



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
 600 Washington Street  
 Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
 Transmittal Letter ALL-158  
 June 2008

**TO:** All Providers Participating in MassHealth  
**FROM:** Tom Dehner, Medicaid Director *TD*  
**RE:** All Provider Manuals (Revised Appendix Y)

Appendix Y has been updated to include new and modified messages that impact members with MassHealth, Commonwealth Care, and Health Safety Net (HSN) coverage. Effective June 2008, these changes will appear on REVS.

Some additional changes have also occurred with regard to copayment requirements for members with HSN coverage. The Division of Health Care Finance and Policy (DHCFP) is temporarily suspending the copayment requirements for medical services described in 114.6 CMR 13.04(6)(a)(2)(b). These include the \$5 copayment for an outpatient visit, the \$50 copayment for an inpatient admission, and the \$50 copayment for an emergency room visit. This policy is necessitated by provider messaging system limitations and is effective immediately. Low-Income patients continue to be responsible for pharmacy copayments in accordance with the regulation. MassHealth anticipates that copayments for medical visits will be implemented in the future. As a result, restrictive messages stating these copayments have been modified to reflect this policy.

Health Safety Net providers should immediately stop charging for and collecting the medical copayments listed above from low income patients. The DHCFP will offer further guidance on processes to address any copayments that may have been collected to date.

Message No.	Current Message	New Message	What the new Message means
186	EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).	EXEMPT FROM MASSHEALTH COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).	"MassHealth" was inserted to clarify that this is a MassHealth copay, not an HSN copay.
246	EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).	EXEMPT FROM MASSHEALTH COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).	"MassHealth" was inserted to clarify that this is a MassHealth copay, not an HSN copay.

<b>Message No.</b>	<b>Current Message</b>	<b>New Message</b>	<b>What the new Message means</b>
616	NETWORK HEALTH MEMBER. FOR DENTAL SERVICES CALL 1-800-341-8478.	NETWORK HEALTH MEMBER. FOR DENTAL SERVICES CALL 1-800-341-8478. FOR VISION SERVICES CALL 1-888-257-1985.	Phone number has been added.
617	NHP MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION SERVICES CALL 1-800-462-5449.	NHP MEMBER. FOR DENTAL SERVICES CALL 1-800-341-8478. FOR VISION SERVICES CALL 1-800-638-3120.	Phone numbers have been updated.
619	FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-868-5200. FOR VISION SERVICES CALL 1-800-868-5200.	FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-822-5353. FOR VISION SERVICES CALL 1-800-868-5200.	Phone number has been updated.
623	NHP MEMBER. FOR VISION SERVICES CALL 1-800-462-5449.	NHP MEMBER. FOR VISION SERVICES CALL 1-800-638-3120.	Phone number has been updated.
642	PARTIAL HSN DENTAL AVAILABLE. MEMBER WITH 200-250 PERCENT FPL. HSN DEDUCTIBLE IS \$41.	PARTIAL HSN DENTAL AVAILABLE. HSN DEDUCTIBLE IS \$41.	Modification of text related to FPL.
643	PARTIAL HSN DENTAL AVAILABLE. MEMBER WITH 250-300 PERCENT FPL. HSN DEDUCTIBLE IS \$2,083.	PARTIAL HSN DENTAL AVAILABLE. HSN DEDUCTIBLE IS \$2,083	Modification of text related to FPL.
646	COPAY MAY BE APPLICABLE. FPL IS XXX.X.	COPAY MAY BE APPLICABLE.	Modification of text related to FPL.
647	HSN MEDICAL AND PHARMACY COPAYS MAY BE APPLICABLE. FPL IS XXX.X.	HSN PHARMACY COPAYS MAY BE APPLICABLE.	Modification of text related to FPL and reference to medical copays.
648	HSN PHARMACY COPAYS MAY BE APPLICABLE. FPL IS XXX.X.	HSN PHARMACY COPAYS MAY BE APPLICABLE.	Modification of text related to FPL.

Message No.	Current Message	New Message	What the new Message means
650	N/A	MEMBER ALSO ELIGIBLE FOR COMMCARE: MEMBER MUST ENROLL TO RECEIVE THESE BENEFITS. CALL 1-877-MA-ENROLL (1-877-623-6765).	Member's coverage type is MassHealth Limited, but member qualifies for more comprehensive benefits if enrolled with Commonwealth Care.
651	N/A	NEW MMIS MEMBER ID - 123456789012	Used in REVS to show NewMMIS member ID

As always, check REVS before performing services.

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

More information about Commonwealth Care is available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and on the Connector Web site at [www.mass.gov/connector](http://www.mass.gov/connector).

More information about Health Safety Net is available on the Division of Health Care Finance and Policy Web site at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

**NEW MATERIAL**

(The pages listed here contain new or revised language.)

**All Provider Manuals**

Pages Y-1 through Y-6

**OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

**All Provider Manuals**

Pages Y-1 through Y-6 — transmitted by Transmittal Letter ALL-156

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix Y. REVS Codes/Messages	<b>Page</b> Y-1
	<b>Transmittal Letter</b> ALL-158	<b>Date</b> 06/01/08

### REVS Codes and Messages

**Important Note:** This appendix is available online at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs). MassHealth will update Appendix Y as needed. Paper copies of this appendix will not be mailed automatically, but can be requested by mailing, faxing, or e-mailing a request to:

MassHealth Publications  
P.O. Box 9118  
Hingham, MA 02043  
Fax: 617-988-8973  
E-mail: [publications@mahealth.net](mailto:publications@mahealth.net)

This appendix lists the active Recipient Eligibility Verification System (REVS) codes and their respective service-restriction messages. Providers accessing REVS to verify a patient's eligibility before providing medical services will receive one or more of the following restriction messages.

This appendix also lists other messages that do not have a code associated with them, but are important to be aware of, as they are returned on REVS.

<u>Code</u>	<u>Message</u>
006	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
011	NHP MEMBER. FOR MEDICAL SERVICES CALL 1-800-462-5449. FOR BEHAVIORAL HEALTH SERVICES CALL 1-800-414-2820.
021	BMC HEALTHNET MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0010. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
031	PRIOR AUTH REQUIRED ON ALL CARE EXCEPT EMERGENCIES. ESP NORTH SHORE. CALL 781-581-3900 FOR LYNN CLIENTS, 978-837-9479 FOR BEVERLY CLIENTS.
035	DMH CLIENT.
036	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF THE CAMBRIDGE HOSPITAL AT 617-868-6323.
041	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP AT FALLON AT 508-852-2026.
046	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF UPHAM'S CORNER AT 617-288-0970.
051	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL HARBOR ELDER SERVICES AT 617-296-5100.
056	NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
061	BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0010. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-217-3501.
066	NETWORK HEALTH MEMBER. FOR MEDICAL SERVICES CALL 1-888-257-1985. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-257-1986.
071	MEMBER ENROLLED IN PROGRAM THAT LIMITS HIM/HER TO 1 PHARMACY. FOR INFORMATION, MEMBER MAY CALL 1-800-841-2900, 8AM-5PM MON-FRI.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix Y. REVS Codes/Messages	<b>Page</b> Y-2
	<b>Transmittal Letter</b> ALL-158	<b>Date</b> 06/01/08

<u>Code</u>	<u>Message</u>
075	MEMBER ID MAY HAVE BEEN USED IN THE PAST BY MORE THAN ONE MASSHEALTH MEMBER. VERIFY MEMBER NAME AND BIRTHDATE ON RESPONSE.
096	CARE MANAGEMENT PILOT PROGRAM MEMBER. PLEASE CALL 413-794-9428 TO COORDINATE ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES.
111	RESIDENT AT LONG-TERM-CARE FACILITY.
116	EAEDC (CAT. 04). SERVICES RESTRICTED. SEE 130 CMR 450.106. FOR QUESTIONS, CALL PROVIDER SERVICES AT 1-800-841-2900.
121	DIRECT ALL INQUIRIES ABOUT ELIGIBILITY TO SOCIAL SERVICE WORKER.
126	COMMUNITY CASE MANAGEMENT MEMBER. PRIOR AUTHORIZATION NOW REQUIRED FOR HOME HEALTH (PDN, NURSING, HH AIDE, PCW) INFO 1-800-863-6068.
131	FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
171	PRIOR AUTHORIZATION MANDATORY FOR ALL CARE EXCEPT FOR EMERGENCIES. CALL ESP OF EAST BOSTON AT 617-568-6416.
186	EXEMPT FROM MASSHEALTH COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).
201	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL CCA: 1-866-610-2273.
231	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL SWH: 1-888-794-7268.
246	EXEMPT FROM MASSHEALTH COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).
271	MET CAP ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(C).
281	UNCOMPENSATED CARE POOL IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. FOR MORE INFORMATION, CALL 1-877-910-2100.
306	INDIVIDUAL HAS SUBMITTED AN MBR AND IS NOT ELIGIBLE FOR MASSHEALTH. FOR MORE INFORMATION, CALL 1-800-462-7738.
311	FALLON MEMBER. FOR MEDICAL SERVICES CALL 1-800-868-5200. FOR BEHAVIORAL HEALTH SERVICES CALL 1-888-421-8861.
366	MET CAP ON PHARMACY SERVICES UNDER 130 CMR 450.130(C).
386	MEDICARE-COVERED SERVICES ONLY.
391	SENIOR CARE OPTIONS. PAYMENT LIMITED TO SCO. AUTHORIZATION NEEDED FOR ALL SERVICES EXCEPT EMERGENCIES. CALL EVERCARE: 1-888-867-5511.
461	PRIMARY CARE CLINICIAN (PCC) PLAN MEMBER. CALL PCC FOR AUTHORIZATION FOR ALL SERVICES EXCEPT THOSE LISTED IN 130 CMR 450.118(J).

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix Y. REVS Codes/Messages	<b>Page</b> Y-3
	<b>Transmittal Letter</b> ALL-158	<b>Date</b> 06/01/08

<u>Code</u>	<u>Message</u>
480	BILL MEMBER'S PRIVATE HEALTH INSURANCE. SEE 130 CMR 450.316-317 FOR INFO ON TPL REQS AND PAYMENT LIMITATIONS ON CLAIM SUBMISSIONS.
485	BILL MEMBER'S PRIVATE HEALTH INSURANCE. MASSHEALTH PAYS ONLY FOR COPAYS AND DEDUCTIBLES FOR WELL-CHILD VISITS.
490	DMH CLIENT. NOT ELIGIBLE FOR MASSHEALTH.
495	ELIGIBLE FOR PREMIUM ASSISTANCE ONLY. BILL MEMBER'S PRIVATE HEALTH INSURANCE.
500	SPECIAL NHP PROGRAM. CALL NHP AT 1-888-816-6000 FOR AUTHORIZATION FOR ALL SERVICES EXCEPT FAMILY PLANNING, GLASSES, AND MOST DENTAL.
505	MASSHEALTH COMMONHEALTH MEMBER. FOR QUESTIONS, CALL 1-800-841-2900.
516	CALL HRCA AT 617-325-8000 FOR AUTHORIZATION OF ALL SERVICES EXCEPT ACUTE INPATIENT ADMISSIONS.
520	ELIGIBLE FOR AMBULATORY PRENATAL CARE ONLY.
522	ELIGIBLE FOR EMERGENCY SERVICES ONLY.
525	FOR MENTAL HEALTH OR SUBSTANCE ABUSE SERVICE AUTHORIZATION, CALL THE PARTNERSHIP AT 1-800-495-0086.
530	NO PCC/MCO AUTHORIZATIONS NEEDED. FOR MH/SA SERVICE AUTHORIZATION, CALL THE PARTNERSHIP AT 1-800-495-0086.
595	ELIGIBLE BUT NOT ENROLLED IN MANAGED CARE. SERVICE CANNOT BE BILLED TO MASSHEALTH. MEMBER MUST ENROLL. HSN COVERAGE AVAILABLE.
596	MEMBER ALSO ELIGIBLE FOR ESSENTIAL. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 800-841-2900.
597	MEMBER ALSO ELIGIBLE FOR BASIC. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 800-841-2900.
601	ELIGIBLE FOR EMERGENCY SERVICES, INCLUDING LABOR AND DELIVERY, UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D).
602	FOR ELIGIBILITY DATES AND PAYMENT FOR ALL OTHER PREGNANCY-RELATED SERVICES UNDER HEALTHY START, CALL 1-888-488-9161.
603	ELIGIBLE FOR EMERGENCY SERVICES UNDER LIMITED WITHOUT COPAY UNDER 130 CMR 450.130(D).
604	FOR ELIGIBILITY DATES AND PAYMENT FOR PRIMARY AND PREVENTIVE CARE SERVICES CALL CMSP AT 1-800-909-2677.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix Y. REVS Codes/Messages	<b>Page</b> Y-4
	<b>Transmittal Letter</b> ALL-158	<b>Date</b> 06/01/08

<u>Code</u>	<u>Message</u>
605	FOR ELIGIBILITY DATES AND PAYMENT FOR PRIMARY AND PREVENTIVE CARE SERVICES CALL CMSP AT 1-800-909-2677.
606	REIMBURSEMENT FROM THE UNCOMPENSATED CARE POOL NOT ALLOWABLE FOR THIS PATIENT. FOR INFORMATION CALL 617-988-3222 OR 1-877-910-2100.
608	MEMBER ELIGIBLE FOR MEDICARE PART D. FOR MEMBER ENROLLMENT STATUS OR OTHER INFORMATION CALL 1-800-MEDICARE (1-800-633-4227).
609	YES. MEMBER HAS FULL MEDICAID BENEFITS.
610	NO. MEMBER DOES NOT HAVE FULL MEDICAID BENEFITS.
611	MEMBER IS QUALIFIED MEDICARE BENEFICIARY. SEE 130 CMR 519.010.
612	MEMBER IS SPECIFIED LOW INCOME MEDICARE BENEFICIARY. SEE 130 CMR 519.011(A).
613	MEMBER IS QUALIFIED INDIVIDUAL BENEFICIARY. SEE 130 CMR 519.011(B).
614	BILL HOSPICE PROVIDER IF SERVICE IS RELATED TO TERMINAL ILLNESS.
615	BMC HEALTHNET PLAN MEMBER. FOR MEDICAL SERVICES CALL 1-888-566-0008. FOR BEHAVIORAL HEALTH SERVICES CALL 1-866-444-5155.
616	NETWORK HEALTH MEMBER. FOR DENTAL SERVICES CALL 1-800-341-8478. FOR VISION SERVICES CALL 1-888-257-1985.
617	NHP MEMBER. FOR DENTAL SERVICES CALL 1-800-341-8478. FOR VISION SERVICES CALL 1-800-638-3120.
618	BMC HEALTHNET PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-685-9971. FOR VISION SERVICES CALL 1-800-615-1883.
619	FALLON COMMUNITY HEALTH PLAN MEMBER. FOR DENTAL SERVICES CALL 1-800-822-5353. FOR VISION SERVICES CALL 1-800-868-5200.
620	MEMBER ALSO ELIGIBLE FOR COMMONWEALTH CARE. MEMBER MUST ENROLL IN MANAGED CARE TO RECEIVE THESE BENEFITS. CALL 1-877-MA-ENROLL.
621	MEMBER ENROLLED WITH <Commonwealth Care MCO> PLAN. COVERAGE TO BEGIN <Mon 06>.
622	NETWORK HEALTH MEMBER. FOR VISION SERVICES CALL 1-888-257-1985.
623	NHP MEMBER. FOR VISION SERVICES CALL 1-800-638-3120.
624	BMC HEALTHNET PLAN MEMBER. FOR VISION SERVICES CALL 1-800-615-1883.
625	FALLON COMMUNITY HEALTH PLAN MEMBER. FOR VISION SERVICES CALL 1-800-868-5200.
628	COMMONWEALTH CARE PLAN TYPE I. MEMBER DOES NOT HAVE TO PAY A MONTHLY PREMIUM. MEMBER MUST PAY COPAYMENTS FOR PRESCRIPTION DRUGS.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> Appendix Y. REVS Codes/Messages	<b>Page</b> Y-5
	<b>Transmittal Letter</b> ALL-158	<b>Date</b> 06/01/08
All Provider Manuals		

<u>Code</u>	<u>Message</u>
629	COMMONWEALTH CARE PLAN TYPE II. MEMBER DOES NOT HAVE TO PAY A MONTHLY PREMIUM. MEMBER MUST PAY COPAYMENTS FOR SOME SERVICES.
630	COMMONWEALTH CARE PLAN TYPE II. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES.
631	COMMONWEALTH CARE PLAN TYPE III. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES.
632	COMMONWEALTH CARE PLAN TYPE IV. MEMBER MUST PAY A MONTHLY PREMIUM AND COPAYMENTS FOR SOME SERVICES.
633	HSN IS FOR CERTAIN HOSPITAL AND CHC SERVICES ONLY. MEMBER HAS SUBMITTED AN MBR AND IS NOT ELIG FOR MASSHEALTH. CALL 1-877-910-2100.
634	MEMBER MUST ENROLL IN COMMCARE TO RECEIVE THESE BENEFITS. MEMBER MUST CALL 1-877-MA-ENROLL (1-877-623-6765).
635	HSN AVAILABLE.
636	MEMBER IS ALSO ELIGIBLE FOR HSN SECONDARY. SEE 114.6 CMR 13.00 FOR INFO ON HSN REQS.
637	MEMBER IS HSN SECONDARY. BILL MEMBER'S PRIVATE HEALTH INSURANCE. SEE 130 CMR 450.316-317 FOR INFO ON TPL REQS.
638	PARTIAL HSN AVAILABLE. MEMBER WITH 200-250 PERCENT FPL. HSN DEDUCTIBLE IS \$41.
639	PARTIAL HSN AVAILABLE. MEMBER WITH 250-300 PERCENT FPL. HSN DEDUCTIBLE IS \$2,083.
640	HSN NOT AVAILABLE.
641	PARTIAL HSN AVAILABLE.
642	PARTIAL HSN DENTAL AVAILABLE. HSN DEDUCTIBLE IS \$41.
643	PARTIAL HSN DENTAL AVAILABLE. HSN DEDUCTIBLE IS \$2,083.
644	HSN DENTAL AVAILABLE
645	PARTIAL HSN DENTAL AVAILABLE
646	COPAY MAY BE APPLICABLE
647	HSN PHARMACY COPAYS MAY BE APPLICABLE.
648	HSN PHARMACY COPAYS MAY BE APPLICABLE.
650	MEMBER ALSO ELIGIBLE FOR COMMCARE: MEMBER MUST ENROLL TO RECEIVE THESE BENEFITS. CALL 1-877-MA-ENROLL (1-877-623-6765).
651	NEW MMIS MEMBER ID - 123456789012



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  All Provider Manuals	<b>Subchapter Number and Title</b> Appendix Y. REVS Codes/Messages	<b>Page</b> Y-6
	<b>Transmittal Letter</b> ALL-158	<b>Date</b> 06/01/08

### Other Messages

This section lists messages returned from REVS that do not have a code associated with them. While they do not have an associated code, these messages are still important when providing services.

Member is Eligible	Member is eligible based on the services and restrictions indicated for the date of service inquired upon.
Member is Eligible – RID has changed	Member is eligible based on the services and restrictions indicated for the date of service inquired upon. The member ID inquired upon for this member has changed. The new member ID is displayed and should be used for billing purposes.
Member is Not Eligible	Member is not eligible on date of service inquired upon. Member was eligible for benefits at some time in the 13 months prior to the date of inquiry.
Member Not Found	Member is not known to REVS.
Member is Eligible - Use this RID for this Date of Service Only	Member is eligible based on the services and restrictions for the date of service inquired upon. However, the member ID that you need to submit on the claim for payment differs from the member ID that you entered in REVS. Submit the claim with the member ID returned but use the member ID you entered in REVS for future eligibility inquiries.
PCC Member. Call (corporate & site name, if applicable) (phone number) for approval. For exceptions see 130 CMR 450.118(J).	Member is enrolled with a primary care clinician (PCC). The corporate PCC and site PCC (if applicable) names will be displayed. The site PCC phone number will be displayed.
Duplicate RID. Call 1-800-833-7582 for assistance.	The member ID entered has been linked to more than one member on REVS. Call the eligibility operator to determine the appropriate member ID to check eligibility.