

Guidelines for Electronic Data Submissions to the Risk Equalisation Fund

**Prepared on behalf of the Council for Medical
Schemes by Knowledge Objects Healthcare**

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Table of Contents

Executive Summary	3
1. Overview	3
1.1 Beneficiary Registration	6
1.2 Quarterly REF Risk Factor Submissions	7
1.2.1 Amendments	8
2. Preparations for Submitting Data	8
3. File Formats	9
3.1 Common Formatting Rules	9
3.2 Reading the file format tables	9
3.3 Beneficiary Registration File	9
3.3.1 Beneficiary Registration File Format	10
3.4 Registration Response File	12
3.4.1 Registration Response File Format	12
3.4.2 Registration Response Codes	12
3.4.3 Registration Response Code Listing	13
3.5 Quarterly REF Risk Factor Submission File	15
3.5.1 Quarterly REF Risk Factor Submission File Format	15
3.6 REF Risk Factor Submission Response File	16
3.6.1 REF Risk Factor Submission Response File Format	16
3.6.2 REF Risk Factor Submission Response Codes	16
3.6.3 REF Risk Factor Submission Response Code Listing	17

1. Executive Summary

The Council for Medical Schemes is preparing for the establishment of the Risk Equalisation Fund for South Africa and is currently developing IT Systems that will support the financial transfers associated with the REF. A central registry of all medical scheme beneficiaries will be established that will contain data on the REF risks factors associated with medical scheme beneficiaries.

The purpose of this document is to provide scheme administrators with usable technical I guidelines on what data the Council for Medical Schemes requires for the Risk Equalization Fund, detailing both how submitted data should be formatted, as well as describing those documents which will be returned to administrators from the CMS. All data that is electronically exchanged between scheme administrators and the Council for Medical Schemes will be exchanged through a web-based portal which will be operated by the South African Revenue Services. This document does not describe the web-based portal, rather it describes the *format* of data that will be exchanged between scheme administrators and the CMS via the web-based portal, with a view to enabling scheme administrators to begin technical preparations to for the exchange of such data.

2. Overview

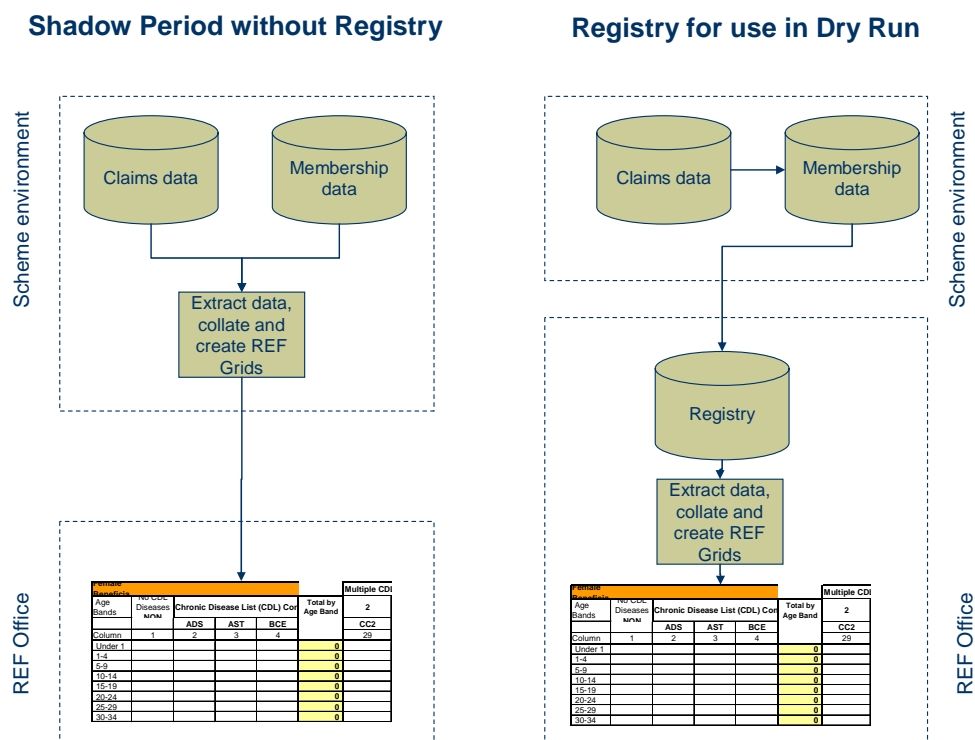
The purpose of the Risk Equalization Fund is to track the risk factors between schemes in order to enable equalization of those risks. REF Risk Factors¹ are risk factors, currently based on 26 chronic diseases, which have been identified as significant metrics for performing equalization among schemes.

Experience during the shadow period has indicated that the use of consolidated information provided by medical schemes does not provided sufficient information that can be used as a basis for the transfer of REF funds in an accountable manner. Figure 1 below indicates that during the shadow period, schemes are responsible to analyse data from their beneficiary and claims databases to create REF Grids. The CMS has no control over this process. Should the REF Office institute Audit processes to evaluate the creation of REF Grids at scheme level, the process will have to be audited every quarter at each scheme. This is clearly not achievable. The shadow period system, therefore, does not offer adequate control over data quality and creates an opportunity for fraud.

¹ Formerly referred to as CDLs, REF Risk Factors are based on the Chronic Disease List. Please see the CMS document entitled "Guidelines for the Identification of Beneficiaries with REF Risk Factors in Accordance with the REF Entry and Verification Criteria." For more details on REF Risk Factors.

Figure 1 demonstrates that, with the use of a central registry to which schemes send their beneficiary data, the REF office will have the ability to generate Grids on behalf of the schemes with improved consistency and data quality control. This approach reduces the opportunity for gaming and will allow easier detection of fraud before financial transfers are approved.

Figure 1: Motivation for a Central Registry



In the schematic presentation of the IT Application in Figure 2 below it is demonstrated that the REF registry will be updated by Medical schemes through a secure communication channel (Web-portal). Data submitted by medical schemes will first be stored in a staging area where data will be subjected to a variety of automated rules to check the data for validity. If errors are found in the data, automated messages will be sent to the schemes to correct the data before it is accepted in the registry. The system will also perform checks to ensure that a beneficiary is not registered with more than one scheme simultaneously. If data creates the suspicion of being fraudulent, the audit department will be notified automatically. The registry will integrate with the existing CMS Medical Scheme database.

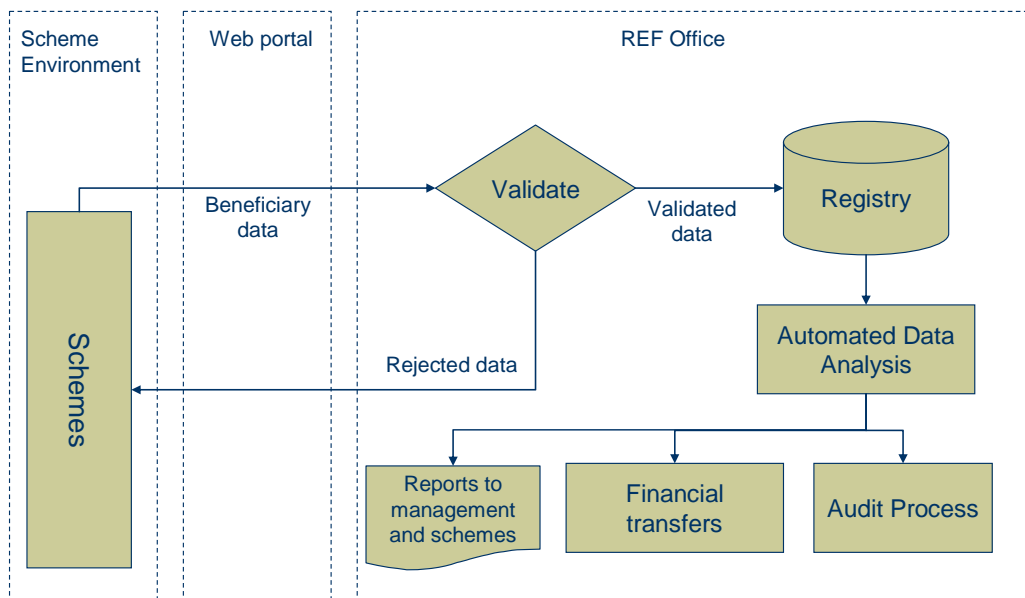
The use of the IT system to trigger audits and to control the quality of the data in the registry is presented diagrammatically. Based on rules written in the registry, automated reports will

be presented to the Audit Department, who will perform further analyses and request supporting claims data from schemes if required.

The Registry needs to be populated with data of all beneficiaries before the Dry Run could commence. A systematic approach will be followed to time the receipt of data from the respective schemes.

Routine audits will be performed in a systematic manner, as well as in response to suspected data irregularities to ensure that the data on the registry is properly maintained.

Figure 2: The Design of the Registry



In order to populate the registry with beneficiary information, scheme administrators are required to submit two fundamental data points to the CMS:

1. The registration of all the beneficiaries belonging to the scheme.
2. A list of those members suffering from one or more Chronic Diseases, as defined in the REF guidelines documentation.

In line with these two fundamental data points, there are two distinct data submission processes which schemes undertake in order to comply with the REF:

1. Beneficiary Registration.
2. Quarterly REF Risk Factor Submission.

2.1 Beneficiary Registration

Beneficiary registration is the process whereby scheme administrators inform the CMS of which individuals have joined or left the scheme. Whenever members join a scheme, the scheme may submit beneficiary enrolment information to the CMS, and the CMS will return a 16 digit unique identifier for that individual, called a RefID, which is a unique, lifetime number for that individual. The RefID is specifically designed to be distinct from SA ID numbers for two reasons:

1. SA ID numbers are often not known for at least the first year of a beneficiary's life, and are subject to change during certain life events, including marriage and gender re-assignment.
2. A unique, REF specific identifier serves as proof of registration of that beneficiary's details with the REF.

All registrations are performed as “blind submissions” – meaning that the REF does not disclose the details of previously submitted information to any schemes and should not be considered an open database that can be examined or electronically queried.

The term “beneficiary” refers to any individual who is a member of a scheme, regardless of whether or not that individual has submitted claims to the scheme. By way of this definition, the “Registration of beneficiaries” process defines how schemes will register (that is – “make known”) all individuals who belong to the scheme.

The CMS recognizes a distinction between *beneficiaries* and *memberships* in that some individuals may be dependents of a primary member and therefore share the same *membership*.

The process of beneficiary registration is achieved through the following steps:

1. A Scheme Administrator prepares a *Beneficiary Registration File* and submits it to the CMS.
2. The CMS responds with a *Registration Response File* which, for every given beneficiary, will contain:
 - a. A registration response code (either success, or a reason for rejection).
 - b. If successful, a 16-digit *Ref Identification Number* for that beneficiary.
3. The Scheme Administrator receives the response file and:
 - a. For failed beneficiaries, corrects the registration data and resubmits a new beneficiary registration file (for the rejected beneficiaries only).

- b. For successfully registered beneficiaries, Records the REF Identification Numbers as proof of registration, as well as to enable the later submission of beneficiaries suffering from chronic diseases.

The registration of beneficiaries is a prerequisite to the submission of REF Risk Factors – that is – a scheme cannot submit information about those members suffering from chronic conditions until all the scheme’s members have been registered with the CMS.

The schedule and frequency of performing beneficiary registration is at the discretion of the Scheme Administrators; however this process must be undertaken:

1. Before attempting a quarterly REF Risk Factor submission.
2. Whenever new beneficiaries join a scheme / option.
3. Whenever registered beneficiaries:
 - a. Leave the scheme.
 - b. Switch schemes / options.
 - c. Change home or work address.
 - d. Change contact details.

2.2 Quarterly REF Risk Factor Submissions

At least once every three months, Scheme Administrators are required to submit information regarding those members who have been treated for one or more “chronic disease” conditions during that quarter.

Although this information is submitted quarterly, the granularity of the information is month-based, meaning that REF Risk Factor information is submitted for every month in which treatment was provided for that REF Risk Factor.

For REF Risk Factor submissions, feedback about every REF Risk Factor line item is provided in the REF Risk Factor Submission Response File. The rejection of one or more REF Risk Factor line items in this file does not constitute a rejection of the submission in its entirety. In other words – even if just one submitted REF Risk Factor line item is accepted, then that single REF Risk Factor is deemed to constitute the entire of the claimable REF Risk Factors for that scheme for that period until such time as a correction/amendment is submitted. For this reason, it is important to review the response file and re-submit the *entire* Quarterly REF Risk Factor Submissions file (with corrections made) if errors are detected.

The process for quarterly REF Risk Factor submissions is:

1. The Scheme Administrator compiles the past 3 months of REF Risk Factor treatment data into a *Quarterly REF Risk Factor Submission file* then submits the file to the CMS.

2. The responds with a notification – either success, or a message indicating why the submission failed – noting the offending items.

2.2.1 Amendments

It is foreseeable that, from time to time, scheme administrators will wish to make adjustments to previously submitted REF Risk Factor information. Technically, process for submission is precisely the same as the process for normal submission. If a new quarterly REF Risk Factor submission occurs *before* the cut-off date for submission, then (assuming successful submission) the newly transmitted submission file simply replaces the previously submitted file. If the cut-off date for the given period has already lapsed then the submission is taken as being a post-equalization amendment of the previous submission. Again, from a technical point of view, the data submitted during an amendment follows the same formatting and process rules as a normal submission.

3. Preparations for Submitting Data

All file formats contains a required field named *SchemeOptionId* – which is a unique identifier for each scheme option in South Africa. No data file can be submitted to the CMS without this number being present. This unique number differentiates various Scheme Administrators, Schemes and Scheme Options from one another. The CMS assigns these whenever schemes are registered for Risk Equalization, as well as whenever schemes merge or split. Please contact the CMS for to manually register for a Scheme Option Id *before* submitting data.

4. File Formats

4.1 Common Formatting Rules

All files submitted to the CMS will be formatted as standard 8-bit ASCII text files.

Tabular (data submission) files all comply with the following standards:

1. Always one line item per row; No single line item of data may contain carriage return or line feed characters.
2. All rows delimited by the carriage return + line feed character combination.
3. All fields are variable field length, delimited using the pipe character (ASCII=124).
4. Text fields are demarcated or enclosed in single or double quotes. Any quotes detected are regarded as a part of the actual data.
5. All dates in will be 10 characters long, in the format: DD-MM-YYYY
6. The first row *always* contains the names of data columns.
7. Unless otherwise stipulated, numbers (ID numbers, account numbers, etc) do not contain spaces, hyphens or other punctuation marks.
8. All phone numbers are consistently formatted, beginning with an international dialling prefix, followed by the area code in parenthesis, then the first 3 digits, a hyphen, then the remaining 4 digits. Office PBX extensions are denoted with an 'x'.
E.g. +27(11)435-1334 for a normal Johannesburg land line, or
+27(11)435-1000x41 for an office PBX line with extension 41, or
+27(82)557-2212 for a mobile phone.
9. Text fields are never padded with leading or trailing spaces or tabs.
10. Numeric fields are never padded with leading or trailing zeros.

4.2 Reading the file format tables

The "Field Name" given is the name of the actual field, as should be reflected in the column headings of the submitted file.

The "Max Length" is the maximum total number of contiguous characters that may be present for a given field. In many cases a data field will not require the maximum allowable number of characters for the field. Data fields with lengths exceeding the maximum length will fail validation checks and will thus be rejected by the CMS.

4.3 Beneficiary Registration File

Beneficiary Registration Files may be given any suitable filename, but must end with the extension ".BRF". For example, a valid Q1 2006 registration file for Old Mutual might be named: OldMutualQ1-06.BRF

4.3.1 Beneficiary Registration File Format

Field Name	Max Length	Description	Blankable	Format
SchemeOptionId	10	The CMS provided identifier for the scheme (and option if multiple options exist for a scheme).	N	Numeric.
SchemeBeneficiaryNo	40	The Scheme's internal unique identifier for this beneficiary. This number <i>must</i> uniquely identify the beneficiary within the scheme and must differentiate between dependants within the same membership. This field is echoed back in the registration response file.	N	Text.
Action	1	Indicator of the scheme administrator's action for this beneficiary. Must be one of: New registration, Change notification, Terminated.	N	[N C T]
RefId	16	CMS assigned REF number. May only be empty when the action field is 'N' - indicating that this is a new registration. Once registered, include this ID when providing the CMS with membership termination or change notifications.	Y	Numeric
BeneficiaryEnrolled	10	The date when beneficiary was enrolled with the scheme.	N	Date.
EffectiveStartDate	10	The date when the beneficiary becomes/became eligible for coverage from the scheme.	N	Date.
BeneficiaryTerminated	10	Date when membership was terminated. Should be left blank unless the beneficiary is no longer covered by the scheme and the Action flag is 'T' - termination.	Y	Date (or blank)
FamilyId	40	Any alphanumeric string that uniquely identifies this beneficiary's family (or membership group) from other memberships within the same scheme. Some scheme administrators may be more familiar with the term "MembershipID" or "Membership Number", which effectively refer to the same class of identifier.	N	Text.
MembershipRelation	1	Indicates the relationship of this beneficiary relative to the primary membership holder. Must be one of: Primary, Spouse, Child, Dependant (other). If beneficiary is primary member then either the SAID or the Passport field must be populated.	N	[P S C D]
FirstName	50	Beneficiary's first name.	N	Text.
Initials	6	Beneficiary's middle initials. Punctuation OK.	Y	Text.
Surname	50	Beneficiary's surname.	N	Text.

Field Name	Max Length	Description	Blankable	Format
Title	4	Beneficiary's preferred title.	Y	[Mr Mrs Miss Ms Dr Prof]
MaidenName	50	Beneficiary's maiden name if married.	Y	Text.
MaritalStatus	1	Marital status, one of: Single / Divorced / Married / Widowed / Cohabiting	N	[S D M W C]
Gender	1	Beneficiary's legal gender. One of Male or Female.	N	[M F]
DOB	10	Beneficiary's Date of birth.	N	Date.
SAID	13	RSA ID Number. If beneficiary is primary member (i.e. MembershipRelation is 'P') then either this field or the Passport field must be populated. Must contain no punctuation or spaces.	Y	[0-9]
Passport	20	Passport number if beneficiary is non-resident.	Y	[0-9]
PhysicalStreetAddress	100	Beneficiary's physical street address.	N	Text.
PhysicalSuburb	50	Suburb (or 2 nd address line of) beneficiary's physical address.	N	Text.
PhysicalCity	50	City of beneficiary's physical address.	N	Text.
PhysicalPostalCode	10	Post Code of beneficiary's physical address.	N	Text.
PhysicalCountry	3	Abbreviated country code of the beneficiary's physical address. Use 'ZA' for South Africa.	Y	Text.
PostalPOBox	100	P.O. box number (or 1 st address line) of beneficiary's postal address.	Y	Text.
PostalSuburb	50	Suburb of beneficiary's postal address.	Y	Text.
PostalCity	50	City of beneficiary's postal address.	Y	Text.
PostalPostCode	10	Post Code of beneficiary's postal address.	Y	Text.
PostalCountry	3	Abbreviated country code of the beneficiary's postal address. Use 'ZA' for South Africa.	Y	Text.
HomePhone	22	Beneficiary' home phone number.	N	Any Valid Phone Number.
WorkPhone	22	Beneficiary's work phone number.	Y	
CellPhone	22	Beneficiary's home phone number.	Y	
Fax	22	Beneficiary's home phone number.	Y	
Email	100	Beneficiary's Primary email address.	Y	Any valid email address.

4.4 Registration Response File

Beneficiary Registration Response files will generally follow the naming convention of the submission file to which they are responding, but will contain the extension “.RRF”. For example, a response to a submitted registration file named: OldMutualQ1-06.BRF would be OldMutualQ1-06.RRF

4.4.1 Registration Response File Format

Field Name	Max Length	Description
SchemeOptionId	10	The CMS provided identifier for the scheme (and option if multiple options exist for a scheme).
LineNumber	10	The line number of the row to which this response correlates.
ResponseCode	8	Indicates whether or not the data for this beneficiary was accepted by the CMS, along with (if rejected) reasons for rejection. See below.
RefId	16	CMS assigned REF number. When new members are registered, the CMS generates this unique life-time number and returns it to the scheme.

The registration response file provides per-line item feedback for the data submitted in the beneficiary registration file. The RefId field is always populated when the results are successful (i.e. a beneficiary is or has previously been registered). The line-items in the response file have a many-to-one relationship with the line-items submitted in the beneficiary registration file – meaning that (if a submitted line item is rejected) multiple Response Codes for the fields found to be in error may be returned.

4.4.2 Registration Response Codes

All response codes are 5 characters in length, in the format AANNN, where A is a letter and N is a number. The first character will always stipulate the type of response code and the second character the area of impact.

1st character	Description
A	Accepted
R	Rejected

2nd Character Response Code Legend:

2nd character	Description
A	Address
B	Date of birth
X	General / Data formatting

2nd character	Description
D	Date
E	E-mail
F	Financial information
G	Gender
I	Identity number
L	REF registration
M	Membership
N	Number
P	Personal information
U	Updated data
H	Forcibly/Compulsory un-enrolment
V	Voluntary un-enrolment
T	Transfer

4.4.3 Registration Response Code Listing

Code	Description
AL001	Registration of a new beneficiary on the registry accepted. See REF Identity field for the beneficiary's new unique CMS assigned identifier
AV001	Beneficiary successfully un-enrolled.
AU001	Alteration of the registered beneficiary's data accepted.
AT001	Beneficiary successfully transferred to new option / scheme.
AC001	No data changes were detected for the registered beneficiary.
AH001	Beneficiary has been forcibly un-enrolled in response to external data supplied to the CMS.
RX100	The entire row of data submitted contained an incorrect number of columns, was unreadable or contained values with more than the allowable number of characters for that field.
RX200	An unspecified error occurred while processing this row.
RX002	The beneficiary already exists on another scheme.
RX003	The beneficiary already exists on a different option of the scheme.
RU001	Alteration of the registered beneficiary's data not accepted - resulting changes would cause a duplicate registration to exist.
RA002	A required address field was missing or invalid.
RA003	The beneficiary's physical street name was missing or invalid.
RA004	The beneficiary's physical suburb name was missing or invalid.
RA005	The beneficiary's postal code was missing or invalid.
RA006	The beneficiary's country code was missing or invalid.
RB001	The beneficiary's date of birth was missing or invalid.
RB002	The date of birth of the beneficiary is incorrect as per the first 6 digits of the SA identity number.
RD001	A required date field was invalid.
RD002	The enrolment date of the beneficiary was invalid.
RD003	The date on which effective membership started is not valid.
RE001	Invalid beneficiary email address was supplied.
RG001	The beneficiary's gender is unknown.

Code	Description
RG002	The gender of the beneficiary is incorrect as per the 7th digit of the SA identity number.
RI001	The first name, surname, address, date of birth, phone number work and cell phone number is the same as that of another beneficiary but the SA identity number differs.
RI003	The beneficiary's SA identity number was required but not specified.
RI004	The identity number of the beneficiary is not a valid SA identity number
RM001	Beneficiary is enrolled as part of a family / membership which has no primary member.
RN001	The scheme beneficiary membership number is missing.
RN003	The SA identity number already exists for another beneficiary on the registry.
RN004	The beneficiary's telephone number is not valid for South Africa and this person resides in South Africa.
RN005	One or more phone numbers were incorrectly formatted or are invalid.
RP001	The first name or surname field is missing.
RP002	The family identifier code is missing.
RP003	The beneficiary's relation to the principle member was missing or invalid.
RP004	The beneficiary who is being registered has previously been declared deceased.
RP100	The beneficiary has been determined to have been previously registered on the REF registry and cannot be re-registered.
RP199	to
RP200	Beneficiary Data incongruent with previously collected data or other known facts. Please call CMS for details.

4.5 Quarterly REF Risk Factor Submission File

As with beneficiary registration file, Quarterly submission files may be given any preferred filename, but must end with the extension “.QSF”

4.5.1 Quarterly REF Risk Factor Submission File Format

Field Name	Max Length	Description	Blankable	Format
SchemeOptionId	10	The CMS provided identifier for the scheme (and option if multiple options exist for a scheme).	N	Numeric
RefId	16	The CMS assigned REF number for the beneficiary for which this REF Risk Factor is being submitted. Must contain the original punctuation markings as it appeared in the registration response file.	N	Numeric
Period	10	Date, indicating the last day of the month for which treatment of the REF Risk Factors below is being stated.	N	Date
RRF	3	A three character code indicating the treatment of a particular REF Risk Factor for this given beneficiary. May be one of: ADS, AST, BCE, BMD, CHF, CMY, COP, CRF, CSD, DBI, DM1, DM2, DYS, EPL, GLC, HAE, HYL, HYP, IBD, IHD, MSS, PAR, RHA, SCZ, SLE, TDH, HIV, MAT		[ADS AST BCE BMD CHF CMY COP CRF CSD DBI DM1 DM2 DYS EPL GLC HAE HYL HYP IBD IHD MSS PAR RHA SCZ SLE TDH HIV MAT]

The quarterly REF Risk Factor submission file contains a line item for each REF Risk Factor, for each beneficiary, for each month in which treatment of a chronic disease was provided for the given beneficiary. If, for example, a beneficiary (belonging to a scheme with SchemeOptionID “12345”) was treated for Diabetes 1 from January through March, but also gave birth during February, then the Quarterly REF Risk Factor Submission File for Q1 would contain the following data:

SchemeOptionID	RefID	Period	RRF
12345	xxxxxxxxxxxxxxxxxxxx	31-01-2006	DM1
12345	xxxxxxxxxxxxxxxxxxxx	28-02-2006	DM1
12345	xxxxxxxxxxxxxxxxxxxx	28-02-2006	MAT
12345	xxxxxxxxxxxxxxxxxxxx	31-03-2006	DM1

Which, with correct formatting, would appear in the data file as follows:

```
SchemeOptionID|RefID|Period|RRF
12345|xxxxxxxxxxxxxxxxxxxx|31-01-2006|DM1
12345|xxxxxxxxxxxxxxxxxxxx|28-02-2006|DM1
12345|xxxxxxxxxxxxxxxxxxxx|28-02-2006|MAT
12345|xxxxxxxxxxxxxxxxxxxx|31-03-2006|DM1
```

If no treatment was provided to a member in a given month then no record should exist; only include records for those beneficiaries for whom treatment was actually provided. All registered beneficiaries are, by default, assumed to have no REF Risk Factor conditions until such time as a record is detected indicating treatment for one or more REF Risk Factors.

For amendments and corrections, note that *all* REF Risk Factor data for all three months must be resubmitted, since for *any given submission*, the absence of data for a beneficiary is taken as indicating no treatment of chronic conditions for that member for that period – *even if REF Risk Factor data for that beneficiary was accepted in a previous submission*. In other words, submit the entire quarter's data with *every submission*.

4.6 REF Risk Factor Submission Response File

The REF Risk Factor submission response file always contains the same name as the submission file to which it pertains, but will have a “.QSR” extension.

4.6.1 REF Risk Factor Submission Response File Format

Field Name	Length (max)	Description
SchemeOptionId	10	The CMS provided identifier for the scheme (and option if multiple options exist for a scheme).
LineNumber	10	The line number of the row to which this response correlates.
ResponseCode	8	Indicates whether or not the data for this beneficiary was accepted by the CMS, along with (if rejected) reasons for rejection. See below.
RefId	16	CMS assigned REF number, as it appeared in the submitted file.
RRF	3	The REF Risk Factor code, as it appeared in the submitted file.
Period	10	The REF Risk Factor period, as it appeared in the submitted file.

A REF Risk Factor submission response file is returned to a Scheme Administrator for every quarterly REF Risk Factor submission file that was submitted to the CMS. The file will contain 1 or more response line-items for every line item of data submitted to the CMS.

4.6.2 REF Risk Factor Submission Response Codes

REF Risk Factor Response Codes, like beneficiary response codes, are always 5 characters in length – the first 2 characters always alphabetical, the remaining three always numeric. The first character of the code always reveals whether the line items was accepted or rejected:

1st character	Description
A	Accepted
R	Rejected

The second character provides a general area of focus for the response:

2nd character	Description
A	Accepted (no error).
F	Data Formatting Error.
C	Combination of REF Risk Factors is invalid.
O	Other Data Validity Error.

4.6.3 REF Risk Factor Submission Response Code Listing

Response Code	Description
AA000	REF Risk Factor submission for beneficiary & period accepted.
RF100	The entire row of data submitted contained an incorrect number of columns, was unreadable or contained values with more than the allowable number of characters for that field.
RF101	The period field was not formatted correctly.
RO101	The REFID provided was not a valid REFID for any known beneficiary.
RO102	The REFID provided refers to a beneficiary that is/was not registered to the given option for the given period.
RO103	The RRF condition maternity may not be claimed for a male beneficiary
RO104	The RRF condition Bipolar Mood Disorder is invalid for beneficiaries younger than 16 years of age
RO105	The RRF condition Cardiomyopathy is invalid for beneficiaries younger than 20 years of age
RO106	The RRF condition Chronic Obstructive Pulmonary Disease is invalid for beneficiaries younger than 20 years of age
RO107	The RRF condition Coronary Artery Disease is invalid for beneficiaries younger than 16 years of age
RO108	The RRF condition Crohn's Disease is invalid for beneficiaries younger than 13 years of age
RO109	The RRF condition Glaucoma is invalid for beneficiaries younger than 20 years of age
RO110	The RRF condition Multiple Sclerosis is invalid for beneficiaries younger than 13 years of age
RO111	The RRF condition Parkinson's is invalid for beneficiaries younger than 20 years of age
RO112	The RRF condition Systemic Lupus Erythematosus is invalid for beneficiaries younger than 13 years of age
RO113	The RRF condition Schizophrenia is invalid for beneficiaries younger than 16 years of age
RO114	The RRF condition Ulcerative Colitis is invalid for beneficiaries younger than 13 years of age
RC110	The given combination of REF Risk Factors for this beneficiary for this period is invalid. Please check the CMS REF guidelines for details on mutually exclusive REF Risk Factor combinations.

Response Code	Description
RC101	The given combination of REF Risk Factors for this beneficiary for this period is invalid. Only one of Chronic Obstructive Pulmonary Disease, Asthma and Bronchiectasis may be submitted in a specific period
RC102	The given combination of REF Risk Factors for this beneficiary for this period is invalid. Only one of Cardiomyopathy and Cardiac Failure, Coronary Artery Disease, Dysrhythmia and Hypertension may be submitted in a specific period
RC103	The given combination of REF Risk Factors for this beneficiary for this period is invalid. Only one of Chronic Renal Failure and Hypertension may be submitted in a specific period
RC104	The given combination of REF Risk Factors for this beneficiary for this period is invalid. Only one of Crohn's Disease and Ulcerative Colitis may be submitted in a specific period
RC105	The given combination of REF Risk Factors for this beneficiary for this period is invalid. Only one of Diabetes Mellitus 1 and Diabetes Mellitus 2 may be submitted in a specific period
RC106	The given combination of REF Risk Factors for this beneficiary for this period is invalid. Bipolar Mood Disorder and Schizophrenia may be submitted in a specific period