

**Electronic Correspondence Referral
System on the Web (ECRS Web)
User Guide**

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ECRS WEB USER GUIDE

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Section 1106 (a) of the Act provides in pertinent part that “Any person who shall violate any provision of this section shall be deemed guilty of a felony and, upon conviction thereof, shall be punished by a fine not exceeding \$10,000 for each occurrence of a violation, or by imprisonment not exceeding 5 years, or both.” Additional and more severe penalties are provided under Title XVIII (Medicare) USC Section 285 (unauthorized taking or using of papers relating to claims) and under Section 1877 of Title XVIII of the Act (relating to fraud, kickbacks, bribes, etc., under Medicare).

These provisions refer to any information obtained by an employee in the course of their performance of duties and/or investigations (for example, beneficiary diagnosis, pattern of practice of physicians, etc.).

The Electronic Correspondence Referral System (ECRS) contains IRS tax data. Any unauthorized inspection or disclosure of IRS return information in violation of any provision of Section 6103 may result in sanctions as described in IRC Sections 7431 and 7213, which include, but are not limited to, fines or imprisonment.

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Chapter 1: Introduction

This chapter contains an introduction to the *Electronic Correspondence Referral System (ECRS) on the Web User Guide*. Refer to the chart below or the Table of Contents to locate topics in this chapter.

To see information about this...	See this page...
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What is ECRS?

Note: Please see the *Confidentiality and Disclosure of Information* statement on the inside of the title page regarding the appropriate handling of information contained in ECRS.

ECRS allows authorized users at Medicare contractor sites and authorized CMS Regional Offices (ROs) to fill out various online forms and electronically transmit requests for changes to existing CWF MSP information, and inquiries concerning possible MSP coverage. Transactions are automatically stored on the Coordination of Benefits (COB) contractor's system. Each evening, a batch process reads the transactions and processes the requests. The status of each transaction is updated as it moves through the system.

Transactions are entered and viewed in ECRS by contractor number. An organization with more than one contractor number must determine how it wants to group its activity. If the organization wants to see all records together, it should use only one contractor number for all ECRS activities. If the organization wants to distinguish the transactions by contract, it should use its different contractor numbers.

ECRS Web CBTs

Register for Computer-Based Training (CBT) courses by sending an e-mail to techi@nhassociates.net. Specify that you are requesting the ECRS Web CBT curriculum, and include your company name, company description (i.e. Fiscal Intermediary, Carrier, Part A and Part B Medicare Administrative Contractor, Medicare Secondary Payer Recovery Contractor, Medicare Advantage Health Plan, or Drug Plan Sponsor) and the name, phone number, and e-mail address for each individual you would like to register. Once your request is processed, an e-mail notification containing the URL for the curriculum will be sent to each registered individual.

About this Guide

This guide was written to help you understand the Electronic Correspondence Referral System (ECRS) for the web. The guide is divided into three parts to help you quickly and easily find the information you need.

Chapter 1, the *Introduction*, is the section you are reading now. It contains information about how to use the guide. It also includes basic information about ECRS. If you are unfamiliar with the system or are not an experienced computer user, read the entire *Introduction* before reading the rest of the guide.

Chapter 2, *CWF Assistance Request Transactions*, contains step-by-step instructions for performing CWF assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 3, *MSP Inquiry Transactions*, contains step-by-step instructions for performing MSP inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 4, Prescription Drug Assistance Request Transactions, contains step-by-step instructions for performing prescription drug assistance transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 5, *Prescription Coverage Inquiry Transactions*, contains step-by-step instructions for performing Prescription Coverage inquiry transactions, as well as examples of web pages in ECRS Web, with complete descriptions of the fields.

Chapter 6, *Workload Tracking Reports*, details how to run and display the Tracking report for Medicare contractors, as well as CMS and RO users.

Chapter 7, *Uploading & Downloading Files*, contains step-by-step instructions for uploading assistance request and inquiry files to ECRS Web, as well as downloading response files.

Appendices A, B, C, *and D* are *Required Data Reference* tables that provide a quick way to determine the data required for completing assistance requests and inquiries.

Appendix *E*, *Reason Codes*, lists all possible Reason codes that are available in ECRS Web.

Appendix *F*, *CWF Remark Codes*, lists all possible Remark codes that can be entered on the first page of CWF Assistance requests.

Appendix *G* contains *File Layouts*, which outlines how files must be formatted to be successfully uploaded to ECRS Web.

Appendix H lists all possible error codes that may be returned on a transaction response file, along with their descriptions.

Appendix *I*, *Frequently Asked Questions*, contains a list of common questions about ECRS Web, along with the corresponding answers.

Appendix *J* is a *Glossary* that defines terms and acronyms associated with ECRS.

How to Use the Required Data Reference Tables

The reference tables in Appendices A, B, and C list the page names associated with completing an assistance request or inquiry. Below each page name are the data fields on the page. Across from each field, there is a Y or N, indicating if the field is required. The Notes column dictates when that field is required, if applicable. If the field is marked as required, and the Notes column is blank, then the field is required in all circumstances. If the field is marked as required, and there is information in the Notes column, that indicates that the field is only required in the situations listed.

User Guide Conventions

This section explains how information appears in the guide. Understanding the conventions will help you to better understand the tasks and web page explanations.

Information that links/navigates to other information within the application appears in **bold typeface**. For example, in the following instruction, “click [**Continue**],” continue is in bold typeface because you must click on that link to go to the next page.

System messages appear in CAPITAL LETTERS. For example: The system displays the message, “HICN NOT ENTERED.”

Application web page examples are representative of the pages that you see within ECRS Web. The actual information may not be the same, unless otherwise noted in the guide.

Pointers throughout the guide can help you locate information. The guide includes a master Table of Contents in the front, and smaller Tables of Contents at the beginning of the chapters. In addition, each page has headers and footers you can use to determine where you are in the guide.

Basic Functions

Logging On

Individuals who require access to ECRS Web must register in the CMS Individuals Authorized Access to CMS Computer Services (IACS), and have a contractor ID and access code. If you have an IACS ID and a contractor number and need assistance obtaining an access code, please contact Alberta Smythe at (646) 447-4645 or Bill Ford at (646) 458-6613 at the Coordination of Benefits Contractor (COBC).

1. Open an Internet Browser.
2. Connect to the ECRS URL: <https://www.cob.cms.hhs.gov/ECRS>
3. If you have not logged on with your IACS User ID and Password, the system routes you to the CMS Access Management Logon Page.
4. Enter your IACS User ID and Password log on.
5. The system routes you to the ECRS Federal Systems Login Warning page.
6. Read the Federal Systems Login Warning and click [**I Accept**] at the bottom of the page.
7. The system displays the ECRS Contractor Sign-In page, as shown in the following example.

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Contractor Sign-In Page Description

Contractor Sign In Page	
Field Name	Description
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. <i>Required field</i> for contractors. Or GHI, CMS, or Regional Office identification number. <i>Required field</i> for GHI, CMS, and RO users.
ACCESS CODE	Five-character authorization code assigned by COB contractor. <i>Required field</i> for contractors. Or Five-character authorization code for GHI, CMS, and Regional Office users. <i>Required field</i> for GHI, CMS, and RO users.
SUBMITTER TYPE	Type of submitter. Select “Part C” or “Part D.” Note: This field displays for users who can submit Part C or Part D data, after the CONTRACTOR NUMBER and ACCESS CODE fields have been populated.
ECRS MESSAGES	Messages pertinent to ECRS Web users are displayed here to keep users informed of upcoming events, maintenance or other system-specific information.
Page Navigation	Description
CONTINUE	Click [Continue] to navigate to Main Menu page.
RIGHT SIDE BAR INFORMATION	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.	
User	

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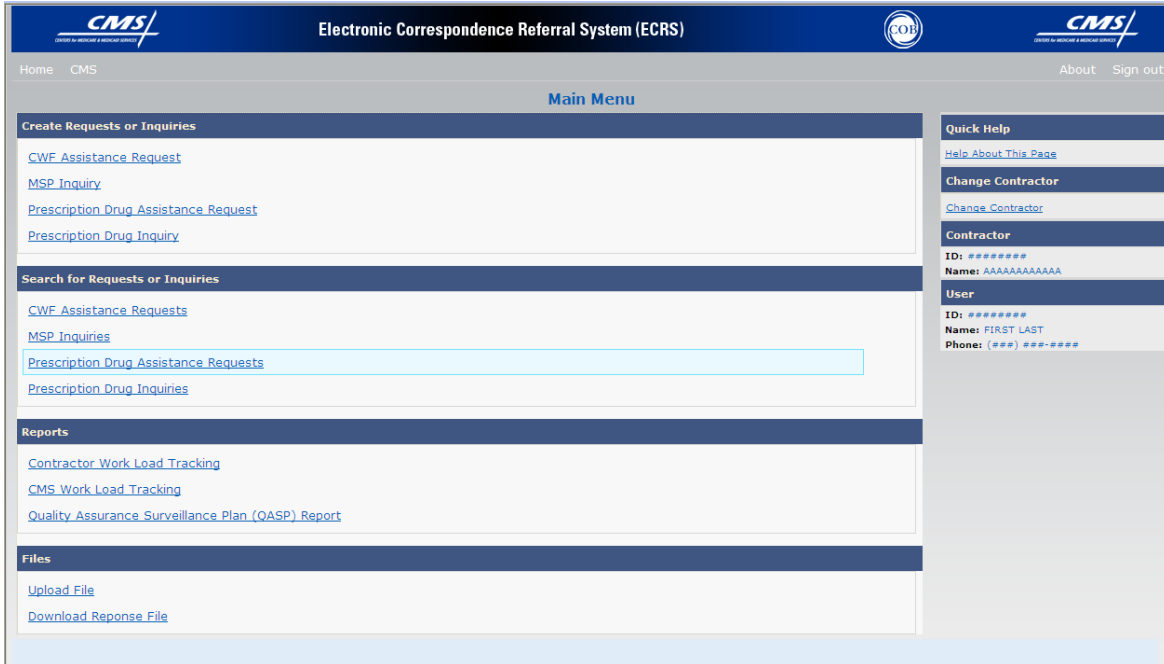
Contractor Sign In Page	
Field Name	Description
ID	User ID of person logged in. (<i>protected field</i>)
NAME	Name of person associated with the User ID. (<i>protected field</i>)
PHONE	Phone number associated with the User ID. (<i>protected field</i>)
Important Information	
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov .
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.

8. Enter the appropriate values in the CONTRACTOR NUMBER and ACCESS CODE fields.
9. For users who can submit Part C or Part D data, the Contractor Sign In Page redisplay, with the CONTRACTOR NUMBER and ACCESS CODE fields disabled, with a SUBMITTER TYPE field displayed and enabled. Select a Submitter Type.
10. Click [**Continue**]. The system then displays the Main Menu page.

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Main Menu

The Main Menu is the Home page for the ECRS application. Select the tasks you want to perform from this page. Click on a link to access information in ECRS.



Main Menu Page Description

Main Menu Page	
Link	Description
Create Requests or Inquiries	
CWF ASSISTANCE REQUEST	Click [CWF Assistance Request] to enter a new Assistance Request.
MSP INQUIRY	Click [MSP Inquiry] to enter a new Inquiry.
<i>PRESCRIPTION DRUG ASSISTANCE REQUEST</i>	<i>Click [Prescription Drug Assistance Request] to enter a new Assistance Request. Note: This field displays for users who can submit Part C or Part D data.</i>
PRESCRIPTION COVERAGE INQUIRY	Click [Prescription Coverage Inquiry] to enter a new Inquiry.
Search for Requests or Inquiries	
CWF ASSISTANCE REQUESTS	Click [CWF Assistance Request] to enter search criteria.
MSP INQUIRIES	Click [MSP Inquiry] to enter search criteria.
<i>PRESCRIPTION DRUG ASSISTANCE REQUESTS</i>	<i>Click [Prescription Drug Assistance Requests] to enter search criteria.</i>

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<i>Main Menu Page</i>	
Link	Description
PRESCRIPTION COVERAGE INQUIRIES	Click [Prescription Coverage Inquiry] to enter search criteria.
Reports	
CONTRACTOR WORKLOAD TRACKING	Click [Contractor Workload Tracking] to select criteria and display the workload tracking report for your contractor.
CMS WORKLOAD TRACKING	Click [CMS Workload Tracking] to select criteria and display the workload tracking report for contractors. Note: Restricted to CMS and Regional Offices
<i>QUALITY ASSURANCE SURVEILLANCE PLAN (QASP) REPORT</i>	<i>Click [Quality Assurance Surveillance Plan (QASP) Report] to select criteria and display the QASP report.</i> <i>Note: Restricted to CMS and Regional Offices</i>
Files	
Note: File Upload and Download are restricted to selected users. Contact the EDI Help desk at (646) 458-6740 for additional information.	
UPLOAD FILE	Click [Upload File] to upload ECRS transaction files.
DOWNLOAD RESPONSE FILE	Click [Download Response File] to download ECRS response files for transactions uploaded on ECRS web.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor
Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.	
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>

Logging Off

Click [**Sign out**] on the Menu bar. The system returns you to the CMS Access Management Logon Page.

Chapter 2: CWF Assistance Request Transactions

This chapter provides you with step-by-step instructions to perform a CWF assistance request. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the CWF assistance request transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

The pages in this chapter are representative of the actual pages that you see within ECRS Web. The data will not be the same; the web page layout will be very similar, if not exactly the same.

Use the chart below or the *Table of Contents* to locate the tasks in the chapter.

For information about this task...	See this page...
Adding CWF Assistance Request Transactions	10
Retrieving Beneficiary Information for CWF Assistance Requests	10
Importing HIMR MSP Information for CWF Assistance Requests	38
Viewing a List of CWF Assistance Request Transactions	39
Viewing, Updating, and Deleting CWF Assistance Request Transactions	39

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
Create Requests or Inquiries	
CWF ASSISTANCE REQUEST	
Action Requested	15
HIMR MSP Data List	38
CWF Auxiliary Record Data	22
Informant Information	25
Insurance Information	28
Employment Information	31

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For information about this web page...	See this page...
Additional Information	33
Comments/Remarks	36
Summary	37
Search for Requests or Inquiries	
CWF Assistance Requests	39

Adding a CWF Assistance Request Transaction

Use the [**CWF Assistance Request**] link under Create Requests or Inquiries on the Main Menu, to add CWF Assistance Request transactions for existing CWF MSP auxiliary occurrences.

To submit an inquiry to the COB contractor about a possible MSP situation not yet documented at CWF, use the [**MSP Inquiry**] link on the Main Menu (page 46).

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved when HICN and other required data is entered and saved on the first page of the CWF Assistance Request (Action Requested). The information is displayed on the right side bar, and carried forward on the CWF Assistance Request transaction.

Action Codes

ECRS uses action codes to determine what information should be updated on the MSP auxiliary occurrence at CWF or what type of special processing should be performed on an MSP inquiry record. For example, if you type action code EI in the ACTION(S) field, only the information you type in the employer fields (employer name, street, city, ZIP code, EIN, and employee number) will be updated on the MSP auxiliary occurrence at CWF.

For CWF Assistance Request transactions, you are required to enter at least one action code, but you have the ability to enter a maximum of four codes. For MSP inquiries, you are not required to enter any action codes.

If you type information in a field (for example, TERMINATION DATE), but you do not type the corresponding action code (for example, TD) in the ACTION field, the system will not update that information on the MSP auxiliary occurrence at CWF.

The following table lists all action codes available in ECRS Web.

Task	Action Code
Change Attorney Information	AI
Add Policy and/or Group Number	AP
Add CWF Remark Codes	AR

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Develop for Prescription BIN	BN
CMS Grouping Code	CA
Date of Injury/Date of Loss Changes	CD
Closed or Settled Case	CL
Incorrect ESRD Coordination Period	CP
Change Termination Date	CT
Change Prescription Values (BIN, Group, PCN)	CX
Develop to the Attorney	DA
Develop to the Diagnosis Code	DD
Develop for Employer Information	DE
Develop for Insurer Information	DI
Mark Occurrence for Deletion	DO
Investigate Closed or Deleted Record	DR
Develop For Termination Date	DT
Change Diagnosis Code	DX
Change Employer Address	EA
Change Effective Date	ED
Develop for Effective Date	EF
Change Employer Information	EI
Employer Size Below Minimum	ES
Develop for Group Number	GR
Change Insurer Information	II
Change Insurance Type	IT
Add No-Fault to Liability Record	LR
Change MSP Type	MT
SSN/HICN Mismatch	MX
Create Duplicate No-Fault Record	NR
Update Prescription Person Code	PC
Change Pre-Paid Health Plan (PHP) Date	PH
Develop for/add PCN	PN
Change Patient Relationship	PR
Add Termination Date	TD
Update A Record For A Vow Of Poverty	VP
Notify COBC Of Updates To WCMSA Cases	WN

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Action Requested Page

From the Main Menu page, click [**CWF Assistance Request**] under Create Requests or Inquiries. The system displays the Action Requested page, the first page of a CWF Assistance Request, as shown in the example below.

The Action Requested page is the first page displayed when adding a new CWF Assistance Request. The information entered on this page determines required information on subsequent pages.

Navigation Links

The following links display on each page of the CWF Assistance Request Transaction:

CWF Assistance Request	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Left Side Bar Navigation	
ACTION REQUESTED	Click [Action Requested] to go to the Action Requested page.
CWF AUXILIARY RECORD DATA	Click [CWF Auxiliary Record] to go to the CWF Auxiliary Record Data page.

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<i>CWF Assistance Request</i>	
Location	Description
INFORMANT INFORMATION	Click [Informant Information] to go to the Informant Information page.
INSURANCE INFORMATION	Click [Insurance Information] to go to the Insurance Information page.
EMPLOYMENT INFORMATION	Click [Employment Information] to go to the Employment Information page.
ADDITIONAL INFORMATION	Click [Additional Information] to go to the Additional Information page.
COMMENTS/REMARKS	Click [Comments/Remarks] to go to the Comments/Remarks page.
SUMMARY	Click [Summary] to go to the Summary page.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor
Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.	
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>
Note: Beneficiary and DCN Information will be retrieved from the system using the HICN entered on Action Requested page.	
Beneficiary	Description
HICN	Health Insurance Claim Number of beneficiary. <i>(protected field)</i>
SSN	Social Security Number of beneficiary. <i>(protected field)</i>

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CWF Assistance Request	
Location	Description
NAME	Name of beneficiary. <i>(protected field)</i>
ADDRESS	Street address of beneficiary. <i>(protected field)</i>
CITY, STATE	City and State associated with street address of beneficiary. <i>(protected field)</i>
ZIP	Zip code associated with street address of beneficiary. <i>(protected field)</i>
SEX	Sex of the beneficiary. <i>(protected field)</i>
DOB	Date of birth for the beneficiary. <i>(protected field)</i>
DCN	Description
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. <i>(protected field)</i>
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process <i>(protected field)</i> CM Completed DE Delete (do not process) ECRS CWF Assistance Request HD Hold, individual not yet a Medicare beneficiary IP In process, being edited by COB NW New, not yet read by COB Note: STATUS will always be NW until the transaction is processed.
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. (See Appendix E for the complete list of codes.) <i>(protected field)</i> Note: REASON will always be 01 until the transaction is processed.

1. Type/select data in all of the required fields on the Action Requested page, and click [**Continue**]. Required fields are noted with a red asterisk (*) and are as follows:

- DCN
- HICN
- ACTIVITY CODE
- ACTION CODE
- SOURCE

For information on importing HIMR MSP Data for CWF Assistance Requests, see page 38.

Note: If beneficiary information is not found for the HICN you have entered, you will not be able to continue the CWF Assistance Request.

2. After all relevant fields have been entered, click [**Continue**] to go to the CWF Auxiliary Record Data page, or select a page link from the left side bar.

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3. If you selected to import HIMR MSP data, clicking [**Continue**] displays the HIMR MSP Data List. See page 17 for more information.
4. To exit the CWF Assistance Request Detail pages, click [**Home**] to return to the Main Menu or [**Sign Out**] to exit the application.

CWF Assistance Request, Action Requested Page Description

<i>CWF Assistance Request, Action Requested</i>	
Field Name	Description
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>) The system auto-generates the DCN, but it can be changed.
HICN	Health Insurance Claim Number of beneficiary (<i>required field</i>). Type HICN without dashes, spaces, or other special characters. Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered the system replaces the entered HICN with the most current HICN.
ACTIVITY CODE	Activity of contractor (<i>required field</i>). Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	Two-character code defining action to take on CWF Auxiliary record (<i>required field</i>). Notes: Enter up to four action codes <u>unless</u> the CWF Assistance Request is to: <ul style="list-style-type: none"> • Delete occurrence (DO) • Redevelop a deleted CWF record (DR) • Note a vow of poverty (VP) • Develop for Employer Information (DE) • Develop for Insurer Information (DI) You cannot combine these five action codes with any other action codes. <i>Action Code MT only applies when supplemental type is Primary.</i>

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CWF Assistance Request, Action Requested	
Field Name	Description
SOURCE	<p>Four-character code identifying source of CWF Assistance Request information (<i>required field</i>). Valid values are:</p> <p>CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey</p>
IMPORT HIMR MSP DATA	Defaults to Yes, but can be changed to No. See page 17 for more information on importing HIMR MSP data.
Page Navigation	Description
CONTINUE	<p>Click [Continue] to go to the CWF Auxiliary Record Data page or the HIMR MSP Data List.</p> <p>Note: All required fields must be populated before clicking [Continue].</p>
CANCEL	Click [Cancel] to return to the Main Menu.

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Importing HIMR MSP Information for CWF Assistance Requests

Importing HIMR MSP data allows you to retrieve HIMR BENA and MSPD screens at each host site. The system then transfers that information to the CWF Assistance Request Detail pages and populates the associated fields.

Follow the steps below to import HIMR MSP data for a new CWF Assistance Request.

Note: The HIMR application may be inconsistent after 5 pm. EST.

1. From the Action Requested page, which is the first page of the CWF Assistance Request, type/select all relevant fields, set Import HIMR MSP Data to “Yes,” and click [**Continue**].
2. The system retrieves MSP data, displaying all aux record numbers associated with the HICN, and displays them on the HIMR MSP Data List, as shown in the example below.

Aux Rec #	MSP Type	Effective Date	Term Date	Delete Indicator	Validity Indicator	Original Contractor	Updating Contractor	Date of Accretion
001	A	09/01/1994		D	N	*****	*****	02/25/2002
002	L	01/16/2002	N	D	N	*****	*****	04/10/2002
003	L	01/16/2002	02/14/2002		I	*****	*****	03/27/2004
004	L	01/16/2002	04/21/2004		Y	*****	*****	06/02/2006
005	D	01/16/2002	06/18/2007		Y	*****	*****	07/01/2006

HIMR MSP Data List Description

<i>HIMR MSP Data List</i>	
Field Name	Description
AUX REC #	Record number of MSP auxiliary occurrence in CWF

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HIMR MSP Data List	
Field Name	Description
MSP TYPE	Description of MSP coverage type. Valid values are: A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set Aside
EFFECTIVE DATE	Effective date of MSP coverage.
TERM DATE	Termination date of MSP coverage.
ORIGINAL CONTRATOR	Contractor number of the contractor that created original MSP occurrence at CWF.
<i>DELETE INDICATOR</i>	<i>Indicates if the record has been deleted. Valid values are:</i> <i>D Deleted</i> <i>Blank Not Deleted</i>
<i>VALIDITY INDICATOR</i>	<i>Indicates if the record is active. Valid values are:</i> <i>I Under Development</i> <i>Y MSP Coverage Confirmed</i> <i>N No MSP Coverage</i>
UPDATING CONTRACTOR	Contractor number of the contractor that most recently updated the MSP occurrence.
DATE OF ACCRETION	Accretion date of MSP coverage in MMDDCCYY format.
Page Navigation	Description
Aux Rex #	Click the [AUX REC #] link to select a record and transfer the data to the CWF Auxiliary Record Data page.
CANCEL	Click [Cancel] to return to the Main Menu.

- To select HIMR MSP data and transfer it to the CWF Assistance Request Detail pages, click the [**AUX REC #**] link next to that record. *Note: Only records with a validity indicator of Y can be selected.*

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4. The system pre-populates certain fields through the CWF assistance request process, as follows:

Page	Pre-Populated Fields
CWF AUXILIARY RECORD DATA	MSP Type Patient Relationship Auxiliary Record # Originating Contractor Effective Date Termination Date Accretion Date
INSURANCE INFORMATION	Insurance Company Name Address City State Zip Insurance Type Group Number Policy Number Subscriber Name
ADDITIONAL INFORMATION	Diagnosis Codes

Refer to the table below for additional actions:

If you...	Follow these steps:
Don't get a list of HIMR records	<ol style="list-style-type: none"> 1. Check to make sure the HICN entered is correct. 2. Check the time. The HIMR application may be unavailable before 8 am and after 5 pm EST.
Want to use this imported information	<ol style="list-style-type: none"> 1. Change information in any of the fields by typing the correct information over the imported information, if necessary. 2. Continue the CWF assistance request process.
Want to select a different MSP record for the beneficiary if you have already transferred HIMR data to the CWF Auxiliary Record Data page.	From the CWF Auxiliary Record Data page, click [Back To List], and click the Aux Rec # link, next to the record you want to select.

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If you...	Follow these steps:
Do not want to use this imported information, but want to look up a new beneficiary	<ol style="list-style-type: none"><li data-bbox="776 317 1276 373">1. Type the new beneficiary's HICN in the HICN field on the Action Requested page.<li data-bbox="776 384 1230 415">2. Set Import HIMR MSP Data to "Yes".<li data-bbox="776 426 1295 483">3. Click [Continue] to display the HIMR MSP DATA List.<li data-bbox="776 493 1260 550">4. Click the [AUX REC #] link next to the record you want to select.
Want to return to the CWF Assistance Request Action Requested page <u>without</u> selecting data	Click [Cancel].

CWF Auxiliary Record Data Page

Enter/select information on the CWF Auxiliary Record Data page that associates the assistance request with an MSP auxiliary record.

The screenshot shows the 'CWF Assistance Request Auxiliary Record Information' page. The page has a blue header with the CMS logo and 'Electronic Correspondence Referral System (ECRS)'. A left sidebar contains a menu with 'CWF Auxiliary Record Information' selected. The main content area contains several required fields (marked with an asterisk) for NSP Type, Auxiliary Record #, Patient Relationship, and Originating Contractor. There are also date fields for Effective Date, New Effective Date, Termination Date, and Accretion Date. A 'Remove Existing Termination Date' checkbox is present. At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with links for 'Help About This Page', 'Change Contractor', and 'Choose Contractor'. Below this is a 'Contractor' section with fields for ID, Name, and Phone. A 'User' section follows with fields for ID, Name, and Phone. A 'Beneficiary' section includes fields for HICN, SSN, Name, Address, City/State, Zip, Sex, and DOB. At the very bottom right, there is a 'DCN' section with fields for ID, Origin Date, Status, and Reason.

After all relevant fields have been entered, click [**Continue**] to go to the Informant Information page, or select a page link from the left side bar.

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CWF Assistance Request, CWF Auxiliary Record Data Page Description

CWF Assistance Request, CWF Auxiliary Record Data Page	
Field Name	Description
MSP TYPE	<p>One-character code identifying type of MSP coverage (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability W Workers' Compensation Medicare Set Aside
<i>NEW MSP TYPE</i>	<p><i>One-character code identifying type of new MSP coverage. Description of code displays next to value.</i></p> <p><i>Required field when ACTION CODE is MT.</i></p>

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CWF Assistance Request, CWF Auxiliary Record Data Page											
Field Name	Description										
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary (<i>required field</i>). Description of code displays next to value. Valid values are:</p> <ul style="list-style-type: none"> 01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.) <p>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">MSP Type</th> <th style="text-align: left;">Patient Relationship Code</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="border-top: 1px dashed black; border-bottom: 1px dashed black;"></td> </tr> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	MSP Type	Patient Relationship Code			A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code										
A	01, 02										
B	01, 02, 03, 04, 05, 18, 20										
G	01, 02, 03, 04, 05, 18, 20										
<i>NEW PATIENT RELATIONSHIP</i>	<p><i>New patient relationship between policyholder and beneficiary. Description of code displays next to value</i></p> <p><i>Required field when ACTION CODE is PR.</i></p>										
AUXILIARY RECORD #	<p>Record number of MSP auxiliary occurrence in CWF (<i>required field</i>)</p> <p>Note: Part D contractors must enter '001' when aux number is unknown.</p>										
ORIGINATING CONTRATOR	<p>Contractor number of contractor that created original MSP occurrence at CWF (<i>required field</i>)</p>										
EFFECTIVE DATE	<p>Effective date of MSP coverage in MMDDCCYY format (<i>required field</i>)</p>										

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<i>CWF Assistance Request, CWF Auxiliary Record Data Page</i>	
Field Name	Description
<i>NEW EFFECTIVE DATE</i>	<i>New effective date of MSP coverage in MMDDCCYY format. Required field when ACTION CODE is ED.</i>
TERMINATION DATE	Termination date of MSP coverage in MMDDCCYY format. Required when ACTION CODE is TD or CT.
REMOVE EXISTING TERMINATION DATE checkbox	Check to remove an existing termination date.
ACCRETION DATE	Accretion date of MSP coverage in MMDDCCYY format.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Informant Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

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Informant Information Page

Enter information on the Informant Information page regarding the person who informed you of the change in MSP coverage.

After all relevant fields have been entered, click [**Continue**] to go to the Insurance Information page, or select a page link from the left side bar.

CWF Assistance Request, Informant Information Page Description

<i>CWF Assistance Request, Informant Information Page</i>	
Field Name	Description
FIRST NAME	First name of person informing contractor of change in MSP coverage. <ul style="list-style-type: none"> • Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Required for all SOURCE Codes when Action Code is AI.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. <ul style="list-style-type: none"> • Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Required for all SOURCE Codes when Action Code is AI.

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CWF Assistance Request, Informant Information Page	
Field Name	Description
ADDRESS	<p>Informant's street address.</p> <ul style="list-style-type: none"> • Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Required for all SOURCE Codes when Action Code is AI.
CITY	<p>Informant's city.</p> <ul style="list-style-type: none"> • Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Required for all SOURCE Codes when Action Code is AI.
STATE	<p>Informant's state.</p> <ul style="list-style-type: none"> • Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Required for all SOURCE Codes when Action Code is AI.
ZIP	<p>Informant's ZIP code.</p> <ul style="list-style-type: none"> • Required for all ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Required for all SOURCE Codes when Action Code is AI.
PHONE	Informant's telephone number
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. Valid values are:</p> <p>A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown W Pharmacy</p> <p><i>Required for:</i></p> <ul style="list-style-type: none"> • All ACTION CODES when SOURCE Code is Check, Letter, or Phone. • Defaults to A when ACTION CODE is AI.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Insurance Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Insurance Information Page

Enter information on the Insurance Information page about the insurance type associated with the MSP coverage.

The screenshot shows the 'Electronic Correspondence Referral System (ECRS)' interface. The main heading is 'CWF Assistance Request Insurance Information'. The form contains the following fields:

- Insurance Company Name: [Text Input]
- Address: [Text Input]
- City: [Text Input]
- State, Zip: [Dropdown] [Text Input]
- Phone: [Text Input]
- Insurance Type: [Dropdown]
- New Insurance Type: [Dropdown]
- Policy Number: [Text Input]
- Group Number: [Text Input]
- Subscriber First Name: [Text Input]
- Subscriber Middle Initial: [Text Input]
- Subscriber Last Name: [Text Input]

Buttons at the bottom of the form are 'Continue' and 'Cancel'. The right sidebar shows user details (ID: AAAAA, Name: AAAAAAAAAA) and beneficiary details (HICN: A, SSN: 99-99-9999, Name: FIRST LAST, Address: AAAAAAAAAA, City, State: AAAAAAAAAA, Zip: AAAAA, Sex: M, DOB: 99-99-9999, DCN: AAAAAAAAAA). Status information at the bottom right indicates 'Status: WY - New, not yet read by COB' and 'Reason: 01 - Not yet read by COB, used with WY status'.

Type data in all fields to update insurer information at CWF. Leave all fields blank to delete insurer information at CWF.

After all relevant fields have been entered, click [**Continue**] to go to the Employment Information page, or select a page link from the left side bar.

Note: If you leave the following fields blank, the system deletes the previous value: ADDRESS, CITY, STATE, ZIP, GROUP NUMBER, POLICY NUMBER, and SUBSCRIBER NAME.

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CWF Assistance Request, Insurance Information Page Description

<i>CWF Assistance Request, Insurance Information Page</i>	
Field Name	Description
INSURANCE COMPANY NAME	<p>Name of insurance carrier for MSP coverage. <i>Required field</i> when ACTION CODE is II.</p> <p>If INSURANCE COMPANY NAME contains any of the following values it is an error:</p> <p>NO NONE N/A HCFA ATTORNE UNK MIS CMS NA UNKNOWN</p> <p>If INSURANCE COMPANY NAME contains only one of the following values it is an error:</p> <p>BC BS BX BCBX Medicare BLUE CROSS COB COBC Coordination of Benefits Contractor</p> <p>Note: ECRS Web deletes all information entered in subsequent fields if this field is left blank and the Action Code is II.</p>
ADDRESS	First Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.

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CWF Assistance Request, Insurance Information Page	
Field Name	Description
INSURANCE TYPE	<p>One-character code for type of insurance. Valid values are:</p> <p>A Insurance or Indemnity (OTHER TYPES)</p> <p>B Group Health Organization (GHO)</p> <p>C Preferred Provider Organization (PPO)</p> <p>D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)</p> <p>E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)</p> <p>F Self-Insured/Self-Administered (SELF-INSURED)</p> <p>G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)</p> <p>H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)</p> <p>I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)</p> <p>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)</p> <p>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)</p> <p>M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL)</p> <p>R GHP Health Reimbursement Arrangement</p> <p>S GHP Health Savings Account</p> <p>Blank Unknown (UNKNOWN); defaults to A.</p> <p><i>Required field when</i></p> <ul style="list-style-type: none"> • ACTION CODE is AI (Attorney information should be entered on Informant Information page) or • ACTION CODE is II and INSURANCE COMPANY NAME is entered.
<i>NEW INSURANCE TYPE</i>	<p><i>Select a one-character code for the new type of insurance. Valid values are:</i></p> <p><i>A Insurance or Indemnity (OTHER TYPES)</i></p> <p><i>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)</i></p> <p><i>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)</i></p> <p><i>R GHP Health Reimbursement Arrangement</i></p> <p><i>Required field when ACTION CODE is IT.</i></p>

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CWF Assistance Request, Insurance Information Page	
Field Name	Description
POLICY NUMBER	<p>Policy number of insurance coverage</p> <ul style="list-style-type: none"> • <i>Required field</i> when ACTION CODE is AP and MSP TYPE is <u>NOT</u> D, E, L, or W. • <i>Required field</i> when INSURANCE COMPANY NAME is entered. <p>Note: If GROUP NUMBER is entered, POLICY NUMBER is not required.</p>
GROUP NUMBER	<p>Group number of insurance coverage</p> <ul style="list-style-type: none"> • <i>Required field</i> when ACTION CODE is AP and MSP TYPE is <u>NOT</u> D, E, L, or W. • <i>Required field</i> when ACTION CODE is CD and MSP TYPE <u>IS</u> D, E, L or W. • <i>Required field</i> when INSURANCE COMPANY NAME is entered. <p>Note: If POLICY NUMBER is entered, GROUP NUMBER is not required.</p>
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Employment Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Employment Information Page

Enter employment information associated with the MSP coverage on the Employment Information page.

After all relevant fields have been entered, click [**Continue**] to go to the Additional Information page, or select a page link from the left side bar.

CWF Assistance Request, Employment Information Page Description

CWF Assistance Request, Employment Information Page	
Field Name	Description
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered. <i>Required field</i> when ACTION CODE is EA or EI.
ADDRESS	First line of employer's street address. <i>Required field</i> when ACTION CODE is EI.
ADDRESS 2	Second line of employer's street address. <i>Optional field.</i>
CITY	City associated with Employer's street address. <i>Required field</i> when ACTION CODE is EI.

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<i>CWF Assistance Request, Employment Information Page</i>	
Field Name	Description
STATE	State associated with Employer's street address. <i>Required field</i> when ACTION CODE is EI.
ZIP	Zip Code associated with Employer's street address. <i>Required field</i> when ACTION CODE is EI.
PHONE	Phone Number of Employer
EIN	Employer Identification Number
EMPLOYEE #	Employee number of policy holder
Page Navigation	Description
CONTINUE	Click [Continue] to go to Additional Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

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Additional Information Page

Enter check and beneficiary information on this page. This information is used in conjunction with the action and source codes selected on the CWF Assistance Request, Action Requested page.

The screenshot shows the 'Electronic Correspondence Referral System (ECRS)' interface. The main content area is titled 'CWF Assistance Request Additional Information'. It contains several input fields: 'Check Number', 'Check Date' (with a calendar icon), 'Check Amount', 'Pre-paid Health Plan Date' (with a calendar icon), 'Social Security Number' (split into three boxes), and 'Diagnosis Codes' (three boxes). There are 'Continue' and 'Cancel' buttons at the bottom of the form. The right sidebar displays user and beneficiary information, including ID, Name, Phone, Address, City, State, Zip, Sex, DOB, and DCN. A status message at the bottom of the sidebar reads: 'Status: NW - New, not yet read by COB. Reason: G1 - Not yet read by COB, used with NW status'.

After all relevant fields have been entered, click [**Continue**] to go to the Comments/Remarks page, or select a page link from the left side bar.

CWF Assistance Request, Additional Information Page Description

<i>CWF Assistance Request, Additional Information Page</i>	
Field Name	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date in MMDDCCYY <i>Required field</i> if ACTION CODE is PH.

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<i>CWF Assistance Request, Additional Information Page</i>	
Field Name	Description
SOCIAL SECURITY NUMBER	Corrected Social Security Number when HICN and SSN do not match CWF. <i>Required field</i> if ACTION CODE is MX
DIAGNOSIS CODES	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes. <ul style="list-style-type: none"> • Required when DIAGNOSIS CODE when ACTION CODE is DX. • Required when the MSP TYPE is D, E, or L.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Comments/Remarks page.
CANCEL	Click [Cancel] to return to the Main Menu.

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Comments and Remarks Page

Enter comments on the Comments and Remarks page. All comments entered are viewable by the COB Contractor. Refer to Appendix *F* for the complete list of Remark Codes.

Note: Remarks are only displayed on the Comments and Remarks page when the ACTION code is AR.

CWF Assistance Request, Comments and Remarks Page Description

<i>CWF Assistance Request, Comments and Remarks Page</i>	
Field Name	Description
COMMENTS	Free-form text field, where Medicare contractors type data to send notes to the COB contractor. (<i>Protected field</i>) when COB contractor adds a comment. Note: The COB contractor reviews these comments unless the request involves an automated action type (action codes AR, DO, PH, and TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed.
REMARKS	Enter at least one Remark code, explaining the reason for the transaction. Enter up to three remark codes. See Appendix <i>F</i> for more information. <i>Required field</i> when ACTION CODE is AR.
Page Navigation	Description

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<i>CWF Assistance Request, Comments and Remarks Page</i>	
Field Name	Description
CONTINUE	Click [Continue] to go to the Summary page.
CANCEL	Click [Cancel] to return to the Main Menu.

Comments entered for the COB contractor should provide explanation and additional information for the action code selected, such as the examples displayed in the following table:

Action Code	Comment
DO	PLEASE DELETE CASE CLOSED IN REMAS
II	VERIFY INS TYPE... WE RECEIVED A PAYING EOB FOR NON HOSPITAL SERVICES...
TD	PLEASE TERM RECORD
CT	PER EMPLOYER BENE RETIRED 9/1/09. PLEASE UPDATE TERM DATE.

After all relevant fields have been entered, click [**Continue**] to go to the Summary page, or select a page link from the left side bar.

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Summary Page

The Summary page displays a summary of all information entered for the assistance request before submission.

After typing/selecting data in all relevant fields on the previous CWF Assistance Request pages, review the Summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the assistance request is submitted and you can print the confirmation page.

CWF Assistance Request, Summary Page Description

<i>CWF Assistance Request Summary Page</i>	
For information about this section...	See this page...
ACTION REQUESTED	15
CWF AUXILIARY RECORD DATA	22
INFORMANT INFORMATION	25

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<i>CWF Assistance Request Summary Page</i>	
For information about this section...	See this page...
INSURANCE INFORMATION	28
EMPLOYMENT INFORMATION	31
DIAGNOSIS CODES	33
CHECK INFORMATION	33
ADDITIONAL INFORMATION	33
COMMENTS/REMARKS	35
Page Navigation	Description
SUBMIT	Click [Submit] to go to the Summary Confirmation Page.
CANCEL	Click [Cancel] to return to the Main Menu.

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Viewing, Updating, and Deleting CWF Assistance Request Transactions

Follow the steps below to search for and display a list of CWF Assistance Request transactions.

Note: You can only update or delete CWF assistance request transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the Main Menu page, click [**CWF Assistance Request**] under Search for Requests or Inquiries. The CWF Assistance Request Search page displays, as shown in the example below.

CWF Assistance Request, Search Page Description

CWF Assistance Request, Search Page Criteria		
Field Name	Description	
CONTRACTOR #	If you are a...	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. <i>(protected field)</i>
	Region Office or CMS user	Pre-filled with the CMS ID/RO Number entered during Contractor Sign In. This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.
HICN	Enter a Health Insurance Claim Number to search by. Note: If searching by HICN, do not enter an SSN or DCN.	

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CWF Assistance Request, Search Page Criteria	
Field Name	Description
SSN	Enter a Social Security Number to search by. Note: If searching by SSN, do not enter a HICN or DCN.
STATUS	Enter a Status code to search by. To view all in-process CWF Assistance Request transactions, select IP in the STATUS field.
REASON	Select a Reason code to search by. (See Appendix E for the complete list of codes.)
USER ID	Enter a User ID to search by.
ORIGIN DATE FROM	Enter a starting date to search by of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date to search by. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.
DCN	Enter a Document Control Number to search by. Note: If searching by DCN, do not enter a HICN or SSN.
Navigation	Description
SUBMIT	Click [Submit] to display search results.
RESET	Click [Reset] to clear search results.
Transaction Summary	Click [HICN] link to view the Summary page.
Delete	Click [X] to mark a transaction for deletion.
CANCEL	Click [Cancel] to return to the Main Menu.

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View Transactions

1. Type search criteria in the appropriate fields and click **[Submit]**.

Notes:

- To create a list of all CWF Assistance Requests for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
- When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.

2. The system displays a list of CWF Assistance Requests, as shown in the example below.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	#####A	00131	#####	CM	15	01/01/2010	01/05/2010	AAAAAAA
	#####A	00131	#####	IP	02	05/01/2010	05/01/2010	AAAAAAA

CWF Assistance Request, Search Page Listing	
Field Name	Field Name
HICN	Health Insurance Claim Number for CWF Assistance Request transaction. <i>(protected field)</i>
CONTRACTOR	Contractor number. <i>(protected field)</i>
DCN	Document Control Number assigned to CWF Assistance Request transaction by Medicare contractor. <i>(protected field)</i>
STATUS	Status of CWF Assistance Request transaction. <i>(protected field)</i>
REASON	Reason of CWF Assistance Request transaction. <i>(protected field)</i>
ORIGIN DATE	Originating date in MM-DD-CCYY format. <i>(protected field)</i>
LAST UPDATE	Date CWF Assistance Request transaction was last changed in MMDDCCYY format. <i>(protected field)</i>
USER ID	User ID of operator who entered CWF Assistance Request transaction. <i>(protected field)</i>
Navigation	Description
Transaction Summary	Click [HICN] link to view the Summary page.
DELETE	Click [X] to mark a transaction for deletion.

3. There are 20 items per page; use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.

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4. Change or delete search criteria to initiate a new search.

Update Transactions

To update information on a CWF Assistance Request transaction, click the [HICN] link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates.

CWF Assistance Request, Summary Page Description

<i>CWF Assistance Request, Summary Page</i>	
For information about this section...	See this page...
ACTION REQUESTED	15
CWF AUXILIARY RECORD DATA	22
INFORMANT INFORMATION	25
INSURANCE INFORMATION	28
EMPLOYMENT INFORMATION	31

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CWF Assistance Request, Summary Page	
For information about this section...	See this page...
DIAGNOSIS CODES	33
CHECK INFORMATION	33
ADDITIONAL INFORMATION	33
COMMENTS/REMARKS	35
COB RESPONSE INFORMATION	Displays for records that are not in NW status. See below for more information.
Field Name	Description
COB COMMENTS	Free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear.
USER ID	User ID of person who entered the COB contractor comment.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development Source Code indicating where initial development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development Source Code indicating where subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
Page Navigation	Description

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<i>CWF Assistance Request, Summary Page</i>	
For information about this section...	See this page...
RETURN	Click [Return] to return to CWF Assistance Request Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Click [Submit] to save updates. Displays for records in NW status.
CANCEL	Click [Cancel] to return to the Search Page Listing without making any updates to the transaction. Displays for records in NW status.

To leave the Summary page without making any changes, click [**Cancel**] or [**Return**] to return to the Search Page Listing. If you do need to update the transaction, access the appropriate page and navigate back to the Summary page. After you have made all updates, click [**Submit**] to confirm updates, or [**Cancel**] to return to the CWF Assistance Request Search Page Listing.

Delete Transactions

To mark a CWF Assistance Request transaction for deletion, click the [**X**] link next to the HICN and when presented with the Confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

To exit the CWF Assistance Request Search page, click [**Home**] to return to the Main Menu. The system does not retain search criteria.

Chapter 3: MSP Inquiry Transactions

This chapter provides you with step-by-step instructions to perform an MSP Inquiry transaction. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the MSP inquiry transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

The pages in this chapter are representative of the actual pages that you see within ECRS Web. The data will not be the same; the web page layout will be very similar, if not exactly the same.

Use the chart below or the *Table of Contents* to locate the tasks in the chapter.

For information about this task...	See this page...
Adding MSP Inquiry Transactions	46
Retrieving Beneficiary Information for MSP Inquiries	46
Viewing, Updating, and Deleting MSP Inquiry Transactions	72

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
Create Requests or Inquiries	
MSP INQUIRY	
Action Requested	50
MSP Information	53
Informant Information	56
Insurance Information	60
Employment Information	64
Additional Information	65
Prescription Coverage	68
Summary	70
Search for Requests or Inquiries	

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For information about this web page...	See this page...
MSP Inquiries	72

Adding an MSP Inquiry Transaction

Use the [**MSP Inquiry**] link under Create Requests or Inquiries on the Main Menu, to add MSP Inquiry transactions for possible MSP situations not yet documented at CWF.

To enter CWF Assistance Request transactions for changes to existing CWF MSP auxiliary occurrences, use the CWF Assistance Request Detail transaction (see page 10).

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved when HICN and other required data is entered and saved on the first page of the MSP Inquiry (Action Requested). The information is displayed on the right side bar, and carried forward on the MSP Inquiry transaction.

Common MSP Sources

Common sources that provide contractors with MSP information, followed by the associated Source Code, are:

- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

Action Requested Page

From the Main Menu page, click [**MSP Inquiry**] under Create Requests or Inquiries. The system displays the Action Requested page, the first page of the MSP Inquiry, as shown in the example below. The information entered on this page determines required information on subsequent pages.

Navigation Links

The following links display on each page of the MSP Inquiry Transaction:

<i>MSP Inquiry</i>	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Left Side Bar Navigation	
ACTION REQUESTED	Click [Action Requested] to return to Action Requested page.
MSP INFORMATION	Click [MSP Information] to go to MSP Information page.
INFORMANT INFORMATION	Click [Informant Information] to go to Informant Information page.
INSURANCE INFORMATION	Click [Insurance Information] to go to Insurance Information page.

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<i>MSP Inquiry</i>	
Location	Description
EMPLOYMENT INFORMATION	Click [Employment Information] to go to Employment Information page.
ADDITIONAL INFORMATION	Click [Additional Information] to go to Additional Information page.
PRESCRIPTION COVERAGE	Click [Prescription Coverage] to go to Prescription Coverage page.
SUMMARY	Click [Summary] to go to Summary page.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor
Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.	
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>
Beneficiary	Description
Note: Beneficiary and DCN Information will be retrieved from the system using the HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. <i>(protected field)</i>
SSN	Social Security Number of beneficiary. <i>(protected field)</i>
NAME	Name of beneficiary. <i>(protected field)</i>
ADDRESS	Street address of beneficiary. <i>(protected field)</i>
CITY, STATE	City and State associated with street address of beneficiary. <i>(protected field)</i>

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MSP Inquiry	
Location	Description
ZIP	Zip code associated with street address of beneficiary. <i>(protected field)</i>
SEX	Sex of the beneficiary. <i>(protected field)</i>
DOB	Date of Birth of the beneficiary. <i>(protected field)</i>
DCN	Description
ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. <i>(protected field)</i>
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process <i>(protected field)</i> CM Completed DE Delete (do not process) ECRS CWF Assistance Request HD Hold, individual not yet a Medicare beneficiary IP In process, being edited by COB NW New, not yet read by COB Note: STATUS will always be NW until the transaction is processed.
REASON	Two-character code explaining why the MSP Inquiry is in a particular status. (See Appendix E for the complete list of codes.) <i>(protected field)</i> Note: REASON will always be 01 until the transaction is processed.

1. Enter data in all required fields on the Action Requested page then click [**Continue**]. The required fields on this web page are noted with a red asterisk “*” and are as follows:

- DCN
- HICN
- ACTIVITY CODE
- SOURCE

Note: If Beneficiary Information is not found for the HICN you have entered you will receive a warning message, but will still be able to continue with the MSP Inquiry.

2. After all relevant fields have been entered, click [**Continue**] to go to the MSP Information page, or select a page link from the left side bar.
3. To exit the MSP Inquiry Detail pages, click [**Home**] to return to the Main Menu or [**Sign Out**] to exit the application.

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MSP Inquiry, Action Requested Page Description

MSP Inquiry, Action Requested Page	
Field Name	Description
DCN	<p>Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (<i>required field</i>)</p> <p>The system auto-generates the DCN, but it can be changed.</p>
HICN	<p>Health Insurance Claim Number of the beneficiary (<i>required field</i>). Enter the HICN without dashes, spaces, or other special characters.</p> <p>Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered the system replaces it with the most current HICN.</p>
ACTIVITY CODE	<p>Activity of contractor (<i>required field</i>). Valid values are:</p> <ul style="list-style-type: none"> C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
ACTION	<p>Action code indicating type of special processing to perform on MSP Inquiry record.</p> <p>Note: You can use CA and CL together. You cannot combine any other action codes.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> CA Class Action Suit Note: This action code assigns the designated lead contractor according to the type of class action suit. The system does not send the beneficiary an MSP confirmation letter. CL Closed or Settled Case Note: This action code is only valid for closed and settled cases. This action code suppresses lead contractor assignment. The system does not send the beneficiary an MSP confirmation letter. DE Develop to the Employer Note: This action code sends a development letter to the employer. DI Develop to the Insurer Note: This action code sends a development letter to the insurer.

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MSP Inquiry, Action Requested Page	
Field Name	Description
SOURCE	<p>Four-character code identifying source of the MSP Inquiry information (<i>required field</i>). Valid values are:</p> <p>CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey</p>
Page Navigation	Description
CONTINUE	<p>Required fields must be typed/selected before clicking [Continue].</p> <p>Click [Continue] to go to the MSP Information page.</p>
CANCEL	<p>Click [Cancel] to return to the Main Menu.</p>

MSP Information Page

Enter information associated with the MSP coverage on this page.

The screenshot displays the 'MSP Inquiry' page in the ECRS system. The page features a blue header with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. A navigation bar at the top includes links for 'Home', 'CMS', 'Help', 'Contact', 'About', and 'Sign out'. The main content area is titled 'MSP Inquiry' and contains a form for 'MSP Information'. The form includes the following fields and options:

- MSP Type: Select
- Patient Relationship: Select
- Effective Date: [Text Input]
- Termination Date: [Text Input]
- CMS Grouping Code: Select
- Dialysis Train Date: [Text Input]
- Black Lung Benefits: Yes No
- Black Lung Effective Date: [Text Input]
- Send to CWF: Yes No

At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side of the page, there is a 'Quick Help' section with links for 'Help About This Page', 'Change Contractor', and 'Change Contractor'. Below that, there are sections for 'Contractor', 'User', 'Beneficiary', and 'DCN', each with various fields and values.

After all relevant fields have been entered, click [**Continue**] to go to the Informant Information page, or select a page link from the left side bar.

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MSP Inquiry, MSP Information Page Description

<i>MSP Inquiry, MSP Information Page</i>	
Field Name	Description
MSP TYPE	<p>One-character code identifying type of MSP coverage. Valid values are:</p> <ul style="list-style-type: none">A Working AgedB ESRDD Automobile Insurance, No FaultE Workers' CompensationF Federal (Public)G DisabledL Liability <p><i>Required field:</i></p> <ul style="list-style-type: none">• For all MSP Inquiry transactions, unless Record Type is Supplemental. (Do not select an MSP TYPE when PRESCRIPTION COVERAGE RECORD TYPE will be Supplemental.)• When Source Code is Phone.• When Action Code is CA or CL. (MSP Type must be D, E, or L when Action Code is CL.)

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MSP Inquiry, MSP Information Page									
Field Name	Description								
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • ACTION CODE is Blank and MSP TYPE is F • ACTION CODE is CA and MSP TYPE is L • ACTION CODE is CL and MSP TYPE is D, E, or L <p>Valid values are:</p> <p>01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004)</p> <p>Note: For the following MSP Types, the patient relationship codes listed are the only values that can be used.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>MSP Type</u></th> <th style="text-align: left;"><u>Patient Relationship Code</u></th> </tr> </thead> <tbody> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	<u>MSP Type</u>	<u>Patient Relationship Code</u>	A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
<u>MSP Type</u>	<u>Patient Relationship Code</u>								
A	01, 02								
B	01, 02, 03, 04, 05, 18, 20								
G	01, 02, 03, 04, 05, 18, 20								
EFFECTIVE DATE	<p>Effective date of MSP coverage.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • ACTION CODE is CA and MSP TYPE is L • ACTION CODE is CL and MSP TYPE is D, E, or L <p>Note: EFFECTIVE DATE cannot be the same as TERMINATION DATE.</p>								

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MSP Inquiry, MSP Information Page	
Field Name	Description
TERMINATION DATE	Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage. <i>Required field</i> when ACTION CODE is CL and MSP TYPE is D, E, or L. Note: TERMINATION DATE cannot be the same as EFFECTIVE DATE.
CMS GROUPING CODE	CMS Grouping Code. <i>Required field</i> when ACTION CODE is CA and MSP TYPE is L. Valid values are: 01 Gel Implants (TrailBlazers, 00400) 02 Gel Implants (Alabama, 00010) 03 Bone Screw Recoveries (United Government Services, 00454) 04 Diet Drug Recoveries (Cahaba BCBS Alabama, 00010) 05 Sulzer Inter-Op Acetabular Shells for Hip Implant Recoveries (Chisholm Administrative Services, 00340) 06 Sulzer Orthopedic and Defective Knee Replacement Recoveries (Chisholm Administrative Services, 00340) 07 Baycol Litigation 08 Dexatrim (90000) 09 Rhode Island Receivership Recoveries (00180) 10 Propulsid (00010) 11 Asbestos Exposure 12 Garretson Asbestos Cases 13 Fleet Phosphate 14 Accutane
DIALYSIS TRAIN DATE	Date beneficiary received self-dialysis training.
BLACK LUNG BENEFITS	Yes or No field indicating whether beneficiary receives benefits under the Black Lung Program.
BLACK LUNG EFFECTIVE DATE	Date beneficiary began receiving benefits under the Black Lung Program. This field is only enabled when BLACK LUNG BENEFITS is Yes.
SEND TO CWF	Indicates whether to send MSP inquiry to CWF. Select Yes or No. Note: SEND TO CWF defaults to No unless ACTION CODE is blank and MSP TYPE is blank or F.
Page Navigation	Description
CONTINUE	Click [Continue] to go to the Informant Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Informant Information Page

On this page, enter information about the person who informed you of the change in MSP coverage.

After all relevant fields have been entered, click [**Continue**] to go to the Insurance Information page, or select a page link from the left side bar.

MSP Inquiry, Informant Information Page Description

<i>MSP Inquiry, Informant Information Page</i>	
Field Name	Description
FIRST NAME	First name of person informing contractor of change in MSP coverage. <i>Required field</i> when: <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION CODE is CA or CL, unless Insurance Company Address will be entered.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.

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MSP Inquiry, Informant Information Page	
Field Name	Description
LAST NAME	<p>Last name of person informing contractor of change in MSP coverage. <i>Required field when</i></p> <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION CODE is CA or CL, unless Insurance Company Address will be entered.
ADDRESS	<p>Informant's street address. <i>Required field when:</i></p> <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION CODE is CA or CL, unless Insurance Company Address will be entered.
CITY	<p>Informant's city. <i>Required field when:</i> SOURCE is CHEK, LTTR or PHON. ACTION CODE is CA or CL, unless Insurance Company City will be entered.</p>
STATE	<p>Informant's state. <i>Required field when:</i> SOURCE is CHEK, LTTR or PHON. ACTION CODE is CA or CL, unless Insurance Company State will be entered.</p>
ZIP	<p>Informant's ZIP code. <i>Required field when:</i></p> <ul style="list-style-type: none"> • SOURCE is CHEK, LTTR or PHON. • ACTION CODE is CA or CL, unless Insurance Company Zip will be entered.
PHONE	<p>Informant's telephone number.</p>

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MSP Inquiry, Informant Information Page	
Field Name	Description
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. Valid values are:</p> <p>A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown W Pharmacy</p> <p>Notes:</p> <ul style="list-style-type: none"> • <i>Required field</i> when SOURCE is CHEK, LTTR or PHON. • Must be A if ACTION CODE is CA or CL and informant information is entered.
Page Navigation	Description
CONTINUE	Click [Continue] to go to the Insurance Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Insurance Information Page

Enter information about the type of insurance associated with the MSP coverage on this page.

The screenshot displays the 'Insurance Information' form within the 'MSP Inquiry' section of the ECRS web application. The form includes the following fields:

- Insurance Company Name:
- Address Line 1:
- Address Line 2:
- City, State, Zip: , -
- Phone: () -
- Insurance Type:
- Policy Number:
- Group Number:
- Subscriber First Name:
- Subscriber Middle Initial:
- Subscriber Last Name:
- Subscriber SSN:

Navigation and sidebar elements include:

- Left sidebar: Action Requested, MSP Information, Informant Information, **Insurance Information**, Employment Information, Additional Information, Prescription Coverage, Summary.
- Right sidebar: Quick Help, [Help About This Page](#), [Change Contractor](#), [Change Contractor](#), Contractor (ID: AAAAA, Name: AAAAAAAAAA), User (ID: AAAAA, Name: AAAAAAAAAA, Phone: AAAAA), Beneficiary (HICN: AAAAA, SSN: AAAAA, Name: FIRST LAST, Address: AAAAA), City, State: AAAAA, Zip: AAAAA, Sex: AAAAA, DOB: AAAAA), DCN (ID: AAAAA, Origin Date: AAAAA, Status: NW - New, not yet read by COB, Reason: 01 - Not yet read by COB, used with NW status).
- Buttons: Continue, Cancel.

After all relevant fields have been entered, click [**Continue**] to go to the Employment Information page, or select a page link from the left side bar.

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MSP Inquiry, Insurance Information Page Description

<i>MSP Inquiry, Insurance Information Page</i>	
Field Name	Description
INSURANCE COMPANY NAME	<p>Name of insurance carrier for MSP coverage. <i>Required field unless ACTION CODE is blank or DE.</i></p> <p>Note: If INSURANCE COMPANY NAME contains <u>any</u> of the values it is an error:</p> <p>NO NONE N/A HCFA ATTORNEY UNK MISC CMS NA UNKNOWN</p> <p>If INSURANCE COMPANY NAME contains <u>only one</u> of the following values it is an error:</p> <p>BC BS BX BCBX Medicare BLUE CROSS COB COBC COORDINATION OF BENEFITS CONTRACTOR</p>
ADDRESS LINE 1	<p>First Line of insurance carrier's street address.</p> <p><i>Required field when:</i></p> <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION CODE is DI • ACTION CODE is CA or CL, unless Informant Name and Address were entered.
ADDRESS LINE 2	<p>Second Line of insurance carrier's street address.</p>

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<i>MSP Inquiry, Insurance Information Page</i>	
Field Name	Description
CITY	<p>City associated with insurance carrier's street address.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION CODE is DI • ACTION CODE is CA or CL, unless Informant City was entered.
STATE	<p>State associated with insurance carrier's street address.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION CODE is DI • ACTION CODE is CA or CL, unless Informant State was entered.
ZIP	<p>Zip code associated with insurance carrier's street address.</p> <p><i>Required field</i> when:</p> <ul style="list-style-type: none"> • INSURANCE COMPANY NAME is entered • ACTION CODE is DI • ACTION CODE is CA or CL, unless Informant Zip was entered.
PHONE	Phone Number of insurance carrier.

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MSP Inquiry, Insurance Information Page	
Field Name	Description
INSURANCE TYPE	<p>One-character code for type of insurance. (<i>Required field</i>)</p> <p>Valid values are:</p> <p>A Insurance or Indemnity (OTHER TYPES)</p> <p>B Group Health Organization (GHO)</p> <p>C Preferred Provider Organization (PPO)</p> <p>D Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)</p> <p>E Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)</p> <p>F Self-Insured/Self-Administered (SELF-INSURED)</p> <p>G Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)</p> <p>H Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)</p> <p>I Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)</p> <p>J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)</p> <p>K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)</p> <p>M Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL)</p> <p>R GHP Health Reimbursement Arrangement</p> <p>S GHP Health Savings Account</p> <p>Blank Unknown (UNKNOWN); defaults to A.</p>
POLICY NUMBER	<p>Policy number of insurance coverage.</p> <p>If you enter a POLICY NUMBER, you do not have to enter a GROUP NUMBER.</p>
GROUP NUMBER	<p>Group number of insurance coverage.</p> <p>If you enter a GROUP NUMBER, you do not have to enter a POLICY NUMBER.</p>
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	Middle initial of individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of individual covered by this insurance.
SUBSCRIBER SSN	Social Security Number of individual covered by this insurance.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Employment Information page.

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<i>MSP Inquiry, Insurance Information Page</i>	
Field Name	Description
CANCEL	Click [Cancel] to return to the Main Menu.

Employment Information Page

Enter employment information associated with the MSP coverage on this page.

The screenshot displays the 'MSP Inquiry' page within the 'Electronic Correspondence Referral System (ECRS)'. The main content area is titled 'Employment Information' and contains the following fields:

- Employer Name:
- Address:
- Address 2:
- City, State, Zip: , -
- Phone: () -
- EIN:
- Employee #:

At the bottom of the form are two buttons: 'Continue' and 'Cancel'.

The right-hand sidebar contains a 'Quick Help' section with a link 'Help About This Page'. Below that is a 'Change Contractor' section with a link 'Change Contractor'. The 'Contractor' section shows fields for ID: AAAAA and Name: AAAAAAAAAAAAAA. The 'User' section shows fields for ID: AAAAA, Name: AAAAAAAAAAAAAA, and Phone: --- --- ---. The 'Beneficiary' section shows fields for HICN: A, SSN: --- --- ---, Name: FIRST LAST, and Address: AAAAAAAAAAAAAA. At the bottom of the sidebar, there are fields for City, State: AAAAAAAAAAAAAA, Zip: --- --- ---, Sex: ---, and DOB: --- / --- / ---. A 'DCN' section shows fields for ID: AAAAAAAAAAAAAA, Origin Date: --- / --- / ---, Status: NW - New, not yet read by COB, and Reason: 01 - Not yet read by COB, used with NW status.

After all relevant fields have been entered, click [**Continue**] to go to the Additional Information page, or select a page link from the left side bar.

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MSP Inquiry, Employment Information Page Description

MSP Inquiry, Employment Information Page	
Field Name	Description
EMPLOYER NAME	Name of employer providing group health insurance under which beneficiary is covered. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION CODE is DE • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS	First line of employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION CODE is DE • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS 2	Second line of employer's street address. <i>Optional field.</i>
CITY	City associated with Employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION CODE is DE • MSP TYPE is F and SEND TO CWF is Yes
STATE	State associated with Employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION CODE is DE • MSP TYPE is F and SEND TO CWF is Yes
ZIP	Zip Code associated with Employer's street address. <i>Required field</i> when: <ul style="list-style-type: none"> • ACTION CODE is DE • MSP TYPE is F and SEND TO CWF is Yes
PHONE	Phone Number of Employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Additional Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Additional Information Page

Enter check and beneficiary information on this page. This information is used in conjunction with the action and source codes selected on the MSP Inquiry, Action Requested page.

After all relevant fields have been entered, click [**Continue**] to go to the Prescription Coverage page, or select a page link from the left side bar.

MSP Inquiry, Additional Information Page Description

<i>MSP Inquiry, Additional Information Page</i>	
Field Name	Description
CHECK NUMBER	Number of check received. <i>Required field</i> if SOURCE is CHEK.
CHECK DATE	Date of check received. <i>Required field</i> if SOURCE is CHEK. Note: You cannot future-date this field.
CHECK AMOUNT	Amount of check received. <i>Required field</i> if SOURCE is CHEK.
DIAGNOSIS CODES	Five-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes. Note: Enter at least one DIAGNOSIS CODE when ACTION CODE is CA or CL.

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MSP Inquiry, Additional Information Page	
Field Name	Description
ILLNESS/INJURY DATE	Date the illness or injury occurred.
Beneficiary Representative Information	
TYPE	One-character code indicating type of relationship between beneficiary and his/her representative. Valid values are: A Attorney R Bene Rep (individual not acting as attorney)
NAME	Name of individual representing a beneficiary's medical affairs or estate. Type name in first name/middle initial/last name format.
ADDRESS	Beneficiary representative's street.
CITY	Beneficiary representative's city.
STATE	Beneficiary representative's state.
ZIP	Beneficiary representative's zip code.
Page Navigation	Description
CONTINUE	Click [Continue] to go to the Prescription Coverage page.
CANCEL	Click [Cancel] to return to the Main Menu.

Prescription Coverage Information Page

On this page, enter Prescription Coverage information associated with the MSP Inquiry Part D coverage.

The screenshot displays the 'MSP Inquiry Prescription Coverage' page within the Electronic Correspondence Referral System (ECRS). The page features a blue header with the CMS logo and the system name. A navigation menu on the left lists various information categories, with 'Prescription Coverage' highlighted. The main content area contains a form with the following fields: Insurance Company Name, Address Line 1, Address Line 2, City, State (dropdown), Zip, Phone, Policy Number, Effective Date, Termination Date, Record Type (dropdown), Coverage Type (dropdown), BIN, PCN, Group, ID, Supplemental Type (dropdown), and Person Code (dropdown). At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, a 'Quick Help' sidebar provides links for 'Info About This Page', 'Change Contractor', 'Check Contractor', and 'User' information, including fields for ID, Name, and Phone.

After all relevant fields have been entered, click [**Continue**] to go to the Summary page, or select a page link from the left side bar.

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MSP Inquiry, Prescription Coverage Information Page Description

<i>MSP Inquiry, Prescription Coverage Page</i>	
Field Name	Description
INSURANCE COMPANY NAME	Name of insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of insurance carrier's street address. <i>Required field</i> when NAME and ADDRESS were entered.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
POLICY NUMBER	Policy number of insurance coverage.
EFFECTIVE DATE	Effective date of MSP coverage. Note: EFFECTIVE DATE cannot be the same as TERMINATION DATE.
TERMINATION DATE	Termination date of MSP coverage. TERMINATION DATE can be all zeroes for open ended coverage. Note: TERMINATION DATE cannot be the same as EFFECTIVE DATE.
RECORD TYPE	Prescription Coverage Record Type. Valid values are: PRI Primary SUP Supplemental Note: RECORD TYPE must be SUP when SUPPLEMENTAL TYPE is L.
COVERAGE TYPE	Prescription Coverage type of insurance. Valid values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums) <i>Required field</i>
BIN	Prescription Drug BIN number. Must be six numeric characters. <i>Required field</i> when COVERAGE TYPE is U.
PCN	Prescription Drug PCN number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.

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MSP Inquiry, Prescription Coverage Page	
Field Name	Description
GROUP	Prescription Drug group number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.
ID	Prescription Drug ID number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	Prescription Drug policy type. Valid values are: L Supplemental M Medigap N Non-qualified State Program O Other P PAP Q Qualified State Program R Charity S ADAP T Federal Government Programs 1 Medicaid 2 Tricare 3 Major Medical Note: Must be L when RECORD TYPE is Supplemental
PERSON CODE	Person Code. Plan specific (relationship assigned plan administrator at the plan level). <i>Required field</i> when RECORD TYPE is Supplemental. Valid values are: 001 Self 002 Spouse 003 Other
Page Navigation	Description
CONTINUE	Click [Continue] to go to the Summary page.
CANCEL	Click [Cancel] to return to the Main Menu.

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Summary Page

The Summary page displays a summary of all information entered for the MSP inquiry before submission.

After typing/selecting data in all relevant fields on the previous MSP Inquiry pages, review the Summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the MSP inquiry is submitted and you can print the confirmation page.

The screenshot displays the 'MSP Inquiry Summary' page. The main content area is divided into sections: 'Action Requested' (I-General Inquiries), 'MSP Information' (MSP Type: A-Working Aged, Effective Date: 01/01/2008, Patient Relationship: 02-Spouse, Termination Date: 04/30/2010, CMS Grouping Code: Gel Implants (Trailblazers, 00400), Dialysis Train Date: 02/01/2010, Black Lung Benefits: Yes, Black Lung Effective Date: 01/01/2008, Send to CWF: Yes), and 'Beneficiary' information. A sidebar on the right contains 'Quick Help' links and contractor details. The left sidebar shows a navigation menu with 'Summary' selected.

MSP Inquiry, Summary Page Description

MSP Inquiry, Summary Page	
For information about this section...	See this page...
ACTION REQUESTED	50
MSP INFORMATION	53
INFORMANT INFORMATION	56
INSURANCE INFORMATION	60
EMPLOYMENT INFORMATION	64
CHECK INFORMATION	65
BENEFICIARY REPRESENTATIVE INFORMATION	65

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<i>MSP Inquiry, Summary Page</i>	
For information about this section...	See this page...
DIAGNOSIS CODES	65
PRESCRIPTION COVERAGE INFORMATION	68
Page Navigation	Description
SUBMIT	Click [Submit] to go to Submit Confirmation page.
CANCEL	Click [Cancel] to return to the Main Menu.

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Viewing, Updating, and Deleting MSP Inquiry Transactions

Follow the steps below to search for and display a list of MSP Inquiry transactions.

Note: You can only update or delete MSP Inquiry transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the Main Menu page, click [**MSP Inquiries**] under Search for Requests or Inquiries. The MSP Inquiry Search page displays, as shown in the example below.

MSP Inquiry, Search Page Description

<i>MSP Inquiry, Search Page Criteria</i>		
Field Name	Description	
CONTRACTOR #	If you are a...	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. (<i>protected field</i>)
	Region Office or CMS user	Pre-filled with the CMS ID/RO Number entered during Contractor Sign In. This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.
HICN	Enter a Health Insurance Claim Number to search by. Note: If searching by HICN, do not enter an SSN or DCN.	
SSN	Enter a Social Security Number to search by. Note: If searching by SSN, do not enter a HICN or DCN.	

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MSP Inquiry, Search Page Criteria	
Field Name	Description
STATUS	Enter a Status code to search by. To view all in-process MSP Inquiry transactions, select IP in the STATUS field.
REASON	Select a Reason code to search by. (See Appendix E for the complete list of codes.)
USER ID	Enter a User ID to search by.
ORIGIN DATE FROM	Enter a starting date to search by of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date to search by. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.
DCN	Enter a Document Control Number to search by. Note: If searching by DCN, do not enter a HICN or SSN.
MSP Inquiry, Search Page Listing	
Field Name	Field Name
HICN	Health Insurance Claim Number for MSP Inquiry transaction. (<i>protected field</i>)
CONTRACTOR	Contractor number. (<i>protected field</i>)
DCN	Document Control Number assigned to MSP Inquiry transaction by Medicare contractor. (<i>protected field</i>)
STATUS	Status of MSP Inquiry transaction. (<i>protected field</i>)
REASON	Reason for the MSP Inquiry transaction. (<i>protected field</i>)
ORIGIN DATE	Originating date in MM-DD-CCYY format. (<i>protected field</i>)
LAST UPDATE	Date MSP Inquiry transaction was last changed in MMDDCCYY format. (<i>protected field</i>)
USER ID	User ID of operator who entered MSP Inquiry transaction. (<i>protected field</i>)
Navigation	Description
SUBMIT	Click [Submit] to display search results.
RESET	Click [Reset] to clear search results.

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<i>MSP Inquiry, Search Page Criteria</i>	
Field Name	Description
CANCEL	Click [Cancel] to return to the Main Menu.
Delete	Click [X] to mark a transaction for deletion.
Transaction Summary	Click [HICN] link to view the Summary page.

View Transactions

1. Type search criteria in the appropriate fields and click [**Submit**].

Notes:

- To create a list of all MSP Inquiries for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
- When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.

2. The system displays a list of MSP Inquiries, as shown in the example below.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	#####A	00131	#####	CM	15	01/01/2010	01/05/2010	AAAAAAA
	#####A	00131	#####	IP	02	05/01/2010	05/01/2010	AAAAAAA

3. There are 20 items per page; use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.
4. Change or delete search criteria to initiate a new search.

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Update Transactions

To update information on a MSP Inquiry transaction, click the [**HICN**] link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates.

The screenshot shows the 'MSP Inquiry Summary' page in the ECRS system. The page is titled 'MSP Inquiry' and includes a 'Print Summary' link. The main content is divided into three sections:

- Action Requested:**
 - DCN: [REDACTED] HICN: [REDACTED]A
 - Activity Code: I-General Inquiries
 - Action Codes: DI-Develop To the Insurer
 - Source: SCLM-Claim submitted to Medicare Contractor for alternate payment
- MSP Information:**
 - MSP Type: A-Working Aged Effective Date: 01/01/2008
 - Patient Relationship: 02-Spouse Termination Date: 04/30/2010
 - CMS Grouping Code: Gel Implants (Trailblazers, 00400)
 - Dialysis Train Date: 02/01/2010
 - Black Lung Benefits: Yes Black Lung Effective Date: 01/01/2008
 - Send to CWF: Yes
- Quick Help:**
 - Help About This Page
 - Change Contractor
 - Contractor: ID: AAAAAA Name: AAAAAAAAAAAAAA
 - User: ID: AAAAAA Name: AAAAAAAAAAAAAA Phone: [REDACTED]
 - Beneficiary: HICN: [REDACTED]A SSN: [REDACTED] Name: FIRST LAST Address: AAAAAAAAAAAAAA City, State: AAAAAAAAAAAAAA Zip: [REDACTED] Sex: [REDACTED] DOB: [REDACTED]
 - DCN: ID: [REDACTED] Origin Date: [REDACTED]

MSP Inquiry, Summary Page Description

<i>MSP Inquiry, Summary Page</i>	
For information about this section...	See this page...
ACTION REQUESTED	50
MSP INFORMATION	53
INFORMANT INFORMATION	56
INSURANCE INFORMATION	60
EMPLOYMENT INFORMATION	64
CHECK INFORMATION	65
BENEFICIARY REPRESENTATIVE INFORMATION	65
DIAGNOSIS CODES	65
PRESCRIPTION COVERAGE INFORMATION	68


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<i>MSP Inquiry, Summary Page</i>	
For information about this section...	See this page...
DEVELOPED TO	Displays for records that are not in NW status. See below for more information.
Field Name	Description
INITIAL	Development Source, indicating where initial development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
SUBSEQUENT	Development Source, indicating where subsequent development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
Page Navigation	Description
RETURN	Click [Return] to return to CWF Assistance Request Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Click [Submit] to save updates. Displays for records in NW status.
CANCEL	Click [Cancel] to return to the Search Page Listing without making any updates to the transaction. Displays for records in NW status.

To leave the Summary page without making any changes, click [**Cancel**] or [**Return**] to return to the Search Page Listing. If you do need to update the transaction, access the appropriate page and navigate back to the Summary page. After you have made all updates, click [**Submit**] to confirm updates, or click [**Cancel**] to return to the MSP Inquiry Search Page Listing.

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Delete Transactions

To mark a MSP Inquiry transaction for deletion, click the [] link next to the HICN and when presented with the Confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

To exit the MSP Inquiry Search page, click [**Home**] to return to the Main Menu. The system does not retain search criteria.

Chapter 4: Prescription Drug Assistance Request Transactions

This chapter provides you with step-by-step instructions to perform a Prescription Drug assistance request. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the Prescription Drug assistance request transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

The pages in this chapter are representative of the actual pages that you see within ECRS Web. The data will not be the same; the web page layout will be very similar, if not exactly the same.

Use the chart below or the Table of Contents to locate the tasks in the chapter.

For information about this task...	See this page...
<i>Adding Prescription Drug Assistance Request Transactions</i>	<i>79</i>
<i>Retrieving Beneficiary Information for Prescription Drug Assistance Requests</i>	<i>79</i>
<i>Viewing a List of Prescription Drug Assistance Request Transactions</i>	<i>102</i>
<i>Viewing, Updating, and Deleting Prescription Drug Assistance Request Transactions</i>	<i>102</i>

Use the chart below or the Table of Contents to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
<i>Create Requests or Inquiries</i>	
<i>PRESCRIPTION DRUG ASSISTANCE REQUEST</i>	
<i>Action Requested</i>	<i>80</i>
<i>Informant Information</i>	<i>88</i>
<i>Insurance Information</i>	<i>90</i>
<i>Employment Information</i>	<i>95</i>
<i>Additional Information</i>	<i>97</i>
<i>Comments/Remarks</i>	<i>98</i>
<i>Summary</i>	<i>100</i>

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<i>For information about this web page...</i>	<i>See this page...</i>
<i>Search for Requests or Inquiries</i>	
<i>Prescription Drug Assistance Requests</i>	<i>102</i>

Adding a Prescription Drug Assistance Request Transaction

Use the [**Prescription Assistance Request**] link under *Create Requests or Inquiries* on the Main Menu, to add Prescription Drug Assistance Request transactions for Part D records. **Note:** Prescription Drug Assistance Requests are only available to Part C and Part D submitters.

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved when HICN and other required data is entered and saved on the first page of the Prescription Drug Assistance Request (Action Requested). The information is displayed on the right side bar, and carried forward on the Prescription Drug Assistance Request transaction.

Action Requested Page

From the Main Menu page, click [**Prescription Drug Assistance Request**] under Create Requests or Inquiries. The system displays the Action Requested page, the first page of a Prescription Drug Assistance Request, as shown in the example below.

The Action Requested page is the first page displayed when adding a new Prescription Drug Assistance Request. The information entered on this page determines required information on subsequent pages.

Navigation Links

The following links display on each page of the Prescription Drug Assistance Request Transaction:

Prescription Drug Assistance Request	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.

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Prescription Drug Assistance Request	
Location	Description
<i>CMS</i>	<i>Click [CMS] to link to CMS website www.cms.gov.</i>
<i>HELP</i>	<i>Click [Help] to display information about ECRS menu options.</i>
<i>SIGN OUT</i>	<i>Click [Sign Out] to leave the ECRS application.</i>
Left Side Bar Navigation	
<i>ACTION REQUESTED</i>	<i>Click [Action Requested] to go to the Action Requested page.</i>
<i>INFORMANT INFORMATION</i>	<i>Click [Informant Information] to go to the Informant Information page.</i>
<i>INSURANCE INFORMATION</i>	<i>Click [Insurance Information] to go to the Insurance Information page.</i>
<i>EMPLOYMENT INFORMATION</i>	<i>Click [Employment Information] to go to the Employment Information page.</i>
<i>ADDITIONAL INFORMATION</i>	<i>Click [Additional Information] to go to the Additional Information page.</i>
<i>COMMENTS/REMARKS</i>	<i>Click [Comments/Remarks] to go to the Comments/Remarks page.</i>
<i>SUMMARY</i>	<i>Click [Summary] to go to the Summary page.</i>
Right Side Bar Navigation	
<i>QUICK HELP</i>	<i>Click [Help About This Page] to display helpful information for completing the page.</i>
<i>CHANGE CONTRACTOR</i>	<i>Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor</i>
<i>Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.</i>	
Contractor	Description
<i>ID</i>	<i>Contractor Number or CMS ID entered on Contractor Sign In page. (protected field)</i>
<i>NAME</i>	<i>Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. (protected field)</i>
User	Description
<i>ID</i>	<i>User ID of person logged in. (protected field)</i>
<i>NAME</i>	<i>Name of person associated with User ID. (protected field)</i>

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Prescription Drug Assistance Request	
Location	Description
<i>PHONE</i>	<i>Phone number associated with the User ID. (protected field)</i>
<i>Note: Beneficiary and DCN Information will be retrieved from the system using the HICN entered on Action Requested page.</i>	
Beneficiary	Description
<i>HICN</i>	<i>Health Insurance Claim Number of beneficiary. (protected field)</i>
<i>SSN</i>	<i>Social Security Number of beneficiary. (protected field)</i>
<i>NAME</i>	<i>Name of beneficiary. (protected field)</i>
<i>ADDRESS</i>	<i>Street address of beneficiary. (protected field)</i>
<i>CITY, STATE</i>	<i>City and State associated with street address of beneficiary. (protected field)</i>
<i>ZIP</i>	<i>Zip code associated with street address of beneficiary. (protected field)</i>
<i>SEX</i>	<i>Sex of the beneficiary. (protected field)</i>
<i>DOB</i>	<i>Date of birth for the beneficiary. (protected field)</i>
DCN	Description
<i>ID</i>	<i>Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. (protected field)</i>
<i>ORIGIN DATE</i>	<i>Date Prescription Drug Assistance Request transaction was submitted. (protected field)</i>
<i>STATUS</i>	<p><i>Two-character code explaining where the Prescription Drug Assistance Request transaction is in the COB system process (protected field)</i></p> <p><i>CM Completed</i> <i>DE Delete (do not process) ECRS Prescription Drug Assistance Request</i> <i>HD Hold, individual not yet a Medicare beneficiary</i> <i>IP In process, being edited by COB</i> <i>NW New, not yet read by COB</i></p> <p><i>Note: STATUS will always be NW until the transaction is processed.</i></p>
<i>REASON</i>	<p><i>Two-character code explaining why the Prescription Drug Assistance Request is in a particular status. (See Appendix E for the complete list of codes.) (protected field)</i></p> <p><i>Note: REASON will always be 01 until the transaction is processed.</i></p>

1. Type/select data in all of the required fields on the Action Requested page, and click [**Continue**]. Required fields are noted with a red asterisk (*) and are as follows:

- DCN

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- *HICN*
- *ACTIVITY CODE*
- *ACTION CODE*
- *SOURCE*
- *RECORD TYPE*
- *PATIENT RELATIONSHIP*
- *PERSON CODE*
- *ORIGINATING CONTRACTOR*
- *EFFECTIVE DATE*
- *SUBMITTER TYPE*

Note: If beneficiary information is not found for the HICN you have entered, you will not be able to continue the Prescription Drug Assistance Request.

2. *After all relevant fields have been entered, click [Continue] to go to the Prescription Drug Assistance Request Informant Information page, or select a page link from the left side bar.*
3. *To exit the Prescription Drug Assistance Request Detail pages, click [Home] to return to the Main Menu or [Sign Out] to exit the application.*

Prescription Drug Assistance Request, Action Requested Page Description

Prescription Drug Assistance Request, Action Requested	
Field Name	Description
<i>DCN</i>	<i>Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (required field) The system auto-generates the DCN, but it can be changed.</i>
<i>HICN</i>	<i>Health Insurance Claim Number of beneficiary (required field). Type HICN without dashes, spaces, or other special characters. Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered the system replaces the entered HICN with the most current HICN.</i>
<i>ACTIVITY CODE</i>	<i>Activity of contractor (required field). Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act</i>
<i>ACTION</i>	<i>Two-character code defining action to take on Prescription Drug record (required field). Valid values are: AP Add Policy Number/Group Number BN Develop for RX Bin CT Change Termination Date</i>

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Prescription Drug Assistance Request, Action Requested	
Field Name	Description
	<p><i>CX Change RX Values (BIN, Group, PCN)</i></p> <p><i>DO Delete Occurrence</i></p> <p><i>EA Change Employer Address</i></p> <p><i>ED Change Effective Date</i></p> <p><i>EI Change Employer Info</i></p> <p><i>GR Develop for Group Number</i></p> <p><i>II Change Insurer Information</i></p> <p><i>IT Change Insurance Type</i></p> <p><i>MT Change MSP Type</i></p> <p><i>PC Update RX Person Code</i></p> <p><i>PN Develop for/add PCN</i></p> <p><i>PR Change Patient Relationship</i></p> <p><i>TD Add Termination Date</i></p> <p>Notes:</p> <p><i>The following action codes can be combined together, but not with any other action codes:</i></p> <p><i>BN Develop for RX Bin</i></p> <p><i>GR Develop for Group Number</i></p> <p><i>PN Develop for/add PCN</i></p> <p><i>Prescription Drug Assistance Request with the following action codes will be automatically processed, given they have no reject errors:</i></p> <p><i>AP Add Policy Number/Group Number</i></p> <p><i>CX Change RX Values (BIN, Group, PCN)</i></p> <p><i>DO Delete Occurrence</i></p> <p><i>TD Add Termination Date</i></p>
SOURCE	<p><i>Four-character code identifying source of CWF Assistance Request information (required field). Valid values are:</i></p> <p><i>CHEK Unsolicited check</i></p> <p><i>LTTR Letter</i></p> <p><i>PHON Phone call</i></p> <p><i>SCLM Claim submitted to Medicare contractor for secondary payment</i></p> <p><i>SRVY Survey</i></p>

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Prescription Drug Assistance Request, Action Requested	
Field Name	Description
MSP TYPE	<p><i>One-character code identifying type of MSP coverage. Description of code displays next to value. Valid values are:</i></p> <p><i>A Working Aged</i> <i>B ESRD</i> <i>C Conditional Payment</i> <i>D Automobile Insurance, No Fault</i> <i>E Workers' Compensation</i> <i>F Federal (Public)</i> <i>G Disabled</i> <i>H Black Lung</i> <i>I Veterans</i> <i>L Liability</i> <i>W Workers' Compensation Medicare Set Aside</i></p> <p><i>Required field when ACTION CODE is MT.</i></p>
NEW MSP TYPE	<p><i>One-character code identifying type of new MSP coverage. Description of code displays next to value.</i></p> <p><i>Required field when ACTION CODE is MT.</i></p>
RECORD TYPE	<p><i>Prescription Coverage Record Type (required field). Valid values are:</i></p> <p><i>PRI Primary</i> <i>SUP Supplemental</i></p> <p><i>Note: Record Type must be PRI when ACTION CODE is MT.</i></p>

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Prescription Drug Assistance Request, Action Requested											
Field Name	Description										
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary (required field). Description of code displays next to value. Valid values are:</p> <p>01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.)</p> <p>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">MSP Type</th> <th style="text-align: left;">Patient Relationship Code</th> </tr> </thead> <tbody> <tr> <td colspan="2">-----</td> </tr> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	MSP Type	Patient Relationship Code	-----		A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code										

A	01, 02										
B	01, 02, 03, 04, 05, 18, 20										
G	01, 02, 03, 04, 05, 18, 20										
NEW PATIENT RELATIONSHIP	<p>New patient relationship between policyholder and beneficiary. Description of code displays next to value Required field when ACTION CODE is PR.</p>										
PERSON CODE	<p>Plan-specific Person Code. Values are: 001 Self 002 Spouse 003 Other Required field when:</p> <ul style="list-style-type: none"> • RECORD TYPE is Supplemental • ACTION CODE is PC 										

ECRS WEB USER GUIDE

Prescription Drug Assistance Request, Action Requested	
Field Name	Description
<i>ORIGINATING CONTRATOR</i>	<i>Contractor number of contractor that created the original Prescription Drug record at MBD (required field).</i>
<i>EFFECTIVE DATE</i>	<i>Effective date of drug coverage in MMDDCCYY format (required field.)</i>
<i>NEW EFFECTIVE DATE</i>	<i>New effective date of drug coverage in MMDDCCYY format. Required field when ACTION CODE is ED.</i>
<i>TERMINATION DATE</i>	<i>Termination date of drug coverage in MMDDCCYY format. Required field when ACTION CODE is TD or CT.</i>
<i>REMOVE EXISTING TERMINATION DATE checkbox</i>	<i>Check to remove an existing termination date.</i>
<i>SUBMITTER TYPE</i>	<i>Type of submitter (required field). Select "Part C" or "Part D."</i>
Page Navigation	Description
<i>CONTINUE</i>	<i>Click [Continue] to go to the Informant Information page. Note: All required fields must be populated before clicking [Continue].</i>
<i>CANCEL</i>	<i>Click [Cancel] to return to the Main Menu.</i>

ECRS WEB USER GUIDE

Informant Information Page

Enter information on the Informant Information page regarding the person who informed you of the change in the Part D coverage.

The screenshot shows the ECRS web application interface. At the top, there is a blue header with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below the header, there are navigation links for 'Home', 'CMS', 'About', and 'Sign out'. The main content area is titled 'Prescription Drug Assistance Request Informant Information'. On the left, there is a sidebar with a list of menu items: 'Action Requested', 'Informant Information' (highlighted), 'Insurance Information', 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary'. The central form contains the following fields: 'First Name' (text input), 'Middle Initial' (text input), 'Last Name' (text input), 'Address' (text input), 'City' (text input), 'State, Zip' (dropdown menu for state and text input for zip), 'Phone' (text input with parentheses for area code), and 'Relationship' (dropdown menu). At the bottom of the form are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with a link 'Help About This Page'. Below that is a 'Change Contractor' section with a 'Change Contractor' link. The 'Contractor' section displays: 'ID: *****', 'Name: AAAAAAAAAAAAAA'. The 'User' section displays: 'ID: *****', 'Name: FIRST LAST', 'Phone: (410)436-7890'. The 'Beneficiary' section displays: 'HICN: *****', 'SSN: ***-**-****', 'Name: FIRST N LAST', 'Address: AAAAAAAAAAAAAA Apt. B', 'City, State: Baltimore, MD', 'Zip: 21222-1234', 'Sex: Male', 'DOB: ##/##/####'. The 'DCN' section displays: 'ID: CD05152010', 'Origin Date: 05/01/2010', 'Status: NW - Item not yet read by COB', 'Reason: 01 - Not yet read by COB, used with NW status'.

After all relevant fields have been entered, click [**Continue**] to go to the Insurance Information page, or select a page link from the left side bar.

Prescription Drug Assistance Request, Informant Information Page Description

Prescription Drug Assistance Request, Informant Information Page	
Field Name	Description
FIRST NAME	<i>First name of person informing contractor of change in Part D coverage. Required field for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</i>
MIDDLE INITIAL	<i>Middle initial of person informing contractor of change in Part D coverage.</i>
LAST NAME	<i>Last name of person informing contractor of change in Part D coverage. Required field for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</i>
ADDRESS	<i>Informant's street address. Required field for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</i>

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Prescription Drug Assistance Request, Informant Information Page	
Field Name	Description
<i>CITY</i>	<i>Informant's city. Required field for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</i>
<i>STATE</i>	<i>Informant's state. Required field for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</i>
<i>ZIP</i>	<i>Informant's ZIP code. Required field for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</i>
<i>PHONE</i>	<i>Informant's telephone number</i>
<i>RELATIONSHIP</i>	<p><i>One-character code indicating relationship of informant to beneficiary. Valid values are:</i></p> <ul style="list-style-type: none"> <i>A Attorney representing beneficiary</i> <i>B Beneficiary</i> <i>C Child</i> <i>D Defendant's attorney</i> <i>E Employer</i> <i>F Father</i> <i>I Insurer</i> <i>M Mother</i> <i>N Non-relative</i> <i>O Other relative</i> <i>P Provider</i> <i>R Beneficiary representative (other than attorney)</i> <i>S Spouse</i> <i>U Unknown</i> <i>W Pharmacy</i> <p><i>Required field for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.</i></p>
Page Navigation	Description
<i>CONTINUE</i>	<i>Click [Continue] to go to Insurance Information page.</i>
<i>CANCEL</i>	<i>Click [Cancel] to return to the Main Menu.</i>

ECRS WEB USER GUIDE

Insurance Information Page

Enter information on the Insurance Information page about the insurance type associated with the Part D record.

The screenshot displays the 'Prescription Drug Assistance Request Insurance Information' page within the Electronic Correspondence Referral System (ECRS). The page features a navigation menu on the left with options like 'Action Requested', 'Informant Information', 'Insurance Information', 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary'. The main form area contains several input fields and dropdown menus for entering insurance details, including 'Insurance Company Name', 'Address', 'City', 'State, Zip', 'Phone', 'Insurance Type', 'New Insurance Type', 'Coverage Type', 'Policy Number', 'Group Number', 'BIN', 'PCN', 'ID', and 'Supplemental Type'. A 'Continue' button is located at the bottom of the form. On the right side, there is a 'Quick Help' sidebar with links for 'Help About This Page', 'Change Contractor', and 'Change Contractor', along with a 'Contractor' section displaying ID, Name, and User information, and a 'Beneficiary' section displaying HICN, SSN, Name, Address, City, State, Zip, Sex, and DOB. A 'DCN' section at the bottom of the sidebar shows ID, Origin Date, Status, and Reason.

Type data in all fields to update Part D insurer information. Leave all fields blank to delete Part D insurer information.

After all relevant fields have been entered, click [**Continue**] to go to the Employment Information page, or select a page link from the left side bar.

Note: If you leave the following fields blank, the system deletes the previous value: ADDRESS, CITY, STATE, ZIP, GROUP NUMBER, and POLICY NUMBER.

ECRS WEB USER GUIDE

Prescription Drug Assistance Request, Insurance Information Page Description

Prescription Drug Assistance Request, Insurance Information Page	
Field Name	Description
<i>INSURANCE COMPANY NAME</i>	<p style="color: red;"><i>Name of Part D insurance carrier. Required field when ACTION CODE is II.</i></p> <p style="color: red;"><i>If INSURANCE COMPANY NAME contains <u>any</u> of the following values it is an error:</i></p> <p style="color: red;"><i>NO</i></p> <p style="color: red;"><i>NONE</i></p> <p style="color: red;"><i>N/A</i></p> <p style="color: red;"><i>HCFA</i></p> <p style="color: red;"><i>ATTORNEY</i></p> <p style="color: red;"><i>UNK</i></p> <p style="color: red;"><i>MIS</i></p> <p style="color: red;"><i>CMS</i></p> <p style="color: red;"><i>NA</i></p> <p style="color: red;"><i>UNKNOWN</i></p> <p style="color: red;"><i>If INSURANCE COMPANY NAME contains <u>only one</u> of the following values it is an error:</i></p> <p style="color: red;"><i>BC</i></p> <p style="color: red;"><i>BS</i></p> <p style="color: red;"><i>BX</i></p> <p style="color: red;"><i>BCBX</i></p> <p style="color: red;"><i>Medicare</i></p> <p style="color: red;"><i>BLUE CROSS</i></p> <p style="color: red;"><i>COB</i></p> <p style="color: red;"><i>COBC</i></p> <p style="color: red;"><i>Coordination of Benefits Contractor</i></p>
<i>ADDRESS</i>	<i>First Line of insurance carrier's street address.</i>
<i>(ADDRESS 2)</i>	<i>Unlabeled field. Second line of insurance carrier's street address.</i>
<i>CITY</i>	<i>City associated with insurance carrier's street address.</i>
<i>STATE</i>	<i>State associated with insurance carrier's street address.</i>
<i>ZIP</i>	<i>Zip code associated with insurance carrier's street address.</i>
<i>PHONE</i>	<i>Phone Number of insurance carrier.</i>

ECRS WEB USER GUIDE

Prescription Drug Assistance Request, Insurance Information Page	
Field Name	Description
INSURANCE TYPE	<p><i>One-character code for type of insurance. Valid values are:</i></p> <p>A <i>Insurance or Indemnity (OTHER TYPES)</i></p> <p>B <i>Group Health Organization (GHO)</i></p> <p>C <i>Preferred Provider Organization (PPO)</i></p> <p>D <i>Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)</i></p> <p>E <i>Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)</i></p> <p>F <i>Self-Insured/Self-Administered (SELF-INSURED)</i></p> <p>G <i>Collectively-Bargained Health and Welfare Fund (HEALTH/WELFAR)</i></p> <p>H <i>Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)</i></p> <p>I <i>Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)</i></p> <p>J <i>Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)</i></p> <p>K <i>Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)</i></p> <p>M <i>Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan (SUPPLEMENTAL)</i></p> <p>R <i>GHP Health Reimbursement Arrangement</i></p> <p>S <i>GHP Health Savings Account</i></p> <p>Blank <i>Unknown (UNKNOWN); defaults to A.</i></p> <p><i>Required field when ACTION CODE is IT.</i></p>
NEW INSURANCE TYPE	<p><i>Select a one-character code for the new type of insurance. Valid values are:</i></p> <p>A <i>Insurance or Indemnity (OTHER TYPES)</i></p> <p>J <i>Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)</i></p> <p>K <i>Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)</i></p> <p>R <i>GHP Health Reimbursement Arrangement</i></p> <p><i>Required field when ACTION CODE is IT.</i></p>

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Prescription Drug Assistance Request, Insurance Information Page	
Field Name	Description
COVERAGE TYPE	<p>Prescription Coverage type of insurance. Valid values are:</p> <p><i>U</i> Drug Network</p> <p><i>V</i> Drug Non-network</p> <p><i>Z</i> Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)</p> <p>Required field</p>
POLICY NUMBER	<p>Policy number of insurance coverage</p> <p>Required field when ACTION CODE is AP and MSP TYPE is <u>NOT</u> D, E, L, or W.</p> <p>Note: If GROUP NUMBER is entered, POLICY NUMBER is not required.</p>
GROUP NUMBER	<p>Group number of insurance coverage</p> <ul style="list-style-type: none"> • Group Number, BIN, or PCN is required when ACTION CODE is CX. • Required field when ACTION CODE is AP and MSP TYPE is <u>NOT</u> D, E, L, or W. • Required field when COVERAGE TYPE is U. <p>Note: If POLICY NUMBER is entered, GROUP NUMBER is not required.</p>
BIN	<p>Prescription Drug BIN number. Must be six numeric characters.</p> <ul style="list-style-type: none"> • Required field if COVERAGE TYPE is U. • Group Number, BIN, or PCN is required when ACTION CODE is CX.
PCN	<p>Prescription Drug PCN number. Must not contain special characters.</p> <ul style="list-style-type: none"> • Required field if COVERAGE TYPE is U. • Group Number, BIN, or PCN is required when ACTION CODE is CX.
ID	<p>Prescription Drug ID number. Must not contain special characters.</p> <p>Required field if COVERAGE TYPE is U.</p>

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Prescription Drug Assistance Request, Insurance Information Page	
Field Name	Description
<i>SUPPLEMENTAL TYPE</i>	<i>Prescription Drug policy type. Valid values are:</i> <i>L Supplemental</i> <i>M Medigap</i> <i>N Non-qualified State Program</i> <i>O Other</i> <i>P PAP</i> <i>Q Qualified State Program</i> <i>R Charity</i> <i>S ADAP</i> <i>T Federal Government Programs</i> <i>1 Medicaid</i> <i>2 Tricare</i> <i>3 Major Medical</i>
Page Navigation	Description
<i>CONTINUE</i>	<i>Click [Continue] to go to Employment Information page.</i>
<i>CANCEL</i>	<i>Click [Cancel] to return to the Main Menu.</i>

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Employment Information Page

Enter employment information associated with the Part D record on the Employment Information page.

After all relevant fields have been entered, click [**Continue**] to go to the Additional Information page, or select a page link from the left side bar.

Prescription Drug Assistance Request, Employment Information Page Description

Prescription Drug Assistance Request, Employment Information Page	
Field Name	Description
<i>EMPLOYER NAME</i>	<i>Name of employer providing group health insurance the beneficiary is covered under. Required field when ACTION CODE is EA or EI.</i>
<i>ADDRESS</i>	<i>First line of employer's street address. Required field when ACTION CODE is EI.</i>
<i>(ADDRESS 2)</i>	<i>Unlabeled field. Second line of employer's street address.</i>
<i>CITY</i>	<i>City associated with Employer's street address. Required field when ACTION CODE is EI.</i>
<i>STATE</i>	<i>State associated with Employer's street address. Required field when ACTION CODE is EI.</i>

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Prescription Drug Assistance Request, Employment Information Page	
Field Name	Description
<i>ZIP</i>	<i>Zip Code associated with Employer's street address. Required field when ACTION CODE is EI.</i>
<i>PHONE</i>	<i>Phone Number of Employer</i>
<i>EIN</i>	<i>Employer Identification Number</i>
<i>EMPLOYEE #</i>	<i>Employee number of policy holder</i>
Page Navigation	Description
<i>CONTINUE</i>	<i>Click [Continue] to go to the Additional Information page.</i>
<i>CANCEL</i>	<i>Click [Cancel] to return to the Main Menu.</i>

Additional Information Page

Enter check information on this page.

After all relevant fields have been entered, click [**Continue**] to go to the Comments/Remarks page, or select a page link from the left side bar.

Prescription Drug Assistance Request, Additional Information Page Description

Prescription Drug Assistance Request, Additional Information Page	
Field Name	Description
CHECK NUMBER	Number of check received. Required field if SOURCE is CHEK.
CHECK DATE	Date of check received. Required field if SOURCE is CHEK. You cannot future-date this field.
CHECK AMOUNT	Amount of check received. Required field if SOURCE is CHEK.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Comments/Remarks page.
CANCEL	Click [Cancel] to return to the Main Menu.

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Comments and Remarks Page

Enter comments on the Comments and Remarks page. All comments entered are viewable by the COB Contractor. Refer to Appendix F for the complete list of Remark Codes.

Note: Remarks are only displayed on the Comments and Remarks page when the ACTION code is AR.

The screenshot shows the ECRS web interface. At the top, there is a blue header with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below the header, there is a navigation menu on the left with options like 'Action Requested', 'Informant Information', 'Insurance Information', 'Employment Information', 'Additional Information', 'Comments/Remarks', and 'Summary'. The main content area is titled 'Prescription Drug Assistance Request Comments/Remarks'. It features a large text box for 'Comments' and three dropdown menus for 'Remarks'. A note below the comments box states 'Please note comments cannot exceed 180 characters'. On the right side, there is a 'Quick Help' sidebar with links like 'Only About This Page', 'Change Contractor', and 'Change Contractor'. Below this, there is a section for 'Contractor' and 'User' information, followed by 'Beneficiary' information including HICN, SSN, Name, Address, City, State, Zip, Sex, and DOB. At the bottom right, there is a 'DCN' section with ID, Origin Date, Status, and Reason.

Prescription Drug Assistance Request, Comments and Remarks Page Description

Prescription Drug Assistance Request, Comments and Remarks Page	
Field Name	Description
COMMENTS	Free-form text field, where Medicare contractors type data to send notes to the COB contractor. Protected field when COB contractor adds a comment. Note: The COB contractor reviews these comments unless the request involves an automated action type (action codes AP, CX, DO, & TD). In these cases, when automated action types are submitted individually and processed successfully, the comments entered are not reviewed.
REMARKS	Enter at least one Remark code, explaining the reason for the transaction. Enter up to three remark codes. See Appendix F for more information.
Page Navigation	Description

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Prescription Drug Assistance Request, Comments and Remarks Page	
Field Name	Description
<i>CONTINUE</i>	<i>Click [Continue] to go to the Summary page.</i>
<i>CANCEL</i>	<i>Click [Cancel] to return to the Main Menu.</i>

Comments entered for the COB contractor should provide explanation and additional information for the action code selected, such as the examples displayed in the following table:

Action Code	Comment
<i>DO</i>	<i>PLEASE DELETE. MEMBER DID NOT ENROLL IN THE EMPLOYER'S GHP</i>
<i>IT</i>	<i>VERIFY INS TYPE... WE RECEIVED A PAYING EOB FOR NON HOSPITAL SERVICES...</i>
<i>TD</i>	<i>PLEASE TERM RECORD</i>
<i>CT</i>	<i>PER EMPLOYER BENE RETIRED 9/1/09. PLEASE UPDATE TERM DATE.</i>

*After all relevant fields have been entered, click [**Continue**] to go to the Summary page, or select a page link from the left side bar.*

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Summary Page

The Summary page displays a summary of all information entered for the assistance request before submission.

After typing/selecting data in all relevant fields on the previous Prescription Drug Assistance Request pages, review the Summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the assistance request is submitted and you can print the confirmation page.

Electronic Correspondence Referral System (ECRS)

Prescription Drug Assistance Request Summary

Active Requested

DCN: 9976547054
WCN: *****
Activity Code: C - Claims (Pre-Payment)
Action Code: AP - Add Policy Number/Group Number
Source: SCLM - Claim submitted to Medicare contractor for alternate payment
MSP Type: D - Automobile Insurance, No Fault
Record Type: SUP - Supplemental
Patient Relationship: 01 - Policy Holder
New Patient Relationship:
Person Code: 001 - Self
Originating Contractor: 11399
Effective Date: 01/18/2002
New Effective Date:
Termination Date: 06/18/2007
Remove Existing Termination Date:
Submitter Type: Part D

Informant Information

Name: FIRST M. LAST
Address: AAAAAAAAAAAAAA
City, State, Zip: Wford, AL 36543
Phone: (333) 555-6666
Relationship: B-Beneficiary

Insurance Information

Insurance Company Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
Building: 202
City, State, Zip: Baltimore, MD 32123-3432
Phone: (323) 444-1232
Insurance Type: C-PPD
Coverage Type: U - Drug Network
Policy Number: 8234234
Group Number: F444443
SIN:
PCN:
ID:
Supplemental Type: L - Supplemental

Employment Information

Employer Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
State: 302
City, State, Zip: Baltimore, MD 21232
Phone: (410) 323-3333
SIN: *****
Employee Number: 6232401

Quick Help

[Help About This Page](#)
[Change Contractor](#)
[Change Beneficiary](#)

Beneficiary

Name: FIRST M. LAST
Address: AAAAAAAAAAAAAA
City, State, Zip: Baltimore, MD
Phone: (410) 323-3333

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Prescription Drug Assistance Request, Summary Page Description

<i>Prescription Drug Assistance Request Summary Page</i>	
<i>For information about this section...</i>	<i>See this page...</i>
<i>ACTION REQUESTED</i>	80
<i>INFORMANT INFORMATION</i>	88
<i>INSURANCE INFORMATION</i>	90
<i>EMPLOYMENT INFORMATION</i>	95
<i>ADDITIONAL INFORMATION</i>	97
<i>COMMENTS/REMARKS</i>	98
<i>Page Navigation</i>	<i>Description</i>
<i>SUBMIT</i>	<i>Click [Submit] to go to the Summary Confirmation Page.</i>
<i>CANCEL</i>	<i>Click [Cancel] to return to the Main Menu.</i>

Viewing, Updating, and Deleting Prescription Drug Assistance Request Transactions

Follow the steps below to search for and display a list of Prescription Drug Assistance Request transactions.

Note: You can only update or delete Prescription Drug assistance request transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the Main Menu page, click [**Prescription Drug Assistance Requests**] under Search for Requests or Inquiries. The Prescription Drug Assistance Request Search page displays, as shown in the example below.

Prescription Drug Assistance Request, Search Page Description

Prescription Drug Assistance Request, Search Page Criteria		
Field Name	Description	
CONTRACTOR #	If you are a...	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. (protected field)

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Prescription Drug Assistance Request, Search Page Criteria	
Field Name	Description
	<p><i>Region Office or CMS user</i></p> <p><i>Pre-filled with the CMS ID/RO Number entered during Contractor Sign In.</i></p> <p><i>This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.</i></p>
HICN	<p><i>Enter a Health Insurance Claim Number to search by.</i></p> <p><i>Note: If searching by HICN, do not enter an SSN or DCN.</i></p>
SSN	<p><i>Enter a Social Security Number to search by.</i></p> <p><i>Note: If searching by SSN, do not enter a HICN or DCN.</i></p>
STATUS	<p><i>Enter a Status code to search by.</i></p> <p><i>To view all in-process Prescription Drug Assistance Request transactions, select IP in the STATUS field.</i></p>
REASON	<p><i>Select a Reason code to search by. (See Appendix E for the complete list of codes.)</i></p>
USER ID	<p><i>Enter a User ID to search by.</i></p>
ORIGIN DATE FROM	<p><i>Enter a starting date to search by of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.</i></p>
ORIGIN DATE TO	<p><i>Enter an ending date to search by.</i></p> <p><i>Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.</i></p>
DCN	<p><i>Enter a Document Control Number to search by.</i></p> <p><i>Note: If searching by DCN, do not enter a HICN or SSN.</i></p>
Navigation	Description
SEARCH	<p><i>Click [Submit] to display search results.</i></p>
RESET	<p><i>Click [Reset] to clear search results.</i></p>
Transaction Summary	<p><i>Click [HICN] link to view the Summary page.</i></p>

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Prescription Drug Assistance Request, Search Page Criteria	
Field Name	Description
<i>Delete</i>	Click [X] to mark a transaction for deletion.
<i>CANCEL</i>	Click [Cancel] to return to the Main Menu.

View Transactions

1. Type search criteria in the appropriate fields and click [**Submit**].

Notes:

- To create a list of all Prescription Drug Assistance Requests for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
- When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.

2. The system displays a list of Prescription Drug Assistance Requests, as shown in the example below.

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
Delete	#####A	00131	#####	CM	15	01/01/2010	01/05/2010	AAAAAAA
Delete	#####A	00131	#####	IP	02	05/01/2010	05/01/2010	AAAAAAA

Prescription Drug Assistance Request, Search Page Listing	
Field Name	Field Name
<i>HICN</i>	<i>Health Insurance Claim Number for Prescription Drug Assistance Request transaction. (protected field)</i>
<i>CONTRACTOR</i>	<i>Contractor number. (protected field)</i>
<i>DCN</i>	<i>Document Control Number assigned to Prescription Drug Assistance Request transaction by Medicare contractor. (protected field)</i>
<i>STATUS</i>	<i>Status of Prescription Drug Assistance Request transaction. (protected field)</i>
<i>REASON</i>	<i>Reason of Prescription Drug Assistance Request transaction. (protected field)</i>

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<i>ORIGIN DATE</i>	<i>Originating date in MM-DD-CCYY format. (protected field)</i>
<i>LAST UPDATE</i>	<i>Date Prescription Drug Assistance Request transaction was last changed in MMDDCCYY format. (protected field)</i>
<i>USER ID</i>	<i>User ID of operator who entered Prescription Drug Assistance Request transaction. (protected field)</i>
Navigation	Description
<i>Transaction Summary</i>	<i>Click [HICN] link to view the Summary page.</i>
<i>DELETE</i>	<i>Click [X] to mark a transaction for deletion.</i>

3. There are 20 items per page; use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.

4. Change or delete search criteria to initiate a new search.

Update Transactions

To update information on a Prescription Drug Assistance Request transaction, click the [**HICN**] link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates.

The screenshot shows the 'Prescription Drug Assistance Request Summary' page in the ECRS web application. The page is divided into several sections:

- Active Requested:**
 - DCN: 9876547654
 - HICN: *****
 - Activity Code: C - Claims (Pre-Payment)
 - Action Code: AP - Add Policy Number/Group Number
 - Source: SCLM - Claim submitted to Medicare contractor for alternate payment
 - MSP Type: D - Automobile Insurance, No Fault
 - Record Type: SUP - Supplemental
 - Patient Relationship: 01 - Policy Holder
 - New Patient Relationship:
 - Person Code: 001 - Self
 - Originating Contractor: 11199
 - Effective Date: 01/18/2002
 - New Effective Date:
 - Termination Date: 06/18/2007
 - Remove Existing Termination Date:
 - Submitter Type: Part D
- Informant Information:**
 - Name: FIRST M. LAST
 - Address: AAAAAAAAAAAAA
 - City, State, Zip: Whyville, AL 66543
 - Phone: (323) 555-6666
 - Relationship: B-Beneficiary
- Insurance Information:**
 - Insurance Company Name: AAAAAAAAAAAAA
 - Address: AAAAAAAAAAAAA
 - Building 202
 - City, State, Zip: Baltimore, MD 32323-3432
 - Phone: (323) 444-3232
 - Insurance Type: C-PPD
 - Coverage Type: U - Drug Network
 - Policy Number: 8234234
 - Group Number: 8444441
- Quick Help:**
 - View About This Page
 - Change Contractor
 - Check Contractor
 - Contractor
 - Contractor Name: AAAAAAAAAAAAA
 - User
 - SSN: *****
 - Name: FIRST LAST
 - Phone: (410)410-1234
 - Beneficiary
 - Beneficiary
 - HICN: *****
 - SSN: *****
 - Name: FIRST M. LAST
 - Address: AAAAAAAAAAAAA
 - City, State: Baltimore, MD
 - Zip: 32323-3234
 - Sex: Male
 - DOB: 01/01/1999
 - DCN
 - SSN: *****
 - Origin Date: 05/05/2002
 - Status: 100 - New, not yet read by CSR
 - Reason: 00 - Not yet read by CSR, user not yet setup

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Prescription Drug Assistance Request, Summary Page Description

Prescription Drug Assistance Request, Summary Page	
For information about this section...	See this page...
<i>ACTION REQUESTED</i>	80
<i>INFORMANT INFORMATION</i>	88
<i>INSURANCE INFORMATION</i>	90
<i>EMPLOYMENT INFORMATION</i>	95
ADDITIONAL INFORMATION	97
<i>COMMENTS/REMARKS</i>	98
<i>COB RESPONSE INFORMATION</i>	<i>Displays for records that are not in NW status. See below for more information.</i>
Field Name	Description
<i>COB COMMENTS</i>	<i>Free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear.</i>
<i>USER ID</i>	<i>User ID of person who entered the COB contractor comment.</i>
<i>DEVELOPMENT RESPONSE INDICATOR</i>	<i>Development response indicator.</i> <i>Values are:</i> <i>A Attorney</i> <i>B Beneficiary</i> <i>E Employer</i> <i>I Insurer</i> <i>P Provider</i> <i>R Beneficiary Representative</i> <i>N No Response</i>
<i>DEVELOPED TO (INITIAL)</i>	<i>Development Source Code indicating where initial development letter was sent. Valid values are:</i> <i>A Attorney</i> <i>B Beneficiary</i> <i>E Employer</i> <i>I Insurer</i> <i>P Provider</i> <i>R Beneficiary Representative (other than attorney)</i>

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Prescription Drug Assistance Request, Summary Page	
For information about this section...	See this page...
<i>DEVELOPED TO (SUBSEQUENT)</i>	<p><i>Development Source Code indicating where subsequent development letter was sent. Valid values are:</i></p> <p><i>A Attorney</i> <i>B Beneficiary</i> <i>E Employer</i> <i>I Insurer</i> <i>P Provider</i> <i>R Beneficiary Representative (other than attorney)</i></p>
Page Navigation	Description
<i>RETURN</i>	<p><i>Click [Return] to return to the Prescription Drug Assistance Request Search Page Listing without making any updates to the transaction.</i></p> <p><i>Displays for records in all statuses except NW.</i></p>
<i>SUBMIT</i>	<p><i>Click [Submit] to save updates.</i></p> <p><i>Displays for records in NW status.</i></p>
<i>CANCEL</i>	<p><i>Click [Cancel] to return to the Search Page Listing without making any updates to the transaction.</i></p> <p><i>Displays for records in NW status.</i></p>

To leave the Summary page without making any changes, click [**Cancel**] or [**Return**] to return to the Search Page Listing. If you do need to update the transaction, access the appropriate page and navigate back to the Summary page. After you have made all updates, click [**Submit**] to confirm updates, or [**Cancel**] to return to the Prescription Drug Assistance Request Search Page Listing.

Delete Transactions

To mark a Prescription Drug Assistance Request transaction for deletion, click the [**X**] link next to the HICN and when presented with the Confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**].

To exit the Prescription Drug Assistance Request Search page, click [**Home**] to return to the Main Menu. The system does not retain search criteria.

Chapter 5: Prescription Drug Inquiry Transactions

This chapter provides you with step-by-step instructions to perform a prescription coverage inquiry. Examples and explanations are provided for each page in ECRS.

If you are a new user, this chapter can help you use the system as you learn it. You can also use this chapter to determine what information is contained in each field or what you should enter in a field. It can also help you to navigate through the prescription coverage inquiry transaction process if you are lost. If you are an experienced user, you can use the chapter as a quick reference for a web page that you use infrequently.

The pages in this chapter are representative of the actual pages that you see within ECRS Web. The data will not be the same; the web page layout will be very similar, if not exactly the same.

Use the chart below or the *Table of Contents* to locate the tasks in the chapter.

For information about this task...	See this page...
Adding Prescription Drug Inquiry Transactions	109
Viewing a List of Prescription Drug Inquiry Transactions	122
Viewing, Updating, and Deleting Prescription Drug Inquiry Transactions	122

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
Create Requests or Inquiries	
PRESCRIPTION DRUG INQUIRY	
Initial Information	110
Additional Information	115
Prescription Drug	119
Summary	121
Search for Requests or Inquiries	
Prescription Drug Inquiries	122

Adding a Prescription Drug Inquiry Transaction

There are two ways to enter a Prescription Drug Inquiry:

From an MSP Inquiry

This option allows you to see Prescription Drug information associated with an MSP Inquiry.

- a) From the Main Menu, click [**MSP Inquiry**] under the heading Create Requests or Inquiries, The system displays the first page of the MSP Inquiry.
- b) Follow instructions for Adding an MSP Inquiry and enter Prescription Drug information on the Prescription Drug page (see page 50).

From the Main Menu

This option allows you to enter a Prescription Drug inquiry independent of an MSP inquiry. Take the steps on the next page to enter a Prescription Drug inquiry from the Main Menu.

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved when HICN and other required data is entered on the first page of the Prescription Drug Inquiry (Initial Information) and you click [**Continue**]. The information is displayed on the right side bar, and is carried forward on the Prescription Drug Inquiry transaction.

Common Prescription Drug Sources

Common sources that provide contractors with Prescription Drug information, followed by the associated Source Code, are:

- Survey (SRVY)
- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

ECRS WEB USER GUIDE

Initial Information Page

From the Main Menu, click [**Prescription Drug Inquiry**] under Create Requests or Inquiries. The system displays the Initial Information page, the first page of the Prescription Drug Inquiry, as shown in the example below. This is the first page you see when adding a new Prescription Drug Inquiry. The information entered on this page determines required information on subsequent pages.



Navigation Links

The following links display on each page of the Prescription Drug Inquiry Transaction:

<i>Prescription Drug Inquiry</i>	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Left Side Bar Navigation	
INITIAL INFORMATION	Click [Initial Information] to go to the Initial Information page.
ADDITIONAL INFORMATION	Click [Additional Information] to go to the Additional Information page.
PRESCRIPTION COVERAGE	Click [Prescription Coverage] to go to the Prescription Coverage page.

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Prescription Drug Inquiry	
Location	Description
SUMMARY	Click [Summary] to go to the Summary page.

Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor
Note: The system carries the following data forward to other pages, eliminating the need to re-enter it.	
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>
Beneficiary	Description
Note: Beneficiary and DCN Information will be retrieved from the system using the HICN entered on Action Requested page.	
HICN	Health Insurance Claim Number of beneficiary. <i>(protected field)</i>
SSN	Social Security Number of beneficiary. <i>(protected field)</i>
NAME	Name of beneficiary. <i>(protected field)</i>
ADDRESS	Street address of beneficiary. <i>(protected field)</i>
CITY, STATE	City and State associated with street address of beneficiary. <i>(protected field)</i>
ZIP	Zip code associated with street address of beneficiary. <i>(protected field)</i>
SEX	Sex of the beneficiary. <i>(protected field)</i>
DOB	Date of Birth of the beneficiary. <i>(protected field)</i>
DCN	Description

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ID	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction. <i>(protected field)</i>
ORIGIN DATE	Date Prescription Drug Inquiry transaction was submitted. <i>(protected field)</i>
STATUS	Two-character code explaining where CWF Assistance Request transaction is in the COB system process <i>(protected field)</i> CM Completed DE Delete (do not process) ECRS CWF Assistance Request IP In process, being edited by COB HD Hold, individual not yet a Medicare beneficiary NW New, not yet read by COB Note: STATUS will always be NW until the transaction is processed.
REASON	Two-character code explaining why the Prescription Drug Inquiry is in a particular status. (See Appendix E for the complete list of codes.) <i>(protected field)</i> Note: REASON will always be 01 until the transaction is processed.

1. Enter data in all fields and click [**Continue**] to go to the Additional Information page, or select a page link from the left side bar.

Note: If Beneficiary Information is not found for the HICN you have entered, you will receive a warning message but will still be able to continue with the Prescription Drug Inquiry.

2. To exit the Prescription Drug Inquiry Detail pages, click [**Home**] to return to the Main Menu or [**Sign Out**] to exit the application.

Prescription Drug Inquiry, Initial Information Page Description

Prescription Drug Inquiry, Initial Information Page	
Field Name	Description
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with the transaction <i>Required field</i> . The system auto-generates the DCN, but it can be changed.
HICN	Health Insurance Claim Number of the beneficiary. Enter without dashes, spaces, or other special characters. <i>Required field</i> . Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered, the system replaces it with the most current HICN.

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Prescription Drug Inquiry, Initial Information Page	
Field Name	Description
ACTIVITY CODE	<p>Activity of contractor. <i>Required field.</i></p> <p>Valid values are:</p> <ul style="list-style-type: none"> C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
SOURCE	<p>Four-character code identifying source of the MSP Inquiry information. <i>Required field.</i></p> <p>Valid values are:</p> <ul style="list-style-type: none"> CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey
MSP TYPE	<p>One-character code identifying type of MSP coverage. <i>Required field.</i></p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary. Valid values are:</p> <ul style="list-style-type: none"> 01 POLICY HOLDER 02 SPOUSE 03 CHILD 04 OTHER
SUBMITTER TYPE	<p>Select Part C or Part D.</p> <p>Note: This option is only available to users who can enter Part C and/or Part D data.</p>

ECRS WEB USER GUIDE

Prescription Drug Inquiry, Initial Information Page	
Field Name	Description
SEND TO MDB	Indicates whether to send MSP inquiry to MBD. <i>Required field.</i> Valid values are: <div style="margin-left: 40px;"> YES Send to MBD (default) NO Do not send to MBD </div>
Page Navigation	Description
CONTINUE	Required fields must be entered before clicking [Continue]. Click [Continue] to go to the Additional Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Additional Information Page

On this page, enter additional information needed for the Prescription Drug inquiry.

The screenshot displays the 'Electronic Correspondence Referral System (ECRS)' interface. The main title is 'Prescription Drug Inquiry Additional Information'. The left sidebar contains a menu with 'Additional Information' selected. The central form is divided into three sections: 'Check Information' (with fields for Check Number, Check Date, and Check Amount), 'Informant Information' (with fields for First Name, Middle Initial, Last Name, Address, City, State/Zip, Phone, and Relationship), and 'Employment Information' (with fields for Employer Name, Address, Address 2, City, State/Zip, Phone, EIN, and Employee #). The right sidebar shows user and beneficiary details, including ID numbers, names, addresses, and dates. At the bottom of the form are 'Continue' and 'Cancel' buttons.

After all relevant fields have been entered, click [**Continue**] to go to the Prescription Coverage page, or select a page link from the left side bar.

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Prescription Drug Inquiry, Additional Information Page Description

Prescription Drug Inquiry, Additional Information Page	
Field Name	Description
Check Information	
CHECK NUMBER	Number of check received. <i>Required field</i> when SOURCE is CHEK.
CHECK DATE	Date of check received. You cannot future-date this field. <i>Required field</i> when SOURCE is CHEK.
CHECK AMOUNT	Amount of check received. <i>Required field</i> when SOURCE is CHEK.
Informant Information	
FIRST NAME	First name of person informing contractor of change in MSP coverage. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in MSP coverage.
LAST NAME	Last name of person informing contractor of change in MSP coverage. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
ADDRESS	Informant's street address. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
CITY	Informant's city. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
STATE	Informant's state. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
ZIP	Informant's ZIP code. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.
PHONE	Informant's telephone number
Prescription Drug Inquiry, Additional Information Page	
Field Name	Description

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Prescription Drug Inquiry, Additional Information Page	
Field Name	Description
RELATIONSHIP	<p>One-character code indicating relationship of informant to beneficiary. <i>Required field</i> when SOURCE is CHEK, LTTR or PHON.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Attorney representing beneficiary B Beneficiary C Child D Defendant's attorney E Employer F Father I Insurer M Mother N Non-relative O Other relative P Provider R Beneficiary representative (other than attorney) S Spouse U Unknown W Pharmacy
Employment Information	
EMPLOYER NAME	Name of employer providing group health insurance the beneficiary is covered under.
ADDRESS	First line of employer's street address.
ADDRESS 2	Second line of employer's street address.
CITY	City associated with Employer's street address.
STATE	State associated with Employer's street address.
ZIP	Zip Code associated with Employer's street address.
PHONE	Phone Number of Employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Prescription Coverage page.
CANCEL	Click [Cancel] to return to the Main Menu.

Prescription Drug Information Page

Enter Prescription Drug information associated with the Part D coverage on this page.

The screenshot displays the 'Prescription Drug Inquiry Prescription Coverage' page within the ECRS system. The page features a navigation menu on the left with options like 'Initial Information', 'Additional Information', 'Prescription Coverage', and 'Summary'. The main content area contains a form with various input fields and dropdown menus. A red asterisk indicates required fields. The right sidebar provides a 'Quick Help' section and details for the Contractor, User, Beneficiary, and DCN.

Section	Field	Value
Contractor	ID	AAAAA
	Name	AAAAAAAAAAAA
User	ID	AAAAA
	Name	AAAAAAAAAAAA
	Phone	000-000-0000
Beneficiary	HICN	AAAAAAAAA
	SSN	000-00-0000
	Name	FIRST LAST
	Address	AAAAAAAAAAAA
DCN	City, State	AAAAAAAAAAAA
	Zip	00000-0000
	Sex	
	DOB	00/00/0000

After all relevant fields have been entered, click [**Continue**] to go to the Summary page, or select a page link from the left side bar.

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Prescription Drug Inquiry, Prescription Coverage Information Page Description

<i>Prescription Drug Inquiry, Prescription Coverage Page</i>	
Field Name	Description
INSURANCE COMPANY NAME	Name of insurance carrier for drug coverage.
ADDRESS LINE 1	First Line of insurance carrier's street address.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with insurance carrier's street address.
STATE	State associated with insurance carrier's street address.
ZIP	Zip code associated with insurance carrier's street address.
PHONE	Phone Number of insurance carrier.
EFFECTIVE DATE	Effective date of drug coverage. <i>Required field.</i> Note: EFFECTIVE DATE cannot be the same as TERMINATION DATE.
TERMINATION DATE	Termination date of drug coverage. TERMINATION DATE can be all zeroes for open ended coverage. Notes: TERMINATION DATE cannot be the same as EFFECTIVE DATE. An open-ended TERMINATION DATE is automatically populated when COVERAGE TYPE is U.
RECORD TYPE	Prescription Drug Record Type. Valid values are: PRI Primary SUP Supplemental Note: Record Type must be SUP when Supplemental Type is L.
COVERAGE TYPE	Prescription Drug Coverage type of insurance. Valid values are: U Drug Network V Drug Non-network Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums) <i>Required field</i>
BIN	Prescription Drug BIN number. Must be six numeric characters. <i>Required field</i> if COVERAGE TYPE is U.
PCN	Prescription Drug PCN number. Must not contain special characters. <i>Required field</i> if COVERAGE TYPE is U.
POLICY NUMBER	Policy number of insurance coverage.
GROUP	Prescription Drug group number. Must not contain special characters. <i>Required field</i> when COVERAGE TYPE is U.

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<i>Prescription Drug Inquiry, Prescription Coverage Page</i>	
Field Name	Description
ID	Prescription Drug ID number. Must not contain special characters. <i>Required field</i> if COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	Prescription Drug policy type. Valid values are: L Supplemental M Medigap N Non-qualified State Program O Other P PAP R Charity T Federal Government Programs 1 Medicaid 2 Tricare 3 Major Medical
PERSON CODE	Plan-specific Person Code. <i>Required field</i> when RECORD TYPE is Supplemental or RECORD TYPE is blank and SUPPLEMENTAL TYPE is L. Values are: 001 Self 002 Spouse 003 Other
Page Navigation	Description
CONTINUE	Click [Continue] to go to the Summary page.
CANCEL	Click [Cancel] to return to the Main Menu.

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Summary Page

The Summary page displays a summary of all information entered for the Prescription Drug inquiry before submission.

After typing/selecting data in all relevant fields on the previous Prescription Drug Inquiry pages, review the Summary page and click [**Submit**]. The system displays the Submit Confirmation page. At this point the assistance request is submitted and you can print the confirmation page.



Prescription Drug Inquiry, Summary Page Description

<i>Prescription Drug Inquiry, Summary Page</i>	
For information about this section...	See this page...
INITIAL INFORMATION	110
ADDITIONAL INFORMATION	115
PRESCRIPTION COVERAGE	119
Page Navigation	Description
SUBMIT	Click [Submit] to go to the Submit Confirmation page.
CANCEL	Click [Cancel] to return to the Main Menu.

Viewing, Updating, and Deleting Prescription Drug Inquiries

There are two ways to access Prescription Drug Inquiries:

From an MSP Inquiry

This option allows you to see Prescription Drug information associated with an MSP Inquiry.

1. From the Main Menu, click [**MSP Inquiries**] under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click [**Search**].
2. Follow instructions for Viewing, Updating and Deleting MSP Inquiries on page 76.

From the Main Menu

This option allows you to see Prescription Drug information independent of a MSP inquiry. Follow the steps on the next page to view, update, and delete Prescription Drug inquiries from the Main Menu.

Tracking Prescription Drug Inquiries

When Prescription Drug information is entered in conjunction with an MSP inquiry, no additional tracking of status and reason is performed on the Prescription Drug information. Status and reason codes are tracked on the MSP inquiry only.

When Prescription Drug information is entered as a stand-alone inquiry, the following status/reason code combinations are used to track the inquiry:

- NW01 Not yet read by COB
- DE01 Deleted by Medicare Contractor
- CM15 Update Sent to MBD
- CM53 Duplicate ECRS Request
- CM60 Invalid HICN
- CM92 Change of Venue not allowed after 90 days

Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.

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Follow the steps below to search for and display a list of Prescription Drug Inquiry transactions.

Note: You can only update or delete Prescription Drug Inquiry transactions in NW status. Any user with the same contractor number can update or delete a transaction in NW status. However, if the COB system has started processing the information you cannot request an update or delete.

From the Main Menu page, click [**Prescription Drug Inquiries**] under Search for Requests or Inquiries. The Prescription Drug Inquiry Search page displays, as shown in the example below.


Prescription Drug Inquiry, Search Page Description

<i>Prescription Drug Inquiry, Search Page Criteria</i>		
Field Name	Description	
CONTRACTOR #	If you are a...	
	Medicare contractor	Pre-filled with the Contractor Number entered during Contractor Sign In. (<i>protected field</i>)
	Region Office or CMS user	Pre-filled with the CMS ID/RO Number entered during Contractor Sign In. This field is updateable with any Medicare Contractor Number, but only the CMS ID/RO Number entered during Contractor Sign-In can be used.
HICN	Enter a Health Insurance Claim Number to search by. Note: If searching by HICN, do not enter an SSN or DCN.	
SSN	Enter a Social Security Number to search by. Note: If searching by SSN, do not enter a HICN or DCN.	

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Prescription Drug Inquiry, Search Page Criteria	
Field Name	Description
STATUS	Enter a Status code to search by. To view all in-process Prescription Drug Inquiry transactions, select IP in the STATUS field.
REASON	Select a Reason code to search by. (See Appendix E for the complete list of codes.)
USER ID	Enter a User ID to search by.
ORIGIN DATE FROM	Enter a starting date to search by of date range entered as search criteria, if applicable. This field is updateable; enter a different From date in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date to search by. Note: The dates in the ORIGIN DATE FROM and TO fields default to the date 31 calendar days prior to the current date and the current date but can be changed to any calendar day range, as long as it is not more than 31 days.
DCN	Enter a Document Control Number to search by. Note: If searching by DCN, do not enter a HICN or SSN.
Prescription Drug Inquiry, Search Page Listing	
Field Name	Field Name
HICN	Health Insurance Claim Number for Prescription Drug Inquiry transaction. <i>(protected field)</i>
CONTRACTOR	Contractor number. <i>(protected field)</i>
DCN	Document Control Number assigned to Prescription Drug Inquiry transaction by Medicare contractor. <i>(protected field)</i>
STATUS	Status of Prescription Drug Inquiry transaction. <i>(protected field)</i>
REASON	Reason of Prescription Drug Inquiry transaction. <i>(protected field)</i>
ORIGIN DATE	Originating date in MM-DD-CCYY format. <i>(protected field)</i>
LAST UPDATE	Date Prescription Drug Inquiry transaction was last changed in MMDDCCYY format. <i>(protected field)</i>
USER ID	User ID of operator who entered Prescription Drug Inquiry transaction. <i>(protected field)</i>
Navigation	Description
SUBMIT	Click [Submit] to display search results.
RESET	Click [Reset] to clear search results.
CANCEL	Click [Cancel] to return to the Main Menu.

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<i>Prescription Drug Inquiry, Search Page Criteria</i>	
Field Name	Description
Delete	Click [] to mark a transaction for deletion.
Transaction Summary	Click [HICN] link to view the Summary page.

View Transactions

1. Type search criteria in the appropriate fields and click [**Submit**].

Notes:

- To create a list of all Prescription Drug Inquiries for a specific HICN, type the HICN in the search criteria and leave the CONTRACTOR NUMBER field blank.
- When searching by Origin Date, User ID, Status, and/or Reason, you must also enter a DCN, HICN, SSN or Contractor Number.

2. The system displays a list of Prescription Drug Inquiries, as shown in the example below.

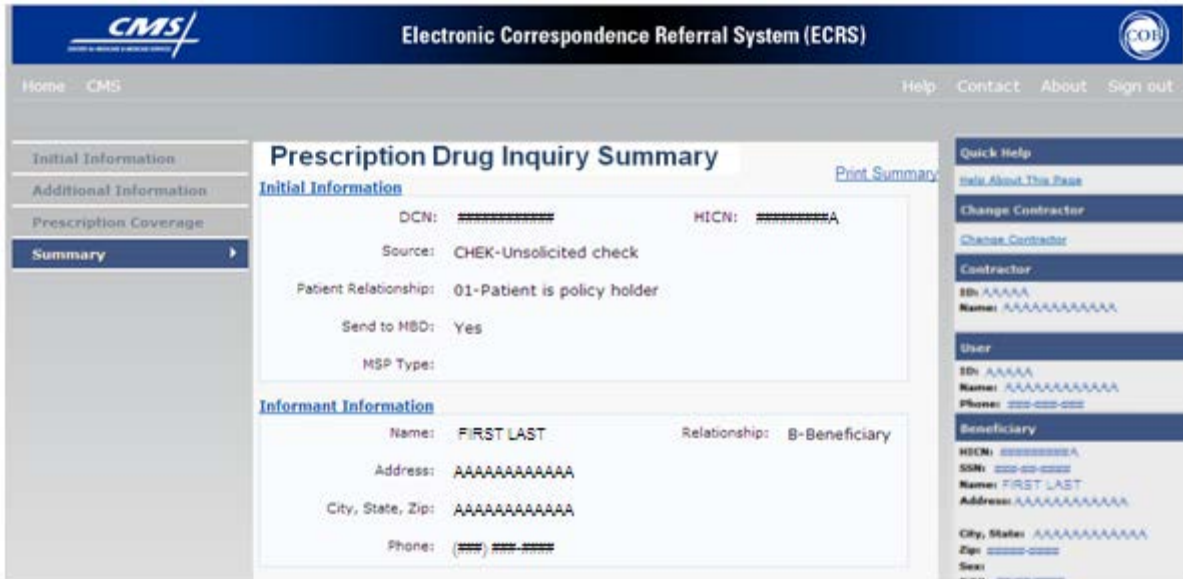
Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
Delete	#####A	00131	#####	CM	15	01/01/2010	01/05/2010	AAAAAAA
Delete	#####A	00131	#####	IP	02	05/01/2010	05/01/2010	AAAAAAA

3. There are 20 items per page; use the First/Prev and Next/Last navigation at the top of the list to view other transactions on other pages.
4. Change or delete search criteria to initiate a new search.

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Update Transactions

To update information on a Prescription Drug Inquiry transaction, click the **[HICN]** link for the transaction and the system displays the Summary page for the selected transaction, along with page links to the information, to allow for updates.



Prescription Drug Inquiry, Summary Page Description


<i>Prescription Drug Inquiry, Search Summary Page</i>	
Field Name	Description
INITIAL INFORMATION	110
ADDITIONAL INFORMATION	115
PRESCRIPTION COVERAGE	119
COB RESPONSE INFORMATION	Displays for records that are not in NW status. See below for more information.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response

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<i>Prescription Drug Inquiry, Search Summary Page</i>	
Field Name	Description
DEVELOPED TO (INITIAL)	Development Source indicating where initial development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development Source indicating where subsequent development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
Transaction Navigation	Description
RETURN	Click [Return] to return to CWF Assistance Request Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Click [Submit] to save updates. Displays for records in NW status.
CANCEL	Click [Cancel] to return to the Search Page Listing without making any updates to the transaction. Displays for records in NW status.

To leave the Summary page without making any changes, click [**Cancel**] or [**Return**] to return to the Search Page Listing. If you do need to update the transaction, access the appropriate page and navigate back to the Summary page. After you have made all updates, click [**Submit**] to confirm updates, or [**Cancel**] to return to the Prescription Drug Inquiry Search Page Listing.

Delete Transactions

To mark a Prescription Drug Inquiry transaction for deletion, click the [] link next to the HICN and when presented with the Confirmation page, confirm by clicking [**Continue**], or decline by clicking [**Cancel**]. To exit the Prescription Drug Inquiry Search page, click [**Home**] to return to the Main Menu. The system does not retain search criteria.

Chapter 6: Reports

This chapter provides you with step-by-step instructions for viewing Workload Tracking Reports *and the QASP Report*. Examples and explanations are provided for each page in ECRS. The Contractor Workload Tracking Report displays information for Medicare contractors; the CMS Workload Tracking Report *and QASP Report* are only viewable by RO and CMS users.

The pages in this chapter are representative of the actual pages within ECRS Web. The data will not be the same; the web page layout will be very similar, if not exactly the same.

Use the chart below or the *Table of Contents* to locate the tasks in the chapter.

For information about this task...	See this page...
Review Contractor Workload Tracking Report	128
Review CMS Workload Tracking Report	133
<i>Review QASP Report</i>	<i>136</i>

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
Reports	
Workload Tracking (for Medicare Contractors)	128
Workload Tracking (for CMS and RO Users)	133
<i>Quality Assurance Surveillance (QASP) Report for CMS and RO Users</i>	<i>136</i>

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Navigation Links

The following links display on *all reports*:

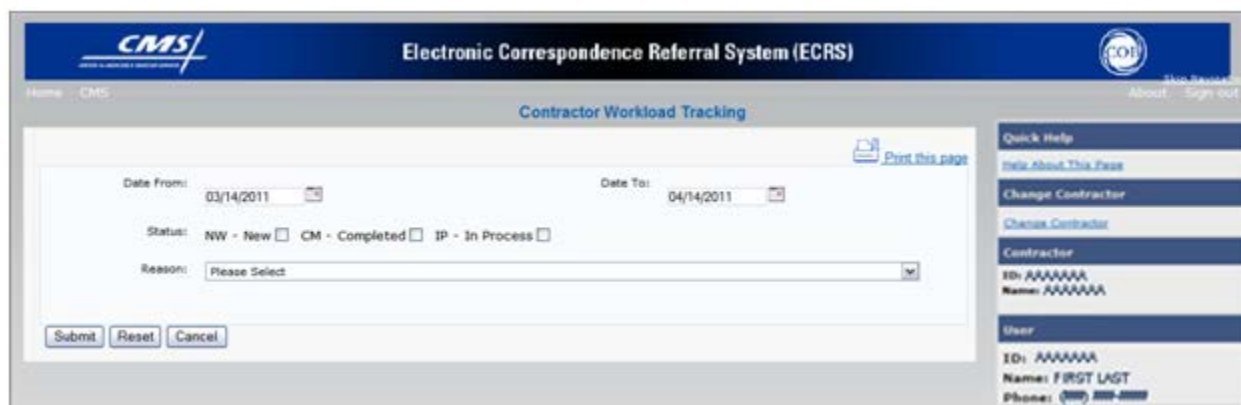
<i>Reports</i>	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>

Contractor Workload Tracking Report

The Contractor Workload Tracking report provides Medicare Contractors with statistics on the number of CWF Assistance Requests, MSP inquiries, *Prescription Drug Assistance Requests*, and Prescription Drug inquiries that your contractor site submitted during a date range you specify. Statistics also include the number of CWF Assistance Requests, MSP inquiries, *Prescription Drug Assistance Requests*, and Prescription Drug inquiries that were rejected, as well as gross and net totals. The report is sorted by activity code.

Follow the steps below to review the workload for your contractor site.

1. From the Main Menu, click the [**Contractor Workload Tracking**] link in the Reports section. The system displays the Workload Tracking page, as shown in the example below.



Contractor Workload Tracking Report Description

Contractor Workload Tracking Report	
Field Name	Description
Workload Tracking Report Selection Criteria	
DATE FROM	Enter a start date for the reporting period. Defaults to first day of previous month.
DATE TO	Enter an end date for the reporting period. Defaults to last day of previous month.
STATUS	Select a status to search by.
REASON	Select a Reason code from the dropdown list. (See Appendix E for the complete list of codes.)
Workload Tracking Report Detail	
CONTRACTOR	Contractor Number associated with the request or inquiry.

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Contractor Workload Tracking Report	
Field Name	Description
AC	Activity code (<i>protected field</i>) Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
CWF ASSISTANCE REQUESTS	Number of CWF Assistance Requests submitted by contractor for each activity code (<i>protected field</i>)
MSP INQUIRIES	Number of MSP Inquiries submitted by contractor for each activity code (<i>protected field</i>)
<i>PC ASSIST REQUESTS</i>	<i>Number of Prescription Drug Assistance Requests submitted by contractor for each activity code (protected field)</i>
PC INQUIRIES	Number of Prescription Drug Inquiries submitted by contractor for each activity code (<i>protected field</i>)
<i>GROSS TOTAL</i>	<i>Total number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries submitted by contractor for each activity code, including duplicates (protected field)</i>
CWF REJECTS	Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) (<i>protected field</i>)
MSP REJECTS	Number of duplicate MSP Inquiries submitted by contractor for each activity code (CM53), combined with number of MSP Inquiries submitted by contractor that should have been a CWF Assistance Request (CM87) (<i>protected field</i>)
<i>PC ASSIST REJECTS</i>	<i>Number of duplicate Prescription Drug Assistance Requests submitted by contractor for each activity code (CM53) (protected field)</i>
PC REJECTS	Number of duplicate Prescription Drug inquiries submitted by contractor for each activity code (<i>protected field</i>)
<i>NET TOTAL</i>	<i>Total number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries submitted by contractor for each activity code, excluding duplicates (protected field)</i>
Page Navigation	Description
PRINT REPORT/PRINT THIS PAGE	Click to launch the Print dialog box.
EXPORT DATA/EXPORT OPTIONS	Click to launch the File Save dialog box.
SEARCH	Click [Submit] to create the report using the selected criteria.
RESET	Click [Reset] clear search criteria and results.

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Contractor Workload Tracking Report	
Field Name	Description
CANCEL	Click [Cancel] to go to the Main Menu.

2. Enter the desired criteria in the search fields and click [**Submit**].
3. The system re-displays the Contractor Workload Tracking page, with report details displayed at the bottom of the page, as shown in the following example.

Date From:
Date To:
[Print Report](#) [Export Data](#)

Status: NW - New CM - Completed IP - In Process

Reason:

Contractor	AC	CWF Assist Requests	MSP Inquiries	PC Assist Requests	PC Inquiries	Gross Total	CWF Rejects	MSP Rejects	PC Assist Rejects	PC Rejects	Net Total
*****	C	2,579	240	0	0	2,819	0	0	0	0	2,819
*****	D	415	723	0	0	432	1	1	0	0	430
*****	G	77	17	0	0	119	0	0	0	0	119
*****	I	119	455	0	0	574	52	52	0	0	470
*****	N	3,661	4,571	0	0	8,232	1	8	0	0	8,223

4. Print the report by clicking the [**Print This Page**] link or export the report to a file by clicking the [**Export Data**] link.
5. Change the search criteria and click [**Submit**] to re-create the report using the revised criteria. Click [**Reset**] to clear all search criteria.
6. To exit the Contractor Workload Tracking web page, click the [**Home**] link in the upper navigation bar. This returns you to the Main Menu.

CMS Workload Tracking Report

The CMS Workload Tracking report provides CMS and RO users with statistics on the number of CWF Assistance Requests, MSP inquiries, *Prescription Drug Assistance Requests*, and Prescription Drug inquiries that contractor sites submitted during a date range you specify. Statistics also include information about the number of CWF Assistance Requests, MSP inquiries, *Prescription Drug Assistance Requests*, and Prescription Drug inquiries that were rejected, as well as gross and net totals. The report is sorted by activity code.

Follow the steps below to review the workload for selected contractor sites.

1. From the Main Menu, click the [CMS Workload Tracking] link in the Reports section. The system displays the CMS Workload Tracking page, as shown in the example below.



CMS Workload Tracking Report Description

CMS Workload Tracking Report	
Field Name	Description
Workload Tracking Report Selection Criteria	
DATE FROM	Enter a start date for the reporting period. Defaults to first day of previous month.
DATE TO	Enter an end date for the reporting period. Defaults to last day of previous month.
STATUS	Select a status to search by.
REASON	Select a reason code from the dropdown list. (See Appendix E for the complete list of codes.)
CONTRACTOR ID	Enter a contractor number to display CMS workload statistics for. Leave the field blank to display results for all contractors.
Workload Tracking Report Detail	

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<i>CMS Workload Tracking Report</i>	
Field Name	Description
CONTRACTOR	Unique five-digit contractor numbers assigned to Medicare contractors by CMS. Used to identify the Medicare contractors.
ACTIVITY CODE	Activity code (protected field) Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquiries N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
CWF ASSISTANCE REQUESTS	Number of CWF Assistance Requests submitted by contractor for each activity code (protected field)
MSP INQUIRIES	Number of MSP Inquiries submitted by contractor for each activity code (protected field)
PC ASSIST REQUESTS	Number of Prescription Drug Assistance Requests submitted by contractor for each activity code (protected field)
PC INQUIRIES	Number of Prescription Drug Inquiries submitted by contractor for each activity code (protected field)
GROSS TOTAL	Total number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries submitted by contractor for each activity code, including duplicates (protected field)
CWF REJECTS	Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) (protected field)
MSP REJECTS	Number of duplicate MSP Inquiries submitted by contractor for each activity code (CM53), combined with number of MSP Inquiries submitted by contractor that should have been a CWF Assistance Request (CM87) (protected field)
PC ASSIST REJECTS	Number of duplicate Prescription Drug Assistance Requests submitted by contractor for each activity code (CM53) (protected field)
PC REJECTS	Number of duplicate Prescription Drug inquiries submitted by contractor for each activity code (protected field)
NET TOTAL	Total number of CWF Assistance Requests, MSP Inquiries, Prescription Drug Assistance Requests, and Prescription Drug Inquiries submitted by contractor for each activity code, excluding duplicates (protected field)
PRINT REPORT/PRINT THIS PAGE	Click to launch the Print dialog box.
EXPORT DATA/EXPORT OPTIONS	Click to launch the File Save dialog box.
SUBMIT	Click [Submit] to create the report using the selected criteria.

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CMS Workload Tracking Report	
Field Name	Description
RESET	Click [Reset] clear search criteria and results.
CANCEL	Click [Cancel] to return to the Main Menu.

2. Enter the desired criteria in the search fields and click **[Submit]**.
3. The system re-displays the CMS Workload Tracking page, with report details displayed at the bottom of the page, as shown in the following example.

Contractor	AC	CWF Assist Requests	MSP Inquiries	PC Assist Requests	PC Inquiries	Gross Total	CWF Rejects	MSP Rejects	PC Assist Rejects	PC Rejects	Net Total
*****	N	0	0	0	2	2	0	0	0	0	2
*****	G	0	723	0	0	723	630	630	0	0	537
*****	G	0	1	0	0	1	0	0	0	0	1
*****	O	29	0	0	0	29	0	0	0	0	29
*****	I	1	0	0	0	1	0	0	0	0	1
*****	O	47	0	0	0	47	0	0	0	0	47
*****	G	418	0	0	0	418	0	0	0	0	418
*****	C	3	0	0	0	3	0	0	0	0	3
*****	I	4	0	0	0	4	0	0	0	0	4
*****	I	5	0	0	0	5	0	0	0	0	5

4. Print the report by clicking the **[Print This Page]** link or export the report to a file by clicking the **[Export Data]** link.
5. Change the search criteria and click **[Submit]** to re-create the report using the revised criteria. Click **[Reset]** to clear all search criteria.
6. To exit the CMS Workload Tracking web page, click the **[Home]** link in the upper navigation bar. This returns you to the Main Menu.

QASP Report

The Quality Assurance Surveillance Plan (QASP) report provides CMS and RO users with statistics on the number of ECRS Inquiries and Assistance Requests that contractor sites submitted during a date range you specify. The report is sorted by contractor number.

Note: Search results are limited to 3000 transactions, sorted by the most recent Origination Date. If more than 3000 transactions are returned, revise your search criteria.

Follow the steps below to review ECRS Inquiry and Assistance Request statistics for selected contractor sites.

1. From the Main Menu, click the [Quality Assurance Surveillance Plan (QASP) Report] link in the Reports section. The system displays the QASP page, as shown in the example below.

The screenshot shows the ECRS web interface for the QASP Report. The header includes the CMS logo and the title 'Electronic Correspondence Referral System (ECRS)'. The main content area contains a search form with the following fields: 'Transaction Type' (dropdown menu), 'Source Codes' (dropdown menu), 'Contractor #' (multiple input boxes), 'Origin Date From' (text input), and 'Origin Date To' (text input). Below the form are 'Submit', 'Reset', and 'Cancel' buttons. On the right side, there is a sidebar with 'Quick Help' (link), 'Change Contractor' (button), and 'Contractor' information (ID, Name, User, ID, Name, Phone).

QASP Report Description

QASP Report	
Field Name	Description
QASP Report Selection Criteria	
TRANSACTION TYPE	<p>Select a transaction type. Options are:</p> <p>M MSP Inquiry</p> <p>R CWF Assistance Request</p> <p>P Prescription Drug Inquiries</p> <p>D Prescription Drug Assistance Requests</p> <p>To search by all transaction types, leave this field blank.</p>

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QASP Report	
Field Name	Description
<i>SOURCE CODES</i>	<p>Select a source. Options are:</p> <p><i>CHEK</i> <i>LTRR</i> <i>SCLM</i> <i>SRVY</i></p> <p>To search by all source codes, leave this field blank.</p>
<i>ORIGIN DATE FROM</i>	Enter a start date for the reporting period. Defaults to the first day of the previous month.
<i>ORIGIN DATE TO</i>	<p>Enter an end date for the reporting period. Defaults to last day of previous month.</p> <p>The origination date range cannot be greater than 6 months.</p>
<i>CONTRACTOR #</i>	<p>Enter a contractor number to display CMS workload statistics for. Leave the field blank to display results for all contractors.</p> <p>Enter at least one, but no greater than 10, contractor numbers.</p>
QASP Report Detail	
<i>CONTRACTOR</i>	Unique five-digit contractor numbers assigned to Medicare contractors by CMS. Used to identify Medicare contractors.
<i>HICN</i>	Health Insurance Claim Number of the beneficiary associated with the record or transaction.
<i>BENEFICIARY NAME</i>	Name of the beneficiary associated with the record or transaction.
<i>TRANSACTION TYPE</i>	Type of record or transaction.
<i>SOURCE CODE</i>	Source of the record or transaction.
<i>DATE</i>	Origination date of the record or transaction.
Page Navigation	Description
<i>EXPORT DATA</i>	Click to launch the File Save dialog box.
<i>SUBMIT</i>	Click [Submit] to create the report using the selected criteria.
<i>RESET</i>	Click [Reset] clear search criteria and results.
<i>CANCEL</i>	Click [Cancel] to return to the Main Menu.

2. Enter the desired criteria in the search fields and click [**Submit**].
3. The system re-displays the QASP Report page, with report details displayed at the bottom of the page, as shown in the following example.

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Transaction Type: Origin Date From:

Source Codes: Origin Date To:

Contractor #:

2 items found, displaying all items.

Contractor	HICN	Beneficiary Name	Transaction Type	Source Code	Date
*****	*****A	FIRST M LAST	Prescription Drug Assistance Request	SCLM	01/05/2010
*****	*****A	FIRST M LAST	MSP Inquiry	CHEK	02/01/2010

Export options: CSV

- 4 *Export the report to a file by clicking the **[Export Data]** link.*
- 5 *Change the search criteria and click **[Submit]** to re-create the report using the revised criteria. Click **[Reset]** to clear all search criteria.*
- 6 *To exit the QASP Report page, click the **[Home]** link in the upper navigation bar. This returns you to the Main Menu.*

Chapter 7: Uploading & Downloading Files

Users with upload and download authority will see [**Upload File**] and [**Download Response File**] links on the Main Menu. Most users have upload/download authority for a single Medicare Contractor, but some users have the authority to upload and download files for multiple contractors. Users with upload/download authority for multiple contractors must have upload/download authority for each contractor on the file. See *Appendix G* for transaction file and response file layouts.

Note: The file layouts included in this manual should be utilized for all transmission methods other than direct data entry.

The authority for users to upload and download Assistance Request and Inquiry files resides in the COBC EDI application. Before users can upload Assistance Request and Inquiry files (or download the corresponding response files), they must first be granted permission in the EDI application. To request permission for Upload/Download authority, contact your COBC EDI Representative or call the COBC EDI Department at 646-458-6740.

Use the chart below or the *Table of Contents* to locate the tasks in the chapter.

For information about this task...	See this page...
Upload batch file transactions	139
Download Response Files	143

Use the chart below or the *Table of Contents* to locate the web pages in this chapter. Web pages are listed in the order they appear on the Main Menu page.

For information about this web page...	See this page...
Files	
Upload File	139
Download Response File	143

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Navigation Links

The following links appear on the Upload File and Download Response File pages.

<i>File Upload & Download Response Files Pages</i>	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Right Side Bar Navigation	
QUICK HELP	Click [Help About This Page] to display helpful information for completing the page.
CHANGE CONTRACTOR	Click [Change Contractor] to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor.
Contractor	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. <i>(protected field)</i>
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. <i>(protected field)</i>
User	Description
ID	User ID of person logged in. <i>(protected field)</i>
NAME	Name of person associated with User ID. <i>(protected field)</i>
PHONE	Phone number associated with the User ID. <i>(protected field)</i>

Upload Assistance Request and Inquiry Files

Use the [Upload File] link under the Files section on the Main Menu to access the Upload File page. The Upload File page allows you to browse, select, and upload transaction files stored on your system. In addition to allowing a user to upload a new file, the Upload File page also displays a listing of the ten most-recently uploaded files.

Follow the steps below to upload Assistance Request and Inquiry files.

1. From the Main Menu, click the [Upload File] link in the Files section.
2. The system displays the Upload File page, as shown in the example below.



File Upload Page Description

File Upload Page	
Input Field Name	Description
FILE TO UPLOAD	File path of the file to upload to the ECRS system.
Files Previously Uploaded	
FILE NAME	File name of previously uploaded file.
UPLOAD DATE	Date the file was uploaded.
USER ID	User ID of the person who uploaded the file.
Page Navigation	Description

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<i>File Upload Page</i>	
Input Field Name	Description
BROWSE	Click [Browse] to launch the Choose File dialog box.
CONTINUE	Click [Continue] to upload the file entered in the 'File to Upload' field.
CANCEL	Click [Cancel] to return to the Main Menu.

3. Enter the file path in the FILE TO UPLOAD field; or click the [**Browse**] button and select the file to upload.
4. Click [**Continue**].
5. The system uploads the file and displays the Upload File Confirmation page. The page contains the file name and date/time of the upload.
6. Print the Confirmation page by clicking the [**Print Confirmation**] link, or return to the Main Menu by clicking the [**Home**] link in the navigation bar at the top of the page.

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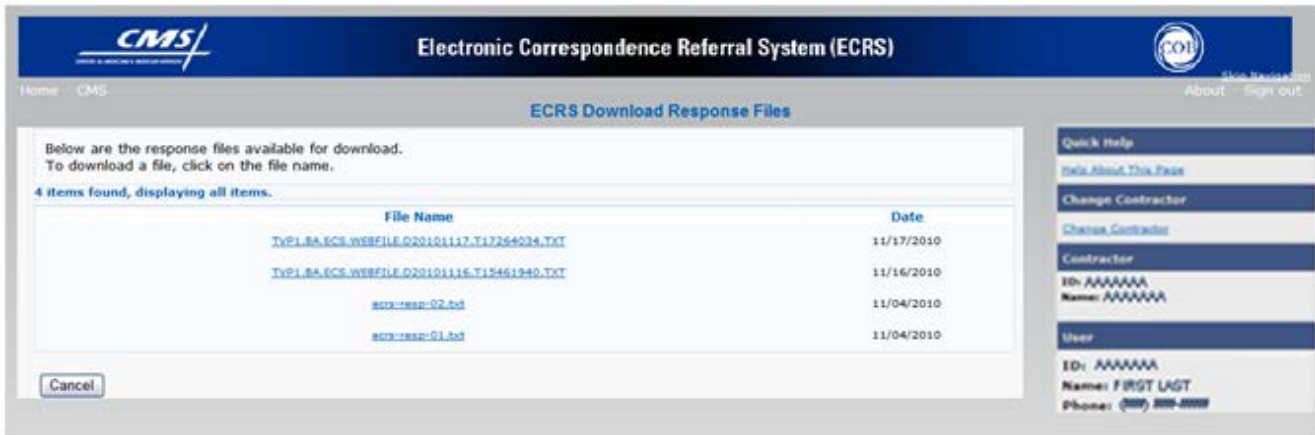
Download Assistance Request and Inquiry Response Files

Use the [**Download Response File**] link under the Files section on the Main Menu to access the Download Response File page. The Download Response File page displays a list of response files available for download. . Users with upload/download authority for several contractors can only download files for the current contractor. Use the [**Change Contractor**] link on the right navigation menu to select a different contractor to download for.

Note: Only transactions that have been uploaded using ECRS Web will have response files available for download.

Follow the steps below to Download Assistance Request and Inquiry Response files.

1. From the Main Menu, click the [**Download Response File**] link in the Files section.
2. The system displays the Download Response Files page, as shown in the example below.



Download Response Files Page Description

<i>Download Response Files Page</i>	
Display Field Name	Description
FILE NAME	List of response files available for download.
DATE	Date the response files were processed.
Page Navigation	Description
File Name Link	Click the individual file name to download the response file.
CANCEL	Click [Cancel] to return to the Main Menu.

Appendix A: CWF Assistance Request Required Data Reference

For information on how to use the Required Data Reference tables, see page 3.

CWF Assistance Request Required Data Table		
Field	Required?	Notes
Action Requested Page		
DCN	Y	
HICN	Y	
ACTIVITY CODE	Y	
ACTION(S)	Y	
SOURCE	Y	
IMPORT HIMR MSP DATA	Y	
CWF Auxiliary Record Data Page		
MSP TYPE	Y	
<i>NEW MSP TYPE</i>	<i>Y</i>	<i>Required when ACTION CODE is MT.</i>
PATIENT RELATIONSHIP	Y	
<i>NEW PATIENT RELATIONSHIP</i>	<i>Y</i>	<i>Required when ACTION CODE is PR.</i>
AUXILIARY RECORD #	Y	Part D contractors must enter 001 when the Auxiliary Record Number is unknown.
ORIGINATING CONTRACTOR	Y	
EFFECTIVE DATE	Y	
<i>NEW EFFECTIVE DATE</i>	<i>Y</i>	<i>Required when ACTION CODE is ED.</i>
TERMINATION DATE	Y	Required when Action Code is TD or CT.
ACCRETION DATE	N	
Informant Information Page		
FIRST NAME	Y	<ul style="list-style-type: none"> Required for all Action Codes when Source Code is Check, Letter, or Phone. Required for all Source Codes when Action Code is AI.
MIDDLE INITITAL	N	
LAST NAME	Y	<ul style="list-style-type: none"> Required for all Action Codes when Source Code is Check, Letter, or Phone. Required for all Source Codes when Action Code is AI.

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CWF Assistance Request Required Data Table		
Field	Required?	Notes
ADDRESS	Y	<ul style="list-style-type: none"> • Required for all Action Codes when Source Code is Check, Letter, or Phone. • Required for all Source Codes when Action Code is AI.
CITY	Y	<ul style="list-style-type: none"> • Required for all Action Codes when Source Code is Check, Letter, or Phone. • Required for all Source Codes when Action Code is AI.
STATE	Y	<ul style="list-style-type: none"> • Required for all Action Codes when Source Code is Check, Letter, or Phone. • Required for all Source Codes when Action Code is AI.
ZIP	Y	<ul style="list-style-type: none"> • Required for all Action Codes when Source Code is Check, Letter, or Phone. • Required for all Source Codes when Action Code is AI.
PHONE	N	
RELATIONSHIP	Y	<ul style="list-style-type: none"> • Required for all Action Codes when Source Code is Check, Letter, or Phone. • Must be A when Action Code is AI.
Insurance Information Page		
INSURANCE COMPANY NAME	Y	Required for all Source Codes when Action Code is II. Note: ECRS Web deletes all information entered in subsequent fields if this field is left blank and the Action Code is II.
ADDRESS	N	
CITY	N	
STATE	N	
ZIP	N	
PHONE	N	
INSURANCE TYPE	Y	Required for all Source Codes when Action Code is AI or IT.
<i>NEW INSURANCE TYPE</i>	<i>Y</i>	<i>Required when Action Code is IT.</i>
POLICY NUMBER	Y	Required when the Action Code is AP and the MSP Type is not D, E, L, or W. Note: If the Policy Number is entered, the Group Number is not required.

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CWF Assistance Request Required Data Table		
Field	Required?	Notes
GROUP NUMBER	Y	<ul style="list-style-type: none"> • Required when the Action Code is CD and the MSP Type is D, E, L, or W. • Required when the Action Code is AP and the MSP Type is not D, E, L, or W. <p>Note: If the Group Number is entered, the Policy Number is not required.</p>
SUBSCRIBER FIRST NAME	N	
SUBSCRIBER MIDDLE INITIAL	N	
SUBSCRIBER LAST NAME	N	
Employment Information Page		
EMPLOYER NAME	Y	Required when the Action Code is EA or EI.
ADDRESS	Y	Required when the Action Code is EI.
ADDRESS 2	N	
CITY	Y	Required when the Action Code is EI.
STATE	Y	Required when the Action Code is EI.
ZIP	Y	Required when the Action Code is EI.
PHONE	N	
EIN	N	
EMPLOYEE #	N	
Additional Information Page		
CHECK NUMBER	Y	Required when Source Code is Check.
CHECK DATE	Y	Required when Source Code is Check.
CHECK AMOUNT	Y	Required when Source Code is Check.
PRE-PAID HEALTH PLAN DATE	Y	Required when Action Code is PH.
SOCIAL SECURITY NUMBER	Y	Required when Action Code is MX.
DIAGNOSIS CODES	Y	<ul style="list-style-type: none"> • Required when Action Code is DX. • Required when MSP Type is D, E, or L.
Comments/Remarks Page		
COMMENTS	N	
REMARKS	Y	Required when Action Code is AR.

Appendix B: MSP Inquiry Required Data Reference

For information on how to use the Required Data Reference tables, see page 3.

MSP Inquiry Required Data Table		
Field	Required?	Notes
Action Requested Page		
DCN	Y	
HICN	Y	
ACTIVITY CODE	Y	
ACTION	N	
SOURCE	Y	
MSP Information Page		
MSP TYPE	Y	<ul style="list-style-type: none"> Required for all MSP Inquiry transactions, unless Record Type is Supplemental. (Do not select an MSP Type when Prescription Coverage Record Type will be Supplemental.) Required when Source Code is Phone. Required when Action Code is CA or CL. MSP Type must be D, E, or L when Action Code is CL.
PATIENT RELATIONSHIP	Y	<ul style="list-style-type: none"> Required when Action Code is Blank and MSP Type is F. Required when Action Code is CA and MSP Type is L. Required when Action Code is CL and MSP Type is D, E, or L.
EFFECTIVE DATE	Y	<ul style="list-style-type: none"> Required when Action Code is CA and MSP Type is L Required when Action Code is CL and MSP Type is D, E, or L
TERMINATION DATE	Y	Required when ACTION CODE is CL and MSP TYPE is D, E, or L.
CMS GROUPING CODE	Y	Required when Action Code is CA and MSP Type is L.
DIALYSIS TRAIN DATE	N	
BLACK LUNG BENEFITS	N	
BLACK LUNG EFFECTIVE DATE	N	

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MSP Inquiry Required Data Table		
Field	Required?	Notes
SEND TO CWF	N	
Informant Information Page		
FIRST NAME	Y	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
MIDDLE INITIAL	N	
LAST NAME	Y	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
ADDRESS	Y	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
CITY	Y	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
STATE	Y	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
ZIP	Y	<ul style="list-style-type: none"> • Required when Action Code is CA or CL, unless Insurance Company information will be entered. • Required when Source Code is Check, Letter, or Phone.
PHONE	N	
RELATIONSHIP	Y	<ul style="list-style-type: none"> • Required when Source code is Check, Letter, or Phone. • Must be A if Action Code is CA or CL and informant information is entered.
Insurance Information Page		
INSURANCE COMPANY NAME	Y	Required <u>unless</u> Action Code is blank or DE.
ADDRESS LINE 1	Y	<ul style="list-style-type: none"> • Required when an Insurance Company Name is entered. • Required when Action Code is DI. • Required when Action Code Is CA or CL, unless Informant information was entered.
ADDRESS LINE 2	N	

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MSP Inquiry Required Data Table		
Field	Required?	Notes
CITY	Y	<ul style="list-style-type: none"> • Required when an Insurance Company Name is entered. • Required when Action Code is DI. • Required when Action Code is CA or CL, unless Informant information was entered.
STATE	Y	<ul style="list-style-type: none"> • Required when an Insurance Company Name is entered. • Required when Action Code is DI. • Required when Action Code is CA or CL, unless Informant information was entered.
ZIP	Y	<ul style="list-style-type: none"> • Required when an Insurance Company Name is entered. • Required when Action Code is DI. • Required when Action Code is CA or CL, unless Informant information was entered.
PHONE	N	
INSURANCE TYPE	Y	
POLICY NUMBER	N	
GROUP NUMBER	N	
SUBSCRIBER FIRST NAME	N	
SUBSCRIBER MIDDLE INITIAL	N	
SUBSCRIBER LAST NAME	N	
SUBSCRIBER SSN	N	
Employment Information Page		
EMPLOYER NAME	Y	<ul style="list-style-type: none"> • Required when Action Code is DE. • Required when MSP Type is F and Send To CWF is Yes
ADDRESS	Y	<ul style="list-style-type: none"> • Required when Action Code is DE. • Required when MSP Type is F and Send To CWF is Yes
ADDRESS 2	N	
CITY	Y	<ul style="list-style-type: none"> • Required when Action Code is DE. • Required when MSP Type is F and Send To CWF is Yes
STATE	Y	<ul style="list-style-type: none"> • Required when Action Code is DE. • Required when MSP Type is F and Send To CWF is Yes

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MSP Inquiry Required Data Table		
Field	Required?	Notes
ZIP	Y	<ul style="list-style-type: none"> • Required when Action Code is DE. • Required when MSP Type is F and Send To CWF is Yes
PHONE	N	
EIN	N	
EMPLOYEE #	N	
Additional Information Page		
CHECK NUMBER	Y	Required when Source code is Check.
CHECK AMOUNT	Y	Required when Source code is Check.
CHECK DATE	Y	Required when Source code is Check.
DIAGNOISIS CODES	Y	Required when Action Code is CA or CL.
ILLNESS/INJURY DATE	N	
BENEFICIARY REPRESENTATIVE TYPE	N	
BENEFICIARY REPRESENTATIVE NAME	N	
BENEFICIARY REPRESENTATIVE ADDRESS	N	
BENEFICIARY REPRESENTATIVE CITY	N	
BENEFICIARY REPRESENTATIVE STATE	N	
BENEFICIARY REPRESENTATIVE ZIP	N	
Prescription Coverage Page		
INSURANCE COMPANY NAME	N	
ADDRESS LINE 1	N	
ADDRESS LINE 2	N	
CITY	N	
STATE	N	
ZIP	N	
PHONE	N	
POLICY NUMBER	N	
EFFECTIVE DATE	N	
TERMINATION DATE	N	

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MSP Inquiry Required Data Table		
Field	Required?	Notes
RECORD TYPE	N	
<i>COVERAGE TYPE</i>	<i>Y</i>	
BIN	Y	Required when Coverage Type is U.
PCN	Y	Required when Coverage Type is U.
GROUP	Y	Required when Coverage Type is U.
ID	Y	Required when Coverage Type is U.
SUPPLEMENTAL TYPE	Y	Must be L when RECORD TYPE is Supplemental
PERSON CODE	Y	<ul style="list-style-type: none"> • Required when Record Type is Supplemental. • Required when Supplemental Type is L.

Appendix C: Prescription Drug Assistance Request Required Data Reference

For information on how to use the Required Data Reference tables, see page 3.

Prescription Drug Assistance Request Required Data Table		
Field	Required?	Notes
Action Requested Page		
DCN	Y	
HICN	Y	
ACTIVITY CODE	Y	
ACTION	Y	
SOURCE	Y	
MSP TYPE	Y	Required when ACTION CODE is MT
NEW MSP TYPE	Y	Required when ACTION CODE is MT.
RECORD TYPE	Y	Always required. When ACTION CODE is MT, RECORD TYPE must be Primary.
PATIENT RELATIONSHIP	Y	
NEW PATIENT RELATIONSHIP	Y	Required when ACTION CODE is PR.
PERSON CODE	Y	<ul style="list-style-type: none"> • Required when RECORD TYPE is Supplemental • Required when ACTION CODE is PC
ORIGINATING CONTRACTOR	Y	
EFFECTIVE DATE	Y	
NEW EFFECTIVE DATE	Y	Required when ACTION CODE is ED.
TERMINATION DATE		<ul style="list-style-type: none"> • Required when ACTION CODE is CT • Required when ACTION CODE is TD
REMOVE EXISTING TERMINATION DATE	N	
SUBMITTER TYPE	Y	
Informant Information Page		
FIRST NAME	Y	Required for all Action Codes when Source Code is Check, Letter, or Phone.
MIDDLE INITIAL	N	

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Prescription Drug Assistance Request Required Data Table		
Field	Required?	Notes
<i>LAST NAME</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
<i>ADDRESS</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
<i>CITY</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
<i>STATE</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
<i>ZIP</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
<i>PHONE</i>	<i>N</i>	
<i>RELATIONSHIP</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
Insurance Information Page		
<i>INSURANCE COMPANY NAME</i>	<i>Y</i>	<i>Required for all Source Codes when Action Code is II.</i> <i>Note: ECRS Web deletes all information entered in subsequent fields if this field is left blank and the Action Code is II.</i>
<i>ADDRESS</i>	<i>N</i>	
<i>ADDRESS 2</i>	<i>N</i>	
<i>CITY</i>	<i>N</i>	
<i>STATE</i>	<i>N</i>	
<i>ZIP</i>	<i>N</i>	
<i>PHONE</i>	<i>N</i>	
<i>INSURANCE TYPE</i>	<i>Y</i>	<i>Required when ACTION CODE is IT</i>
<i>NEW INSURANCE TYPE</i>	<i>Y</i>	<i>Required when ACTION CODE is IT</i>
<i>COVERAGE TYPE</i>	<i>Y</i>	
<i>POLICY NUMBER</i>	<i>Y</i>	<i>Required when the Action Code is AP and the MSP Type is <u>not</u> D, E, L, or W.</i> <i>Note: If the Policy Number is entered, the Group Number is not required.</i>

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Prescription Drug Assistance Request Required Data Table		
Field	Required?	Notes
<i>GROUP NUMBER</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Group Number, BIN, or PCN is required when ACTION CODE is CX</i> • <i>Required when ACTION CODE is AP and:</i> <ul style="list-style-type: none"> ○ <i>MSP TYPE is <u>NOT</u> D, E, L, or W, or</i> ○ <i>COVERAGE TYPE is U.</i> <p><i>Note: If the Group Number is entered, the Policy Number is not required.</i></p>
<i>BIN</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when COVERAGE TYPE is U.</i> • <i>Group Number, BIN, or PCN is required when ACTION CODE is CX.</i>
<i>PCN</i>	<i>Y</i>	<ul style="list-style-type: none"> • <i>Required when COVERAGE TYPE is U.</i> • <i>Group Number, BIN, or PCN is required when ACTION CODE is CX.</i>
<i>ID</i>	<i>Y</i>	<i>Required when COVERAGE TYPE is U.</i>
<i>SUPPLEMENTAL TYPE</i>	<i>N</i>	
Employment Information Page		
<i>EMPLOYER NAME</i>	<i>Y</i>	<i>Required when the Action Code is EA or EI.</i>
<i>ADDRESS</i>	<i>Y</i>	<i>Required when the Action Code is EI.</i>
<i>ADDRESS 2</i>	<i>N</i>	
<i>CITY</i>	<i>Y</i>	<i>Required when the Action Code is EI.</i>
<i>STATE</i>	<i>Y</i>	<i>Required when the Action Code is EI.</i>
<i>ZIP</i>	<i>Y</i>	<i>Required when the Action Code is EI.</i>
<i>PHONE</i>	<i>N</i>	
<i>EIN</i>	<i>N</i>	
<i>EMPLOYEE #</i>	<i>N</i>	
Additional Information Page		
<i>CHECK NUMBER</i>	<i>Y</i>	<i>Required when Source Code is Check.</i>
<i>CHECK DATE</i>	<i>Y</i>	<i>Required when Source Code is Check.</i>
<i>CHECK AMOUNT</i>	<i>Y</i>	<i>Required when Source Code is Check.</i>
Comments/Remarks Page		
<i>COMMENTS</i>	<i>N</i>	
<i>REMARKS</i>	<i>N</i>	

Appendix D: Prescription Drug Inquiry Required Data Reference

For information on how to use the Required Data Reference tables, see page 3.

Prescription Drug Inquiry Required Data Table		
Field	Required?	Notes
Initial Information Page		
DCN	Y	
HICN	Y	
ACTIVITY CODE	Y	
SOURCE	Y	
MSP TYPE	Y	
PATIENT RELATIONSHIP	Y	
SEND TO MBD	Y	
SUBMITTER TYPE	Y	
Additional Information Page		
CHECK NUMBER	Y	Required when Source code is Check.
CHECK DATE	Y	Required when Source code is Check.
CHECK AMOUNT	Y	Required when Source code is Check.
INFORMANT FIRST NAME	Y	Required when Source Code is Check, Letter, or Phone.
INFORMANT MIDDLE INITITAL	N	
INFORMANT LAST NAME	Y	Required when Source Code is Check, Letter, or Phone.
INFORMANT ADDRESS	Y	Required when Source Code is Check, Letter, or Phone.
INFORMANT CITY	Y	Required when Source Code is Check, Letter, or Phone.
INFORMANT STATE	Y	Required when Source Code is Check, Letter, or Phone.
INFORMANT ZIP	Y	Required when Source Code is Check, Letter, or Phone.
INFORMANT PHONE	N	
INFORMANT RELATIONSHIP	Y	Required when Source Code is Check, Letter, or Phone.
EMPLOYER NAME	N	
EMPLOYER ADDRESS	N	
EMPLOYER ADDRESS 2	N	
EMPLOYER CITY	N	
EMPLOYER STATE	N	
EMPLOYER ZIP	N	
EMPLOYER PHONE	N	

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Prescription Drug Inquiry Required Data Table		
Field	Required?	Notes
EMPLOYER EIN	N	
EMPLOYER EMPLOYEE #	N	
Prescription Coverage Page		
INSURANCE COMPANY NAME	N	
ADDRESS LINE 1	N	
ADDRESS LINE 2	N	
CITY	N	
STATE	N	
ZIP	N	
PHONE	N	
EFFECTIVE DATE	Y	
TERMINATION DATE	Y	A future Effective Date is automatically populated when the Coverage Type is U.
RECORD TYPE	N	
<i>COVERAGE TYPE</i>	<i>Y</i>	
BIN	Y	Required when Coverage Type is U.
PCN	Y	Required when Coverage Type is U.
POLICY NUMBER	N	
GROUP	Y	Required when Coverage Type is U.
ID	Y	Required when Coverage Type is U.
SUPPLEMENTAL TYPE	N	
PERSON CODE	Y	<ul style="list-style-type: none"> • Required when Record Type is Supplemental • Required when Record Type is Blank and Supplemental Type is L.

Appendix E: Reason Codes

Reason Code	Definition
01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has elected the working aged exception.
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
15	Prescription Drug Information sent to MBD
30	SEE approved Medicare primary
31	CWF will indicate to the contractor the incorrect action code was submitted on the Assistance Request
32	Record terminated/deleted due to OBRA 93
33	WCSA record – request must go to regional office
34	Record is “N” validity – we do not develop for “N” records
36	Policy Holder Retired (G record)
37	Beneficiary verified existing record, no update needed
38	Development in process
45	Insufficient information to process, used with HD status (RAC only)
46	RAC did not update hold records, used with DE status (RAC only)
50	Posted to CWF, response received with no errors, used with CM status
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned–rejected by CWF, used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update

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Reason Code	Definition
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECSR Changed Record Notification screen.)
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (check HIMR or resubmit as assistance request)
88	No update, not lead contractor
91	Duplicate investigation in process
92	Change of Venue not allowed after 90 days
93	No Part D Enrollment found

Appendix F: CWF Remark Codes

Remark Code	Definition
01	Beneficiary retired as of termination date.
02	Beneficiary's employer has less than 20 employees.
03	Beneficiary's employer has less than 100 employees.
04	Beneficiary is dually entitled to Medicare, based on ESRD and Age or ESRD and disability.
05	Beneficiary is not married.
06	The Beneficiary is covered under the group health plan of a family member whose employer has less than 100 employees.
07	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has elected the working aged exception.
08	Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan that has not elected the working aged exception.
09	Beneficiary is self-employed.
10	A family member of the Beneficiary is self-employed.
20	Spouse retired as of termination date.
21	Spouse's employer has less than 20 employees.
22	Spouse's employer has less than 100 employees.
23	Spouse's employer has less than 100 employees but is in a qualifying multiple or multi-employer plan.
24	Spouse's employer has less than 20 employees and is multiple or multi-employer plan that has elected the working aged exception.
25	Spouse's employer has less than 20 employees and is multiple or multi-employer plan that has not elected the working aged exception.
26	Beneficiary's spouse is self-employed.
30	Exhausted benefits under the plan.
31	Preexisting condition exclusions exist.
32	Conditional payment criteria met.
33	Multiple primary payers, Medicare is tertiary payer.
34	Information has been collected indicating that there is not a parallel plan that covers medical services.
35	Information has been collected indicating that there is not a parallel plan that covers hospital services.
36	Denial sent by EGHP, claims paid meeting conditional payment criteria.
37	Beneficiary deceased.
38	Employer certification on file.

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Remark Code	Definition
39	Health plan is in bankruptcy or insolvency proceedings.
40	The termination date is the Beneficiary's retirement date.
41	The termination date is the spouse's retirement date.
42	Potential non-compliance case, Beneficiary enrolled is supplemental plan.
43	GHP coverage is a legitimate supplemental plan.
44	Termination date equals transplant date.
50	Employment related accident.
51	Claim denied by workers comp.
52	Contested denial.
53	Workers compensation settlement funds exhausted.
54	Auto accident - no coverage.
55	Not payable by black lung.
56	Other accident - no liability.
57	Slipped and fell at home.
58	Lawsuit filed - decision pending.
59	Lawsuit filed - settlement received.
60	Medical malpractice lawsuit filed.
61	Product liability lawsuit filed.
62	Request for waiver filed.
70	Data match correction sheet sent.
71	Data match record updated.
72	Vow of Poverty correction.

Appendix G: File Layouts

CWF Assistance Request File Layouts

CWF Assistance Request Header and Trailer Record Layout

<i>CWF Assistance Request Header and Trailer Record Layout</i>				
Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Should be: 'H0'. If not, drop file with error code of HE01
PDP ID	4	Numeric	3-6	'0001', '0002', etc. ID number assigned by COBC. (Previously labeled as "Plan Number"). If not valid plan, drop file with error code of HE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code of HE03.
File Type	3	Alpha	12-14	Valid values: 'CWF' – CWF Assistance Request file If not, drop file with error code of HE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code of HE05.
Submitter Type	1	Alpha-Numeric	23	Part C/D Submitter Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code of HE06.
Filler	1244	Filler	24-1267	Unused Field – fill with spaces
Trailer Indicator	2	Alpha-Numeric	1-2	Should be: 'T0'. If not, drop file with error code of TE01
PDP ID	4	Numeric	3-6	'0001', '0002', etc. ID number assigned by COBC. (Previously labeled as "Plan Number"). If not valid plan, drop file with error code of TE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code of TE03.

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<i>CWF Assistance Request Header and Trailer Record Layout</i>				
Data Field	Length	Type	Displacement	Edits
File Type	3	Alpha-Numeric	12-14	Valid values: 'CWF' – CWF Assistance Request File If not, drop file with error code of TE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code of TE05.
Record Count	9	Numeric	23-31	Number of records on file. If invalid number or number does not match number of records in file, drop file with error code of TE06.
Filler	1236	Filler	32-1267	Unused Field – fill with spaces

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CWF Assistance Request Record Layout

CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1 – 4	Set to 'ECRS' Required
Contractor Number	5	Alpha-Numeric	5-9	Part C/D Plan Contractor number Required
DCN	15	Text	10-24	Document Control Number; assigned by the Part C/D Plan. Required. Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction Type Indicator Set to 'R' for CWF Assistance Requests Required
Trans Seq No	3	Numeric	26-28	Sequence Number assigned by COB. Internal use only. Populate with spaces.
Update Operator ID	8	Alpha-Numeric	29-36	ID of user making update. Not required
Contractor Name	25	Text	37-61	Contractor name Not required
Contractor Phone	10	Numeric	62-71	Contractor Phone Number Not required
Tran Stat Cd	2	Alpha	72-73	Status Code Set to 'NW' for New
Tran Reason Cd	2	Numeric	74-75	Reason Set to '01' for New
Trans Action Code 1	2	Alpha	76-77	Action Code Valid values are: AI = Change Attorney Information AP = Add Policy and/or Group Number AR = Add CWF remark codes CA = CMS Grouping Code CD = Date of Injury/Date of Loss Changes CP = Incorrect ESRD Coordination Period CT = Change termination date DA = Develop to the attorney DD = Develop for the diagnosis code DE = Develop to employer or for employer info DI = Develop to insurer or for insurer info

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				DO = Mark occurrence for deletion DR = Investigate/redevelop closed or deleted record DT = Develop for termination date DX = Change diagnosis codes EA = Change employer address ED = Change effective date EF = Develop for the effective date EI = Change employer information ES = Employer size below minimum (20 for working aged, 100 for disability) II = Change insurer information IT = Change insurer type LR = Add duplicate liability record MT = Change MSP type MX = SSN/HICN mismatch NR = Create duplicate no-fault record PH = Add PHP date PR = Change patient relationship RR = Generate right of recovery lead contractor letter TD = Terminate open EGHP record with date less than six months prior to date of accretion VP = Beneficiary has taken a vow of poverty WN = Notify COBC of Updates to WCMSA Cases Required. Enter up to four action codes unless CWF assistance request is to delete occurrence (DO), redevelop a deleted CWF record (DR), request a right of recovery lead contractor letter (RR), or note a vow of poverty (VP). You cannot combine these four action codes with any other action codes.
Trans Action Code 2	2	Alpha-Numeric	78-79	Action Code 2 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 3	2	Alpha-Numeric	80-81	Action Code 3 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				available.
Trans Action Code 4	2	Alpha-Numeric	82-83	Action Code 4 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Activity Code	1	Alpha	84	Activity of Contractor. Valid values are: C = Claims (Prepayment) – 22001 N = Liability, No-Fault, WC, and FTCA - 42002 G = Group Health Plan – 42003 I = General Inquiry – 42004 D = Debt Collection – 42021 Required.
Develop to	1	Alpha	85	Development source code indicating where development letter was sent. Not required. Populate with spaces if not available.
RSP	1	Alpha	86	Development response indicator. Not required. Populate with spaces if not available.
Trans Source Cd	4	Alpha	87-90	Four-character code identifying source of CWF assistance request information. Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim Required.
HIC Number	12	Alpha-Numeric	91-102	Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters. Required if SSN is not entered.
Beneficiary's Social Security	9	Numeric	103-111	Beneficiary's Social Security Number

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
Number				Required if HIC Number not entered.
Beneficiary's Date of Birth	8	Date	112-119	Beneficiary's Date of Birth in CCYYMMDD format Not required. Populate with zeros if not available.
Beneficiary's Sex Code	1	Numeric	120	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Not required. Populate with spaces if not available.
Beneficiary's First Name	15	Text	121-135	First name of beneficiary. Required
Beneficiary's Initial	1	Alpha	136	Middle initial of beneficiary
Beneficiary's Last Name	24	Text	137-160	Last name of beneficiary. Required
Patient Relationship	2	Numeric	161-162	Patient relationship between policyholder and beneficiary Valid values are: 01 = Patient is policy holder 02 = Spouse 03 = Natural child, insured has financial responsibility 04 = Natural child, insured does not have financial responsibility 05 = Stepchild 06 = Foster child 07 = Ward of the Court 08 = Employee 09 = Unknown 10 = Handicapped dependent 11 = Organ donor 12 = Cadaver donor 13 = Grandchild 14 = Niece/nephew 15 = Injured plaintiff 16 = Sponsored dependent

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CWF Assistance Request Record Layout														
Data Field	Length	Type	Displacement	Description										
				17 = Minor dependent of a minor dependent 18 = Parent 19 = Grandparent dependent 20 = Domestic partner (Effective April, 2004.) Required. Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">MSP Type</th> <th style="text-align: left;">Patient Relationship Code</th> </tr> </thead> <tbody> <tr> <td colspan="2">-----</td> </tr> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	MSP Type	Patient Relationship Code	-----		A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code													

A	01, 02													
B	01, 02, 03, 04, 05, 18, 20													
G	01, 02, 03, 04, 05, 18, 20													
MSP Type	1	Alpha	163	One-character code identifying type of MSP coverage Valid values are: A = Working Aged B = ESRD C = Conditional Payment D = Automobile Insurance E = Workers Compensation F = Federal (Public) G = Disabled H = Black Lung I = Veterans L = Liability W = Workers Compensation Set-Aside Required										
MSP Effective Date	8	Date	164-171	Effective date of MSP coverage in CCYYMMDD format. Required										
MSP Term Date	8	Date	172-179	Termination date of MSP coverage in CCYYMMDD format. Type one or more zeroes in this field to remove an existing termination										

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				date. Type 9 eight times in this field if you have conflicting dates for the termination date. Not required. Populate with zeros if not available.
AUX Row Number	3	Numeric	180-182	AUX record number of MSP record at CWF. Required. Populate with zeros if not available.
MSP Accretion Date	8	Date	183-190	Accretion date of MSP coverage in CCYYMMDD format. Not required. Populate with zeros if not available.
Originating Contractor	5	Alpha-Numeric	191-195	Contractor number of contractor that created original MSP occurrence at CWF Required.
Change Lead To	5	Alpha-Numeric	196-200	New lead contractor number. Note: The system allows one change of venue per beneficiary. If you try to request a second or subsequent change of venue, the system displays an error message and does not process your request. In this case, contact your COB consortia representative. Only the original lead contractor or a CMS RO user has the capability to make a lead contractor reassignment request.
Send Venue Letter	1	Alpha	201	Indicates whether to send Change of Venue letter informing of lead contractor change to original recipients of Right of Recovery letter. Valid values are: Y = Yes N = No
Beneficiary's Address 1	32	Text	202-233	First line of Beneficiary's street address. Not required. Populate with spaces if not available.
Beneficiary's Address 2	32	Text	234-265	Second line of Beneficiary's street address. Not required. Populate with spaces if not available.
Beneficiary's City	15	Text	266-280	Beneficiary's city Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	281-282	Beneficiary's state

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				Not required. Populate with spaces if not available.
Beneficiary's Zip Code	9	Numeric	283-291	Beneficiary's zip code Not required. Populate with spaces if not available.
Beneficiary's Phone	10	Numeric	292-301	Beneficiary's telephone number Not required. Populate with zeros if not available.
Check Date	8	Numeric	302-309	Date of check received in CCYYMMDD format. Required if value in SOURCE field = CHEK. You cannot future-date this field. Populate with zeros if SOURCE field not equal to CHEK.
Check Amount	15	Alpha	310-324	Amount of check received in \$999,999,999.99 format. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.
Check Number	15	Alpha	325-339	Number of check received. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.
Informant's First Name	15	Text	340-354	Name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Middle Initial	1	Alpha	355	Informants middle initial. Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	356-379	Last name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Phone	10	Numeric	380-389	Informant's telephone number Not required. Populate with zeros if not available.
Informant's Address 1	32	Text	390-421	Informant's street address 1 Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
Informant's Address 2	32	Text	422-453	Name of person informing contractor of change in MSP coverage. Not required
Informant's City	15	Text	454-468	Informant's city. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's State	2	Alpha	469-470	Informant's state Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Zip Code	9	Numeric	471-479	Informant's zip code Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Relationship Code	1	Alpha	480	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Employer's Name	32	Text	481-512	Name of employer providing group health insurance under which beneficiary is covered Not required. Populate with spaces if not available.
Employer EIN	18	Text	513-530	Employer's Identification Number

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				Not required. Populate with spaces if not available.
Employer's Address 1	32	Text	531-562	Employer's Street Address 1 Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	563-594	Employer's Street Address 2 Not required. Populate with spaces if not available.
Employer's Phone	10	Numeric	595-604	Employer's Telephone Number Not required. Populate with spaces if not available.
Employer's City	15	Text	605-619	Employer's City Not required. Populate with spaces if not available.
Employer's State	2	Alpha	620-621	Employer's State Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	622-630	Employer's Zip Code Not required. Populate with spaces if not available.
Employee No	12	Text	631-642	Employee Number of Policy Holder Not required. Populate with spaces if not available.
Insurer's name	32	Text	643-674	Name of insurance carrier for MSP coverage Required for II action code. Populate with spaces if ACTION not equal to II.
Insurer Type	1	Alpha	675	Type of Insurance A = Insurance or Indemnity (Other Types) B = Group Health Organization (GHO) C = Preferred Provider Organization D = TPA/ASO E = Stop Loss TPA F = Self-insured/Self-Administered (Self-Insured) G = Collectively-bargained Health and Welfare Fund H = Multiple Employer Health Plan with more than 100 employees. I = Multiple Employer Health Plan with more

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				than 10 employees. J = Hospitalization only plan covering inpatient hospital K = Medical Service only plan covering non-inpatient medical M = Medicare Supplement Plan U = Unknown Not required. Populate with A if not available.
Insurer's Address 1	32	Text	676-707	Insurer's street address 1 Not required. Populate with spaces if not available.
Insurer's Address 2	32	Text	708-739	Insurer's street address 2 Not required. Populate with spaces if not available.
Insurer's City	15	Text	740-754	Insurer's city Not required. Populate with spaces if not available.
Insurer's State	2	Alpha	755-756	Insurer's state Not required. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	757-765	Insurer's zip code Not required. Populate with spaces if not available.
Insurer's Phone	10	Numeric	766-775	Insurer's telephone number Not required. Populate with zeros if not available.
Insurer Group Number	20	Text	776-795	Group number of insurance coverage. Not required. Populate with spaces if not available.
Insurer Policy Number	17	Text	796-812	Policy number of insurance coverage. Not required. Populate with spaces if not available.
Subscriber First Name	15	Text	813-827	First name of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Initial	1	Alpha	828	Middle initial of individual covered by this insurance. Not required. Populate with spaces if not

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				available.
Subscriber Last Name	24	Text	829-852	Last name of individual covered by this insurance. Not required. Populate with spaces if not available.
PHP Date	8	Date	853-860	Pre-paid Health Plan date in CCYYMMDD format. Not required. Populate with zeros if not available.
Remarks Code 1	2	Alpha-Numeric	861-862	Two-character CWF remark code explaining reason for transaction. See Appendix F for a list of remark codes. Not required. Populate with spaces if not available.
Remarks Code 2	2	Alpha-Numeric	863-864	Two-character CWF remark code explaining reason for transaction. See Appendix F for a list of remark codes. Not required. Populate with spaces if not available..
Remarks Code 3	2	Alpha-Numeric	865-866	Two-character CWF remark code explaining reason for transaction. See Appendix F for a list of remark codes. Not required. Populate with spaces if not available.
Diagnosis Code 1	5	Text	867-871	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 2	5	Text	872-876	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 3	5	Text	877-881	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 4	5	Text	882-886	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 5	5	Text	887-891	Five-digit diagnosis code that applies to this MSP

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				occurrence Not required. Populate with spaces if not available.
<i>Submitter Type</i>	<i>1</i>	<i>Alpha</i>	<i>892</i>	<i>Part C/D Submitter Indicator</i> <i>Valid Values</i> <i>'C' = Part C Contractor</i> <i>'D' = Part D Contractor</i> <i>If not valid value, drop file with error code of HE06.</i>
<i>Filler</i>	<i>7</i>	<i>Filler</i>	<i>893-899</i>	<i>Filler</i>
<i>Trans Comment</i>	<i>180</i>	<i>Text</i>	<i>900-1079</i>	<i>Comments—Used by Submitter</i>
<i>Filler</i>	<i>8</i>	<i>Filler</i>	<i>1080-1087</i>	<i>Filler</i>
<i>New Patient Relationship</i>	<i>2</i>	<i>Numeric</i>	<i>1088-1089</i>	<i>Patient relationship between policyholder and beneficiary</i> <i>Valid values are:</i> <i>01 = Patient is policy holder</i> <i>02 = Spouse</i> <i>03 = Natural child, insured has financial responsibility</i> <i>04 = Natural child, insured does not have financial responsibility</i> <i>05 = Stepchild</i> <i>06 = Foster child</i> <i>07 = Ward of the Court</i> <i>08 = Employee</i> <i>09 = Unknown</i> <i>10 = Handicapped dependent</i> <i>11 = Organ donor</i> <i>12 = Cadaver donor</i> <i>13 = Grandchild</i> <i>14 = Niece/nephew</i> <i>15 = Injured plaintiff</i> <i>16 = Sponsored dependent</i> <i>17 = Minor dependent of a minor dependent</i> <i>18 = Parent</i> <i>19 = Grandparent dependent</i> <i>20 = Domestic partner (Effective April, 2004.)</i> <i>Required when Action Code is PR.</i>

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CWF Assistance Request Record Layout														
Data Field	Length	Type	Displacement	Description										
				<p><i>Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left;"><i>MSP Type</i></td> <td style="text-align: left;"><i>Patient Relationship Code</i></td> </tr> <tr> <td colspan="2" style="text-align: center;">-----</td> </tr> <tr> <td><i>A</i></td> <td><i>01, 02</i></td> </tr> <tr> <td><i>B</i></td> <td><i>01, 02, 03, 04, 05, 18, 20</i></td> </tr> <tr> <td><i>G</i></td> <td><i>01, 02, 03, 04, 05, 18, 20</i></td> </tr> </table>	<i>MSP Type</i>	<i>Patient Relationship Code</i>	-----		<i>A</i>	<i>01, 02</i>	<i>B</i>	<i>01, 02, 03, 04, 05, 18, 20</i>	<i>G</i>	<i>01, 02, 03, 04, 05, 18, 20</i>
<i>MSP Type</i>	<i>Patient Relationship Code</i>													

<i>A</i>	<i>01, 02</i>													
<i>B</i>	<i>01, 02, 03, 04, 05, 18, 20</i>													
<i>G</i>	<i>01, 02, 03, 04, 05, 18, 20</i>													
<i>New MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>1090</i>	<p><i>One-character code identifying type of MSP coverage</i></p> <p><i>Valid values are:</i></p> <ul style="list-style-type: none"> <i>A = Working Aged</i> <i>B = ESRD</i> <i>C = Conditional Payment</i> <i>D = Automobile Insurance</i> <i>E = Workers Compensation</i> <i>F = Federal (Public)</i> <i>G = Disabled</i> <i>H = Black Lung</i> <i>I = Veterans</i> <i>L = Liability</i> <i>W = Workers Compensation Set-Aside</i> <p><i>Required when Action Code is MT.</i></p>										
<i>New MSP Effective Date</i>	<i>8</i>	<i>Date</i>	<i>1091-1098</i>	<p><i>Effective date of MSP coverage in CCYYMMDD format.</i></p> <p><i>Required when Action Code is ED.</i></p>										
<i>New Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>1099</i>	<p><i>Type of Insurance</i></p> <ul style="list-style-type: none"> <i>A = Insurance or Indemnity (Other Types)</i> <i>B = Group Health Organization (GHO)</i> <i>C = Preferred Provider Organization</i> <i>D = TPA/ASO</i> <i>E = Stop Loss TPA</i> <i>F = Self-insured/Self-Administered (Self-Insured)</i> <i>G = Collectively-bargained Health and Welfare Fund</i> <i>H = Multiple Employer Health Plan with more</i> 										

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				<i>than 100 employees.</i> <i>I = Multiple Employer Health Plan with more than 10 employees.</i> <i>J = Hospitalization only plan covering inpatient hospital</i> <i>K = Medical Service only plan covering non-inpatient medical</i> <i>M = Medicare Supplement Plan</i> <i>U = Unknown</i> <i>Required when Action Code is IT</i>
<i>Filler</i>	<i>168</i>	<i>Filler</i>	<i>1100-1267</i>	<i>Filler</i>

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CWF Assistance Request Header Response Record Layout

<i>CWF Assistance Request Header Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	HE03
File Type	3	Alpha	12-14	HE04
File Date	8	Date	15-22	HE05
Filler	1245	Filler	23-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

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CWF Assistance Request Response Record Layout

CWF Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1 – 4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Text	37-61	PE07.
Contractor Phone	10	Numeric	62-71	PE08.
Tran Stat Cd	2	Alpha	72-73	Status code returned from ECRS
Tran Reason Cd	2	Numeric	74-75	Reason code returned from ECRS
Trans Action Code 1	2	Alpha	76-77	PE92
Trans Action Code 2	2	Alpha-Numeric	78-79	PE93
Trans Action Code 3	2	Alpha-Numeric	80-81	PE94
Trans Action Code 4	2	Alpha-Numeric	82-83	PE95
Activity Code	1	Alpha	84	PE61
Develop to	1	Alpha	85	PE0C
RSP	1	Alpha	86	PE66
Trans Source Cd	4	Alpha	87-90	PE05
HIC Number	12	Alpha-Numeric	91-102	PE09
Beneficiary's Social Security Number	9	Numeric	103-111	PE10
Beneficiary's Date of Birth	8	Date	112-119	PE11
Beneficiary's Sex Code	1	Numeric	120	None
Beneficiary's First	15	Text	121-135	PE12

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<i>CWF Assistance Request Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Name				
Beneficiary's Initial	1	Alpha	136	PE13
Beneficiary's Last Name	24	Text	137-160	PE14
Patient Relationship	2	Numeric	161-162	PE0J
MSP Type	1	Alpha	163	PE39
MSP Effective Date	8	Date	164-171	PE67
MSP Term Date	8	Date	172-179	PE68
MSP Aux Number	3	Numeric	180-182	PE87
MSP Accretion Date	8	Date	183-190	PE88
Originating Contractor	5	Alpha-Numeric	191-195	PE96
Change Lead To	5	Alpha-Numeric	196-200	PE0D
Send Venue Letter	1	Alpha	201	None
Beneficiary's Address 1	32	Text	202-233	PE15
Beneficiary's Address 2	32	Text	234-265	PE16
Beneficiary's City	15	Text	266-280	PE17
Beneficiary's State	2	Alpha	281-282	PE18
Beneficiary's Zip Code	9	Numeric	283-291	PE19
Beneficiary's Phone	10	Numeric	292-301	PE20
Check Date	8	Numeric	302-309	PE98
Check Amount	15	Alpha	310-324	PE99
Check Number	15	Alpha	325-339	PE0A
Informant's First Name	15	Text	340-354	PE21
Informant's Middle Initial	1	Alpha	355	PE22

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<i>CWF Assistance Request Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Informant's Last Name	24	Text	356-379	PE23
Informant's Phone	10	Numeric	380-389	PE29
Informant's Address 1	32	Text	390-421	PE24
Informant's Address 2	32	Text	422-453	PE25
Informant's City	15	Text	454-468	PE26
Informant's State	2	Alpha	469-470	PE27
Informant's Zip Code	9	Numeric	471-479	PE28
Informant's Relationship Code	1	Alpha	480	None
Employer's Name	32	Text	481-512	PE30
Employer EIN	18	Text	513-530	PE37
Employer's Address 1	32	Text	531-562	PE31
Employer's Address 2	32	Text	563-594	PE32
Employer's Phone	10	Numeric	595-604	PE36
Employer's City	15	Text	605-619	PE33
Employer's State	2	Alpha	620-621	PE34
Employer's ZIP Code	9	Numeric	622-630	PE35
Employee No	12	Text	631-642	PE38
Insurer's name	32	Text	643-674	PE42
Insurer Type	1	Alpha	675	None
Insurer's Address 1	32	Text	676-707	PE43
Insurer's Address 2	32	Text	708-739	PE44
Insurer's City	15	Text	740-754	PE45
Insurer's State	2	Alpha	755-756	PE46
Insurer's ZIP Code	9	Numeric	757-765	PE47
Insurer's Phone	10	Numeric	766-775	PE0B

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CWF Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Insurer Group Number	20	Text	776-795	PE62
Insurer Policy Number	17	Text	796-812	PE63
Subscriber First Name	15	Text	813-827	PE58
Subscriber Initial	1	Alpha	828	PE59
Subscriber Last Name	24	Text	829-852	PE60
PHP Date	8	Date	853-860	PE97
Remarks Code 1	2	Alpha-Numeric	861-862	PE89
Remarks Code 2	2	Alpha-Numeric	863-864	PE90
Remarks Code 3	2	Alpha-Numeric	865-866	PE91
Diagnosis Code 1	5	Text	867-871	PE69
Diagnosis Code 2	5	Text	872-876	PE70
Diagnosis Code 3	5	Text	877-881	PE71
Diagnosis Code 4	5	Text	882-886	PE72
Diagnosis Code 5	5	Text	887-891	PE73
Submitter Type	1	Alpha	892	Severe Error will be created and entire file will be dropped. HE06 error will be returned on Header record of response file.
<i>Filler</i>	<i>7</i>	<i>Filler</i>	<i>893-899</i>	<i>Filler</i>
<i>New Patient Relationship</i>	<i>2</i>	<i>Numeric</i>	<i>900-901</i>	<i>PE00</i>
<i>New MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>902</i>	<i>PE0N</i>
<i>New MSP Effective Date</i>	<i>8</i>	<i>Date</i>	<i>903-910</i>	<i>PE0L</i>
<i>New Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>911</i>	<i>PE0M</i>
<i>Filler</i>	<i>168</i>	<i>Filler</i>	<i>912-1079</i>	<i>Filler</i>
COB Comment ID	8	Alpha-Numeric	1080-1087	PE57
COB Comment	180	Text	1088-1267	PE56

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<i>CWF Assistance Request Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

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Prescription Drug Assistance Request File Layouts

Prescription Drug Assistance Request Header and Trailer Record Layout

Prescription Drug Assistance Request Header and Trailer Record Layout				
Data Field	Length	Type	Displacement	Edits
<i>Header Indicator</i>	2	<i>Alpha-Numeric</i>	1-2	<i>Should be: 'H0'. If not, drop file with error code of HE01</i>
<i>PDP ID</i>	4	<i>Numeric</i>	3-6	<i>'0001', '0002', etc. ID number assigned by COBC. If not valid plan, drop file with error code of HE02</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	7-11	<i>If not valid contractor number, drop file with error code of HE03.</i>
<i>File Type</i>	3	<i>Alpha</i>	12-14	<i>Valid values: 'PDR' – RX Drug Assistance Request file If not, drop file with error code of HE04.</i>
<i>File Date</i>	8	<i>Date</i>	15-22	<i>CCYYMMDD If not valid date, drop file with error code of HE05.</i>
<i>Submitter Type</i>	1	<i>Alpha-Numeric</i>	23	<i>Part C/D Submitter Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code of HE06.</i>
<i>Filler</i>	1244	<i>Filler</i>	24-1267	<i>Unused Field – fill with spaces</i>
<i>Trailer Indicator</i>	2	<i>Alpha-Numeric</i>	1-2	<i>Should be: 'T0'. If not, drop file with error code of TE01</i>
<i>PDP ID</i>	4	<i>Numeric</i>	3-6	<i>'0001', '0002', etc. ID number assigned by COBC. If not valid plan, drop file with error code of TE02</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	7-11	<i>If not valid contractor number, drop file with error code of TE03.</i>
<i>File Type</i>	3	<i>Alpha-Numeric</i>	12-14	<i>Valid value: 'PDR' – RX Drug Assistance Request File If not valid value, drop file with error code of TE04.</i>
<i>File Date</i>	8	<i>Date</i>	15-22	<i>CCYYMMDD If not valid date, drop file with error code of TE05.</i>
<i>Record Count</i>	9	<i>Numeric</i>	23-31	<i>Number of records on file. If invalid number or number does not match number of records in file, drop file with error code of TE06.</i>
<i>Filler</i>	1236	<i>Filler</i>	32-1267	<i>Unused Field – fill with spaces</i>

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Prescription Drug Assistance Request Record Layout

Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Transaction type</i>	4	<i>Alpha</i>	1-4	<i>Set to 'ECRS'</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	5-9	<i>Part C/D Plan Contractor Number Required</i>
<i>DCN</i>	15	<i>Alpha-Numeric</i>	10-24	<i>Document Control Number: assigned by the Part C/D plan. Required. Each record shall have a unique DCN.</i>
<i>Trans Type Code</i>	1	<i>Alpha</i>	25	<i>Transaction Type Indicator Set to 'D' for Prescription Drug Assistance Requests Required</i>
<i>Trans Seq. No</i>	3	<i>Numeric</i>	26-28	<i>Sequence Number assigned by COB. Internal use only. Populate with spaces.</i>
<i>Update Operator ID</i>	8	<i>Alpha-Numeric</i>	29-36	<i>ID of user making update. Not required</i>
<i>Contractor Name</i>	25	<i>Alpha-Numeric</i>	37-61	<i>Contractor name Not required</i>
<i>Contractor Phone</i>	10	<i>Numeric</i>	62-71	<i>Contractor phone number Not required</i>
<i>Trans Status Code</i>	2	<i>Alpha</i>	72-73	<i>Transaction Status Code: Set to 'NW' for New</i>
<i>Trans Reason Code</i>	2	<i>Numeric</i>	74-75	<i>Transaction Reason Code: Set to '01' for New</i>
<i>Action Code 1</i>	2	<i>Alpha</i>	76-77	<i>Transaction Action Code 1:</i> <i>Valid values are:</i> <i>AI = Change Attorney Information</i> <i>AP = Add Policy and/or Group Number</i> <i>AR = Add CWF remark codes</i> <i>CA = CMS Grouping Code</i> <i>CD = Date of Injury/Date of Loss Changes</i> <i>CP = Incorrect ESRD Coordination Period</i> <i>CT = Change termination date</i> <i>DA = Develop to the attorney</i> <i>DD = Develop for the diagnosis code</i> <i>DE = Develop to employer or for employer info</i> <i>DI = Develop to insurer or for insurer info</i> <i>DO = Mark occurrence for deletion</i> <i>DR = Investigate/redevelop closed or deleted record</i> <i>DT = Develop for termination date</i> <i>DX = Change diagnosis codes</i> <i>EA = Change employer address</i>

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				<i>ED = Change effective date EF = Develop for the effective date EI = Change employer information ES = Employer size below minimum (20 for working aged, 100 for disability) II = Change insurer information IT = Change insurer type LR = Add duplicate liability record MT = Change MSP type MX = SSN/HICN mismatch NR = Create duplicate no-fault record PH = Add PHP date PR = Change patient relationship RR = Generate right of recovery lead contractor letter TD = Terminate open EGHP record with date less than six months prior to date of accretion VP = Beneficiary has taken a vow of poverty WN = Notify COBC of Updates to WCMSA Cases Required. Enter up to four action codes unless CWF assistance request is to delete occurrence (DO), redevelop a deleted CWF record (DR)..</i>
<i>Action Code 2</i>	<i>2</i>	<i>Alpha</i>	<i>78-79</i>	<i>Transaction Action Code 2: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.</i>
<i>Action Code 3</i>	<i>2</i>	<i>Alpha</i>	<i>80-81</i>	<i>Transaction Action Code 3: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.</i>
<i>Action Code 4</i>	<i>2</i>	<i>Alpha</i>	<i>82-83</i>	<i>Transaction Action Code 4: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.</i>
<i>Activity Code</i>	<i>1</i>	<i>Alpha</i>	<i>84</i>	<i>Activity of Contractor: Valid values are: C = Claims (Prepayment) – 22001 N = Liability, No-Fault, WC, and FTCA - 42002 G = Group Health Plan – 42003 I = General Inquiry – 42004 D = Debt Collection – 42021 Required.</i>

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Trans Source Code</i>	4	Alpha	85-88	<i>Four-character code identifying source of RX DRUG assistance request information</i> <i>Valid values are:</i> <i>CHEK = Unsolicited check</i> <i>LTRR = Letter</i> <i>PHON = Phone call</i> <i>SCLM = Claim submitted to Medicare contractor for secondary payment</i> <i>SRVY = Survey</i> <i>CLAM = Claim</i> <i>Required</i>
<i>HICN</i>	12	Alpha-Numeric	89-100	<i>Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters.</i> <i>Required</i>
<i>Beneficiary Date of Birth</i>	8	Date	101-108	<i>Beneficiary's Date of Birth in CCYYMMDD format</i> <i>Not Required. Populate with zeros if not available.</i>
<i>Beneficiary Sex Code</i>	1	Alpha	109	<i>Sex of Beneficiary:</i> <i>Valid values are:</i> <i>U = Unknown</i> <i>M = Male</i> <i>F = Female</i> <i>Not required. Populate with spaces if not available.</i>
<i>Beneficiary First Name</i>	15	Text	110-124	<i>First Name of Beneficiary</i> <i>Required</i>
<i>Beneficiary Middle Initial</i>	1	Text	125	<i>Middle Initial of Beneficiary</i>
<i>Beneficiary Last Name</i>	24	Text	126-149	<i>Last Name of Beneficiary</i> <i>Required</i>
<i>Beneficiary Address Line 1</i>	32	Text	150-181	<i>First line of Beneficiary's street address.</i>
<i>Beneficiary Address Line 2</i>	32	Text	182-213	<i>Second line of Beneficiary's street address</i>
<i>Beneficiary City</i>	15	Text	214-228	<i>Beneficiary's city</i>
<i>Beneficiary State</i>	2	Alpha	229-230	<i>Beneficiary's state</i>
<i>Beneficiary Zip code</i>	9	Numeric	231-239	<i>Beneficiary's zip code</i>
<i>Beneficiary Phone</i>	10	Numeric	240-249	<i>Beneficiary's telephone number</i>

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Prescription Drug Assistance Request Record Layout														
Data Field	Length	Type	Displacement	Description										
<i>Patient Relationship</i>	<i>2</i>	<i>Numeric</i>	<i>250-251</i>	<p><i>Patient relationship between policyholder and beneficiary</i></p> <p><i>Valid values are:</i></p> <p><i>01 Patient is policy holder</i></p> <p><i>02 Spouse</i></p> <p><i>03 Natural child, insured has financial responsibility</i></p> <p><i>04 Natural child, insured does not have financial responsibility</i></p> <p><i>05 Stepchild</i></p> <p><i>06 Foster child</i></p> <p><i>07 Ward of the Court</i></p> <p><i>08 Employee</i></p> <p><i>09 Unknown</i></p> <p><i>10 Handicapped dependent</i></p> <p><i>11 Organ donor</i></p> <p><i>12 Cadaver donor</i></p> <p><i>13 Grandchild</i></p> <p><i>14 Niece/nephew</i></p> <p><i>15 Injured plaintiff</i></p> <p><i>16 Sponsored dependent</i></p> <p><i>17 Minor dependent of a minor dependent</i></p> <p><i>18 Parent</i></p> <p><i>19 Grandparent dependent</i></p> <p><i>20 Domestic partner (Effective April, 2004.)</i></p> <p><i>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>MSP Type</i></th> <th style="text-align: left;"><i>Patient Relationship Code</i></th> </tr> </thead> <tbody> <tr> <td colspan="2"><i>-----</i></td> </tr> <tr> <td><i>A</i></td> <td><i>01, 02</i></td> </tr> <tr> <td><i>B</i></td> <td><i>01, 02, 03, 04, 05, 18, 20</i></td> </tr> <tr> <td><i>G</i></td> <td><i>01, 02, 03, 04, 05, 18, 20</i></td> </tr> </tbody> </table>	<i>MSP Type</i>	<i>Patient Relationship Code</i>	<i>-----</i>		<i>A</i>	<i>01, 02</i>	<i>B</i>	<i>01, 02, 03, 04, 05, 18, 20</i>	<i>G</i>	<i>01, 02, 03, 04, 05, 18, 20</i>
<i>MSP Type</i>	<i>Patient Relationship Code</i>													
<i>-----</i>														
<i>A</i>	<i>01, 02</i>													
<i>B</i>	<i>01, 02, 03, 04, 05, 18, 20</i>													
<i>G</i>	<i>01, 02, 03, 04, 05, 18, 20</i>													
<i>New Patient Relationship</i>	<i>2</i>	<i>Numeric</i>	<i>252-253</i>	<p><i>New patient relationship between policyholder and beneficiary. Description of code displays next to value</i></p> <p><i>Required field when ACTION CODE is PR</i></p>										
<i>Person Code</i>	<i>3</i>	<i>Numeric</i>	<i>254-256</i>	<p><i>Plan-specific Person Code.</i></p> <p><i>Values are:</i></p> <p><i>001 Self</i></p> <p><i>002 Spouse</i></p> <p><i>003 Other</i></p>										

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				<i>Required field when:</i> <ul style="list-style-type: none"> • <i>RECORD TYPE is Supplemental</i> • <i>ACTION CODE is PC</i>
<i>MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>257</i>	<i>One-character code identifying type of MSP coverage. Valid values are:</i> <i>A = Working Aged</i> <i>B = ESRD</i> <i>C = Conditional Payment</i> <i>D = Automobile Insurance</i> <i>E = Workers Compensation</i> <i>F = Federal (Public)</i> <i>G = Disabled</i> <i>H = Black Lung</i> <i>I = Veterans</i> <i>L = Liability</i> <i>W = Workers Compensation Set-Aside</i> <i>Required when Action Code is MT.</i>
<i>New MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>258</i>	<i>One-character code identifying new type of MSP coverage.</i> <i>Required when Action Code is MT.</i>
<i>Record Type</i>	<i>3</i>	<i>Alpha-Numeric</i>	<i>259-261</i>	<i>Drug Record Type</i> <i>PRI Primary</i> <i>SUP Supplemental</i> <i>Required field</i>
<i>Drug Coverage Effective Date</i>	<i>8</i>	<i>Date</i>	<i>262-269</i>	<i>Effective date of Drug coverage in CCYYMMDD format.</i>
<i>New Drug Coverage Effective Date</i>	<i>8</i>	<i>Date</i>	<i>270-277</i>	<i>New Effective date of Drug coverage in CCYYMMDD format</i>
<i>Term Date</i>	<i>8</i>	<i>Date</i>	<i>278-285</i>	<i>Termination date of Drug coverage in CCYYMMDD format.</i>
<i>Originating Contractor</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>286-290</i>	<i>Contractor number of contractor that created original Drug occurrence</i>
<i>Informant First Name</i>	<i>15</i>	<i>Text</i>	<i>291-305</i>	<i>Name of person informing contractor of change in Drug coverage.</i> <i>Required when SOURCE is CHEK or LTTR.</i> <i>Populate with spaces if Source field not equal to CHEK or LTTR.</i>

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Informant Middle Initial</i>	<i>1</i>	<i>Text</i>	<i>306</i>	<i>Informants middle initial.</i>
<i>Informant Last Name</i>	<i>24</i>	<i>Text</i>	<i>307-330</i>	<i>Last name of person informing contractor of change in Drug coverage. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Informant Address</i>	<i>32</i>	<i>Text</i>	<i>331-362</i>	<i>Informant's street address Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Informant City</i>	<i>15</i>	<i>Text</i>	<i>363-377</i>	<i>Informant's city Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Informant State</i>	<i>2</i>	<i>Text</i>	<i>378-379</i>	<i>Informant's state Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Informant Zip code</i>	<i>9</i>	<i>Numeric</i>	<i>380-388</i>	<i>Informant's zip code Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Informant Phone</i>	<i>10</i>	<i>Numeric</i>	<i>389-398</i>	<i>Informant's telephone number Not Required. Populate with spaces if not available.</i>
<i>Informant's Relationship Code</i>	<i>1</i>	<i>Alpha</i>	<i>399</i>	<i>Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative</i>

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				<i>P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.</i>
<i>Employers Name</i>	<i>32</i>	<i>Text</i>	<i>400-431</i>	<i>Name of employer providing group health insurance under which beneficiary is covered Not required. Populate with spaces if not available.</i>
<i>Employers Address 1</i>	<i>32</i>	<i>Text</i>	<i>432-463</i>	<i>Employer's Street Address 1 Not required. Populate with spaces if not available.</i>
<i>Employers Address 2</i>	<i>32</i>	<i>Text</i>	<i>464-495</i>	<i>Employer's Street Address 2 Not required. Populate with spaces if not available.</i>
<i>Employers City</i>	<i>15</i>	<i>Text</i>	<i>496-510</i>	<i>Employer's City Not required. Populate with spaces if not available.</i>
<i>Employers State</i>	<i>2</i>	<i>Alpha</i>	<i>511-512</i>	<i>Employer's State Not required. Populate with spaces if not available.</i>
<i>Employers Zip code</i>	<i>9</i>	<i>Numeric</i>	<i>513-521</i>	<i>Employer's Zipcode Not required. Populate with spaces if not available.</i>
<i>Employers Phone</i>	<i>10</i>	<i>Numeric</i>	<i>522-531</i>	<i>Employer's Phone Number Not required. Populate with spaces if not available.</i>
<i>Employers EIN</i>	<i>18</i>	<i>Text</i>	<i>532-549</i>	<i>Employer's Identification Number Not required. Populate with spaces if not available.</i>
<i>Employee Number</i>	<i>12</i>	<i>Text</i>	<i>550-561</i>	<i>Employee Number of Policy Holder Not required. Populate with spaces if not available.</i>
<i>Supplemental Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>562</i>	<i>Prescription Drug policy type. Valid values are: L Supplemental M Medigap N Non-qualified State Program O Other P PAP Q Qualified State Program R Charity S ADAP T Federal Government Programs</i>

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				<i>1 Medicaid</i> <i>2 Tricare</i> <i>3 Major Medical</i>
<i>RX Drug Coverage Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>563</i>	<i>Prescription Drug Coverage Type</i> <i>Prescription Drug Coverage Type of Insurance.</i> <i>Valid Values are:</i> <i>U Drug Network</i> <i>V Drug Non-network</i> <i>Z Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums)</i> <i>Required field</i>
<i>Insurance Company Name</i>	<i>32</i>	<i>Text</i>	<i>564-595</i>	<i>Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered</i>
<i>Insurance Company Address 1</i>	<i>32</i>	<i>Text</i>	<i>596-627</i>	<i>Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i>
<i>Insurance Company Address 2</i>	<i>32</i>	<i>Text</i>	<i>628-659</i>	<i>Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i>
<i>Insurance Company City</i>	<i>15</i>	<i>Text</i>	<i>660-674</i>	<i>City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i>
<i>Insurance Company State</i>	<i>2</i>	<i>Alpha</i>	<i>675-676</i>	<i>State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i>
<i>Insurance Company Zip code</i>	<i>9</i>	<i>Numeric</i>	<i>677-685</i>	<i>Zip code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i>
<i>Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>686</i>	<i>Type of Insurance</i> <i>A = Insurance or Indemnity (Other Types)</i> <i>B = Group Health Organization (GHO)</i> <i>C = Preferred Provider Organization</i> <i>D = TPA/ASO</i> <i>E = Stop Loss TPA</i> <i>F = Self-insured/Self-Administered (Self-Insured)</i> <i>G = Collectively-bargained Health and Welfare Fund</i> <i>H = Multiple Employer Health Plan with more than 100 employees.</i> <i>I = Multiple Employer Health Plan with more</i>

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				<p>than 10 employees.</p> <p><i>J</i> = Hospitalization only plan covering inpatient hospital</p> <p><i>K</i> = Medical Service only plan covering non-inpatient medical</p> <p><i>M</i> = Medicare Supplement Plan</p> <p><i>U</i> = Unknown</p> <p>Required when Action Code is IT</p>
<i>New Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>687</i>	<p><i>New Type of Insurance</i></p> <p>Required when Action Code is IT</p>
<i>Policy Number</i>	<i>17</i>	<i>Text</i>	<i>688-704</i>	<i>Prescription Drug Policy Number</i>
<i>RX BIN</i>	<i>6</i>	<i>Text</i>	<i>705-710</i>	<i>Prescription Drug BIN Number</i>
<i>RX PCN</i>	<i>10</i>	<i>Text</i>	<i>711-720</i>	<i>Prescription Drug PCN Number</i>
<i>RX Group</i>	<i>15</i>	<i>Text</i>	<i>721-735</i>	<i>Prescription Drug Group Number</i>
<i>RX ID</i>	<i>20</i>	<i>Text</i>	<i>736-755</i>	<i>Prescription Drug ID Number</i>
<i>RX Phone</i>	<i>10</i>	<i>Numeric</i>	<i>756-765</i>	<i>Prescription Drug Phone Number</i>
<i>Check Amount</i>	<i>15</i>	<i>Alpha-Numeric</i>	<i>766-780</i>	<p><i>Amount of check received in \$999,999,999.99 format.</i></p> <p>Required if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.</p>
<i>Check Date</i>	<i>8</i>	<i>Date</i>	<i>781-788</i>	<p><i>Date of check received in CCYYMMDD format</i></p> <p>Required if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.</p>
<i>Check Number</i>	<i>15</i>	<i>Alpha-Numeric</i>	<i>789-803</i>	<p><i>Number of check received.</i></p> <p>Required if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.</p>
<i>Remark Code 1</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>804-805</i>	<p><i>Two-character PDR remark code explaining reason for transaction.</i></p> <p>Not Required</p>
<i>Remark Code 2</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>806-807</i>	<p><i>Two-character PDR remark code explaining reason for transaction.</i></p> <p>Not Required</p>
<i>Remark Code 3</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>808-809</i>	<p><i>Two-character PDR remark code explaining reason for transaction.</i></p>

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				<i>Not Required</i>
<i>Comment ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>810-817</i>	<i>ID of operator entering trans comments—Used by Submitter</i>
<i>Trans Comment</i>	<i>180</i>	<i>Text</i>	<i>818-997</i>	<i>Comments—Used by Submitter</i>
<i>Filler</i>	<i>270</i>	<i>Filler</i>	<i>998 -1267</i>	<i>Unused Field – fill with spaces</i>

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Prescription Drug Assistance Request Header Response Record Layout

Prescription Drug Assistance Request Header Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Header Indicator</i>	2	<i>Alpha-Numeric</i>	1-2	<i>HE01</i>
<i>PDP ID</i>	4	<i>Numeric</i>	3-6	<i>HE02</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	7-11	<i>HE03</i>
<i>File Type</i>	3	<i>Alpha</i>	12-14	<i>HE04.</i>
<i>File Date</i>	8	<i>Date</i>	15-22	<i>HE05.</i>
<i>Submitter Type</i>	1	<i>Alpha-Numeric</i>	23	<i>HE06</i>
<i>Filler</i>	1244	<i>Filler</i>	24-1267	<i>Unused Field – fill with spaces</i>
<i>Error Code 1</i>	4	<i>Alpha</i>	1268-1271	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 2</i>	4	<i>Alpha</i>	1272-1275	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 3</i>	4	<i>Alpha</i>	1276-1279	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 4</i>	4	<i>Alpha</i>	1280-1283	<i>Error code describing reason why file was rejected.</i>

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Prescription Drug Assistance Request Response Record Layout

Prescription Drug Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Transaction type</i>	4	<i>Alpha</i>	1-4	<i>PE00</i>
<i>Contractor Number</i>	5	<i>Alpha-Numeric</i>	5-9	<i>PE01</i>
<i>DCN</i>	15	<i>Alpha-Numeric</i>	10-24	<i>PE02</i>
<i>Trans Type Code</i>	1	<i>Alpha</i>	25	<i>PE03</i>
<i>Trans Seq. No</i>	3	<i>Numeric</i>	26-28	<i>PE04</i>
<i>Update Operator ID</i>	8	<i>Alpha-Numeric</i>	29-36	<i>PE06</i>
<i>Contractor Name</i>	25	<i>Alpha-Numeric</i>	37-61	<i>PE07</i>
<i>Contractor Phone</i>	10	<i>Numeric</i>	62-71	<i>PE08</i>
<i>Trans Status Code</i>	2	<i>Alpha</i>	72-73	<i>Status code returned from ECRS</i>
<i>Trans Reason Code</i>	2	<i>Numeric</i>	74-75	<i>Reason code returned from ECRS</i>
<i>Action Code 1</i>	2	<i>Alpha</i>	76-77	<i>PE92</i>
<i>Action Code 2</i>	2	<i>Alpha</i>	78-79	<i>PE93</i>
<i>Action Code 3</i>	2	<i>Alpha</i>	80-81	<i>PE94</i>
<i>Action Code 4</i>	2	<i>Alpha</i>	82-83	<i>PE95</i>
<i>Activity Code</i>	1	<i>Alpha</i>	84	<i>PE61</i>
<i>Trans Source Code</i>	4	<i>Alpha</i>	85-88	<i>PE05</i>
<i>HICN</i>	12	<i>Alpha-Numeric</i>	89-100	<i>PE09</i>
<i>Beneficiary Date of Birth</i>	8	<i>Date</i>	101-108	<i>PE11</i>
<i>Beneficiary Sex Code</i>	1	<i>Alpha</i>	109	<i>None</i>
<i>Beneficiary First Name</i>	15	<i>Text</i>	110-124	<i>PE12</i>
<i>Beneficiary Middle Initial</i>	1	<i>Text</i>	125	<i>PE13</i>
<i>Beneficiary Last Name</i>	24	<i>Text</i>	126-149	<i>PE14</i>

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Prescription Drug Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Beneficiary Address Line 1</i>	32	<i>Text</i>	150-181	<i>PE15</i>
<i>Beneficiary Address Line 2</i>	32	<i>Text</i>	182-213	<i>PE16</i>
<i>Beneficiary City</i>	15	<i>Text</i>	214-228	<i>PE17</i>
<i>Beneficiary State</i>	2	<i>Alpha</i>	229-230	<i>PE18</i>
<i>Beneficiary Zip code</i>	9	<i>Numeric</i>	231-239	<i>PE19</i>
<i>Beneficiary Phone</i>	10	<i>Numeric</i>	240-249	<i>PE20</i>
<i>Patient Relationship</i>	2	<i>Numeric</i>	250-251	<i>PE0J</i>
<i>New Patient Relationship</i>	2	<i>Numeric</i>	252-253	<i>PE0O</i>
<i>Person Code</i>	3	<i>Numeric</i>	254-256	<i>PE0K</i>
<i>MSP Type</i>	1	<i>Alpha</i>	257	<i>PE39</i>
<i>New MSP Type</i>	1	<i>Alpha</i>	258	<i>PE0N</i>
<i>Record Type</i>	3	<i>Alpha-Numeric</i>	259-261	<i>PE41</i>
<i>Drug Coverage Effective Date</i>	8	<i>Date</i>	262-269	<i>PE48</i>
<i>New Drug Coverage Effective Date</i>	8	<i>Date</i>	270-277	<i>PE0L</i>
<i>Term Date</i>	8	<i>Date</i>	278-285	<i>PE0G</i>
<i>Originating Contractor</i>	5	<i>Alpha-Numeric</i>	286-290	<i>None</i>
<i>Informant First Name</i>	15	<i>Text</i>	291-305	<i>PE21</i>
<i>Informant Middle Initial</i>	1	<i>Text</i>	306	<i>PE22</i>
<i>Informant Last Name</i>	24	<i>Text</i>	307-330	<i>PE23</i>
<i>Informant Address</i>	32	<i>Text</i>	331-362	<i>PE24</i>
<i>Informant City</i>	15	<i>Text</i>	363-377	<i>PE25</i>
<i>Informant State</i>	2	<i>Text</i>	378-379	<i>PE26</i>
<i>Informant Zip code</i>	9	<i>Numeric</i>	380-388	<i>PE27</i>
<i>Informant Phone</i>	10	<i>Numeric</i>	389-398	<i>PE28</i>

ECSR WEB USER GUIDE

Prescription Drug Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Informant's Relationship Code</i>	<i>1</i>	<i>Alpha</i>	<i>399</i>	<i>None</i>
<i>Employers Name</i>	<i>32</i>	<i>Text</i>	<i>400-431</i>	<i>PE30</i>
<i>Employers Address 1</i>	<i>32</i>	<i>Text</i>	<i>432-463</i>	<i>PE31</i>
<i>Employers Address 2</i>	<i>32</i>	<i>Text</i>	<i>464-495</i>	<i>PE32</i>
<i>Employers City</i>	<i>15</i>	<i>Text</i>	<i>496-510</i>	<i>PE33</i>
<i>Employers State</i>	<i>2</i>	<i>Alpha</i>	<i>511-512</i>	<i>PE34</i>
<i>Employers Zip code</i>	<i>9</i>	<i>Numeric</i>	<i>513-521</i>	<i>PE35</i>
<i>Employers Phone</i>	<i>10</i>	<i>Numeric</i>	<i>522-531</i>	<i>PE36</i>
<i>Employers EIN</i>	<i>18</i>	<i>Text</i>	<i>532-549</i>	<i>PE37</i>
<i>Employee Number</i>	<i>12</i>	<i>Text</i>	<i>550-561</i>	<i>PE38</i>
<i>Supplemental Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>562</i>	<i>None</i>
<i>RX Drug Coverage Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>563</i>	<i>None</i>
<i>Insurance Company Name</i>	<i>32</i>	<i>Text</i>	<i>564-595</i>	<i>PE42</i>
<i>Insurance Company Address 1</i>	<i>32</i>	<i>Text</i>	<i>596-627</i>	<i>PE43</i>
<i>Insurance Company Address 2</i>	<i>32</i>	<i>Text</i>	<i>628-659</i>	<i>PE44</i>
<i>Insurance Company City</i>	<i>15</i>	<i>Text</i>	<i>660-674</i>	<i>PE45</i>
<i>Insurance Company State</i>	<i>2</i>	<i>Alpha</i>	<i>675-676</i>	<i>PE46</i>
<i>Insurance Company Zip code</i>	<i>9</i>	<i>Numeric</i>	<i>677-685</i>	<i>PE47</i>
<i>Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>686</i>	<i>None</i>
<i>New Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>687</i>	<i>PE0M</i>
<i>Policy Number</i>	<i>17</i>	<i>Text</i>	<i>688-704</i>	<i>PE49</i>
<i>RX BIN</i>	<i>6</i>	<i>Text</i>	<i>705-710</i>	<i>PE50</i>

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Prescription Drug Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>RX PCN</i>	<i>10</i>	<i>Text</i>	<i>711-720</i>	<i>PE51</i>
<i>RX Group</i>	<i>15</i>	<i>Text</i>	<i>721-735</i>	<i>PE52</i>
<i>RX ID</i>	<i>20</i>	<i>Text</i>	<i>736-755</i>	<i>PE53</i>
<i>RX Phone</i>	<i>10</i>	<i>Numeric</i>	<i>756-765</i>	<i>PE54</i>
<i>Check Amount</i>	<i>15</i>	<i>Alpha-Numeric</i>	<i>766-780</i>	<i>PE99</i>
<i>Check Date</i>	<i>8</i>	<i>Date</i>	<i>781-788</i>	<i>PE98</i>
<i>Check Number</i>	<i>15</i>	<i>Alpha-Numeric</i>	<i>789-803</i>	<i>PE0A</i>
<i>Remark Code 1</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>804-805</i>	<i>PE89</i>
<i>Remark Code 2</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>806-807</i>	<i>PE90</i>
<i>Remark Code 3</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>808-809</i>	<i>PE91</i>
<i>Comment ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>810-817</i>	<i>None</i>
<i>Trans Comment</i>	<i>180</i>	<i>Text</i>	<i>818-997</i>	<i>None</i>
<i>COB Comment ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>998-1005</i>	<i>PE57</i>
<i>COB Comment</i>	<i>180</i>	<i>Text</i>	<i>1006-1185</i>	<i>PE56</i>
<i>Filler</i>	<i>270</i>	<i>Filler</i>	<i>1186-1267</i>	<i>Filler</i>
<i>Error Code 1</i>	<i>4</i>	<i>Alpha</i>	<i>1268-1271</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 2</i>	<i>4</i>	<i>Alpha</i>	<i>1272-1275</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 3</i>	<i>4</i>	<i>Alpha</i>	<i>1276-1279</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 4</i>	<i>4</i>	<i>Alpha</i>	<i>1280-1283</i>	<i>Error code describing reason why file was rejected.</i>

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MSP Inquiry File Layouts

MSP Inquiry Header and Trailer Record Layout

<i>MSP Inquiry Header and Trailer Record Layout</i>				
Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Header Record Type Indicator (Indicates a Header record) Set to 'H0'. Required
PDP ID	4	Numeric	3-6	ID number assigned by COBC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan Contractor number Required
File Type	3	Alpha	12-14	Type of File Set to 'MSP' – MSP Inquiry File Required
File Date	8	Date	15-22	Date File Created in CCYYMMDD format Required
Submitter Type	1	Alpha-Numeric	23	Part C/D Contractor Indicator Valid Values 'C' = Part C Contractor 'D' = Part D Contractor If not valid value, drop file with error code of HE06.
Filler	1244	Filler	24-1267	Unused Field – Populate with spaces
Trailer Indicator	2	Alpha-Numeric	1-2	Trailer Record Type Indicator Set to 'T0'. Required
PDP ID	4	Numeric	3-6	ID number assigned by COBC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan Contractor number Required
File Type	3	Alpha-Numeric	12-14	Type of File Set to 'MSP' – MSP Inquiry File Required
File Date	8	Date	15-22	Date File Created in CCYYMMDD format Required

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<i>MSP Inquiry Header and Trailer Record Layout</i>				
Data Field	Length	Type	Displacement	Edits
Record Count	9	Numeric	23-31	Number of Prescription Drug Inquiry Records in file Required
Filler	1236	Filler	32-1267	Unused Field – Populate with spaces

ECRS WEB USER GUIDE

MSP Inquiry Record Layout

MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1 – 4	Type of Record Set to 'ECRS' Required
Contractor Number	5	Alpha-Numeric	5-9	Part D Plan Contractor number Required
DCN	15	Text	10-24	Document Control Number; assigned by the Part D Plan. Required. Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction Type Indicator Set to 'I' for MSP Inquiry Required
Trans Seq No	3	Numeric	26-28	Sequence Number assigned by COB. Internal use only. Populate with spaces.
Update Operator ID	8	Alpha-Numeric	29-36	ID of user making update. Not required
Contractor Name	25	Text	37-61	Contractor name Not required
Contractor Phone	10	Numeric	62-71	Contractor Phone Number Not required
Tran Stat Cd	2	Alpha	72-73	Status Code Set to 'NW' for New
Tran Reason Cd	2	Numeric	74-75	Reason Set to '01' for New
Trans Action Code 1	2	Alpha	76-77	Action Code 1 Valid values are: CA = CMS Grouping Code CL = Closed or Settled Case DE = Develop to employer or for employer info DI = Develop to insurer or for insurer info Not required. Populate with spaces if not available.

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Trans Action Code 2	2	Alpha-Numeric	78-79	Action Code 2 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 3	2	Alpha-Numeric	80-81	Action Code 3 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 4	2	Alpha-Numeric	82-83	Action Code 4 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Activity Code	1	Alpha	84	Activity of Contractor. Valid values are: C = Claims (Prepayment) – 22001 N = Liability, No-Fault, WC, and FTCA - 42002 G = Group Health Plan – 42003 I = General Inquiry – 42004 D = Debt Collection – 42021 Required.
First Development	1	Alpha	85	Development source code indicating where initial development letter was sent. Valid values are: A = Attorney B = Beneficiary E = Employer I = Insurer P = Provider R = Beneficiary Representative (other than attorney) Not required. Populate with spaces if not available.

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Second Development	1	Alpha	86	<p>Development source code indicating where subsequent development letter was sent.</p> <p>Valid values are: A = Attorney B = Beneficiary E = Employer I = Insurer P = Provider R = Beneficiary Representative (other than attorney)</p> <p>Not required. Populate with spaces if not available.</p>
RSP	1	Alpha	87	<p>Development response indicator.</p> <p>Valid values are: A = Attorney B = Beneficiary E = Employer I = Insurer P = Provider R = Beneficiary Representative</p> <p>Not required. Populate with spaces if not available.</p>
Trans Source Cd	4	Alpha	88-91	<p>Four-character code identifying source of MSP inquiry information.</p> <p>Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim</p> <p>Required.</p>
HIC Number	12	Alpha-Numeric	92-103	<p>Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters.</p> <p>Required if SSN is not entered.</p>

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Beneficiary's Social Security Number	9	Numeric	104-112	Beneficiary's Social Security Number Required if HIC Number not entered.
Beneficiary's Date of Birth	8	Date	113-120	Beneficiary's Date of Birth in CCYYMMDD format Required
Beneficiary's Sex Code	1	Alpha	121	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Required. Default to U if unavailable.
Beneficiary's First Name	15	Text	122-136	Beneficiary's First Name Required
Beneficiary's Initial	1	Alpha	137	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	138-161	Beneficiary's Last Name Required
Patient Relationship	2	Numeric	162-163	Patient Relationship between policyholder and patient. Valid values are: 01 = Patient is policy holder 02 = Spouse 03 = Natural child, insured has financial responsibility 04 = Natural child, insured does not have financial responsibility 05 = Stepchild 06 = Foster child 07 = Ward of the Court 08 = Employee 09 = Unknown 10 = Handicapped dependent 11 = Organ donor 12 = Cadaver donor 13 = Grandchild 14 = Niece/nephew 15 = Injured plaintiff 16 = Sponsored dependent

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<i>MSP Inquiry Record Layout</i>														
Data Field	Length	Type	Displacement	Description										
				<p>17 = Minor dependent of a minor dependent</p> <p>18 = Parent</p> <p>19 = Grandparent dependent</p> <p>20 = Domestic partner (Effective April, 2004.)</p> <p>Not required. Populate with zeros if not available</p> <p>Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">MSP Type Code</th> <th style="text-align: left;">Patient Relationship Code</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="border-top: 1px dashed black; border-bottom: 1px dashed black;"></td> </tr> <tr> <td>A</td> <td>01, 02</td> </tr> <tr> <td>B</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> <tr> <td>G</td> <td>01, 02, 03, 04, 05, 18, 20</td> </tr> </tbody> </table>	MSP Type Code	Patient Relationship Code			A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type Code	Patient Relationship Code													
A	01, 02													
B	01, 02, 03, 04, 05, 18, 20													
G	01, 02, 03, 04, 05, 18, 20													
MSP Type	1	Alpha	164	<p>One-character code identifying type of MSP coverage.</p> <p>Valid values are:</p> <p>A = Working Aged</p> <p>B = ESRD</p> <p>C = Conditional Payment</p> <p>D = Automobile Insurance</p> <p>E = Workers Compensation</p> <p>F = Federal (Public)</p> <p>G = Disabled</p> <p>H = Black Lung</p> <p>I = Veterans</p> <p>L = Liability</p> <p>W = Workers Compensation Set-Aside Required.</p>										

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
MSP Effective Date	8	Date	165-172	Effective date of MSP coverage in CCYYMMDD format, cannot equal termination date. Not required. Populate with zeros if not available.
MSP Term Date	8	Date	173-180	Termination date of MSP coverage in CCYYMMDD format, cannot equal termination date. Not required. Populate with zeros if not available.
Send CWF	1	Alpha	181	Indicates whether to send MSP inquiry to CWF. Valid values are: Y Send to CWF (default unless ACTION(S) field = DE or DI or INFMT REL field = D, in which case default is N and this is a <i>protected field</i>) N Do not send to CWF For EGHP MSP Types: In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record.

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
CMS Grouping Code	2	Alpha	182-183	CMS Grouping Code 01 = Gel Implants (Trailblazers, 00400) 02 = Gel Implants (Alabama, 00010) 03 = Bone screw recoveries 04 = Diet drug recoveries 05 = Sulzer Inter-op Acetabular shells for hip implant recoveries 06 = Sulzer orthopedic and defective knee replacement recoveries 07 = Baycol litigation use beneficiary state logic for lead assignment 08 = Dexatrim (90000) 09 = Rhode Island receivership recoveries (00180) 10 = Propulsid (00010) 11 = Asbestos Exposure 12 = Garetson Asbestos Cases 13 = Fleet Phosphate 14 = Accutane Not required. Populate with spaces if not available.
Beneficiary's Address 1	32	Text	184-215	Beneficiary's Address 1 Not required. Populate with spaces if not available.
Beneficiary's Address 2	32	Text	216-247	Beneficiary's Address 2 Not required. Populate with spaces if not available
Beneficiary's City	15	Text	248-262	Beneficiary's City Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	263-264	Beneficiary's State Not required. Populate with spaces if not available.
Beneficiary's Zip Code	9	Numeric	265-273	Beneficiary's Zip Code Not required. Populate with spaces if not available
Beneficiary's Phone	10	Numeric	274-283	No edits other than data type edits. If not valid, drop the record with edit code 'PE20'.

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<i>MSP Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
Check Date	8	Numeric	284-291	Date of check in CCYYMMDD format. Required if Source is CHEK
Check Amount	15	Alpha	292-306	Amount of check in \$999,999,999.99 format. Required if Source is CHEK
Check Number	15	Alpha	307-321	Check Number Required if Source is CHEK
Informant's First Name	15	Text	322-336	Informant's First Name Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.
Informant's Middle Initial	1	Alpha	337	Informant's Middle Initial Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	338-361	Informant's Last Name Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.
Informant's Phone	10	Numeric	362-371	Informant's Phone Number Not required. Populate with zeros if not available.
Informant's Address 1	32	Text	372-403	Informant's Address 1 Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.
Informant's Address 2	32	Text	404-435	Informant's Address 2 Not required. Populate with spaces if not available.
Informant's City	15	Text	436-450	Informant's City Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Informant's State	2	Alpha	451-452	Informant's State Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.
Informant's Zip Code	9	Numeric	453-461	Informant's Zip Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.
Informant's Relationship Code	1	Alpha	462	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown Required if Source is CHEK, LTTR, or PHON. Not required if SOURCE is SCLM. Populate with spaces if not available.
Employer's Name	32	Text	463-494	Name of employer providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer EIN	18	Text	495-512	Employer's EIN providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.

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<i>MSP Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
Employer's Address 1	32	Text	513-544	Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	545-576	Employer's Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Phone	10	Numeric	577-586	Employer's City providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's City	15	Text	587-601	Employer's State providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's State	2	Alpha	602-603	Employer's Zip Code providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	604-612	Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employee No	12	Text	613-624	Policyholder's Employee Number Not required. Populate with spaces if not available.
Insurer's name	32	Text	625-656	Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Required if Action code is CA or CL. Populate with spaces if not available.

ECSR WEB USER GUIDE

MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Insurer Type	1	Alpha	657	Type of Insurance Valid values are: A = Insurance or Indemnity (Other Types) B = Group Health Organization (GHO) C = Preferred Provider Organization D = TPA/ASO E = Stop Loss TPA F = Self-insured/Self-Administered (Self-Insured) G = Collectively-bargained Health and Welfare Fund H = Multiple Employer Health Plan with more than 100 employees. I = Multiple Employer Health Plan with more than 10 employees. J = Hospitalization only plan covering inpatient hospital K = Medical Service only plan covering non-inpatient medical M = Medicare Supplement Plan R = GHP Health Reimbursement Arrangement S = GHP Health Savings Account U = Unknown Required if Action code is CA or CL. Populate with spaces if not available.
Insurer's Address 1	32	Text	658-689	Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Required if Action code is CA or CL. Populate with spaces if not available.
Insurer's Address 2	32	Text	690-721	Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required.

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<i>MSP Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
Insurer's City	15	Text	722-736	City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Required if Action code is CA or CL. Populate with spaces if not available.
Insurer's State	2	Alpha	737-738	State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Required if Action code is CA or CL. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	739-747	Zip Code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Required if Action code is CA or CL. Populate with spaces if not available.
Insurer's Phone	10	Numeric	748-757	Insurer's Phone Number Not required. Populate with zeros if not available.
Insurer Group Number	20	Text	758-777	Group number of insurance coverage. Not required. Populate with spaces if not available.
Insurer Policy Number	17	Text	778-794	Policy number of insurance coverage. Not required. Populate with spaces if not available.
Subscriber First Name	15	Text	795-809	First Name of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Initial	1	Alpha	810	Middle initial of individual covered by this insurance. Not required. Populate with spaces if not available
Subscriber Last Name	24	Text	811-834	Last Name of individual covered by this insurance. Not required. Populate with spaces if not available
Subscriber Social Security Number	9	Numeric	835-843	Social Security Number of the policy holder/subscriber Required

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Diagnosis Code 1	5	Text	844-848	Five-digit diagnosis code that applies to this MSP occurrence. Required if Action code is CA or CL. Populate with spaces if not available.
Diagnosis Code 2	5	Text	849-853	Five-digit diagnosis code that applies to this MSP occurrence. Not required
Diagnosis Code 3	5	Text	854-858	No edits other than data type edits. If not valid, drop the record with edit code 'PE71'. Five-digit diagnosis code that applies to this MSP occurrence. Not required
Diagnosis Code 4	5	Text	859-863	Five-digit diagnosis code that applies to this MSP occurrence. Not required
Diagnosis Code 5	5	Text	864-868	Five-digit diagnosis code that applies to this MSP occurrence. Not required
Illness/Injury Date	8	Date	869-876	Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in CCYYMMDD format) Not required. Populate with zeros if not available.
Illness/Injury Description	64	Text	877-940	Description of illness or injury for workers' compensation, automobile, or liability coverage. Not required. Populate with zeros if not available.
Representative Name	32	Text	941-972	Name of individual representing a beneficiary's medical affairs or estate. Representation may be applicable in a workers' compensation, automobile, or liability insurance case. Type name in first name/middle initial/last name format. Not required. Populate with spaces when not available.
Representative Address 1	32	Text	973-1004	Representative's Street address 1. Not required. Populate with spaces when not available.

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<i>MSP Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
Representative Address 2	32	Text	1005-1036	Representative's Street address 2. Not required. Populate with spaces when not available.
Representative City	15	Text	1037-1051	Representative's City Not required. Populate with spaces when not available.
Representative State	2	Alpha	1052-1053	Representative's Street address 2. Not required. Populate with spaces when not available.
Representative Zip	9	Numeric	1054-1062	Representative's Zip Code. Not required. Populate with spaces when not available.
Representative Type	1	Alpha	1063	Type of relationship between beneficiary and his/her representative. Valid values are: A = Attorney R = Representative not acting as an attorney Not required. Populate with spaces if not available.
Dialysis Train Date	8	Date	1064-1071	Date beneficiary received self-dialysis training (in CCYYMMDD format) Not required. Populate with zeros if not available.
Black Lung Indicator	1	Alpha	1072	One-character code indicating whether beneficiary receives benefits under the Black Lung Program. Valid values are: Y = Yes N = No Not required. Populate with spaces if not available.
Black Lung Effective Date	8	Date	1073-1080	Date beneficiary began receiving benefits under the Black Lung Program in CCYYMMDD format. Not required. Populate with zeros if not available.
Filler	197	Filler	1081-1267	Unused Field – fill with spaces

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MSP Inquiry Header Response Record Layout

<i>MSP Inquiry Header Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code of HE03.
File Type	3	Alpha	12-14	HE04.
File Date	8	Date	15-22	HE05.
Filler	1245	Filler	23-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha	1280-1283	Error code describing reason why file was rejected.

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MSP Inquiry Response Record Layout

<i>MSP Inquiry Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1 – 4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Text	37-61	PE07
Contractor Phone	10	Numeric	62-71	PE08
Tran Stat Cd	2	Alpha	72-73	None. Will contain the Status Code returned from ECSRS
Tran Reason Cd	2	Numeric	74-75	None. Will contain the Reason Code returned from ECSRS.
Trans Action Code 1	2	Alpha	76-77	PE92
Trans Action Code 2	2	Alpha-Numeric	78-79	PE93
Trans Action Code 3	2	Alpha-Numeric	80-81	PE94
Trans Action Code 4	2	Alpha-Numeric	82-83	PE95
Activity Code	1	Alpha	84	PE61
First Development	1	Alpha	85	PE64
Second Development	1	Alpha	86	PE65
RSP	1	Alpha	87	PE66
Trans Source Cd	4	Alpha	88-91	PE05
HIC Number	12	Alpha-Numeric	92-103	PE09
Beneficiary's Social Security Number	9	Numeric	104-112	PE10
Beneficiary's Date of Birth	8	Date	113-120	PE11
Beneficiary's Sex Code	1	Alpha	121	None
Beneficiary's First Name	15	Text	122-136	PE12.

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<i>MSP Inquiry Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary's Initial	1	Alpha	137	PE13
Beneficiary's Last Name	24	Text	138-161	PE14
Patient Relationship	2	Numeric	162-163	PE0J
MSP Type	1	Alpha	164	PE39
MSP Effective Date	8	Date	165-172	PE67
MSP Term Date	8	Date	173-180	PE68
Send CWF	1	Alpha	181	None
CMS Grouping Code	2	Alpha	182-183	PE0E
Beneficiary's Address 1	32	Text	184-215	PE15
Beneficiary's Address 2	32	Text	216-247	PE16
Beneficiary's City	15	Text	248-262	PE17
Beneficiary's State	2	Alpha	263-264	PE18
Beneficiary's Zip Code	9	Numeric	265-273	PE19
Beneficiary's Phone	10	Numeric	274-283	PE20
Check Date	8	Numeric	284-291	PE98
Check Amount	15	Alpha	292-306	PE99
Check Number	15	Alpha	307-321	PE0A
Informant's First Name	15	Text	322-336	PE21
Informant's Middle Initial	1	Alpha	337	PE22
Informant's Last Name	24	Text	338-361	PE23
Informant's Phone	10	Numeric	362-371	PE29
Informant's Address 1	32	Text	372-403	PE24
Informant's Address 2	32	Text	404-435	PE25
Informant's City	15	Text	436-450	PE26
Informant's State	2	Alpha	451-452	PE27
Informant's Zip Code	9	Numeric	453-461	PE28
Informant's Relationship Code	1	Alpha	462	None
Employer's Name	32	Text	463-494	PE30
Employer EIN	18	Text	495-512	PE37
Employer's Address 1	32	Text	513-544	PE31
Employer's Address 2	32	Text	545-576	PE32

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<i>MSP Inquiry Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Employer's Phone	10	Numeric	577-586	PE36
Employer's City	15	Text	587-601	PE33
Employer's State	2	Alpha	602-603	PE34
Employer's ZIP Code	9	Numeric	604-612	PE35
Employee No	12	Text	613-624	PE38.
Insurer's name	32	Text	625-656	PE42
Insurer Type	1	Alpha	657	None
Insurer's Address 1	32	Text	658-689	PE43
Insurer's Address 2	32	Text	690-721	PE44
Insurer's City	15	Text	722-736	PE45
Insurer's State	2	Alpha	737-738	PE46
Insurer's ZIP Code	9	Numeric	739-747	PE47
Insurer's Phone	10	Numeric	748-757	PE0B
Insurer Group Number	20	Text	758-777	PE62
Insurer Policy Number	17	Text	778-794	PE63
Subscriber First Name	15	Text	795-809	PE58
Subscriber Initial	1	Alpha	810	PE59
Subscriber Last Name	24	Text	811-834	PE60
Subscriber Social Security Number	9	Numeric	835-843	PE0F
Diagnosis Code 1	5	Text	844-848	PE69
Diagnosis Code 2	5	Text	849-853	PE70
Diagnosis Code 3	5	Text	854-858	PE71
Diagnosis Code 4	5	Text	859-863	PE72
Diagnosis Code 5	5	Text	864-868	PE73
Illness/Injury Date	8	Date	869-876	PE75
Illness/Injury Description	64	Text	877-940	PE76
Representative Name	32	Text	941-972	PE77
Representative Address 1	32	Text	973-1004	PE78
Representative Address 2	32	Text	1005-1036	PE79
Representative City	15	Text	1037-1051	PE80

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<i>MSP Inquiry Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Representative State	2	Alpha	1052-1053	PE81
Representative Zip	9	Numeric	1054-1062	PE82
Representative Type	1	Alpha	1063	PE83
Dialysis Train Date	8	Date	1064-1071	PE84
Black Lung Indicator	1	Alpha	1072	PE85
Black Lung Effective Date	8	Date	1073-1080	PE86
Filler	187	Filler	1081-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

Prescription Drug Inquiry File Layouts

Prescription Drug Inquiry Header and Trailer Record Layout

<i>Prescription Drug Inquiry Header and Trailer Record Layout</i>				
Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Header Record Type Indicator (Indicates a Header record) Set to 'H0'. Required
PDP ID	4	Numeric	3-6	ID number assigned by COBC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan Contractor number Required
File Type	3	Alpha	12-14	Type of File Set to 'PDI' – Prescription Drug Inquiry File Required
File Date	8	Date	15-22	Date File Created in CCYYMMDD format Required
Filler	1245	Filler	23-1267	Unused Field – Populate with spaces
Trailer Indicator	2	Alpha-Numeric	1-2	Trailer Record Type Indicator Set to 'T0'. Required
PDP ID	4	Numeric	3-6	ID number assigned by COBC. Populate with Spaces
Contractor Number	5	Alpha-Numeric	7-11	Part D Plan Contractor number Required
File Type	3	Alpha-Numeric	12-14	Type of File Set to 'PDI' – Prescription Drug Inquiry File Required
File Date	8	Date	15-22	Date File Created in CCYYMMDD format Required
Record Count	9	Numeric	2-31	Number of Prescription Drug Inquiry Records in file Required
Filler	1236	Filler	32-1267	Unused Field – Populate with spaces

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Prescription Drug Inquiry Record Layout

<i>Prescription Drug Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1 – 4	Type of Record Set to 'ECRS' Required
Contractor Number	5	Alpha-Numeric	5-9	Part D Plan Contractor number Required
DCN	15	Text	10-24	Document Control Number; assigned by the Part D Plan. Required. Each record shall have a unique DCN.
Tran Type Code	1	Alpha	25	Transaction Type Indicator Set to 'P' for Prescription Drug Inquiry Required
Trans Seq No	3	Numeric	26-28	Sequence Number assigned by COB. Internal use only. Populate with spaces.
Tran Stat Cd	2	Alpha	29-30	Status Code Set to 'NW' for New
Tran Reason Cd	2	Numeric	31-32	Reason Set to '01' for New
Trans Source Cd	4	Alpha	33-36	Source of Record The following source codes are valid: CHEK = Check LTTR = Letter PHON = Phone SCLM = Secondary Claim CLAM = Claim SRVY = Survey Required
Update Operator ID	8	Alpha-Numeric	37-44	ID of user making update. Not required
Contractor Name	25	Text	45-69	Contractor name Not required

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Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Contractor Phone	10	Numeric	70-79	Contractor Phone Number Not required
HIC Number	12	Alpha-Numeric	80-91	Beneficiary Health Insurance Claim Number Required if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	92-100	Beneficiary's Social Security Number Required if HIC Number not entered.
Beneficiary's Date of Birth	8	Date	101-108	Beneficiary's Date of Birth in CCYYMMDD format Required
Beneficiary's Sex Code	1	Alpha	109	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Default to 'U' if not available Required
Beneficiary's First Name	15	Text	110-124	Beneficiary's First Name Required
Beneficiary's Initial	1	Alpha	125	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	126-149	Beneficiary's Last Name Required
Patient Relationship	2	Character	150-151	Patient Relationship between policy holder and patient. Valid values are: 1 = Patient is Policy Holder 2 = Spouse 3 = Child 4 = Other Required
Check Date	8	Numeric	152-159	Date of check in CCYYMMDD format. Required if Source is CHEK

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Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Check Amount	15	Alpha	160-174	Amount of check in \$999,999,999.99 format. Required if Source is CHEK
Check Number	15	Alpha	175-189	Check Number Required if Source is CHEK
Beneficiary's Address 1	32	Text	190-221	Beneficiary's Address 1 Not required. Populate with spaces if not available.
Beneficiary's Address 2	32	Text	222-253	Beneficiary's Address 2 Not required. Populate with spaces if not available
Beneficiary's City	15	Text	254-268	Beneficiary's City Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	269-270	Beneficiary's State Not required. Populate with spaces if not available.
Beneficiary's Zip Code	9	Numeric	271-279	Beneficiary's Zip Code Not required. Populate with spaces if not available
Beneficiary's Phone	10	Numeric	280-289	Beneficiary's Phone Not required. Populate with zeros if not available
Informant's First Name	15	Text	290-304	Informant's First Name Required.
Informant's Middle Initial	1	Alpha	305	Informant's Middle Initial Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	306-329	Informant's Last Name Required.

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Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Informant's Relationship Code	1	Alpha	330	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown Required.
Informant's Address 1	32	Text	331-362	Informant's Address 1 Required.
Informant's Address 2	32	Text	363-394	Informant's Address 2 Not required. Populate with spaces if not available.
Informant's City	15	Text	395-409	Informant's City Required.
Informant's State	2	Alpha	410-411	Informant's State Required.
Informant's Zip Code	9	Numeric	412-420	Informant's Zip Required.
Informant's Phone	10	Numeric	421-430	Informant's Phone Number Not required. Populate with zeros if not available.
Employer's Name	32	Text	431-462	Name of employer providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.

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Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Employer's Address 1	32	Text	463-494	Employer's Address 1 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Address 2	32	Text	495-526	Employer's Address 2 providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's City	15	Text	527-541	Employer's City providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's State	2	Alpha	542-543	Employer's State providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	544-552	Employer's Zip Code providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer's Phone	10	Numeric	553-562	Employer's Phone Number providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employer EIN	18	Text	563-580	Employer's EIN providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Employee No	12	Text	581-592	Policyholder's Employee Number Not required. Populate with spaces if not available.

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Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Person Code	3	Numeric	593-595	Person Code. Plan specific (Relationship assigned plan administrator at the plan level) Valid values are: 001 = Self 002 = Spouse 003 = Other Required only for Supplemental Drug Coverage records. If not Supplemental Drug Coverage record, populate with spaces.
Sup Type	1	Alpha- Numeric	596	Supplemental Drug Type Valid values are: L = Supplemental M = Medigap N = Non-qualified SPAP O = Other P = PAP Q = Qualified SPAP R = Charity S = ADAP T = Federal Government Programs 1 = Medicaid 2 = Tricare 3 = Major Medical Required if Record Type of Supplemental 'SUP' is selected. Otherwise not required, populate with spaces.

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Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
MSP Type	1	Alpha-Numeric	597	Medicare Secondary Payer Type Valid values are: A = Working Aged B = ESRD C = Conditional payment D = Automobile Insurance - No-fault E = Workers Compensation F = Federal (public) G = Disabled H = Black Lung I = Veterans W= Workers Compensation Set-Aside Required. Populate with spaces if not available.
Type	1	Alpha-Numeric	598	Prescription Drug Coverage Type Valid values are: U = Drug network V = Drug non-network Z = Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums) Not required. Populate with spaces if not available.
Rec Type	3	Alpha-Numeric	599-601	Prescription Drug Coverage Type of Insurance Valid values are: PRI = Primary SUP = Supplemental Not required. If Sup Type is populated and this field is blank, SUP will be assumed. Populate with spaces if not available.

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Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Insurer's name	32	Text	602-633	Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's Address 1	32	Text	634-665	Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's Address 2	32	Text	666-697	Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's City	15	Text	698-712	City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's State	2	Alpha	713-714	State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	715-723	Zip Code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Drug Coverage Effective Date	8	Date	724-731	Effective Date of Supplemental Prescription Drug Coverage. Required.
Term Date	8	Date	732-739	Termination Date of Supplemental Prescription Drug Coverage. Not Required. Populate with zeros if not available.

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Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Policy Number	17	Text	740-756	Prescription Drug Policy Number Not required. Populate with spaces if not available.
RX BIN	6	Text	757-762	Prescription Drug BIN Number Required if TYPE = "U" Must be six numeric digits.
RX PCN	10	Text	763-772	Prescription Drug PCN Number Required if TYPE = "U" Populate with spaces if not available.
RX Group	15	Text	773-787	Prescription Drug Group Number Required if TYPE = "U" Populate with spaces if not available.
RX ID	20	Text	788-807	Prescription Drug ID Number Required if TYPE = "U" Populate with spaces if not available.
RX Phone	18	Text plus '(' and ')'	808-825	Prescription Drug Phone Number Not required. Populate with spaces if not available.
Filler	442	Filler	826-1267	Unused Field – fill with spaces

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Prescription Drug Inquiry Header Response Record Layout

<i>Prescription Drug Inquiry Header Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Header Indicator	2	Alpha-Numeric	1-2	HE01
PDP ID	4	Numeric	3-6	HE02
Contractor Number	5	Alpha-Numeric	7-11	HE03
File Type	3	Alpha	12-14	HE04.
File Date	8	Date	15-22	HE05.
Submitter Type	1	Alpha-Numeric	23	HE06
Filler	1244	Filler	24-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha	1280-1283	Error code describing reason why file was rejected.

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Prescription Drug Inquiry Response Record Layout

<i>Prescription Drug Inquiry Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1 – 4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Text	10-24	PE02
Tran Type Code	1	Alpha	25	PE03
Trans Seq No	3	Numeric	26-28	PE04
Tran Stat Cd	2	Alpha	29-30	None. Will contain status code returned from ECRS.
Tran Reason Cd	2	Numeric	31-32	None. Will contain reason code returned from ECRS.
Trans Source Cd	4	Alpha	33-36	PE05
Update Operator ID	8	Alpha-Numeric	37-44	PE06
Contractor Name	25	Text	45-69	PE07
Contractor Phone	10	Numeric	70-79	PE08
HIC Number	12	Alpha-Numeric	80-91	PE09
Beneficiary's Social Security Number	9	Numeric	92-100	PE10
Beneficiary's Date of Birth	8	Date	101-108	PE11
Beneficiary's Sex Code	1	Alpha	109	None
Beneficiary's First Name	15	Text	110-124	PE12
Beneficiary's Initial	1	Alpha	125	PE13
Beneficiary's Last Name	24	Text	126-149	PE14
Patient Relationship	2	Character	150-151	PE0J
Check Date	8	Numeric	152-159	PE98
Check Amount	15	Alpha	160-174	PE99
Check Number	15	Alpha	175-189	PE0A
Beneficiary's Address 1	32	Text	190-221	PE15
Beneficiary's Address 2	32	Text	222-253	PE16

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Prescription Drug Inquiry Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary's City	15	Text	254-268	PE17
Beneficiary's State	2	Alpha	269-270	PE18
Beneficiary's Zip Code	9	Numeric	271-279	PE19
Beneficiary's Phone	10	Numeric	280-289	PE20
Informant's First Name	15	Text	290-304	PE21
Informant's Middle Initial	1	Alpha	305	PE22
Informant's Last Name	24	Text	306-329	PE23
Informant's Relationship Code	1	Alpha	330	None
Informant's Address 1	32	Text	331-362	PE24
Informant's Address 2	32	Text	363-394	PE25
Informant's City	15	Text	395-409	PE26
Informant's State	2	Alpha	410-411	PE27
Informant's Zip Code	9	Numeric	412-420	PE28
Informant's Phone	10	Numeric	421-430	PE29
Employer's Name	32	Text	431-462	PE30
Employer's Address 1	32	Text	463-494	PE31
Employer's Address 2	32	Text	495-526	PE32
Employer's City	15	Text	527-541	PE33
Employer's State	2	Alpha	542-543	PE34
Employer's ZIP Code	9	Numeric	544-552	PE35
Employer's Phone	10	Numeric	553-562	PE36
Employer EIN	18	Text	563-580	PE37
Employee No	12	Text	581-592	PE38
Person Code	3	Numeric	593-595	PE0K
Sup Type	1	Alpha-Numeric	596	
MSP Type	1	Alpha-Numeric	597	PE39
Type	1	Alpha-Numeric	598	PE40

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Prescription Drug Inquiry Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Rec Type	3	Alpha-Numeric	599-601	PE41
Insurer's name	32	Text	602-633	PE42
Insurer's Address 1	32	Text	634-665	PE43
Insurer's Address 2	32	Text	666-697	PE44
Insurer's City	15	Text	698-712	PE45
Insurer's State	2	Alpha	713-714	PE46
Insurer's ZIP Code	9	Numeric	715-723	PE47
Drug Coverage Effective Date	8	Date	724-731	PE48
Term Date	8	Date	732-739	PE0G
Policy Number	17	Text	740-756	PE49
RX BIN	6	Text	757-762	PE50
RX PCN	10	Text	763-772	PE51
RX Group	15	Text	773-787	PE52
RX ID	20	Text	788-807	PE53
RX Phone	18	Text plus '(' and ')'	808-825	PE54
Filler	442	Filler	826-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

Appendix H: Error Codes

Error Code	Description
Header Record Errors	
<i>HE01</i>	<i>Invalid Header Indicator (Not = 'H0')</i>
<i>HE02</i>	<i>Invalid Plan Id</i>
<i>HE03</i>	<i>Invalid Contractor Number</i>
<i>HE04</i>	<i>Invalid File Type</i>
<i>HE05</i>	<i>Invalid File Date</i>
<i>HE06</i>	<i>Invalid Submitter Type</i>
Trailer Record Errors	
<i>TE01</i>	<i>Invalid Trailer Indicator (Not = 'T0')</i>
<i>TE02</i>	<i>Invalid Plan ID</i>
<i>TE03</i>	<i>Contractor Number</i>
<i>TE04</i>	<i>Invalid File Type</i>
<i>TE05</i>	<i>Invalid File Date</i>
<i>TE06</i>	<i>Invalid Record Count</i>
Response Record Errors	
<i>PE00</i>	<i>Invalid Transaction Type entered (Not = 'ECRS')</i>
<i>PE01</i>	<i>Invalid Contractor Number entered</i>
<i>PE02</i>	<i>Invalid DCN Number</i>
<i>PE03</i>	<i>Invalid Transaction Type Code</i>
<i>PE04</i>	<i>Invalid Transaction Sequence Number</i>
<i>PE05</i>	<i>Invalid Trans Source Code</i>
<i>PE06</i>	<i>Invalid Update Operator Id</i>
<i>PE07</i>	<i>Invalid Contractor Name</i>
<i>PE08</i>	<i>Invalid Contractor Phone Number</i>
<i>PE09</i>	<i>Invalid HIC Number</i>
<i>PE10</i>	<i>Invalid Beneficiary's Social Security Number</i>
<i>PE11</i>	<i>Invalid Beneficiary's Date of Birth</i>
<i>PE12</i>	<i>Invalid Beneficiary's First Name</i>

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Error Code	Description
<i>PE13</i>	<i>Invalid Beneficiary's Middle Initial</i>
<i>PE14</i>	<i>Invalid Beneficiary's Last Name</i>
<i>PE15</i>	<i>Invalid Beneficiary's Address 1</i>
<i>PE16</i>	<i>Invalid Beneficiary's Address 2</i>
<i>PE17</i>	<i>Invalid Beneficiary's City</i>
<i>PE18</i>	<i>Invalid Beneficiary's State</i>
<i>PE19</i>	<i>Invalid Beneficiary's Zip Code</i>
<i>PE20</i>	<i>Invalid Beneficiary's Phone Number</i>
<i>PE21</i>	<i>Invalid Informant's First Name</i>
<i>PE22</i>	<i>Invalid Informant's Middle Initial</i>
<i>PE23</i>	<i>Invalid Informant's Last Name</i>
<i>PE24</i>	<i>Invalid Informant's Address 1</i>
<i>PE25</i>	<i>Invalid Informant's Address 2</i>
<i>PE26</i>	<i>Invalid Informant's City</i>
<i>PE27</i>	<i>Invalid Informant's State</i>
<i>PE28</i>	<i>Invalid Informant's Zip Code</i>
<i>PE29</i>	<i>Invalid Informant's Phone Number</i>
<i>PE30</i>	<i>Invalid Employer's Name</i>
<i>PE31</i>	<i>Invalid Employer's Address 1</i>
<i>PE32</i>	<i>Invalid Employer's Address 2</i>
<i>PE33</i>	<i>Invalid Employer's City</i>
<i>PE34</i>	<i>Invalid Employer's State</i>
<i>PE35</i>	<i>Invalid Employer's Zip</i>
<i>PE36</i>	<i>Invalid Employer's Phone Number</i>
<i>PE37</i>	<i>Invalid Employer's EIN</i>
<i>PE38</i>	<i>Invalid Employee Number</i>
<i>PE39</i>	<i>Invalid MSP Type</i>
<i>PE40</i>	<i>Invalid Type</i>
<i>PE41</i>	<i>Invalid Record Type</i>
<i>PE42</i>	<i>Invalid Insurer's Name</i>
<i>PE43</i>	<i>Invalid Insurer's Address 1</i>
<i>PE44</i>	<i>Invalid Insurer's Address 2</i>

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Error Code	Description
<i>PE45</i>	<i>Invalid Insurer's City</i>
<i>PE46</i>	<i>Invalid Insurer's State</i>
<i>PE47</i>	<i>Invalid Insurer's Zip</i>
<i>PE48</i>	<i>Invalid Drug Coverage Effective Date</i>
<i>PE49</i>	<i>Invalid Policy Number</i>
<i>PE51</i>	<i>Invalid Rx PCN</i>
<i>PE52</i>	<i>Invalid Rx Group</i>
<i>PE53</i>	<i>Invalid Rx ID</i>
<i>PE54</i>	<i>Invalid Rx Phone</i>
<i>PE55</i>	<i>Invalid Comment ID</i>
<i>PE56</i>	<i>Invalid COB Comment</i>
<i>PE57</i>	<i>Invalid COB Comment ID</i>
<i>PE58</i>	<i>Invalid Subscriber's First Name</i>
<i>PE59</i>	<i>Invalid Subscriber's Middle Initial</i>
<i>PE60</i>	<i>Invalid Subscriber's Last Name</i>
<i>PE61</i>	<i>Invalid Activity Code</i>
<i>PE62</i>	<i>Invalid Insurer Group Number</i>
<i>PE63</i>	<i>Invalid Insurer Policy Number</i>
<i>PE64</i>	<i>Invalid First Development</i>
<i>PE65</i>	<i>Invalid Second Development</i>
<i>PE66</i>	<i>Invalid Response</i>
<i>PE67</i>	<i>Invalid MSP Effective Date</i>
<i>PE68</i>	<i>Invalid MSP Term Date</i>
<i>PE69</i>	<i>Invalid Diagnosis Code 1</i>
<i>PE70</i>	<i>Invalid Diagnosis Code 2</i>
<i>PE71</i>	<i>Invalid Diagnosis Code 3</i>
<i>PE72</i>	<i>Invalid Diagnosis Code 4</i>
<i>PE73</i>	<i>Invalid Diagnosis Code 5</i>
<i>PE74</i>	<i>Invalid Trans Comments</i>
<i>PE75</i>	<i>Invalid Illness/Injury Date</i>
<i>PE76</i>	<i>Invalid Illness/Injury Description</i>
<i>PE77</i>	<i>Invalid Representative Name</i>

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Error Code	Description
<i>PE78</i>	<i>Invalid Representative Address 1</i>
<i>PE79</i>	<i>Invalid Representative Address 2</i>
<i>PE80</i>	<i>Invalid Representative City</i>
<i>PE81</i>	<i>Invalid Representative State</i>
<i>PE82</i>	<i>Invalid Representative Zip</i>
<i>PE83</i>	<i>Invalid Representative Type</i>
<i>PE84</i>	<i>Invalid Dialysis Train Date</i>
<i>PE85</i>	<i>Invalid Black Lung Indicator</i>
<i>PE86</i>	<i>Invalid Black Lung Effective Date</i>
<i>PE87</i>	<i>Invalid MSP AUX Number</i>
<i>PE88</i>	<i>Invalid MSP Accretion Date</i>
<i>PE89</i>	<i>Invalid Remarks Code 1</i>
<i>PE90</i>	<i>Invalid Remarks Code 2</i>
<i>PE91</i>	<i>Invalid Remarks Code 3</i>
<i>PE92</i>	<i>Invalid Trans Action Code 1</i>
<i>PE93</i>	<i>Invalid Trans Action Code 2</i>
<i>PE94</i>	<i>Invalid Trans Action Code 3</i>
<i>PE95</i>	<i>Invalid Trans Action Code 4</i>
<i>PE96</i>	<i>Invalid Originating Contractor</i>
<i>PE97</i>	<i>Invalid PHP Date</i>
<i>PE98</i>	<i>Invalid Check Date</i>
<i>PE99</i>	<i>Invalid Check Amount</i>
<i>PE0A</i>	<i>Invalid Check Number</i>
<i>PE0B</i>	<i>Invalid Insurer's Phone Number</i>
<i>PE0C</i>	<i>Invalid Develop To</i>
<i>PE0D</i>	<i>Invalid Change Lead To</i>
<i>PE0E</i>	<i>Invalid CMS Grouping Code</i>
<i>PE0F</i>	<i>Invalid Subscriber SSN</i>
<i>PE0G</i>	<i>Invalid Term Date</i>
<i>PE0H</i>	<i>Patient relationship required for coverage type of U</i>
<i>PE0I</i>	<i>Insurance type required for coverage type of U.</i>
<i>PE0J</i>	<i>Invalid Patient relationship for the associated MSP Type Type A Valid Relationship Codes 01, 02</i>

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Error Code	Description
	<i>Type B Valid Relationship Codes 01, 02, 03, 04, 05, 18, 20 Type G Valid Relationship Codes 01, 02, 03, 04, 05, 18, 20</i>
<i>PE0K</i>	<i>Invalid or Missing Person Code</i>
<i>PE0P</i>	<i>Add/Update of Supplemental Type Q and S is not allowed</i>
<i>PE0L</i>	<i>Invalid New Effective Date</i>
<i>PE0M</i>	<i>Invalid New Insurer Type</i>
<i>PE0N</i>	<i>Invalid New MSP Type</i>
<i>PE0O</i>	<i>Invalid New Patient Relationship</i>
<i>RX02</i>	<i>Invalid Rx BIN</i>
<i>RX07</i>	<i>Medicare Beneficiary Not Enrolled in Part D</i>
<i>RX10</i>	<i>Medicare Record was Not Found to Delete</i>

Appendix I: Frequently Asked Questions (FAQs)

Am I Using the Correct Option?

Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Create Requests or Inquiries	CWF Assistance Request	Add a new Assistance Request for <i>changes to existing CWF MSP auxiliary occurrences.</i>
Create Requests or Inquiries	MSP Inquiry	Add a new Inquiry about a <i>possible MSP situation not yet documented at CWF.</i>
<i>Create Requests or Inquiries</i>	<i>Prescription Drug Assistance Request</i>	<i>Add a new Assistance Request for Part D information.</i>
Create Requests or Inquiries	Prescription Drug Inquiry	Add a new Inquiry about a <i>possible Prescription Drug situation not yet documented at MBD.</i>
Search for Requests or Inquiries	CWF Assistance Request	<ul style="list-style-type: none"> View a list of all CWF Assistance Requests submitted by the contractor Check the progress of a CWF Assistance Request transaction Delete CWF Assistance Requests that have not been processed by COB. View summary detail for a selected CWF Assistance Request transaction.
Search for Requests or Inquiries	MSP Inquiries	<ul style="list-style-type: none"> View a list of all MSP Inquiries submitted by the contractor Check the progress of an MSP Inquiry transaction. Delete MSP Inquiry requests that have not been processed by COB. View summary detail for a selected MSP Inquiry transaction.
<i>Search for Requests or Inquiries</i>	<i>Prescription Drug Assistance Requests</i>	<ul style="list-style-type: none"> <i>View a list of all Prescription Drug Assistance Requests submitted by the contractor</i> <i>Check the progress of a Prescription Drug Assistance Request transaction</i> <i>Delete Prescription Drug Assistance Requests that have not been processed by COB.</i> <i>View summary detail for a selected Prescription Drug Assistance Request transaction.</i>

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Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Search for Requests or Inquiries	Prescription Drug Inquiries	<ul style="list-style-type: none"> • View a list of all Prescription Drug Inquiries submitted by the contractor. • Check the progress of a Prescription Drug Inquiry transaction. • Delete Prescription Drug Inquiry requests that have not been processed by COB. • View summary detail for a selected Prescription Drug Inquiry transaction.
Reports	Contractor Workload Tracking	Review your contractor site's workload (for Medicare contractors)
Reports	CMS Workload Tracking	Review contractor workloads (for CMS users)
<i>Reports</i>	<i>Quality Assurance Surveillance Plan (QASP) Report</i>	<i>Review Inquiry, and Assistance request statistics (for CMS users)</i>
Files	Upload File	Upload batch files for processing assistance requests and inquiries. <i>(Requires special user authority).</i>
Files	Download Response File	Download responses to previously uploaded batch files, after transactions have been processed by COB. <i>(Requires special user authority).</i>

General Issues

What are the operating hours for the ECRS Web application?

Attempts are made to have ECRS Web available at all times. However, certain portions of the application, such as HIMR, may only be available from 8 am until 5 pm EST. In addition, system maintenance is performed on Sundays, which also may affect availability.

Do all contractors see the same exact information on ECRS Web, or does it vary from state to state?

ECRS Web information is restricted by contractor number and access code. Contractors can view information associated with other contractors if they the necessary contractor number and access code, in addition to a valid HICN.

Can users print ECRS Web screens?

Yes, some pages can be printed by clicking the Print icon on that page.

Inquiry and Assistance Request Issues

Are completed MSP Inquiries, CWF Assistance Requests, Prescription Drug Assistance Requests, and Prescription Drug inquiries purged?

No, but there are origin date parameters on the Search pages that allow you to specify date ranges. The default, unless changed by the user, only shows transactions for the most recent 31 calendar days. You can search requests based on the following criteria:

- Contractor Number
- HICN
- SSN
- DCN
- Status
- Reason
- User ID
- Origin Date range

When searching by HICN, DCN, or SSN, Origin Date range is not required, and results include all contractors, not just your own.

Why can I only update or delete an Inquiry or Assistance Request while it is in new (NW) status?

When an inquiry or assistance request is initially submitted, it has to wait until the batch application processes in the evening before changes or inquiries are actually processed.

During the time that the transaction sits in wait, it is considered to be in NW status. It is only during this time that you can delete or update a transaction, because it has not yet been processed.

Does a contractor need to send three separate Assistance Requests to delete three auxiliary records for the same beneficiary?

Yes. When an assistance request is submitted with the Action Code of DO, the delete is automated within the system, so three separate requests must be submitted to assure all occurrences are deleted.

In the event a transaction is sent via ECRS Web through both an Assistance Request and an Inquiry option, does ECRS have an edit in place that will find these duplicate records?

ECRS Web does not have an edit in place to detect this potential duplicate situation. However, an MSP Inquiry will reject with a reason code 87 when a duplicate record is present on the Case Coverage Database.

If a contractor has multiple contractor numbers, can they choose one to use consistently for Inquiries and Assistance Request transactions?

Yes. You can use whatever contractor number is best for your work process.

Can contractors delete an Inquiry once it has been entered and is later found to contain an error?

Medicare contractors can delete an inquiry if they discover the error on the same day and the inquiry is in NW status. If the error is discovered after the inquiry has been processed, the contractor can submit a CWF Assistance Request (for MSP Inquiries), or a Prescription Drug Assistance Request (for Prescription drug Inquiries), or notify their COB contractor.

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What action code should contractors use when they receive information regarding a termination date for a 77777 or 11102 record that is more than six months from the date of accretion?

Select [**CWF Assistance Request**] under the heading Create Requests and Inquiries, from the Main Menu. On the Action Requested page, use Action Code TD, and enter the Termination Date on the CWF Auxiliary Record Data page.

Does the COB contractor view the Comments fields on the Assistance Request Detail pages and the MSP Inquiry Detail page?

On the Assistance Request Detail pages, the COB contractor views the comments as necessary for each ECRS type as described on page 40. On the MSP Inquiry Detail page, the Comments field has been removed and replaced with additional Action and Reason codes.

Appendix J: Glossary

Term/Acronym	Definition
Action Codes	Used to determine what information should be changed at CWF. For example, if the action code is MT, the system updates information in the MSP TYPE field at CWF.
Assistance Request Transaction	Request to add, update, or delete an existing CWF MSP auxiliary occurrence.
Beneficiary	Medicare beneficiary
CMS	Centers for Medicare & Medicaid Services, the federal agency that administers the Medicare program
COB	Coordination of Benefits is a written statement that tells which plan or insurance policy pays first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, federal law may decide who pays first.
Contractor Number	Unique five-digit number assigned to Medicare contractors by CMS. Transactions are entered and viewed in ECRS Web by contractor number.
CWF	Common Working File, the Medicare Part A/Part B benefit coordination system that uses localized databases maintained by a host contractor
DCN	Document Control Number
ECRS	Electronic Correspondence Referral System allows Medicare contractors to enter requests via a web application to change Data Match and IEQ MSP records on CWF. Request transactions are sent to the COB contractor, where a batch process reads the transactions and processes the requests.
EIN	Employer Identification Number
GHI	Group Health Incorporated
HICN	Health Insurance Claim Number
HIMR	Health Insurance Master Record
IACS	Individuals Authorized Access to CMS Computer Services
Medicare Contractor	Organization contracting with CMS to process claims, pay for or provide medical services, or enhance the agency's capability to administer the Medicare program.
MBD	Medicare Beneficiary Database

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Term/Acronym	Definition
MSP	Medicare Secondary Payer, a statutory requirement that private or other government insurance plans or programs providing health care coverage of Medicare beneficiaries pay before Medicare
MSP Inquiry Transaction	Inquiry regarding possible MSP coverage
Prescription Drug Inquiry Transaction	Inquiry regarding possible Drug coverage
RO	Regional Office
SSN	Social Security Number

**Electronic
Correspondence
Referral System for the
Web (ECRS Web)**

Quick Reference Card
Rev. 84

2011-4/SEPTEMBER
GHI-DI-175.2.1

CFW Assistance Request Codes

Enter CFW assistance requests for existing MSP records.

Required Fields on CFW Assistance Request Detail Pages	
Field	Description
DCN	Document Control Number
HICN	Beneficiary's Health Insurance Claim Number
ACTIVITY CODE	Activity code
ACTION(S)	Action codes
SOURCE	Source of request information
IMPORT HIMR MSP DATA	Select to import HIMR data for the existing MSP record
MSP TYPE	Type of MSP coverage
PATIENT RELATIONSHIP	Patient relationship
AUXILIARY RECORD #	Record number of MSP auxiliary occurrence at CWF Note: Part D contractors must enter "001" when the Auxiliary record number is unknown.
ORIGINATING CONTRACTOR	Contract number of contractor that created original MSP occurrence at CWF
EFFECTIVE DATE	Effective date of MSP coverage
TERMINATION DATE	Date MSP coverage ended
FIRST NAME	Informant's first name
LAST NAME	Informant's last name
ADDRESS	Informant's address
CITY	Informant's city
STATE	Informant's state
ZIP	Informant's zip code
RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Insurance company name
INSURANCE TYPE	Type of insurance coverage
POLICY NUMBER	Insurance policy number (not required if group number is entered)

CFW Assistance Request Codes

Enter CFW assistance requests for existing MSP records.

GROUP NUMBER	Insurance policy group number (not required if policy number is entered)
EMPLOYER NAME	Name of the beneficiary's employer
ADDRESS	Employer's address
CITY	Employer's city
STATE	Employer's state
ZIP	Employer's zip code
CHECK NUMBER	Check number
CHECK DATE	Date on the check
CHECK AMOUNT	Amount of the check
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date
SOCIAL SECURITY NUMBER	Beneficiary's social security number
DIAGNOSIS CODES	Diagnosis codes Note: required when MSP Type is D, E, or L.
REMARKS	Remarks
Required Fields for Source Codes	
Value	Required Fields
CHEK	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP CHECK NUMBER CHECK DATE CHECK AMOUNT
LTRR	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP
PHON	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP
Related Action Codes	
Value	Description

CFW Assistance Request Codes

Enter CFW assistance requests for existing MSP records.

AI	Change attorney information	
AP	Add policy and or group number	
AR	Add CWF remark codes	
CD	Change to injury/loss date	
CP	Incorrect ESRD Coordination Period	
CT	Change termination date	
DA	Develop to the attorney	
DD	Develop for the diagnosis code	
DE	Develop to employer or for employer info	
DI	Develop to insurer or for insurer info	
DO	Mark occurrence for deletion	
DR	Investigate/redevelop closed or deleted record	
DT	Develop for termination date	
DX	Change diagnosis codes	
EA	Change employer address	
ED	Change effective date	
EF	Develop for the effective date	
EI	Change employer information	
ES	Employer size below minimum (20 for working aged; 100 for disability)	
II	Change insurer information	
IT	Change insurer type	
LR	Add duplicate liability record	
MT	Change MSP type	
MX	SSN/HICN mismatch	
NR	Create duplicate no-fault record	
PH	Add PHP date	
PR	Change patient relationship	
TD	Terminate open EGHP record with date less than six months prior to date of accretion	
VP	Beneficiary has taken a vow of poverty	
WN	Notify COBC of updates to WCMSA cases	
Required Fields for Action Codes		
Value	Required Fields	Description
AI	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP (must be 'A'), INSURANCE TYPE	Attorney information
AP	POLICY NUMBER and/ or GROUP NUMBER Note: available for EGHP	Insurer information for drug records

CFW Assistance Request Codes

Enter CFW assistance requests for existing MSP records.

	MSP types only	
AR	REMARK Code (at least one)	Remarks
CD	GROUP NUMBER Note: ** available for contractor 79001, NON EGHP MSP types D, E, L, and W only ***	DOI/DOL changes
CP	Note: ** available for ESRD MSP type B only ***	Verification of coordination period
CT	TERMINATION DATE	Termination Date
DX	DIAGNOSIS CODES (at least one)	Diagnosis codes
EA	EMPLOYER NAME	Employer information
<i>ED</i>	<i>EFF DATE</i> <i>NEW EFF DATE</i>	<i>Effective Date</i> <i>New Effective Date</i>
EI	EMPLOYER NAME, EMPLOYER ADDRESS, EMPLOYER CITY, EMPLOYER STATE, EMPLOYER ZIP Type data in all fields to update employer info at CWF.	Employer information
II	INSURANCE COMPANY NAME If you leave the following fields blank, the system overwrites the previous value on the MSP auxiliary record at CWF: STREET, CITY, ST, ZIP, GROUP NO, POLICY NO, SUBSCRIBER NAME Type data in all fields to update insurer info at CWF. Leave all fields blank to delete insurer info at CWF.	Insurance Company Name
<i>IT</i>	<i>INSURANCE TYPE</i> <i>NEW INSURANCE TYPE</i>	<i>Insurance type</i> <i>New Insurance Type</i>
<i>MT</i>	<i>MSP TYPE</i> <i>NEW MSP TYPE</i>	<i>MSP Type</i> <i>New MSP Type</i>

CFW Assistance Request Codes

Enter CFW assistance requests for existing MSP records.

MX	SOCIAL SECURITY NUMBER	SSN/HICN mismatch
PH	PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date
<i>PR</i>	<i>PAT REL</i> <i>NEW PAT REL</i>	<i>Patient Relationship</i> <i>New Patient Relationship</i>
TD	TERMINATION DATE	Termination date
WN	Note: ** available for Contractor 79001 only ***	WCMSA Notification

Prescription Drug Assistance Request Codes

Required Fields for Source Codes	
Value	Required Fields
CHEK	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT ADDRESS, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP, CHECK NUMBER, CHECK DATE, CHECK AMT
LTTR	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT ADDRESS, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP
PHON	INFORMANT FIRST NAME, INFORMANT LAST NAME, INFORMANT ADDRESS, INFORMANT CITY, INFORMANT STATE, INFORMANT ZIP, INFORMANT RELATIONSHIP
Action Codes	
Value	Description
AP	Add Policy and/or Group Number
BN	Develop for Prescription BIN
CT	Change termination date
CX	Change Prescription Values (BIN, Group, PCN)
DO	Mark occurrence for deletion
EA	Change employer address
ED	Change effective date
EI	Change employer information
GR	Develop for Group Number
IT	Change insurer type
MT	Change MSP type
PC	Update Prescription Person Code
PN	Develop for PCN

PR	Change patient relationship	
TD	Add Termination Date	
Required Fields for Action Codes		
Value	Required Fields	Description
AP	PERSON CODE	Person Code (when Record Type is SUP)
	INFMT NAME, ADDRESS, CITY, ST, ZIP	Informant information (when Source Type is Letter, Check, or Phone)
	COVERAGE TYPE	Coverage Type (when Policy Number, BIN, PCN, ID, Supplemental Type, or Person Code are entered)
	POLICY NUMBER	Policy Number OR Group Number required when Source Code is NOT D, E, L, or W
	GROUP NUMBER	Group Number required when Coverage Type=U
BN	PERSON CODE	Person Code (when Record Type is SUP)
CT	TERM DATE PERSON CODE	Termination Date Person Code (when Record Type is SUP)
CX	PERSON CODE BIN, PCN, GROUP	Person Code (when Record Type is SUP) BIN, PCN, <u>OR</u> Group Number is required
DO	PERSON CODE	Person Code (when Record Type is SUP)
EA	PERSON CODE EMPLOYER NAME	Person Code (when Record Type is SUP) Employer Name
ED	NEW EFF DATE PERSON CODE	New Effective Date Person Code (when Record Type is SUP)
EI	PERSON CODE EMPLR NAME, ADDRESS, CITY, ST, ZIP	Person Code (when Record Type is SUP) Employer information
GR	PERSON CODE	Person Code (when Record Type is SUP)
IT	PERSON CODE, INS TYPE NEW INS TYPE	Person Code (when Record Type is SUP) Insurance type New Insurance Type
MT	MSP TYPE, NEW MSP TYPE, RECORD TYPE	MSP Type New MSP Type Record Type (must be PRI)
PC	PERSON CODE	Person Code
PN	PERSON CODE	Person Code (when Record Type is SUP)
PR	PERSON CODE, NEW PAT REL	Person Code (when Record Type is SUP) New Patient Relationship
TD	PERSON CODE, TERM DT	Person Code (when Record Type is SUP) Termination Date

MSP Inquiry Codes

Enter inquiries to initiate MSP development.

Note: Action codes are *not required* for MSP inquiries.

Required Fields on MSP Inquiry Detail Pages	
Field	Description
DCN	Document Control Number
HICN	Beneficiary's Health Insurance Claim Number
ACTIVITY CODE	Activity code
SOURCE	Source of request information
MSP TYPE	MSP type
	Note: Leave MSP Type blank when Record Type is Supplemental
PATIENT RELATIONSHIP	Patient's relationship Note: required when action code is blank and MSP type is F.
EFFECTIVE DATE	Effective date of MSP coverage
TERMINATION DATE	Date MSP coverage ended
CMS GROUPING CODE	CMS grouping code
FIRST NAME	Informant's first name
LAST NAME	Informant's last name
ADDRESS	Informant's address
CITY	Informant's city
STATE	Informant's state
ZIP	Informant's zip code
RELATIONSHIP	Informant's relationship to the beneficiary
INSURANCE COMPANY NAME	Name of beneficiary's insurer
ADDRESS LINE 1	First line of insurer's address Note: required when Insurance Company Name is entered.
CITY	Insurer's city Note: required when Insurance Company Name is entered.
STATE	Insurer's state Note: required when Insurance Company Name is entered.
ZIP	Insurer's zip code Note: required when Insurance Company Name is entered.
INSURANCE TYPE	Type of insurance
EMPLOYER NAME	Name of beneficiary's employer Note: required when MSP Type is F and Send to CWF is Yes.
ADDRESS	Employer's address Note: required when MSP Type is F and Send to CWF is Yes.
CITY	Employer's city Note: required when MSP Type is F and Send to CWF is Yes.
STATE	Employer's state

MSP Inquiry Codes

	Note: required when MSP Type is F and Send to CWF is Yes.
ZIP	Employer's zip code Note: required when MSP Type is F and Send to CWF is Yes.
CHECK NUMBER	Check number
CHECK AMOUNT	Amount on the check
CHECK DATE	Date on the check
DIAGNOSIS CODES	Diagnosis codes
BIN	BIN Note: required when Coverage Type is U.
PCN	PCN Note: required when Coverage Type is U.
GROUP	Group number Note: required when Coverage Type is U.
ID	ID number Note: required when Coverage Type is U.
SUPPLEMENTAL TYPE	Type of supplemental insurance Note: must be L when Record Type is Supplemental.
PERSON CODE	Person code Note: required when Record Type is Supplemental and Supplemental type is L.

Related Action Codes

Value	Description
CA	Class action suit
CL	Closed or settled case
DE	Develop to the employer
DI	Develop to the insurer
Required Fields for Action Codes	
Value	Required Fields
CA	MSP TYPE PATIENT RELATIONSHIP (when MSP Type is L) EFFECTIVE DATE (when MSP Type is L) CMS GROUPING CODE (when MSP Type is L) INSURANCE COMPANY NAME, INSURANCE TYPE DIAGNOSIS CODES Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Must enter "A" as relationship if Informant information is entered.
CL	MSP TYPE (must be D, E, or L) PATIENT RELATIONSHIP (must be D, E, or L) EFFECTIVE DATE (must be D, E, or L) TERMINATION DATE (must be D, E, or L) DIAGNOSIS CODES Informant Name, Address, City, State and Zip are required unless Insurance Company Address, City, State and Zip have been entered. Note: Must enter "A" as relationship if Informant

	information is entered.
DE	EMPLOYER NAME ADDRESS CITY STATE ZIP Note: Insurance company name is NOT required when action code is blank or DE.
DI	ADDRESS LINE 1 CITY STATE ZIP
Required Fields for Source Codes	
Value	Required Fields
CHEK	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP CHECK NUMBER CHECK AMOUNT CHECK DATE
LTTR	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP
PHON	MSP TYPE FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP

Prescription Drug Inquiry Codes

SEND TO MBD	Select Yes to send inquiry to MBD
SUBMTTER TYPE	Submitter type
CHECK NUMBER	Check number
CHECK DATE	Date on the check
CHECK AMOUNT	Amount on the check
INFORMANT FIRST NAME	Informant's first name
INFORMANT LAST NAME	Informant's last name
INFORMANT ADDRESS	Informant's address
INFORMANT CITY	Informant's city
INFORMANT STATE	Informant's state
INFORMANT ZIP	Informant's zip code
INFORMANT RELATIONSHIP	Informant's relationship to the beneficiary
EFFECTIVE DATE	Effective date of prescription coverage
TERMINATION DATE	Date prescription coverage ends Note: automatically populated when Coverage Type is U.
BIN	BIN Note: required when Coverage Type is U.
PCN	PCN Note: required when Coverage Type is U.
GROUP	Group number Note: required when Coverage Type is U.
ID	ID number Note: required when Coverage Type is U.
PERSON CODE	Person code Note: required when Record Type is Supplemental, or when Record Type is blank and Supplemental type is L.

Required Fields for Source Codes	
Value	Required Fields
CHEK	CHECK NUMBER CHECK DATE CHECK AMOUNT INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANY STATE INFORMANT ZIP INFORMANT RELATIONSHIP
LTTR	INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANY STATE INFORMANT ZIP INFORMANT RELATIONSHIP
PHON	INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANY STATE INFORMANT ZIP

Prescription Drug Inquiry Codes

Required Fields on Prescription Drug Inquiry Detail Pages	
Field	Description
DCN	Document Control Number
HICN	Beneficiary's Health Insurance Claim Number
ACTIVITY CODE	Activity code
SOURCE	Source of request information
MSP TYPE	MSP type Note: Leave MSP Type blank when Record Type is Supplemental
PATIENT RELATIONSHIP	Patient's relationship Note: required when action code is blank and MSP type is F.

Prescription Drug Inquiry Codes

	INFORMANT RELATIONSHIP
Prescription Drug Supplemental Type Codes	
L	Supplemental
M	Medigap
N	Non-qualified SPAP
O	Other
P	PAP
Q	Qualified SPAP
R	Charity
S	ADAP
T	Federal Government Programs
1	Medicaid
2	Tricare
3	Major Medical

Coverage Type Codes	
U	Drug Network
V	Drug Non-network
Z	Health Reimbursement account

General Codes

The following codes apply to CWF assistance requests, MSP inquiries, and workers' compensation set-aside trust cases.

Activity Codes	
Value	Description
C	Claims (Pre-Payment) (22001)
D	Debt Collection (42021)
G	Group Health Plan (42003)
I	General Inquiry (42004)
N	Liability, No-Fault, Workers' Compensation, and Federal Tort Claim Act (FTCA) (42002)
MSP Type Codes	
NON EGHP	
D	Automobile Insurance, No Fault
E	Workers' Compensation
L	Liability
W	Workers' Compensation Set-Aside
EGHP	
A	Working Aged
B	End-Stage Renal Disease (ESRD)
C	Conditional Payment
F	Federal (Public)
G	Disabled
H	Black Lung

General Codes

I	Veterans
Source Codes	
CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Medicare Secondary Claim payment
SRVY	Survey (Part D only)

Status Codes	
CM	Completed
DE	Delete (do not process) ECRS request
HD	Hold, individual not yet a Medicare beneficiary (WC) (RAC)
IP	In process, being edited by COB
NW	New, not yet read by COB

Reason Codes	
01	Not yet read by COB, used with NW status
02	Being processed by COB, used with IP status
03	Under development by COB, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by COB contractor, used with IP status
06	Sent to EDB for beneficiary info, used with IP status
07	Auditor follow-up development in progress, used with IP status
10	Not processing
11	Not yet eligible for Medicare, used with HD status
12	Needs diagnosis, used with HD status (for WC set-aside trust cases only)
13	Future-dated workers' compensation case, used with HD status (for WC set-aside trust cases only)
14	Duplicate request, development already in process, used with HD status
15	Prescription Drug Coverage update sent to MBD
30	S.E.E. Approved Medicare primary
31	Action code and comments conflict
32	Record terminated/deleted due to OBRA 93
33	WCSA record – can only be updated by RO, record closed by CWF Analyst
34	Record is "N" validity – we do not develop for "N" records
36	Policy Holder Retired (G record)
37	Beneficiary verified existing record, no update needed
38	Development letter sent, waiting on response
45	Insufficient information to process, used with HD status

General Codes

	(RAC only)
46	RAC did not update hold records, used with DE status (RAC only)
50	Posted to CWF, response received with no errors, used with CM status
51	No changes (additions, modifications, or deletions) made to CWF, used with CM status
52	Returned–rejected by CWF, used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more threshold met
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (for MSP inquiries only)

General Codes

88	No update, not lead contractor
91	Duplicate in process
92	Change of Venue not allowed after 90 days
93	No Part D Enrollment found

Patient Relationship Codes

01	Patient is policy holder
02	Spouse
03	Natural child, insured has financial responsibility
04	Natural child, insured has no financial responsibility
05	Stepchild
06	Foster child
07	Ward of the Court
08	Employee
09	Unknown
10	Handicapped dependent
11	Organ donor
12	Cadaver donor
13	Grandchild
14	Niece/nephew
15	Injured plaintiff
16	Sponsored dependent
17	Minor dependent of a minor dependent
18	Parent
19	Grandparent dependent
20	Domestic partner (Effective April, 2004.)

Informant Relationship Codes

A	Attorney representing beneficiary
B	Beneficiary
C	Child
D	Defendant's attorney
E	Employer
F	Father
I	Insurer
M	Mother
N	Non-relative
O	Other relative
P	Provider
R	Beneficiary representative (other than attorney)
S	Spouse
U	Unknown
W	Pharmacy

General Codes

Relationship to Insured Codes	
B	Beneficiary
C	Child
E	Employer
F	Father
M	Mother
N	Non-relative
O	Other relative
S	Spouse
U	Unknown

Insurance Type Codes

A	Insurance or Indemnity (OTHER TYPES)
B	Group Health Organization (GHO)
C	Preferred Provider Organization (PPO)
D	Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity (TPA/ASO)
E	Third Party Administrator arrangement with stop loss insurance issued from any entity (STOP LOSS TPA)
F	Self-Insured/Self-Administered (SELF-INSURED)
G	Collectively-Bargained Health and Welfare Fund (HEALTH/WELFARE)
H	Multiple Employer Health Plan with at least one employer who has more than 100 full- and/or part-time employees (EMPLOYER+100)
I	Multiple Employer Health Plan with at least one employer who has more than 20 full- and/or part-time employees (EMPLOYER+20)
J	Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY)
K	Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY)
M	Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan, or Medicare Carve Out Plan (SUPPLEMENTAL)
R	GHP Health Reimbursement Arrangement
S	GHP Health Savings Account
Blank	Unknown (UNKNOWN)