT Field #.14</li> <li>• INTEREST, DIVIDEND, ANNUITY Field #.15</li> <li>• WORKERS COMP/BLACK LUNG Field #.16</li> <li>• OTHER INCOME Field #.17</li> <li>• MEDICAL EXPENSES Field #1.01</li> <li>• FUNERAL AND BURIAL EXPENSES Field #1.02</li> <li>• EDUCATIONAL EXPENSES Field #1.03</li> <li>• CASH AMOUNT IN BANK ACCOUNTS Field #2.01</li> <li>• STOCKS AND BONDS Field #2.02</li> <li>• REAL PROPERTY Field #2.03</li> <li>• OTHER PROPERTY OR ASSETS Field #2.04</li> <li>• DEBTS Field #2.05</li> </ul> |
| <i>Invalid relationship for means test dependent</i>                                       | This error message is returned when the ALLOWABLE FOR MEANS TEST? (File #408.11, Field #.04) for the RELATIONSHIP Field (#.02) is set to "NO".   |
| <i>Dependent relationship/sex are inconsistent</i>   | This error message is returned when the SEX (File #408.11, Field #.03) for the RELATIONSHIP Field (#.02) is not correct. The three possible values for the SEX field are "M" for male, "F" for female, and "E" for either.   |

## File #408.1275 EFFECTIVE DATE

| File #408. 1275  |   |
|--|---|
| Message Text   | Explanation   |
| <i>Invalid Dependent Date...must be before MT year</i> | This error message is returned when the Income Test is not a LTC CO-PAY TEST (Test Type 3), and December 31st of the income year the DATE OF TEST (File #408.31, Field #.01) was performed on, is earlier than the EFFECTIVE DATE Field (#.01) for the dependent. |

**File #408.13 INCOME PERSON**

| File #408. 13   |   |
|---|---|
| Message Text  | Explanation   |
| <i>Dependent (&lt;dependent type&gt;) transmitted without SSN</i> | <p>This error message is returned when the SOCIAL SECURITY NUMBER Field (#.09) is NULL. If the relationship is undefined, or if it is not found in the RELATIONSHIP File (#408.11), the message will use the default relationship of "OTHER".</p> <ul style="list-style-type: none"> <li>• Dependent (SON) transmitted without SSN</li> <li>• Dependent (DAUGHTER) transmitted without SSN</li> <li>• Dependent (STEPDAUGHTER) transmitted without SSN</li> </ul> |

**File #408.21 INDIVIDUAL ANNUAL INCOME**

| File #408. 21  |  |
|--|--|
| Message Text   | Explanation  |
| <i>Invalid Income Year in ZIC</i>                        | This error message is returned when the YEAR Field (#.01) is either before 1992 or the last four digits are not zeroes (data format should be "20020000").   |
| <i>&lt;field name&gt; field content/length error</i>     | <p>This error message is returned for each of the following fields in this file when the amount in the field is not a number greater than zero, containing two decimals places and no more than a seven-digit amount:</p> <ul style="list-style-type: none"> <li>• SOCIAL SECURITY Field #.08</li> <li>• US CIVIL SERVICE Field #.09</li> <li>• US RAILROAD RETIREMENT Field #.1</li> <li>• MILITARY RETIREMENT Field #.11</li> <li>• UNEMPLOYMENT COMPENSATION Field #.12</li> <li>• OTHER RETIREMENT Field #.13</li> <li>• EMPLOYMENT INCOME Field #.14</li> <li>• INTEREST, DIVIDEND, ANNUITY Field #.15</li> <li>• WORKERS COMP/BLACK LUNG Field #.16</li> <li>• OTHER INCOME Field #.17</li> <li>• MEDICAL EXPENSES Field #1.01</li> <li>• FUNERAL AND BURIAL EXPENSES Field #1.02</li> <li>• EDUCATIONAL EXPENSES Field #1.03</li> <li>• CASH AMOUNT IN BANK ACCOUNTS Field #2.01</li> <li>• STOCKS AND BONDS Field #2.02</li> <li>• REAL PROPERTY Field #2.03</li> <li>• OTHER PROPERTY OR ASSETS Field #2.04</li> <li>• DEBTS Field #2.05</li> </ul> |
| <i>Dependents can't have medical or funeral expenses</i> | This error message is returned when the MEDICAL EXPENSES Field (#1.01) and FUNERAL AND BURIAL EXPENSES Field (#1.02), is not NULL for any of the dependents.   |
| <i>No educational expenses for spouse</i>                | This error message is returned when the EDUCATIONAL EXPENSES Field (#1.03) is not NULL for the spouse.   |

| <b>File #408. 21</b>   |   |
|--|---|
| <b>Message Text</b>  | <b>Explanation</b>  |
| <i>Dependent Educational Exp. error-income not avail. to vet</i>                     | This error message is returned when the dependent is not the spouse, the EDUCATIONAL EXPENSES Field (#1.03) has an amount, and the INCOME AVAILABLE TO YOU (File #408.22, Field #.12) does not have an amount.  |
| <i>Income does not exceed child exclusion amount-educational expense not allowed</i> | This error message is returned when the dependent is not the spouse, the EDUCATIONAL EXPENSES Field (#1.03) has an amount, and the CHILD INCOME EXCLUSION (File #43, Field #17) for the Income Year is not less than the TOTAL INCOME FROM EMPLOYMENT Field (#.14).   |
| <i>No net worth figures allowed for dependent children</i>                           | This error message is returned when the dependent is not the spouse, and one or more of the following fields has an amount: <ul style="list-style-type: none"> <li>• CASH AMOUNT IN BANK ACCOUNTS Field #2.01</li> <li>• STOCKS AND BONDS Field #2.02</li> <li>• REAL PROPERTY Field #2.03</li> <li>• OTHER PROPERTY OR ASSETS Field #2.04</li> <li>• DEBTS Field #2.05</li> </ul>  |
| <i>Debts can't be greater than Other Property or Assets</i>                          | This error message is returned when the DEBTS Field (#2.05) amount is greater than the OTHER PROPERTY OR ASSETS Field (#2.04) amount.   |
| <i>Shouldn't have income data if Child Had Income is NO</i>                          | This error message is returned when the information in the ZIR Segment is for a dependent that is not the spouse, and one or more of the following fields contain data: <ul style="list-style-type: none"> <li>• SOCIAL SECURITY (NOT SSI) Field #.08</li> <li>• US CIVIL SERVICE Field #.09</li> <li>• US RAILROAD RETIREMENT Field #.1</li> <li>• MILITARY RETIREMENT Field #.11</li> <li>• UNEMPLOYMENT COMPENSATION Field #.12</li> <li>• OTHER RETIREMENT Field #.13</li> <li>• TOTAL INCOME FROM EMPLOYMENT Field #.14</li> <li>• INTEREST, DIVIDEND, ANNUITY Field #.15</li> <li>• WORKERS COMP/BLACK LUNG Field #.16</li> <li>• OTHER INCOME Field #.17</li> <li>• MEDICAL EXPENSES Field #1.01</li> <li>• FUNERAL AND BURIAL EXPENSES Field #1.02</li> <li>• EDUCATIONAL EXPENSES Field #1.03</li> <li>• CASH AMOUNT IN BANK ACCOUNTS Field #2.01</li> <li>• STOCKS AND BONDS Field #2.02</li> <li>• REAL PROPERTY Field #2.03</li> <li>• OTHER PROPERTY OR ASSETS Field #2.04</li> <li>• DEBTS Field #2.05</li> </ul> |

| File #408. 21  |  |
|--|--|
| Message Text   | Explanation  |
| <i>No income data allowed if spouse didn't live w/vet &amp; amt contributed &lt; \$600</i> | <p>This error message is returned when the LIVED WITH PATIENT (File #408.22, Field #.06) is "NO", the RELATIONSHIP (File #408.12, Field #.02) value is 2 for a spouse, the AMOUNT CONTRIBUTED TO SPOUSE (File #408.22, Field #.07) is less than \$600, and one or more of the following fields contain data:</p> <ul style="list-style-type: none"> <li>• SOCIAL SECURITY (NOT SSI) Field #.08</li> <li>• US CIVIL SERVICE Field #.09</li> <li>• US RAILROAD RETIREMENT Field #.1</li> <li>• MILITARY RETIREMENT Field #.11</li> <li>• UNEMPLOYMENT COMPENSATION Field #.12</li> <li>• OTHER RETIREMENT Field #.13</li> <li>• TOTAL INCOME FROM EMPLOYMENT Field #.14</li> <li>• INTEREST, DIVIDEND, ANNUITY Field #.15</li> <li>• WORKERS COMP/BLACK LUNG Field #.16</li> <li>• OTHER INCOME Field #.17</li> <li>• MEDICAL EXPENSES Field #1.01</li> <li>• FUNERAL AND BURIAL EXPENSES Field #1.02</li> <li>• EDUCATIONAL EXPENSES Field #1.03</li> <li>• CASH AMOUNT IN BANK ACCOUNTS Field #2.01</li> <li>• STOCKS AND BONDS Field #2.02</li> <li>• REAL PROPERTY Field #2.03</li> <li>• OTHER PROPERTY OR ASSETS Field #2.04</li> <li>• DEBTS Field #2.05</li> </ul> |

## File #408.22 INCOME RELATION

| File #408. 22  |  |
|--|--|
| Message Text   | Explanation  |
| <i>Dependent Educational Exp. error-income not avail. to vet</i> | This error message is returned when the dependent is not the spouse, the EDUCATIONAL EXPENSES (File #408.21, Field #1.03) has an amount, and the INCOME AVAILABLE TO YOU Field (#.12) does not have an amount.   |
| <i>&lt;field name&gt; contains unacceptable value</i>            | <p>This error message for each of the following fields is returned when the data is not NULL and is neither a zero (for "NO) nor a one (for "YES"):</p> <ul style="list-style-type: none"> <li>• MARRIED LAST CALENDAR YEAR Field #.05</li> <li>• LIVED WITH PATIENT Field #.06</li> <li>• DEPENDENT CHILDREN Field #.08</li> <li>• INCAPABLE OF SELF-SUPPORT Field #.09</li> <li>• CONTRIBUTED TO SUPPORT Field #.1</li> <li>• CHILD HAD INCOME Field #.11</li> <li>• INCOME AVAILABLE TO YOU Field #.12</li> </ul> |

| <b>File #408. 22</b>  |  |
|---|--|
| <b>Message Text</b>   | <b>Explanation</b>   |
| <i>Invalid number for Amount Contributed to Spouse</i>                    | This error message is returned when the AMOUNT CONTRIBUTED TO SPOUSE Field (#.07) is not a number greater than zero, containing two decimals places and no more than a five-digit amount.  |
| <i>Invalid number in Number of Dependent Children field</i>               | This error message is returned when the NUMBER OF DEPENDENT CHILDREN Field (#.13) is not a numeric amount greater than zero or a number greater than thirty.   |
| <i>Number of Dependent Children does not match dependents transmitted</i> | This error message is returned when the NUMBER OF DEPENDENT CHILDREN Field (#.13) does not match the number of TOTAL DEPENDENTS (File #408.31, Field #.18) minus the Spouse (if there is one). The RELATIONSHIP (File #408.12, Field #.02) is used to determine if the dependent is a spouse. (The field value for a spouse is 2.)   |
| <i>Must have Married Last Calendar Year for veteran</i>                   | This error message is returned when the MARRIED LAST CALENDAR YEAR Field (#.05) is NULL. It must have a value (either a one for "YES", or a zero for "NO").  |
| <i>Spouse transmitted, but Married Last Calendar Year is NO</i>           | This error message is returned when the ZDP Segment indicates there is a spouse (the RELATIONSHIP field value was 2) and MARRIED LAST CALENDAR YEAR (Field #.05) is a zero for "NO".   |
| <i>No spouse transmitted, but Married Last Calendar Year is YES</i>       | This error message is returned when the ZDP Segment indicates there is no spouse (there is no RELATIONSHIP with a field value containing a 2) and MARRIED LAST CALENDAR YEAR Field (#.05) is a one for "YES".  |
| <i>Can't have Lived with Patient if not Married</i>                       | This error message is returned when the MARRIED LAST CALENDAR YEAR Field (#.05) is "NO" and LIVED WITH PATIENT Field (#.06) is "YES".  |
| <i>Must have Living with Patient if Married</i>                           | This error message is returned when the MARRIED LAST CALENDAR YEAR Field (#.05) is "YES" and LIVED WITH PATIENT Field (#.06) is "NO".  |
| <i>Should not have Amount contributed to spouse if living w/patient</i>   | This error message is returned when the LIVED WITH PATIENT Field (#.06) is "YES" and the AMOUNT CONTRIBUTED TO SPOUSE Field (#.07) is not NULL.  |
| <i>Need amount contributed to spouse if not living w/patient</i>          | This error message is returned when the LIVED WITH PATIENT Field (#.06) is "NO" and the AMOUNT CONTRIBUTED TO SPOUSE Field (#.07) is NULL.   |
| <i>&lt;field name&gt; should not be filled in for veteran</i>             | This error message is returned for each of the following fields when there are no dependents listed and the field value is not NULL: <ul style="list-style-type: none"> <li>• INCAPABLE OF SELF-SUPPORT                      Field #.09</li> <li>• CONTRIBUTED TO SUPPORT                              Field #.1</li> <li>• CHILD HAD INCOME                                      Field #.11</li> <li>• INCOME AVAILABLE TO YOU                              Field #.12</li> </ul> |

| <b>File #408. 22</b>  |  |
|---|--|
| <b>Message Text</b>   | <b>Explanation</b>   |
| <b><i>No income data allowed if spouse didn't live w/vet &amp; amt contributed &lt; \$600</i></b> | <p>This error message is returned when the LIVED WITH PATIENT Field (#.06) is "NO", the RELATIONSHIP (File #408.12, Field #.02) value is 2 for a spouse, the AMOUNT CONTRIBUTED TO SPOUSE Field (#.07) is less than \$600, and one or more of the following fields in File #408.21 contain data:</p> <ul style="list-style-type: none"> <li>• SOCIAL SECURITY (NOT SSI) Field #.08</li> <li>• US CIVIL SERVICE Field #.09</li> <li>• US RAILROAD RETIREMENT Field #.1</li> <li>• MILITARY RETIREMENT Field #.11</li> <li>• UNEMPLOYMENT COMPENSATION Field #.12</li> <li>• OTHER RETIREMENT Field #.13</li> <li>• TOTAL INCOME FROM EMPLOYMENT Field #.14</li> <li>• INTEREST, DIVIDEND, ANNUITY Field #.15</li> <li>• WORKERS COMP/BLACK LUNG Field #.16</li> <li>• OTHER INCOME Field #.17</li> <li>• MEDICAL EXPENSES Field #1.01</li> <li>• FUNERAL AND BURIAL EXPENSES Field #1.02</li> <li>• EDUCATIONAL EXPENSES Field #1.03</li> <li>• CASH AMOUNT IN BANK ACCOUNTS Field #2.01</li> <li>• STOCKS AND BONDS Field #2.02</li> <li>• REAL PROPERTY Field #2.03</li> <li>• OTHER PROPERTY OR ASSETS Field #2.04</li> <li>• DEBTS Field #2.05</li> </ul> |
| <b><i>&lt;field name&gt; should not be filled in for spouse ZIR</i></b>                           | <p>This error message is returned for each of the following fields, when the information in the ZIR Segment is for the spouse, the field value is not NULL:</p> <ul style="list-style-type: none"> <li>• MARRIED TO LAST CALENDAR YEAR Field #.05</li> <li>• LIVED WITH PATIENT Field #.06</li> <li>• AMOUNT CONTRIBUTED TO SPOUSE Field #.07</li> <li>• DEPENDENT CHILDREN Field #.08</li> <li>• INCAPABLE OF SELF-SUPPORT Field #.09</li> <li>• CONTRIBUTED TO SUPPORT Field #.1</li> <li>• CHILD HAD INCOME Field #.11</li> <li>• INCOME AVAILABLE TO YOU Field #.12</li> <li>• NUMBER OF DEPENDENT CHILDREN Field #.13</li> </ul>  |
| <b><i>Dependents must have Lived With Patient field</i></b>                                       | <p>This error message is returned when the information in the ZIR Segment is for a dependent that is not the spouse, and the LIVED WITH PATIENT Field (#.06) is not "YES".</p>   |
| <b><i>Shouldn't have Income Available answered if Child had no income</i></b>                     | <p>This error message is returned when the information in the ZIR Segment is for a dependent that is not the spouse, the CHILD HAD INCOME Field (#.11) is "NO", and the INCOME AVAILABLE TO YOU Field (#.12) is "YES".</p>   |
| <b><i>Shouldn't have Contributed to Support if living w/patient</i></b>                           | <p>This error message is returned when the information in the ZIR Segment is for a dependent that is not the spouse, the LIVED WITH PATIENT Field (#.06) is "YES", and the CONTRIBUTED TO SUPPORT Field (#.1) is "YES".</p>  |

| <b>File #408. 22</b>                                   |   |
|--|---|
| <b>Message Text</b>                                    | <b>Explanation</b>  |
| <i>Invalid dependent name content/length</i>           | This error message is returned when the NAME Field (#.01) contains data in an invalid format. The data value must be between 3 and 30 characters in length, and cannot be all lower case or start with a punctuation character. The name must start with at least one upper case letter and not contain any numbers, commas, or spaces.   |
| <i>Invalid sex transmitted for dependent</i>           | This error message is returned when the SEX Field (#.02) contains data in an invalid value (neither "M" nor "F").   |
| <i>Unacceptable DOB for dependent</i>                  | This error message is returned when the DATE OF BIRTH Field (#.03) was unable to be converted into FileMan format.  |
| <i>Invalid dependent SSN transmitted</i>               | This error message is returned when the SOCIAL SECURITY NUMBER Field (#.09) is not in a valid format. The SOCIAL SECURITY NUMBER cannot be NULL, and must be either nine numeric digits (NNNNNNNNN) or three numeric digits a dash two numeric digits a dash and four numeric digits (NNN-NN-NNNN). The code has also been modified to check the two formats above containing a "P" increasing the number of pattern matching checks to four. |
| <i>SSA-invalid SSN transmitted for a dependent</i>     | This error message is returned when the first numerical digit of the SOCIAL SECURITY NUMBER Field (#.09) is a nine, or the first three numerical digits are all zeroes.   |
| <i>Two dependents transmitted with same SSN</i>        | This error message is returned when the SOCIAL SECURITY NUMBER Field (#.09) for at least two dependents are identical.  |
| <i>Two dependents transmitted with same 408.12 IEN</i> | This error message is returned when the Internal Entry Number for at least two dependents is identical.   |
| <i>Unacceptable DOB for dependent</i>                  | This error message is returned when the Income Test is not a LTC CO-PAY TEST (Test Type 3), and December 31st of the income year the DATE OF TEST (File #408.31, Field #.01) was performed on, is earlier than the DATE OF BIRTH Field (#.03) for the dependent.  |

## **File #408.31 ANNUAL MEANS TEST**

| <b>File #408. 31</b>                                 |  |
|--|--|
| <b>Message Text</b>                                  | <b>Explanation</b>   |
| <i>Invalid Date of Test</i>                          | This error message is returned when the year in the DATE OF TEST Field (#.01) is prior to 1993.  |
| <i>Invalid Date of Test</i>                          | This error message is returned when the date in the DATE OF TEST Field (#.01) was unable to be converted into FileMan format.  |
| <i>&lt;field name&gt; field content/length error</i> | These error messages are returned when the amounts in the INCOME Field (#.04) and NET WORTH Field (#.05) fields are not valid. The data value must be a number greater than zero, containing two decimal places and no more than a ten-digit amount. |
| <i>No Income transmitted</i>                         | This error message is returned when the INCOME Field (#.04) is not NULL, the DECLINES TO GIVE INCOME INFO Field (#.14) is "NO", and the record contains income information.  |

| <b>File #408. 31</b>   |  |
|--|--|
| <b>Message Text</b>  | <b>Explanation</b>   |
| <i>Invalid Adjudication Date/Time</i>  | This error message is returned when the ADJUDICATION DATE/TIME Field (#.1) is either before the year 1993 or for a future year.  |
| <i>Invalid Adjudication Date/Time</i>  | This error message is returned when the date/time in the ADJUDICATION DATE/TIME Field (#.1) was unable to be converted into FileMan format.  |
| <i>Invalid Agreed To Pay Deductible Value</i>  | This error message is returned when the AGREED TO PAY DEDUCTIBLE Field (#.11) is not NULL, not a zero for "NO", and not a one for "YES".   |
| <i>MT Copay Exempt veteran-Agree to Pay Deductible should be null</i>  | This error message is returned when the AGREED TO PAY DEDUCTIBLE Field (#.11) is not NULL and the TEST-DETERMINED STATUS Field (#2.03) is "A".   |
| <i>Invalid Threshold A value</i>   | This error message is returned when the THRESHOLD A Field (#.12) value is either NULL, not greater than zero, or greater than 99000.   |
| <i>Invalid GMT Threshold</i>   | This error message is returned when the GMT THRESHOLD Field (#.27) value is not NULL, and is either less than zero or over 100000.   |
| <i>Deductible Expenses field content/length error</i>  | This error message is returned when the DEDUCTIBLE EXPENSES Field (#.15) does not contain a valid amount. It must be a number greater than zero, containing two decimal places and no more than a ten-digit amount.                    |
| <i>Deductible Expenses cannot exceed income</i>  | This error message is returned when the DEDUCTIBLE EXPENSES Field (#.15) exceeds the INCOME Field (#.04).  |
| <i>Invalid Completion Date/Time</i>  | This error message is returned when the year in the DATE/TIME COMPLETED Field (#.07) is prior to 1992.   |
| <i>Invalid Completion Date/Time</i>  | This error message is returned when the date/time in the DATE/TIME COMPLETED Field (#.07) was unable to be converted into FileMan format.  |
| <p>The following five checks (in the cells with dotted line borders) are performed when the Income Test is not a LTC CO-PAY EXEMPTION TEST, and one or more of the following fields contains data:</p> <ul style="list-style-type: none"> <li>• HARDSHIP? Field #.2</li> <li>• HARDSHIP REVIEW DATE Field #.21</li> <li>• SITE GRANTING HARDSHIP Field #2.04</li> <li>• HARDSHIP EFFECTIVE DATE Field #2.01</li> </ul> |  |
| <i>Missing Hardship Indicator</i>  | This error message is returned when the HARDSHIP? (Hardship Indicator) Field (#.2) is NULL.  |
| <i>Missing Site Granting Hardship</i>  | This error message is returned when the SITE GRANTING HARDSHIP Field (#2.04) is NULL.  |
| <i>Missing Hardship Effective Date</i>   | This error message is returned when the HARDSHIP EFFECTIVE DATE Field (#2.01) is NULL and the year in the DATE OF TEST Field (#.01) is the year 2000 or later. Starting in the year 2000, all hardships should have an effective date. |
| <i>Invalid Hardship Effective Date</i>   | This error message is returned when the date in the HARDSHIP EFFECTIVE DATE Field (#2.01) was unable to be converted into FileMan format.  |
| <i>Hardship Effective Date earlier than Means Test Date</i>  | This error message is returned when the HARDSHIP EFFECTIVE DATE Field (#2.01) is not NULL and its effective date is prior to date in the DATE OF TEST Field (#.01).  |

| <b>File #408. 31</b>   |   |
|--|---|
| <b>Message Text</b>  | <b>Explanation</b>  |
| <i>Source of Test must be identified</i>                                       | This error message is returned when the SOURCE OF INCOME TEST Field (#.23) does not contain one of the following codes from the SOURCE OF INCOME TEST, File #408.34: VAMC (Code #1), IVM (Code #2), DCD (Code #3), or OTHER FACILITY (Code #4).   |
| <i>Site Conducting Test must be identified</i>                                 | This error message is returned when the SITE CONDUCTING TEST Field (#2.05) is NULL and the SOURCE OF INCOME TEST Field (#.23) is OTHER FACILITY (Code #4).  |
| <i>Unacceptable DOB for dependent</i>  | This error message is returned when the Income Test is not a LTC CO-PAY TEST (Test Type 3), and December 31st of the income year the DATE OF TEST Field (#.01) was performed on, is earlier than the DATE OF BIRTH (File #408.22, Field #.03) for the dependent.  |
| <i>Invalid Dependent Date...must be before MT year</i>                         | This error message is returned when the Income Test is not a LTC CO-PAY TEST (Test Type 3), and December 31st of the income year the DATE OF TEST Field (#.01) was performed on, is earlier than the EFFECTIVE DATE (File #408.1275, Field #.01) for the dependent.   |
| <i>Invalid Means Test Status for Test-Determined Status</i>                    | This error message is returned when the TEST-DETERMINED STATUS Field (#2.03) is not "A", "C", "P", or "G".  |
| <i>Declines to give income info-must be CAT C</i>                              | This error message is returned when the DECLINES TO GIVE INCOME INFO Field (#.14) is "YES" and the TEST-DETERMINED STATUS Field (#2.03) is "A".   |
| <i>This veteran requires net worth</i>   | This error message is returned when the NET WORTH Field (#.05) is NULL and the INCOME is not greater than the THRESHOLD. The INCOME is calculated from the INCOME Field (#.04) minus the DEDUCTIBLE EXPENSES Field (#.15). The THRESHOLD is the CAT A VET INCOME (Sub-file #43.03, File #43, Field #2) when there are no dependents. When there are one or more dependents, the THRESHOLD is the sum of the CAT A VET INCOME (Sub-file #43.03, File #43, Field #2), the CAT A FIRST DEPENDENT INCOME (Sub-file #43.03, File #43, Field #3), and the CAT A INCOME PER DEPENDENT (Sub-file #43.03, File #43, Field #4) multiplied by the number of dependents, minus one. |
| <i>Income plus net worth not greater than threshold value-incorrect status</i> | This error message is returned when the INCOME is not greater than the THRESHOLD A Field (#.05), and the NET WORTH Field (#.05) added to the INCOME is not greater than the THRESHOLD, and the TEST-DETERMINED STATUS Field (#2.03) is "C".   |
| <i>Patient should be adjudicated-no adjudicated date/time</i>                  | This error message is returned when the INCOME is not greater than the THRESHOLD A Field (#.05), the NET WORTH Field (#.05) added to the INCOME is greater than the THRESHOLD, the TEST-DETERMINED STATUS Field (#2.03) is "A", and the ADJUDICATION DATE/TIME Field (#.1) is NULL.   |

| <b>File #408. 31</b>   |   |
|--|---|
| <b>Message Text</b>  | <b>Explanation</b>  |
| <b><i>Incorrect Means Test Status for Test-Determined Status</i></b>             | This error message is returned when the INCOME is greater than the THRESHOLD A Field (#.05), the HARDSHIP? Field (#.2) is "NO" or NULL, the ADJUDICATION DATE/TIME Field (#.1) is NULL, and the TEST-DETERMINED STATUS Field (#2.03) is neither "C" nor "P".  |
| <b><i>Invalid Copay Test Status for Test-Determined Status</i></b>               | This error message is returned when the TEST-DETERMINED STATUS Field (#2.03) is not one of the following: EXEMPT ("E"), NON-EXEMPT ("M"), or PENDING ADJUDICATION ("P").  |
| <b><i>Invalid Copay Test Status for Test-Determined Status</i></b>               | This consistency check will return an error message for any Copay Test with a TEST-DETERMINED STATUS Field (#2.03) of PENDING ADJUDICATION ("P"). The API (\$\$NETW^IBARXEU1) that calculates if net worth should be used in exemption determination is hard-coded to zero for "NO". If the TEST-DETERMINED STATUS is "P" and API returns a "NO" (which it is hard-coded to do), this error message will be returned. |
| <b><i>Copay Test Status should be &lt;calculated status&gt;</i></b>              | The API (\$\$INCDT^IBARXEU1) is used to calculate the Copay Exemption Status based on income and net worth and compare it to the TEST-DETERMINED STATUS Field (#2.03). The error message will be returned when the calculated status does not equal the TEST-DETERMINED STATUS.   |
| <b><i>No Income transmitted</i></b>  | This error message is returned when the INCOME Field (#.04) is NULL, the Income Screening is "NO", and DECLINES TO GIVE INCOME INFO Field (#.14) is "NO". The API (\$\$IS^IVMCUC) performs a check for Income Screening and returns either a zero ("NO") or a one ("YES").  |
| <b><i>Invalid Date Veteran Signed Test</i></b>                                   | This error message is returned when the year in the DATE VETERAN SIGNED TEST Field (#.24) is either before 1994, or greater than the current calendar year.   |
| <b><i>Invalid Date Veteran Signed Test</i></b>                                   | This error message is returned when the date in the DATE VETERAN SIGNED TEST Field (#.24) was unable to be converted into FileMan format.   |
| <b><i>Invalid Means Test Status</i></b>  | This error message is returned when the API (\$\$GETSTAT^DGMTH) fails to find the Internal Entry Number in File #408.32 using the STATUS Field (#.03) and TYPE OF TEST Field (#.019).   |
| <b><i>Number of Dependent Children does not match dependents transmitted</i></b> | This error message is returned when the NUMBER OF DEPENDENT CHILDREN (File #408.22, Field #.13) does not match the number of TOTAL DEPENDENTS Field (#.18) minus the Spouse (if there is one). The RELATIONSHIP (File #408.12, Field #.02) is used to determine if the dependent is a spouse. (The field value for a spouse is two.)  |
| <b><i>Invalid Copay Test Status</i></b>  | This error message is returned when the API fails to find the Internal Entry Number in File #408.32 using the STATUS Field (#.03) and TYPE OF TEST Field (#.019).   |

| File #408.31                   |   |
|--------------------------------|---|
| Message Text                   | Explanation   |
| <i>Invalid LTC Test Status</i> | This error message is returned when the API (\$GETSTAT^DGMTH) fails to find the Internal Entry Number in File #408.32 using the STATUS Field (#.03) and TYPE OF TEST Field (#.019). |

## File #408.32 MEANS TEST STATUS

| File #408.32                     |   |
|----------------------------------|---|
| Message Text                     | Explanation   |
| <i>Invalid LTC Test Status</i>   | This error message is returned when the API (\$GETSTAT^DGMTH) fails to find the Internal Entry Number using the STATUS (File #408.31, Field #.03) and TYPE OF TEST (File #408.31, Field #.019). |
| <i>Invalid Copay Test Status</i> | This error message is returned when the API fails to find the Internal Entry Number using the STATUS (File #408.31, Field #.03) and TYPE OF TEST (File #408.31, Field #.019).                   |
| <i>Invalid Means Test Status</i> | This error message is returned when the API (\$GETSTAT^DGMTH) fails to find the Internal Entry Number using the STATUS (File #408.31, Field #.03) and TYPE OF TEST (File #408.31, Field #.019). |

## File #408.34 SOURCE OF INCOME TEST

| File #408.34                             |   |
|--|---|
| Message Text                             | Explanation   |
| <i>Source of Test must be identified</i> | This error message is returned when the SOURCE OF INCOME TEST (File #408.31, Field #.23) does not contain one of the following codes from the SOURCE OF INCOME TEST: VAMC (Code #1), IVM (Code #2), DCD (Code #3), or OTHER FACILITY (Code #4). |

## File #43 MAS PARAMETERS

| File #43   |   |
|--|---|
| Message Text   | Explanation   |
| <i>Income does not exceed child exclusion amount-educational expense not allowed</i> | This error message is returned when the dependent is not the spouse, the EDUCATIONAL EXPENSES (File #408.21, Field #1.03) has an amount, and the CHILD INCOME EXCLUSION (File #43, Field #17) for the Income Year is not less than the TOTAL INCOME FROM EMPLOYMENT (File #408.21, Field #.14). |

| <b>File #43</b>                        |   |
|--|---|
| <b>Message Text</b>                    | <b>Explanation</b>  |
| <i>This veteran requires net worth</i> | This error message is returned when the NET WORTH (File #408.31, Field #.05) is NULL and the INCOME is not greater than the THRESHOLD. The INCOME is calculated from the INCOME (File #408.31, Field #.04) minus the DEDUCTIBLE EXPENSES (File #408.31, Field #.15). The THRESHOLD is the CAT A VET INCOME (Sub-file #43.03, Field #2) when there are no dependents. When there are one or more dependents, the THRESHOLD is the sum of the CAT A VET INCOME (Sub-file #43.03, Field #2), the CAT A FIRST DEPENDENT INCOME (Sub-file #43.03, Field #3), and the CAT A INCOME PER DEPENDENT (Sub-file #43.03, Field #4) multiplied by the number of dependents, minus one. |