

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

Quick Reference Card
Rev. 84

2011-4/SEPTEMBER

CFW Assistance Request Codes

Enter CWF 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

CFW Assistance Request Codes

Enter CWF assistance requests for existing MSP records.

POLICY NUMBER	Insurance policy number (not required if group number is entered)
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
LTTR	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP RELATIONSHIP
PHON	FIRST NAME LAST NAME ADDRESS CITY STATE ZIP

CFW Assistance Request Codes

Enter CWF assistance requests for existing MSP records.

Related Action Codes		
Value	Description	
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

CFW Assistance Request Codes

Enter CWF assistance requests for existing MSP records.

AP	POLICY NUMBER and/ or GROUP NUMBER Note: available for EGHP MSP types only	Insurer information for drug records
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>MSP Type</i>

CFW Assistance Request Codes

Enter CFW assistance requests for existing MSP records.

	<i>NEW MSP TYPE</i>	<i>New MSP Type</i>
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

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,	Person Code (when Record Type is SUP)

	NEW PAT REL	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 CFW is Yes.
ADDRESS	Employer's address Note: required when MSP Type is F and Send

MSP Inquiry Codes

	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 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.

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
LTRR	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

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
LTRR	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

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.
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 INFORMANT STATE INFORMANT ZIP

Prescription Drug Inquiry Codes

	INFORMANT RELATIONSHIP
LTRR	INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANT STATE INFORMANT ZIP INFORMANT RELATIONSHIP
PHON	INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANT STATE INFORMANT ZIP 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	

General Codes

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
I	Veterans

Source Codes	
CHEK	Unsolicited check
LTRR	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

Prescription Drug Inquiry Codes

Required Fields on Prescription Drug Inquiry Detail Pages	
Field	Description
DCN	Document Control Number

General Codes

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 (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

General Codes

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)
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

General Codes

M	Mother
N	Non-relative
O	Other relative
P	Provider
R	Beneficiary representative (other than attorney)
S	Spouse
U	Unknown
W	Pharmacy

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/WELFAR)
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)