CareRight HL7 Interface - API Specification Patient Data Producer

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Contents

1 Document Summary

1.1 Document Purpose

This document specifies the interface careRight provides to publish patient demographic information to an external patient management system.

1.2 Scope

This document defines the HL7 interface that is used to publish A08 messages that will be sent for Patient Record Creation/Updates.

1.3 Terminology, Definitions and Acronyms

Term	Description
ADT	Admission Discharge Transfer
HL7	Health Level Seven is an all-volunteer, not-for-profit organization involved in development of international healthcare standards. "HL7" is also used to refer to some of the specific standards created by the organization (i.e. HL7 v2.x, v3.0, HL7 RIM etc.). HL7 and its members provide a framework (and related standards) for the exchange, integration, sharing and retrieval of electronic health information. The standards, which support clinical practice and the management, delivery, and evaluation of health services, are the most commonly used in the world.
Inbound messages	Messages that are initiated from an external third party system and received and processed by CareRight for updating information in CareRight
Interface testing	User acceptance testing is a process completed by the site that ensures that a software application, interface /network are fit for purpose (i.e. meets business requirements).
Outbound messages	Messages that are initiated from CareRight and sent to an external third party system.
PAS	Patient Administration System, an application used to manage patient demographics, admissions, discharges, transfers, referrals and billing for hospitals
CareRight	Patient Administration System (PAS), EMR system
CRN	Client reference number in CareRight

2 Functionality

2.1 Create Patient & Update Patient

The action of creating or updating a patient in CareRight will result in the system publishing an A08 message..

2.2 Patient Identifiers

The A08 message contains both the Patients MRN and CRN (if supplied) in the A08 message as detailed below.

2.3 Provider Identifier

CareRight has a global setting to define the identifier to use for providers when populating the HL7 message segments that use it. This can be configured to be one of the following:

- CareRight Provider ID
- Medicare Provider Number
- AHPRA Medical Board Registration Number
- New Zealand Medical Council (NZMC) ID
- EDI

If a provider does not have a value recorded for the select type then no number will be sent.

3 Messaging Configuration

3.1 IP & Port

CareRight will push messages to a host and port defined in CareRight's administration config.

CareRight will expect acknowledgements as responses to the originating message using the HL7 MLLP specification.

4 Message Types

CareRight will process/send the message types listed in Table 3: Message types to be processed.

The message type in the Message Header is consistently sent with the HL7 message event and structure codes, e.g. 'ADT^A08'. Clients should use this to determine the message type.

Table 3: Message types to be processed

Message Type Code	Message Type Description	In or Outbound from CareRight
A08	Update Patient Information	Outbound
Acknowledgement	Acknowledgement	Inbound

4.1 Message Processing

Messages will be based on HL7 v2.3.1. The following protocol and encoding rules will be used for this interface.

Table 4: Protocol and encoding symbols

Description	Special Character
Field Separator	'|'
Component Delimiter	'^'
Sub Component	'&'
Repetition separator	'~'
Escape Character	'\'

If a field is not being sent, then there will be no characters between the field delimiters: '\|\|'. If a field is being sent but there is no data to be sent in this message, i.e. it is null, then two consecutive quotation marks will be sent in the field: '\|""\|'.

Each message segment will end with a carriage return.

5 A08 Update Patient Information

The A08 message types will be processed in this interface. The following tables describe their message structure.

A08 Messages will be sent under the following scenarios:

- User modifies details on the patient summary screen
- User creates a new patient.
- User admits a patient (creates new admission record)
- User changes the status of an admission.

5.1 A08 Message Structure

Table 5: A08 segments

Segment	Name	R/O	Freq of Occurrence	To be Processed
MSH	Message Header	R	1	Yes
EVN	Event	R	1	Yes
PID	Patient Identification	R	1	Yes
PV1	Patient Visit	R	1	Yes
GT1	Guarantor	O	1/Guarantor	No
IN1	Insurance	O	1/Insurance	Yes
ACC	Accident Information	O	1	No

5.2 Message Header Segment

Table 7: MSH fields describes the fields of the Message Header Segment (MSH) that will be processed for this interface [ref 2]. The 'Comments' column includes business rules for processing the field, examples, etc.

Table 6: MSH fields

Segment and Field	Data Type	Max Length	Description	Mandatory (R/O)	Comments
MSH-0			Segment ID	R	Will be sent as 'MSH'
MSH-1	ST	1	Field Separator	R	Will be sent as '|'
MSH-2	ST	4	Encoding Characters	R	Will be sent as '^~\&'
MSH-3	HD	180	Sending Application	O	Will be sent as 'CARERIGHT'
MSH-4	HD	180	Sending Facility, e.g. 'BPH'	O	The Location Code for the Facility associated with the Patient record
MSH-5	HD	180	Receiving Application	O	Not Sent
MSH-6	HD	180	Receiving Facility	O	Not Sent
MSH-7	TS	26	Date/Time of Message The time zone will be the current offset of the sending location (eg +1000 for Brisbane)	O	Format – CCYYMMDDhhmm[+/-ZZZZ]
MSH-8	ST	40	Security	O	Not Sent
MSH-9	CM	13	Message Type & Trigger Event	R	Will be sent as 'ADT^08'
MSH-10	ST	20	Message Control ID	R	Unique ID for message
MSH-11	PT	3	Processing ID	R	Will be sent as 'P'
MSH-12	VID	60	Version ID	R	Will be sent as '2.3.1'

MSH-13	NM	15	Sequence Number	O	Not Processed
MSH-14	ST	180	Continuation Pointer	O	Not Processed
MSH-15	ID	2	Accept Acknowledgment Type	O	Sent as 'AL'
MSH-16	ID	2	Application Acknowledgment Type	O	Will be sent as 'AL'
MSH-17	ID	3	Country Code	O	For CareRight installed in Australia this will be sent as 'AUS' for New Zealand this will be sent as 'NZL' as per ISO 3166-1 alpha-3.
MSH-18	ID	16	Character Set	O	Not sent
MSH-19	CE	60	Principal Language of Message	O	Not sent
MSH-20	ID	20	Alternate Character Set Handling Scheme	O	Not sent
MSH-21	ID	10	Conformance Statement ID	O	Not sent

5.3 Event Segment

Table 7: EVN Fields described the field of the Event Segment that will be checked for this interface. The 'Comments' column includes business rules for processing the field, examples, etc.

Table 7: EVN Fields

Segment and Field	Data Type	Max Length	Description	Mandatory (R/O)	Comments
EVN-0			Segment ID	R	'EVN'
EVN-1			Set ID	R	'A08'
EVN-2	TS	26	Recorded Date/Time The time zone will be the current offset of the sending location (eg +1000 for Brisbane)	R	Date time as YYYYMMDDHHMMSS[+/-ZZZZ]
EVN-3					EVN-3 to EVN-7 not sent

5.4 Patient Identification Segment

Table 8: PID fields describe the fields of the Patient Identification Segment (PID) that will be processed for this interface]. The 'Comments' column includes business rules for processing the field, examples, etc.

Table 8: PID fields

Segment and Field	Data Type	Max Length	Description	Mandatory (R/O)	Comments
PID-0			Segment ID	R	'PID'
PID-1	SI	4	Set ID	R	Sent as '1'
PID-2	CX	20	Patient ID	O	This is set to the patient's MRN number.
PID-3	CX	250	Internal Patient ID (repeating)	R	See Table 9: Business rules for processing
PID-4	CX	20	Alternate Patient ID – PID	O	Not Sent
PID-5	XPN	250	Patient Name as 'Surname^Given_Name^Middle Initial or Name^^Title^^L' e.g. '|Smith^Robert^B^^Mr^^L~Smith^Bob^^^Mr^^N|'	R	Title will be the code value from the generic code dataset in CareRight. One name with a type of 'L' will be sent as this is the Legal name for the Patient. Optionally a second name of type 'N' will also be sent if the patient has an alias recorded on the patient record.
PID-6	XPN	250	Mother's Maiden Name	O	Not Sent
PID-7	TS	26	Date of Birth as CCYYMMDD, e.g. '|19901022|'	R	The patient's date of birth will be sent.
PID-8	IS	1	Gender, e.g. '|F|'	R	Gender will be sent as:

					F
					M
					O
					T
					N
					With the following mapping to CareRight statutory code sex descriptions of:
					F = Female
					M = Male
					O = Indeterminate
					T = Intersex
					N = Other / Not Stated
PID-9	XPN	250	Patient Alias as 'Surname^Given_Name^^^Title^^N' e.g. '|Smith^Bob^^^Mr^^N|'	O	Optionally a name of type 'N' will also be sent if the patient has an alias recorded on the patient record.
PID-10	CE	250	Race as a description, e.g. '|Aboriginal And TorresStraitIslander|'	O	Sent as: Aboriginal Torres Strait Islander Both Neither With the following mapping to CareRight statutory code indigenous status code of: Aboriginal = 1 Torres Strait Islander = 2 Both = 3 Neither = 4 If a patient is set to 8 or 9 then will be sent as blank values as if the value was not entered.
PID-11	XAD	250	Patient Address will have the following component fields: - Address Line 1 - Address Line 2 - Suburb - State - Postcode - Country - Type e.g. '|53 REUBEN STREET^^STAFFORD^Queensland^4053^^H|'	O	Home (One) address will be sent. If no address is sent, then field will be sent as type 'H' and all other fields as null. The state field will be the state description from CareRight's generic code list for states. The country field will be the country description from CareRight's generic code list for countries.
PID-12	IS	4	Country Code	B	Not Sent
PID-13	XTN	250	Phone Number – Home, Mobile & Email, e.g. '| (07)33949246^^PH~0488412	O	Home – '^^PH' Mobile – '^^CP' Email – '^^E'

			395^^CP~me@example.com^^E |'		
PID-14	XTN	250	Phone Number – Business	O	Not sent
PID-15	CE	250	Primary Language, e.g. '|^English|'	O	This value is the description of the preferred language statutory reporting field in CareRight
PID-16	CE	250	Marital Status, e.g. '|Married|'	O	This value sent is the description of the marital status statutory reporting field in CareRight
PID-17	CE	250	Religion	O	Not sent.
PID-18	CX	250	Patient Account Number	O	Not Sent
PID-19	ST	16	SSN Number – Patient. '|12345678900|'	O	the Medicare Number followed by the IRN to form an 11-digit number. All 11 digits will be supplied. The first 10 digits are the Medicare number and the last digit is the IRN.
PID-20	DLN	25	Driver's License Number – Patient	O	Not Sent
PID-21	CX	250	Mother's Identifier	O	Not Sent
PID-22	CE	250	Ethnic Group	O	Not Sent
PID-23	ST	250	Birth Place, e.g. '|AUSTRALIA|'	O	This value sent is the description of the Country of Birth statutory reporting field in CareRight
PID-24	ID	1	Multiple Birth Indicator |Y|	O	This field is being used to report the Australian South Sea Islander patient field. The values sent are: Y N Unknown if the value has not been set on the patient record then blank is sent.
PID-25	NM	2	Birth Order	O	Not Sent
PID-26	CE	250	Citizenship	O	Not Sent
PID-27	CE	250	Veterans Military Status	O	Not Sent
PID-28	CE	250	Nationality	O	Set to the description of the generic code for the nation table
PID-29	TS	26	Patient Death Date/Time as ccyymmdd	O	if Date of Death is set and the patient marked as deceased then this value is set to the date of death, otherwise it will be blank.
PID-30	ID	1	Patient Death Indicator	O	If patient is marked as deceased then the value is 'Deceased' otherwise set to blank.
PID-31	ID	1	Identity Unknown Indicator	O	Segments after PID-30. Fields PID 31-38 not included.
PID-32	IS	20	Identity Reliability Code	O	
PID-33	TS	26	Last Update Date/Time	O	
PID-34	HD	40	Last Update Facility	O	
PID-35	CE	250	Species Code	O	
PID-36	CE	250	Breed Code	O	
PID-37	ST	80	Strain	O	
PID-38	CE	250	Production Class Code	O	

Table 9: Business rules for processing Internal Patient IDs

Describes the internal patient IDs which may be included in PID-3 and their related business rules for processing.

Field	Sent from CareRight as	Business Rules for processing
PID-3 Internal Patient ID	Identifier Type = MR MR = Medical Record Number, e.g. ' 0000123333^^^^MR' The MR is a 10-digit number global unique identifier for that patient in CareRight, i.e. 'User ID'. The Medical Record Number (MR) does not change over time.	CareRights' unique ID – 10-digit number padded with leading zeros.
PID-3 Internal Patient ID	Identifier Type = AUSDVA AUSDVA = Australian Department of Veterans Affairs e.g. 'QXT1654316^^^^AUSDVA'	Only sent at Australian sites. The patient's DVA Number will be in these fields. The DVA Number Expiry date is not sent in the message. This will only be included if the patient has a DVA number recorded
PID-3 Internal Patient ID	Identifier Type = RCT RCT = Repat Card Type The RCT is the DVA card colour e.g. 'Orange^^^^RCT'	Only sent at Australian sites. The patient's DVA card colour will be in these field Example of common colour codes are: ● Gold ● White The colour codes sent are based on the generic code configuration in CareRight and may be different based on the specific configuration for an installation. The value of the "Description" for the genetic code is sent If no card colour is present, the value "None" will be sent.
PID-3 Internal Patient ID	Identifier Type = CRN CRN = Client/Custom Reference number, e.g. 'RNF1234^^^^CRN'	This patient CRN number. This is user defined and generally related to the identifier in a system external to CareRight.
PID-3 Internal Patient ID	Identifier Type = CON CON = Pension number and expiry, eg 1234^^^^CON^^^20201231	The patient's penson number and expiry date (as YYYYMMDD).

5.6 Patient Alias

The name segments in PID-5 & PID-9 support the inclusion of the patient alias name if defined in the medical record.

Where the patient Alias does not define both first and last names the patients actual first or last name is substituted for the missing element. If neither first or last name alias values are defined then no alias value is provided in the HL7 message.No middle name data is supplied in the alias fields, even if defined on the patient actual name. The Title value is set to the same value as the patient's actual title value.

Examples:

Miss Mary K Smith has no patient alias define in CareRight

```
PID-5 = |Smith^Mary^K^^Miss^^L|
```

```
PID-9 = ||
```

Mr Robert Brian Smith has a patient alias first name value set to "Bob"

```
PID-5 = |Smith^Robert^Brian^^Mr^L~Smith^Bob^^^Mr^^N|
```

```
PID-9 = |Smith^Bob^^^Mr^^N|
```

Mr Robert Brian Smith has a patient alias first name value set to "Bob" & last name set to "Smyth"

```
PID-5 = |Smith^Robert^Brian^^Mr^L~Smyth^Bob^^^Mr^^N|
```

```
PID-9 = |Smyth^Bob^^^Mr^^N|
```

5.7 Patient Visit Segment

The PV1 segment contains information about a patient admission. This information may be about the patients current admission or past admissions if modified.

When the A08 is generated due to changes to the patient summary data the PV1 will contain the details of the current admission if they are admitted.

When the A08 is generated due to a change in admission details (past or present) the PV1 will contain the details of the changed admission.

To correctly determine the patient's current status the following interpretation of the PV1 segment can be applied.

PV1-2 Patient Class

If a past admission has been modified then this PV1 contains information about that past admission and this will be set to "H" to indicate historical admission data.

If a patient is currently admitted and this PV1 contains information on the current admission then this will be set to "I" to indicate inpatient.

If a patient is not currently admitted, and a previous admission is not being modified then value will be "O", to indicate outpatient.

PV1-3 Assigned Patient Location

This contains the location details associated with the admission for cases of Patient Class "I" or "H". For Patient Class "O" this is the facility of the patient record.

The Room and Bed element will be populated for current admission records only and indicate the currently assigned room and bed for the patient if they are assigned to a bed. The room and bed associated code as configured in CareRight will be sent.

The Location Name and Location Description elements are populated from their respective values in CareRight.

The Admission Status element is only populated for admissions and returns one of the following values:

- Admitted
- PendDisch
- Discharged
- Cancelled

Admitted: The patient is currently admitted to the facility.

PendDisch: The patient is currently admitted, but discharge is being prepared.

Discharged: The patient has been discharged.

Cancelled: The admission has been cancelled.

Table 7: PV1 Fields

Segment and Field	Data Type	Max Length	Description	Mandatory (R/O)	Comments
PV1-0			Segment ID	R	PV1
PV1-1	SI	4	Set ID	R	Sent as '1'
PV1-2	EI	75	Patient Class "I", "O" or "H"	O	Patient's admission status. Pre-admissions are not considered admitted. Refer to documentation above for description of these values.
PV1-3	PL	80	Assigned Patient Location • (blank) • Room • Bed • Location Name • Admission Status • (blank) • Location Description	O	Refer to documentation above for description of these values.
PV1-4	ID	2	Admission Type	O	Sent as 'R' for routine
PV1-5	CX	20	Preadmit Number	O	Not Sent
PV1-6	PL	12	Prior Patient Location	O	Not Sent
PV1-7	XCN	60	Attending Doctor • Provider Identifier • Provider Last Name • Provider First Name • (blank) • (blank) • Provider Title • (blank) • (blank) • (blank) • 'L'	O	The provider associated with the admission in order of availability. If patient admitted: Admission > Attending Doctor Admission > Admitting Doctor Patient > Primary Provider If the patient is not admitted the Patient's Primary Provider is used. If there is no matching provider then blank is sent.
PV1-8	XCN	60	Referring Doctor	O	Not sent
PV1-9	XCN	60	Consulting Doctor	O	Not Sent
PV1-10	XCN	80	Hospital Service • Admission Category Code • Admission Category Description	O	If an admission is associated with this PV1 then the admissions category selected in CareRight will be used to populate this segment. The codes and descriptions are user defined in CareRight
PV1-11 to PV1-16 not populated					
PV1-17			Admitting Doctor • Provider Identifier • Provider Last Name • Provider First Name • (blank) • (blank) • Provider Title • (blank) • (blank) • (blank) • 'L'		The provider associated with the admission as the admitting doctor. If there is no matching provider then blank is sent.

PV1-18 not populated					
PV1-19			Visit Number	O	If there is an admission associated with the PV1 this will contain the ARN number of the admissions.

This is used to uniquely identify this admission to any other admission in CareRight.

The ARN is number, but may contain leading zeros in accordance with the configured minimum length requirements in CareRight. It is safe to remove leading zeros and convert to a number for unique identification purposes. Ideally the leading zeros should be retained for presentation purposes to match CareRight. |
PV1-20 to PV1-43 not populated					
PV1-44			Admit Date/Time in the format of CCYYMMDDhhmm	O	If there is an admission associated with this PV1 then this is the date and time that the patient was admitted.
PV1-45			Discharge Date/Time in the format of CCYYMMDDhhmm	O	If there is an admission associated with this PV1 then this is the date and time that the patient was discharged if they have been discharged.
PV1-46 onwards not sent					

5.8 Insurance Segment

Table 10: Insurance

Segment and Field	Data Type	Max Length	Description	Mandatory (R/O)	Comments
IN1-0			Segment ID	R	'IN1'
IN1-1	SI	4	Set ID - IN1	R	Set to the value "1"
IN1-2	CE	60	Insurance Plan ID	R	Set to the description of the generic code for the health_c table
IN1-3	CX	59	Insurance Company ID e.g. '|BUP|'	R	Health Fund guarantor code as set in CareRight guarantor configuration.
IN1-4	XON	130	Insurance Company Name	O	Not sent
IN1-5	XAD	106	Insurance Company Address	O	Not sent
IN1-6	XPN	48	Insurance Co. Contact Person	O	Not sent
IN1-7	XTN	40	Insurance Co Phone Number	O	Not sent
IN1-8	ST	12	Group Number	O	Not sent
IN1-9	XON	130	Group Name	O	Not sent
IN1-10	CX	12	Insured's Group Emp ID	O	Not sent
IN1-11	XON	130	Insured's Group Emp Name	O	Not sent
IN1-12	DT	8	Plan Effective Date	O	Not sent
IN1-13	DT	8	Plan Expiration Date	O	Not sent
IN1-14	CM	55	Authorization Information	O	Not sent
IN1-15	IS	3	Plan Type	O	Not sent
IN1-16	XPN	48	Name Of Insured	O	Not sent
IN1-17	IS	2	Insured's Relationship To Patient	O	Not sent
IN1-18	TS	26	Insured's Date Of Birth	O	Not sent
IN1-19	XAD	106	Insured's Address	O	Not sent
IN1-20	IS	2	Assignment Of Benefits	O	Not sent
IN1-21	IS	2	Coordination Of Benefits	O	Not sent
IN1-22	ST	2	Coord Of Ben. Priority	O	Not sent
IN1-23	ID	2	Notice Of Admission Flag	O	Not sent
IN1-24	DT	8	Notice Of Admission Date	O	Not sent
IN1-25	ID	2	Report Of Eligibility Flag	O	Not sent
IN1-26	DT	8	Report Of Eligibility Date	O	Not sent
IN1-27	IS	2	Release Information Code	O	Not sent
IN1-28	ST	15	Pre-Admit Cert (PAC)	O	Not sent
IN1-29	TS	26	Verification Date/Time	O	Not sent
IN1-30	XCN	60	Verification By	O	Not sent
IN1-31	IS	2	Type Of Agreement Code	O	Not sent
IN1-32	IS	2	Billing Status	O	Not sent
IN1-33	NM	4	Lifetime Reserve Days	O	Not sent
IN1-34	NM	4	Delay Before L.R. Day	O	Not sent
IN1-35	IS	8	Company Plan Code	O	Not sent
IN1-36	ST	15	Policy Number	O	Health Fund membership number.
IN1-37	CP	12	Policy Deductible	O	Not sent
IN1-38	CP	12	Policy Limit - Amount	B	Not sent
IN1-39	NM	4	Policy Limit - Days	O	Not sent
IN1-40	CP	12	Room Rate - Semi-Private	B	Not sent
IN1-41	CP	12	Room Rate - Private	B	Not sent
IN1-42	CE	60	Insured's Employment Status ^Retired^^^^|	O	This value sent is the description of the employment status

					statutory reporting field in CareRight
IN1-43	IS	1	Insured's Sex	O	Not sent
IN1-44	XAD	106	Insured's Employer Address	O	Not sent
IN1-45	ST	2	Verification Status	O	Not sent
IN1-46	IS	8	Prior Insurance Plan ID	O	Not sent
IN1-47	IS	3	Coverage Type	O	Not sent
IN1-48	IS	2	Handicap	O	Not sent
IN1-49	CX	12	Insured's ID Number	O	Not sent

6 Acknowledgments

CareRight expects an Acknowledgement Message for each message it sends.

6.1 Acknowledgement Message Structure

Table 11: ACK Message Segments

Segment	Name	R/O	Freq of Occurrence
MSH	Message Header	R	1
MSA	Message Acknowledgement	R	1
ERR	Error Segment	O	1

6.3 Message Header Segment of Acknowledgement Message

Table 14 describes the fields of the Message Header Segment (MSH) of Acknowledgement messages that will be expected by CareRight for this interface. The 'Comments' column includes business rules for processing the field, examples, etc.

Table 12: MSH field for ACK

Segment and Field	Data Type	Max Length	Description	Mandatory (R/O)	Comments
MSH-0			Segment Id	R	Will be sent as 'MSH'
MSH-1	ST	1	Field Separator	R	Will be sent as '|'
MSH-2	ST	4	Encoding Characters	R	Will be sent as '^~\&'
MSH-3	HD	180	Sending Application	O	
MSH-4	HD	180	Sending Facility	O	
MSH-5	HD	180	Receiving Application	O	
MSH-6	HD	180	Receiving Facility	O	
MSH-7	26	TS	Date/time of Message as CCYYMMDDhhmm	R	Date and time of the acknowledgment message
MSH-8	40	ST	Security	O	Not sent
MSH-9	CM	7	Message Type	R	'ACK'
MSH-10	ST	20	Message Control ID	R	Unique ID for message
MSH-11	PT	3	Processing ID	R	expected to be 'P'
MSH-12	VID	60	Version ID	R	Expected to be '2.3.1'
MSH-13					MSH-13 onwards not sent

6.4 Message Acknowledgement Segment

Table 15 describes the fields of the Message Acknowledgment Segment (MSA) of Acknowledgement messages that will be sent by CareRight for this interface. The 'Comments' column includes business rules for processing the field, examples, etc.

Table 13: MSA fields

Segment and Field	Data Type	Max Length	Description	Mandatory (R/O)	Comments
MSA-0			Segment ID	R	Will be sent as 'MSA'
MSA -1	ID	2	Acknowledgement Code	R	Will send one of the following: AA = Application Accept AE = Application Error

					AR = Application Reject
MSA -2	ST	20	Message Control ID	R	Control ID of the initiating message
MSA -3			Text message		Not processed
MSA -4			Expected sequence number		Not processed
MSA -5			Delayed Acknowledgement Type		Not processed
MSA -6	CE	100	Error Condition		Not processed