CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 97	**Date: September 27, 2013**
	Change Request 8302

SUBJECT: Prevent Electronic Correspondence Referral System (ECRS) Inquiries from being submitted with Insurance types other than A, J, K, R, S, or Blank Spaces

I. SUMMARY OF CHANGES: Currently contractors can create ECRS Inquiries using Insurance types other than A, J, K, R, S, or blanks (blanks/spaces are defaulted to "A"). When this occurs, the system creates the MSP record and rejects it with an SP 24 error. Since the insurance type field is not updatable, the record has to be manually rejected and added with insurance type "A".

EFFECTIVE DATE: October 1, 2013
IMPLEMENTATION DATE: October 1, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/10.2/COBC Electronic Correspondence Referral System (ECRS)

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-05	Transmittal: 97	Date: September 27, 2013	Change Request: 8302

SUBJECT: Prevent Electronic Correspondence Referral System (ECRS) Inquiries from being submitted with Insurance types other than A, J, K, R, S, or Blank Spaces

EFFECTIVE DATE: October 1, 2013
IMPLEMENTATION DATE: October 1, 2013

I. GENERAL INFORMATION

A. Background: In April 2011, CR 7216 "Common Working File (CWF) Medicare Secondary Payer (MSP) Coordination of Benefits Contractor (COBC) Number Update and Implementation of MSP Group Health (GHP) COBC Hierarchy Rules as related to Mandatory Insurer Reporting" was implemented. This CR included changes to the CWF MSP Transaction Error Code logic to limit the values for what is considered a valid MSP Insurance Type. As a result, the CWF system now limits MSP Insurance Type values to A, J, K, R, S, and Blank (blanks/spaces are defaulted to A) for MSP occurrences where the accretion date is 4/1/2011 or greater. Records not meeting these criteria are rejected with an SP24 error.

Although the above change was implemented for CWF, Medicare contractors are still able to submit ECRS MSP Inquires with Insurance Types other than A, J, K, R, S, or Blank/Spaces. These ECRS MSP Inquiries subsequently result in an MSP occurrence being submitted to CWF and failing with an SP24 error. The ECRS application is being changed to limit MSP Inquiries to the same restrictions as Insurance Types applied by CWF. ECRS MSP Inquiries submitted with an invalid Insurance Type will be rejected and returned with an error code of 'PE0Q'.

B. Policy: The intent of this CR is to prevent the submission of ECRS MSP Inquiries with invalid Insurance Types. An error code of PE0Q will be returned on ECRS MSP Inquiries that are submitted with an Insurance Types other than A, J, K, R, S, or blank/spaces. This change is described in the ECRS User Guide, for which a draft is attached.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
8302.1	The COBC system shall ensure that only ECRS MSP Inquiry transactions are created with Insurance Types A, J, K, R, S or blank / spaces.												COBC
8302.2	The Medicare contractors shall ensure that only ECRS MSP Inquiry transactions are sent to the COBC with Insurance Types A, J, K, R, S or blank / spaces.	X	X	X	X	X	X	X					

Number	Requirement	Responsibility											
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		A	B	HHH					FISS	MCS	VMS	CWF	
8302.3	The COBC system shall create and send error code PE0Q to those Medicare contractors that submit an Insurer Type other than A, J, K, R, S, or blanks/spaces for batch file processing.												COBC
8302.4	The Medicare contractors shall accept error code PE0Q.	X	X	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			DME MAC	FI	CARRIER	RHHI	Other
		A	B	HHH					
	None								

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Erica Watkins, 410-786-2805 or Erica.Watkins@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

10.2 - COBC Electronic Correspondence Referral System (ECRS)
(Rev. 97, Issued: 09-27-13, Effective: 10-01-13, Implementation: 10-01-13)

As of January 1, 2001, the COBC assumed responsibility for virtually all activities related to establishing MSP periods of coverage at CWF that result from initial MSP development activities. Since contractors receive a great deal of MSP information, a system was needed to transfer that information to the COBC for its evaluation to determine if MSP development is necessary. In addition, since the contractors' ability to send update transactions to CWF had been severely restricted, there was a need for a system to allow it to easily submit requests to the COBC to apply changes to existing MSP records at CWF. In order to meet these requirements, the COBC developed and maintains Electronic Correspondence-Referral System (ECRS Web) application. This application allows contractor MSP representatives and Regional Office MSP staff to fill out various online forms and electronically transmit information to the COBC.

The ECRS is operational 24 hours a day, 7 days a week, except for maintenance. Contractors shall report connection problems or systems failures directly to the COBC EDI Hotline at 646-458-6740. If contractors are unable to receive technical assistance from the COBC EDI Hotline, or the issue has not been resolved, please E-mail questions or issues should be forwarded to the COBC via Internet address at ECRSHELP@ehmedicare.com.

Attachment 1 - ECRS Web User Guide Version *5.0*

To view Attachment 1, click here: Attachment 1, ECRS Web User Guide, Software version *5.0*, User Guide version *5.0*

MAJOR CHANGES FROM ECRS 10 to ECRS Web

1. HICN will be required for all assistance requests and inquiries.

2. Beneficiary information will be pre-filled for all assistance requests and inquiries.

3. Prescription Drug Coverage Inquiries will be included on the workload tracking report.

4. The user will be able to print and export, as comma delimited text, search results listings.

5. DCN will be system generated, but may be modified or user can use their own DCN number.

6. The user will be able to change contractor number without having to log out of the application.

7. Contractors will have the ability to upload batch file transactions and download response files via the web application.

8. New CWF Assistance Request Action Codes:

    a. 'AP' to add policy and or group number on drug records (EGHP Only).

    b. 'CP' to notify COBC of incorrect ESRD coordination period (MSP Type B Only).

c. ‘WN’ to notify COBC of updates to WCMSA cases (Contractor 79001 Only).

d. ‘CD’ to notify COBC of a change to injury/loss date (Contractor 79001 and Non EGHP Only).

9. CWF Assistance Request Action Codes removed:

   a. ‘RR’ which made documentation requests for generation of right of recovery letters

   b. ‘CV’ which changed the venue for lead contractor assignment

10. MSP Inquiry Action Codes removed:

   a. ‘SC’ which suppressed the sending of confirmation letters for EGHP MSP Types.

   b. SL’ which suppressed lead contractor assignment and the sending of Right of Recovery Letters.

   c. ‘SR’ which suppressed the sending of Right of Recovery Letters.

11. Menu options removed:

   a. **Document Copies** which allowed the user to submit requests to the COB contractor for copies of documents.

   b. **Lead Contractor Assignment** which allowed the user to see cases assigned to a lead contractor for coordination of Medicare activities with other contractors and insurance companies.

   c. **Developing Contractor Notification** which allowed the user to view cases in which the developing contractor or CMS Regional Office may have an interest or involvement, but the cases were assigned to another contractor for the coordination of Medicare activities.

   d. **MSP Changed Record Notification** which allowed the user to view MSP occurrences in which the developing contractor or CMS Regional Office may have an interest or involvement, but the MSP occurrences have been added to, updated on, or deleted from CWF by the COB contractor.

   e. **Workers Comp Set Aside Detail** which allowed the user to Add, View and Update Workers’ Compensation Set-Aside Trust Cases.

   f. **Workers Comp Set Aside List** which allowed the user to view a list of Workers’ Compensation Set-Aside Trust Cases.

12. GHI will have their own access code which will give them the same authority as the Regional Offices.

13. Contractors will not be using the CICS application.

Attachment 2 – ECRS Web - Quick Reference Card Version 1.0
To view Attachment 2, click here: Attachment 2, ECRS Web User Guide Quick Reference Card v1.0

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

User Guide Version 5.0

Rev. 2013-01/October
COBR-Q3-2013-V5.0

Revision History

Date	Version	Reason for Change
April 22, 2013	4.7	Various Changes – See list in Chapter 1
October 1, 2013	5.0	Changes related to the conversion to International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM), elimination of some Insurer Type values for MSP Inquiry transactions, and reformatting of Record Layouts (added new headers). See detailed description of changes in Chapter 1.

Confidentiality and Disclosure of Information

Section 1106 (a) of the Social Security Act as it applies to the Centers for Medicare & Medicaid Services (CMS) - (42 CFR Chapter IV Part 401 §§ 401.101 to 401.152) prohibits disclosure of any information obtained at any time by officers and employees of Medicare Intermediaries, Carriers, or Medicare Contractors in the course of carrying out agreements and/or contracts under Sections 1816, 1842, and 1874A of the Social Security Act, and any other information subject to Section 1106 (a) of the Social Security Act.

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.

TABLE OF CONTENTS

Chapter 1: Summary of Version 5.0 Updates 1-1

Chapter 2: Introduction 2-1

What is ECRS? 2-1
ECRS Web CBTs 2-1
About this Guide 2-2
How to Use the Required Data Reference Tables 2-3
User Guide Conventions 2-3
Basic Functions 2-3
Logging On 2-3
Main Menu 2-5

Chapter 3: CWF Assistance Request Transactions 3-1

Adding a CWF Assistance Request Transaction 3-1
Retrieving Beneficiary Information 3-1
Action Codes 3-1
Action Requested Page 3-3
Navigation Links 3-3
Importing HIMR MSP Information for CWF Assistance Requests 3-7
CWF Auxiliary Record Data Page 3-10
Informant Information Page 3-13
Insurance Information Page 3-15
Employment Information Page 3-19
Additional Information Page 3-20
Comments and Remarks Page 3-23
Summary Page 3-25
Viewing, Updating, and Deleting CWF Assistance Request Transactions 3-26
View Transactions 3-27
Update Transactions 3-28
Delete Transactions 3-29

Chapter 4: MSP Inquiry Transactions 4-1

Adding an MSP Inquiry Transaction 4-1
Retrieving Beneficiary Information 4-1
Common MSP Sources 4-1
Action Requested Page 4-2
Navigation Links 4-2
MSP Information Page 4-6
Informant Information Page 4-9
Insurance Information Page 4-12

Employment Information Page 4-14
Additional Information Page 4-17
Summary Page 4-23
Viewing, Updating, and Deleting MSP Inquiry Transactions 4-24
View Transactions 4-25
Update Transactions 4-26
Delete Transactions 4-27

Chapter 5: Prescription Drug Assistance Request Transactions 5-1

Adding a Prescription Drug Assistance Request Transaction 5-1
Retrieving Beneficiary Information 5-1
Action Requested Page 5-1
Informant Information Page 5-9
Insurance Information Page 5-11
Employment Information Page 5-13
Additional Information Page 5-14
Comments and Remarks Page 5-15
Summary Page 5-17
Viewing, Updating, and Deleting Prescription Drug Assistance Request Transactions 5-18
View Transactions 5-19
Update Transactions 5-21
Delete Transactions 5-23

Chapter 6: Prescription Drug Inquiry Transactions 6-1

Adding a Prescription Drug Inquiry Transaction 6-1
Retrieving Beneficiary Information 6-1
Common Prescription Drug Sources 6-1
Initial Information Page 6-2
Navigation Links 6-2
Additional Information Page 6-6
Prescription Drug Inquiry Prescription Drug Page 6-8
Prescription Drug Inquiry Summary Page 6-13
Viewing, Updating, and Deleting Prescription Drug Inquiries 6-13
Tracking Prescription Drug Inquiries 6-14
View Transactions 6-16
Update Transactions 6-17
Delete Transactions 6-19

Chapter 7: Reports 7-1

Navigation Links 7-1
Contractor Workload Tracking Report 7-2
CMS Workload Tracking Report 7-4

QASP Report 7-7

Chapter 8: Uploading & Downloading Files 8-1

Navigation Links 8-1
Upload Assistance Request and Inquiry Files 8-2
Download Assistance Request and Inquiry Response Files 8-4
Alternative File Submission Options 8-5

Appendix A: CWF Assistance Request Required Data Reference A-1

Appendix B: MSP Inquiry Required Data Reference B-1

Appendix C: Prescription Drug Assistance Request Required Data Reference C-1

Appendix D: Prescription Drug Inquiry Required Data Reference D-1

Appendix E: Reason Codes E-1

Appendix F: CWF Remark Codes F-1

Appendix G: File Layouts G-1

CWF Assistance Request File Layouts G-1
CWF Assistance Request Header Record G-1
CWF Assistance Request Trailer Record G-2
CWF Assistance Request Detail Record (Production) G-3
CWF Assistance Request Detail Record (Test) G-14
CWF Assistance Request Response Header Record G-35
CWF Assistance Request Response Detail Record (Production) G-36
CWF Assistance Request Response Detail Record (Test) G-40
Prescription Drug Assistance Request File Layouts G-46
Prescription Drug Assistance Request Header Record G-46
Prescription Drug Assistance Request Trailer Record G-47
Prescription Drug Assistance Request Detail Record G-48
Prescription Drug Assistance Request Response Header Record G-57
Prescription Drug Assistance Request Response Detail Record G-58
MSP Inquiry File Layouts G-62
MSP Inquiry Header Record G-62
MSP Inquiry Trailer Record G-63
MSP Inquiry Detail Record (Production) G-64
MSP Inquiry Detail Record (Test) G-80
MSP Inquiry Response Detail Record (Production) G-109
MSP Inquiry Response Detail Record (Test) G-113
Prescription Drug Inquiry File Layouts G-118
Prescription Drug Inquiry Header Record G-118
Prescription Drug Inquiry Trailer Record G-119

Prescription Drug Inquiry Detail Record G-120
Prescription Drug Inquiry Response Header Record G-130
Prescription Drug Inquiry Response Detail Record G-131

Appendix H: Error Codes H-1

Appendix I: Frequently Asked Questions (FAQs) I-1

General Issues I-2
What are the operating hours for the ECRS Web application? I-2
Do all contractors see the same exact information on ECRS Web, or does it vary from state to state? I-2
Can users print ECRS Web pages? I-2
Inquiry and Assistance Request Issues I-3
Are completed MSP Inquiries, CWF Assistance Requests, Prescription Drug Assistance Requests, and Prescription Drug inquiries purged? I-3
Why can I only update or delete an Inquiry or Assistance Request while it is in NW (new) status? I-3
Does a contractor need to send three separate Assistance Requests to delete three auxiliary records for the same beneficiary? I-3
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? I-3
If a contractor has multiple contractor numbers, can they choose one to use consistently for Inquiries and Assistance Request transactions? I-3
Can contractors delete an Inquiry once it has been entered and is later found to contain an error? I-4
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? I-4
Does the COB contractor view the Comments fields on the Assistance Request Detail pages and the MSP Inquiry Detail page? I-4

Appendix J: Glossary J-1

List of Figures

Figure 2-1: Contractor Lookup Page 2-4
Figure 2-2: Main Menu Page 2-5
Figure 3-1: CWF Assistance Request Action Requested Page 3-3
Figure 3-2: HIMR MSP Data List....3-8
Figure 3-3: CWF Assistance Request Auxiliary Record Information Page....3-10
Figure 3-4: CWF Assistance Request Informant Information Page 3-13
Figure 3-5: CWF Assistance Request Insurance Information Page....3-15
Figure 3-6: CWF Assistance Request Employment Information Page....3-19
Figure 3-7: CWF Assistance Request Additional Information Page 3-20
Figure 3-8: More Diagnosis Codes 3-22
Figure 3-9: CWF Assistance Request Comments/Remarks Page....3-23
Figure 3-10: CWF Assistance Request Summary Page....3-25
Figure 3-11: CWF Assistance Request Search Page....3-26
Figure 3-12: CWF Assistance Request Search Page Listing 3-27
Figure 3-13: CWF Assistance Request Summary Page....3-28
Figure 4-1: MSP Inquiry Action Requested Page....4-2
Figure 4-2: MSP Inquiry MSP Information Page 4-6
Figure 4-3: MSP Inquiry Informant Information Page 4-10
Figure 4-4: MSP Inquiry Insurance Information Page....4-12
Figure 4-5: MSP Inquiry Employment Information Page....4-15
Figure 4-6: Additional Information Page....4-17
Figure 4-7: More Diagnosis Codes 4-19
Figure 4-8: MSP Inquiry Prescription Coverage Page....4-20
Figure 4-9: MSP Inquiry Summary Page....4-23
Figure 4-10: MSP Inquiry Search Page 4-24
Figure 4-11: MSP Inquiry Search Page Listing....4-25
Figure 4-12: MSP Inquiry Summary 4-26
Figure 5-1: Action Requested Page 5-2
Figure 5-2: Prescription Drug Assistance Request Informant Information Page....5-9
Figure 5-3: Prescription Drug Assistance Request Insurance Information Page....5-11
Figure 5-4: Prescription Drug Assistance Request Employment Information Page....5-13
Figure 5-5: Prescription Drug Assistance Request Additional Information Page 5-14
Figure 5-6: Comments and Remarks Page....5-15
Figure 5-7: Summary Page 5-17
Figure 5-8: Prescription Drug Assistance Request Search Page....5-18
Figure 5-9: Search Page Listing....5-19
Figure 5-10: Summary Page 5-21
Figure 6-1: Prescription Drug Inquiry Initial Information Page 6-2
Figure 6-2: Prescription Drug Inquiry Additional Information Page....6-6
Figure 6-3: Prescription Drug Page 6-9
Figure 6-4: Prescription Drug Inquiry Summary....6-13
Figure 6-5: Prescription Drug Inquiry Search....6-15
Figure 6-6: Prescription Drug Inquiries Search Page Listing 6-16
Figure 6-7: Prescription Drug Inquiry Summary....6-17
Figure 7-1: Contractor Workload Tracking 7-2
Figure 7-2: Contractor Workload Tracking Page Sample....7-3
Figure 7-3: CMS Workload Tracking Page 7-5
Figure 7-4: CMS Workload Tracking Sample....7-6
Figure 7-5: QASP Report....7-8
Figure 7-6: QASP Report Listing 7-9
Figure 8-1: File Upload Page....8-3
Figure 8-2: Download Response Files....8-4
Figure 8-3: Response File Example....8-5

List of Tables

Table 2-1: Contractor Lookup Page Heading Bar 2-4
Table 2-2: Contractor Lookup Page....2-4
Table 2-3: Right Side Bar - Quick Help 2-5
Table 2-4: Right Side Bar - User 2-5
Table 2-5: Main Menu Page 2-6
Table 3-1:Action Codes 3-2
Table 3-2: CWF Assistance Request Action Requested Heading Bar....3-3
Table 3-3: CWF Assistance Request Action Requested: Left Side Bar 3-4
Table 3-4: Right Side Bar - Quick Help 3-4
Table 3-5: Right Side Bar - Change Contractor....3-4
Table 3-6: Right Side Bar - Contractor....3-4
Table 3-7: Right Side Bar - User 3-4
Table 3-8: Right Side Bar - Beneficiary 3-5
Table 3-9: Right Side Bar - DCN....3-5
Table 3-10: HIMR MSP Data List....3-8
Table 3-11: CFW Assistance Request, Pre-populated Fields 3-9
Table 3-12: CWF Assistance Request Auxiliary Record Information Page....3-11
Table 3-13: CWF Assistance Request Informant Information Page....3-13
Table 3-14: CWF Assistance Request Insurance Information Page 3-16
Table 3-15: CWF Assistance Request Employment Information Page 3-19
Table 3-16: CWF Assistance Request Additional Information Page....3-20
Table 3-17: More Diagnosis Codes 3-22
Table 3-18: CWF Assistance Request Comments/Remarks Page 3-23
Table 3-19: Action and Related Comments Examples 3-24
Table 3-20: CWF Assistance Request Search Page....3-26
Table 3-21: CWF Assistance Request Search Page Listing....3-27
Table 4-1: MSP Inquiry - Heading Bar....4-2
Table 4-2: MSP Inquiry Left Side Bar....4-2
Table 4-3: Right Side Bar - Quick Help 4-3
Table 4-4: Right Side Bar - Change Contractor....4-3
Table 4-5: Right Side Bar - Contractor....4-3
Table 4-6: Right Side Bar - User 4-3
Table 4-7: Right Side Bar - Beneficiary 4-4
Table 4-8: Right Side Bar - DCN....4-4
Table 4-9: MSP Inquiry Action Requested Page 4-5
Table 4-10: MSP Inquiry MSP Information Page....4-7
Table 4-11: MSP Inquiry Informant Information Page....4-10
Table 4-12: MSP Inquiry Insurance Information Page 4-13
Table 4-13: MSP Inquiry Employment Information Page 4-16
Table 4-14: MSP Inquiry Additional Information Page 4-17
Table 4-15: More Diagnosis Codes 4-19
Table 4-16: MSP Inquiry Prescription Coverage Information Page 4-20
Table 4-17: MSP Inquiry Search Page....4-24
Table 4-18: MSP Inquiry Search Page Listing 4-25
Table 5-1: Prescription Drug Assistance Request Heading Bar 5-2
Table 5-2: Prescription Drug Assistance Request - Left Side Bar....5-2
Table 5-3: Right Side Bar - Quick Help 5-3
Table 5-4: Right Side Bar - Change Contractor....5-3
Table 5-5: Right Side Bar - Contractor....5-3
Table 5-6: Right Side Bar - User 5-3
Table 5-7: Right Side Bar - Beneficiary 5-4

Table 5-8: Right Side Bar - DCN....5-4
Table 5-9: Prescription Drug Assistance Request Action Requested Page....5-4
Table 5-10: Prescription Drug Assistance Request Informant Information Page....5-9
Table 5-11: Prescription Drug Assistance Request Insurance Information Page....5-11
Table 5-12: Prescription Drug Assistance Request Employment Information Page....5-13
Table 5-13: Prescription Drug Assistance Request Additional Information Page....5-14
Table 5-14: Prescription Drug Assistance Request Comments and Remarks Page....5-15
Table 5-15: Prescription Drug Assistance Request Search Page Description....5-18
Table 5-16: Prescription Drug Assistance Requests Search Page Listing....5-19
Table 5-17: Prescription Drug Assistance Request Summary Page....5-21
Table 6-1: Prescription Drug Inquiry Heading Bar....6-2
Table 6-2: Prescription Drug Inquiry Left Side Bar....6-2
Table 6-3: Right Side Bar - Quick Help....6-3
Table 6-4: Right Side Bar – Change Contractor....6-3
Table 6-5: Right Side Bar - Contractor....6-3
Table 6-6: Right Side Bar - User....6-3
Table 6-7: Right Side Bar - Beneficiary....6-3
Table 6-8: Right Side Bar - DCN....6-4
Table 6-9: Prescription Drug Inquiry Initial Information Page....6-4
Table 6-10: Prescription Drug Inquiry Additional Information Page....6-7
Table 6-11: Invalid Insurance Company Names....6-8
Table 6-12: Prescription Drug Inquiry Prescription Drug Page....6-10
Table 6-13: Prescription Drug Inquiry Search Page Criteria....6-15
Table 6-14: Prescription Drug Inquiry Search Page Listing....6-16
Table 6-15: Prescription Drug Inquiry Summary....6-17
Table 7-1: Reports Header Bar....7-1
Table 7-2: Right Side Bar - Quick Help....7-1
Table 7-3: Right Side Bar - Change Contractor....7-1
Table 7-4: Right Side Bar - Contractor....7-1
Table 7-5: Right Side Bar - User....7-2
Table 7-6: Contractor Workload Tracking Selection Criteria....7-2
Table 7-7: Contractor Workload Tracking Report Detail....7-3
Table 7-8: CMS Workload Tracking Selection Criteria....7-5
Table 7-9: Reports, Workload Tracking Report Detail....7-6
Table 7-10: QASP Report Selection Criteria....7-8
Table 7-11: QASP Report Listing....7-9
Table 8-1: ECRS (File Upload / Download Response Files) Header Bar....8-1
Table 8-2: Right Side Bar - Quick Help....8-1
Table 8-3: Right Side Bar - Change Contractor....8-1
Table 8-4: Right Side Bar - Contractor....8-2
Table 8-5: Right Side Bar - User....8-2
Table 8-6: ECRS File Upload Page....8-3
Table 8-7: Download Response Files Page....8-4
Table 8-8: CWF Assistance Request Required Data Table: Action Requested Page....A-1
Table 8-9: CWF Assistance Request Required Data Table: CWF Auxiliary Record Data Page....A-1
Table 8-10: CWF Assistance Request Required Data Table: Informant Information Page....A-2
Table 8-11: CWF Assistance Request Required Data Table: Insurance Information Page....A-3
Table 8-12: CWF Assistance Request Required Data Table: Employment Information Page....A-3
Table 8-13: CWF Assistance Request Required Data Table: Additional Information Page....A-4
Table 8-14: CWF Assistance Request Required Data Table: Comments/Remarks Page....A-4
Table 8-15: MSP Inquiry Required Data Table: Action Requested Page....B-1
Table 8-16: MSP Inquiry Required Data Table: MSP Information Page....B-1
Table 8-17: MSP Inquiry Required Data Table: Informant Information Page....B-2
Table 8-18: MSP Inquiry Required Data Table: Insurance Information Page....B-3
Table 8-19: MSP Inquiry Required Data Table: Employment Information Page....B-3

Table 8-20: MSP Inquiry Required Data Table: Additional Information Page B-4
Table 8-21: MSP Inquiry Required Data Table: Prescription Coverage Page B-5
Table 8-22: Prescription Drug Assistance Request Required Data Table: Action Requested Page C-1
Table 8-23: Prescription Drug Assistance Request Required Data Table: Informant Information Page .. C-2
Table 8-24: Prescription Drug Assistance Request Required Data Table: Insurance Information Page .. C-2
Table 8-25: Prescription Drug Assistance Request Required Data: Employment Information Page C-3
Table 8-26: Prescription Drug Assistance Request Required Data: Additional Information Page C-4
Table 8-27: Prescription Drug Assistance Request Required Data: Comments/Remarks Page C-4
Table 8-28: Prescription Drug Inquiry Required Data Table: Initial Information Page D-1
Table 8-29: Prescription Drug Inquiry Required Data Table: Additional Information Page D-1
Table 8-30: Prescription Drug Inquiry Required Data Table: Prescription Coverage Page D-2
Table 8-31: CWF Assistance Request Header Record Layout G-1
Table 8-32: CWF Assistance Request Trailer Record Layout G-2
Table 8-33: CWF Assistance Request Detail Record Layout (Test) G-14
Table 8-34: CWF Assistance Request Response Header Record Layout G-35
Table 8-35: CWF Assistance Request Response Detail Record Layout (Production) G-36
Table 8-36: CWF Assistance Request Response Detail Record Layout (Test) G-40
Table 8-37: Prescription Drug Assistance Request Header Record Layout G-46
Table 8-38: Prescription Drug Assistance Request Trailer Record Layout G-47
Table 8-39: Prescription Drug Assistance Request Detail Record Layout G-48
Table 8-40: Prescription Drug Assistance Request Response Header Record Layout G-57
Table 8-41: Prescription Drug Assistance Request Response Detail Record Layout G-58
Table 8-42: MSP Inquiry Header Record Layout G-62
Table 8-43: MSP Inquiry Trailer Record Layout G-63
Table 8-44: MSP Inquiry Detail Record Layout (Production) G-64
Table 8-45: MSP Inquiry Detail Record Layout (Test) G-80
Table 8-46: MSP Inquiry Response Header Record Layout G-108
Table 8-47: MSP Inquiry Response Detail Record Layout (Production) G-109
Table 8-48: MSP Inquiry Response Detail Record Layout (Production) G-113
Table 8-49: Prescription Drug Inquiry Header Record Layout G-118
Table 8-50: Prescription Drug Inquiry Trailer Record Layout G-119
Table 8-51: Prescription Drug Inquiry Detail Record Layout G-120
Table 8-52: Prescription Drug Inquiry Response Header Record Layout G-130
Table 8-53: Prescription Drug Inquiry Response Detail Record Layout G-131
Table 8-54: Header Record Errors H-1
Table 8-55: Trailer Record Errors H-1
Table 8-56: Response Record Errors H-1
Table 8-57: Am I Using the Correct Option? I-1

Chapter 1: Summary of Version 5.0 Updates

The following updates have been made in Version 5.0 of the ECRS Web User Guide:

1. Changes regarding International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) diagnosis codes
   - Beginning with dates of service on and after October 1, 2014, CMS will adopt the ICD-10-CM for diagnosis coding. ICD-10-CM codes are alphanumeric and contain 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM. The conversion from the 9th to the 10th Edition of ICD diagnosis codes requires changes to ECRS.
   - ECRS ***file submitters*** have been provided with two new ***test*** record layouts, one for MSP Inquiry transactions and one for CWF Assistance Request transactions, which **must be used when submitting test files on or after October 1, 2013** even if the submitter is not testing ICD-10-CM changes.
   - The new test MSP Inquiry and CWF Assistance Request record layouts were created from the existing production MSP Inquiry and CWF Assistance Request record layouts. The original layouts were modified to allow for the collection of ICD-10-CM codes: A summary of the modifications are listed below:
     - The number of diagnosis codes collected has increased from 5 to 20.
     - Each diagnosis code has increased in size from 5 to 7 bytes.
     - Each diagnosis code has a one byte indicator associated to it that identifies the code as ICD-9-CM or ICD-10-CM.
     - The area of the record layout currently used to store the 5 byte diagnosis codes has been converted to filler.
     - The new diagnosis codes and their associated diagnosis indicator have been added to the filler area at the end of the MSP Inquiry and CWF Assistance Request record layouts.
     - The new MSP Inquiry and CWF Assistance Request Record Layouts **must be used** to submit production files as of **January 1, 2014.**
   - ECRS ***file submitters*** that send test MSP Inquires and/or CWF Assistance Request transactions in a flat file will receive new test Response Files. The new test Response Files were created using the existing production MSP Inquiry and CWF Assistance Request Response File record layouts. The original layouts were modified to allow for the return of error codes related to the new diagnosis code collection structure.
   - ECRS Web has been modified to display and allow entry of up to 20 diagnosis codes and their associated indicator (ICD-9-CM or ICD-10-CM).
2. The list of valid values that will be accepted in the Insurance Type and New Insurance Type fields on the MSP Inquiry has been modified to only allow the following types: A (Insurance or Indemnity – Other Types), J (Hospitalization only plan covering inpatient hospital), and K (Medical Service only plan covering non-inpatient medical).
   - New Error Code PE0Q will be returned on MSP Inquiries that are submitted with an Insurance Type other than "A", "J", "K", “R”, “S”, or blank.
3. Appendix G (File Layouts) has been reformatted with headers to identify the record layout that is displayed.

4. Appendix H (Error Codes) has been revised with the new Error Codes that will be received when submitting invalid ICD Indicators and/or invalid diagnosis codes. These Error Codes will be received on test file MSP Inquiry and CWF Assistance Request file submissions beginning 10/1/2013. These Error Codes will be returned on all MSP Inquiry and CWF Assistance Request file submissions as of 10/1/2014.

Chapter 2: Introduction

This chapter contains an introduction to the Electronic Correspondence Referral System (ECRS) on the Web User Guide.

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 LMS@Strategichs.com. Specify that you are requesting the ECRS Web CBT curriculum. Once your request is processed, an e-mail notification containing the instructions for accessing the course will be sent to you..

About this Guide

This guide was written to help you understand the Electronic Correspondence Referral System (ECRS) for the web. Chapter 1, Summary of User Guide Updates, provides an overview of all significant revisions to this version of the ECRS Web User Guide.

Chapter 2, 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 3, 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 4, *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 5, *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 6, *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 7, *Workload Tracking Reports*, details how to run and display the Tracking report for Medicare contractors, as well as CMS and RO users.

Chapter 8, *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, C and D 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, headers and footers can be used 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 Web 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 **Error! Reference source not found.**.

Figure 2-1: Contractor Lookup Page

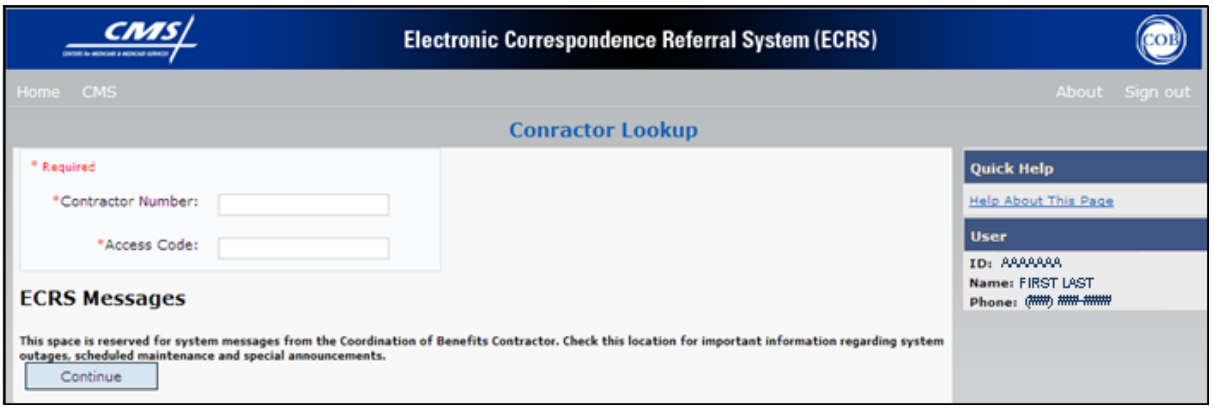


Table 2-1: Contractor Lookup Page Heading Bar

Navigation Link	Description
HOME	Click to return to the Main Menu page.
CMS	Click to link to the CMS website www.cms.gov.
ABOUT	Click to display information about the ECRS Web menu options.
SIGN OUT	Click to leave the ECRS Web application. The system returns you to the CMS Access Management Logon Page.

Table 2-2: Contractor Lookup Page

Field	Description
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. *Required field* for contractors. Or GHI, CMS, or Regional Office identification number. *Required field* for GHI, CMS, and RO users.
ACCESS CODE	Five-character authorization code assigned by COB contractor. *Required field* for contractors. Or Five-character authorization code for GHI, CMS, and Regional Office users. *Required field* 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.
CONTINUE	Command button. Click to navigate to the Main Menu page.

Contractor Lookup Page - Right Side Bar

The right side bar of the Contractor Lookup Page is divided into two sections: Quick Help and User: Please see Table 2-3 and Table 2-4.

Table 2-3: Right Side Bar - Quick Help

Quick Help	Description
Help About This Page	Click to display helpful information for completing the page.

Table 2-4: Right Side Bar - User

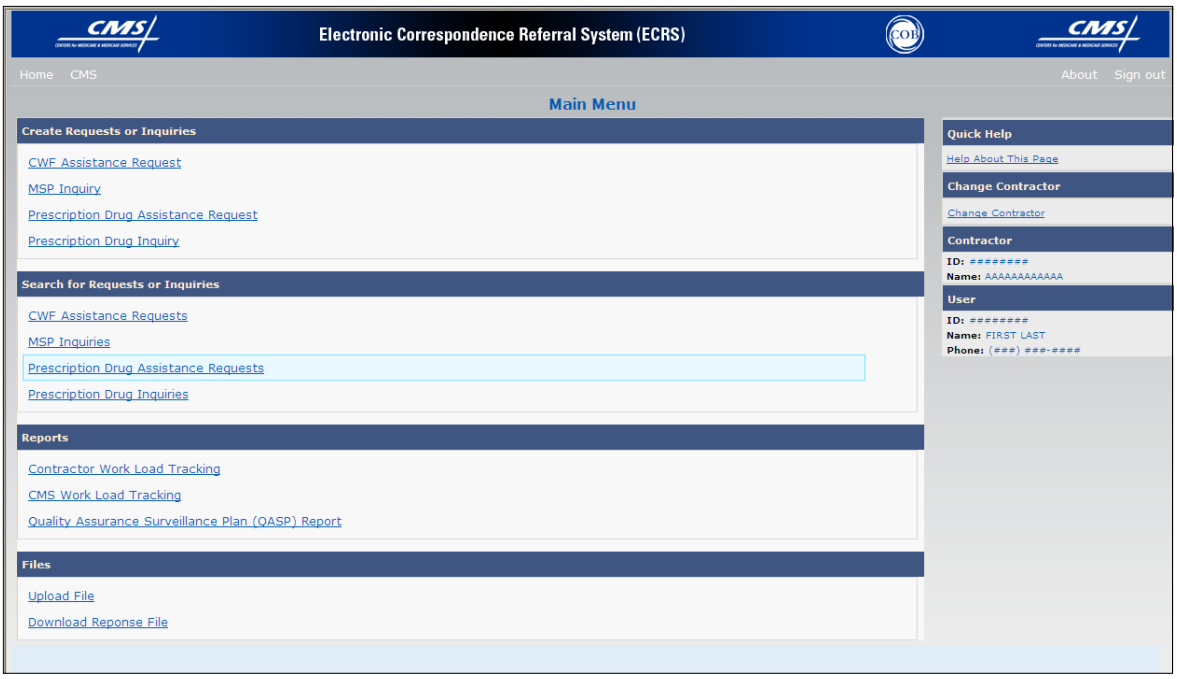
Field	Description
ID	User ID of person logged in. (*protected field*)
NAME	Name of person associated with the User ID. (*protected field*)
PHONE	Phone number associated with the User ID. (*protected field*)

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 redisplays, 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.

Main Menu

The Main Menu is the Home page for the ECRS Web application. Please see Figure 2-2. Select the tasks you want to perform from this page. Click on a link to access information in ECRS.

Figure 2-2: Main Menu Page



The ECRS Main Menu is divided into four sections: Create Requests or Inquiries, Search for Requests or Inquiries, Reports, and Files. Each section includes various navigation links which will direct you to the applicable ECRS Web page. The links are described in Table 2-5.

Table 2-5: Main Menu Page

Link	Description
CWF ASSISTANCE REQUEST	Click **[CWF Assistance Request]** to enter a new CWF Assistance Request.
MSP INQUIRY	Click **[MSP Inquiry]** to enter a new MSP Inquiry.
PRESCRIPTION DRUG ASSISTANCE REQUEST	Click **[Prescription Drug Assistance Request]** to enter a new Prescription Drug Assistance Request. **Note**: This field displays for users who can submit Part C or Part D data.
PRESCRIPTION COVERAGE INQUIRY	Click **[Prescription Coverage Inquiry]** to enter a new Prescription Drug Inquiry.
CWF ASSISTANCE REQUESTS	Click **[CWF Assistance Requests]** to enter search criteria to locate a CWF Assistance Request.
MSP INQUIRIES	Click **[MSP Inquiries]** to enter search criteria to locate an MSP Inquiry.
PRESCRIPTION DRUG ASSISTANCE REQUESTS	Click **[Prescription Drug Assistance Requests]** to enter search criteria to locate a Prescription Drug Assistance Request.
PRESCRIPTION COVERAGE INQUIRIES	Click **[Prescription Coverage Inquiries]** to enter search criteria to locate a Prescription Coverage Inquiry.
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
QUALITY ASSURANCE SURVEILLANCE PLAN (QASP) REPORT	Click **[Quality Assurance Surveillance Plan (QASP) Report]** to select criteria and display the QASP report. **Note**: Restricted to CMS and Regional Offices
UPLOAD FILE	Click **[Upload File]** to upload ECRS transaction files. Note: File Upload and Download are restricted to selected users. Contact the EDI Help desk at (646) 458-6740 for additional information.
DOWNLOAD RESPONSE FILE	Click **[Download Response File]** to download the ECRS response files. Note: File Upload and Download are restricted to selected users. Contact the EDI Help desk at (646) 458-6740 for additional information.

Chapter 3: 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.

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 new or possible MSP situation not yet documented at CWF, use the **[MSP Inquiry]** link on the Main Menu.

Retrieving Beneficiary Information

Beneficiary Information is automatically retrieved when the Health Insurance Claim Number (HICN) and other required data is entered and saved on the first page of the CWF Assistance Request (Action Requested page). 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 auxiliary occurrence. 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, but you have the ability to enter a maximum of four codes. For MSP inquiries, you are not required to enter any ACTIONs. Table 3-1 lists all action codes available in ECRS Web.

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

Table 3-1:Action Codes

Description	Action Code
Change Attorney Information	AI
Add Policy and/or Group Number	AP
Add CWF Remark Codes	AR
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
Investigate/Possible Duplicate for Deletion	ID
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

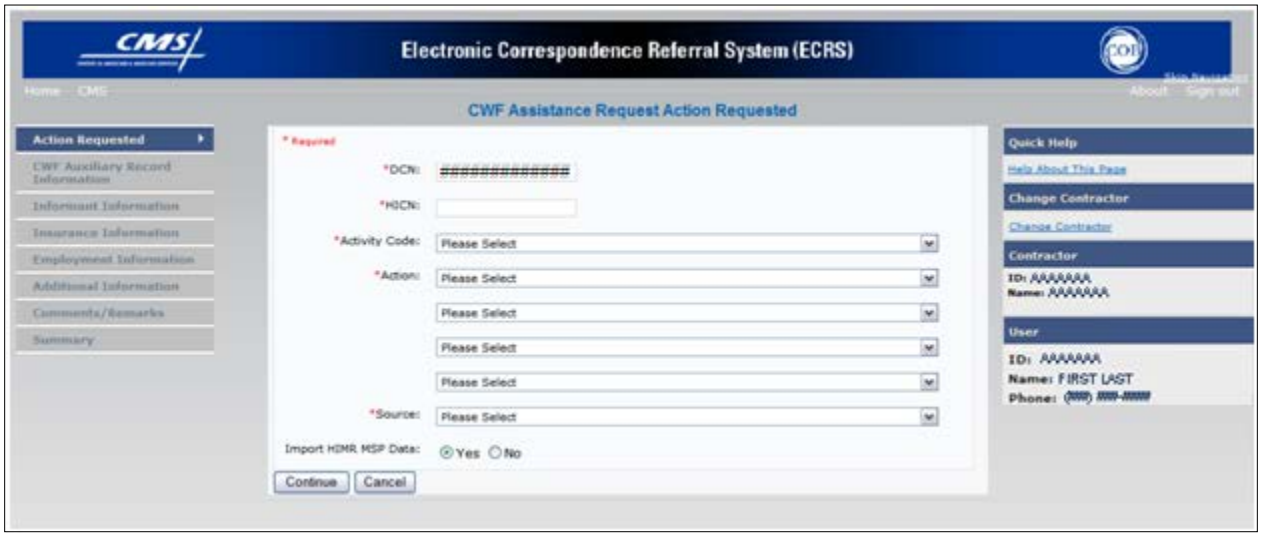
Description	Action Code
Update A Record For A Vow Of Poverty	VP
Notify COB Of Updates To WCMSA Cases	WN

Action Requested Page

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.

From the Main Menu page, click **[CWF Assistance Request]** under Create Requests or Inquiries. The system displays the Action Requested page, as shown in the Figure 3-1.

Figure 3-1: CWF Assistance Request Action Requested Page



Navigation Links

The navigation links explained in Table 3-2 and Table 3-3 display on each page of the CWF Assistance Request Transaction:

Table 3-2: CWF Assistance Request Action Requested Heading Bar

Navigation Link	Description
HOME	Click **[Home]** to return to the Main Menu page.
CMS	Click **[CMS]** to link to the CMS website www.cms.gov.
ABOUT	Click **[About]** to display information about the ECRS Web menu options.
SIGN OUT	Click **[Sign Out]** to leave the ECRS Web application.

Table 3-3: CWF Assistance Request Action Requested: Left Side Bar

Navigation Link	Description
ACTION REQUESTED	Click **[Action Requested]** to go to the Action Requested page.
CWF AUXILIARY RECORD INFORMATION	Click **[CWF Auxiliary Record Information]** to go to the CWF Auxiliary Record Data page.
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.

CWF Assistance Request - Right Side Bar

The right side bar of the CWF Assistance Request page is divided into six sections. Each of these sections is described in the following tables: Table 3-4, Table 3-5, Table 3-6, Table 3-7, Table 3-8, and Table 3-9.

Table 3-4: Right Side Bar - Quick Help

Navigation Link	Description
Help About This Page	Click to display helpful information for completing the page.

Table 3-5: Right Side Bar - Change Contractor

Navigation Link	Description
CHANGE CONTRACTOR	Click to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor

Table 3-6: Right Side Bar - Contractor

Field	Description
ID	Contractor Number or CMS ID entered on the Contractor Sign In page. (*protected field*)
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. (*protected field*)

Table 3-7: Right Side Bar - User

Field	Description
ID	User ID of person logged in. (*protected field*)
NAME	Name of person associated with the User ID. (*protected field*)

Field	Description
PHONE	Phone number associated with the User ID. (*protected field*)

Beneficiary and DCN Information will be retrieved from the system using the HICN entered on the Action Requested page. This information will be carried forward on subsequent pages of the CWF Assistance Request and it will be displayed on the right side bar as described in Table 3-8 and Table 3-9. This information will not be editable.

Table 3-8: Right Side Bar - Beneficiary

Field	Description
HICN	Health Insurance Claim Number of the beneficiary. (*protected field*)
SSN	Social Security Number of the beneficiary. (*protected field*)
NAME	Name of the beneficiary. (*protected field*)
ADDRESS	Street address of the beneficiary. (*protected field*)
CITY, STATE	City and State associated with street address of the beneficiary. (*protected field*)
ZIP	Zip code associated with street address of the beneficiary. (*protected field*)
SEX	Sex of the beneficiary. (*protected field*)
DOB	Date of birth of the beneficiary. (*protected field*)

Table 3-9: Right Side Bar - DCN

Field	Description
ID	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with transaction. (*protected field*)
ORIGIN DATE	Date CWF Assistance Request transaction was submitted. (*protected field*)
STATUS	Two-character code explaining where the CWF Assistance Request transaction is in the COB system process (*protected field*) 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.) (*protected field*) **Note**: REASON will always be 01 until the transaction is processed.
DCN	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with transaction (*required field*) The system auto-generates the DCN, but it can be changed by the user.

Field	Description
HICN	Health Insurance Claim Number of the 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.
ACTIVITY CODE	Activity of the 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
ACTION	Two-character code defining the action to take on the MSP auxiliary occurrence at CWF (*required field*). Notes: Enter up to four Actions unless the CWF Assistance Request is to: • Delete occurrence (DO) • Redevelop a deleted CWF record (DR) • Investigate/ possible duplicate for deletion (ID) • Note a vow of poverty (VP) • Develop for Employer Information (DE) • Develop for Insurer Information (DI) You cannot combine these six Actions with any other Actions. Action MT only applies when supplemental type is Primary.
SOURCE	Four-character code identifying source of the CWF Assistance Request information (*required field*). Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey
IMPORT HIMR MSP DATA	Defaults to Yes, but can be changed to No. See the importing HIMR MSP data section for more information.
CONTINUE	Command button. Click to go to the CWF Auxiliary Record Data page or the HIMR MSP Data List. **Note**: All required fields must be populated before clicking **[Continue]**.
CANCEL	Command button. Click to return to the Main Menu.

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
   - SOURCE

   Note: For information on importing HIMR MSP Data for CWF Assistance Requests, see Figure 3-2. 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.
3. If you selected to import HIMR MSP data, clicking **[Continue]** displays the HIMR MSP Data List. See Figure 3-2 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.

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 Figure 3-2.

Figure 3-2: HIMR MSP Data List

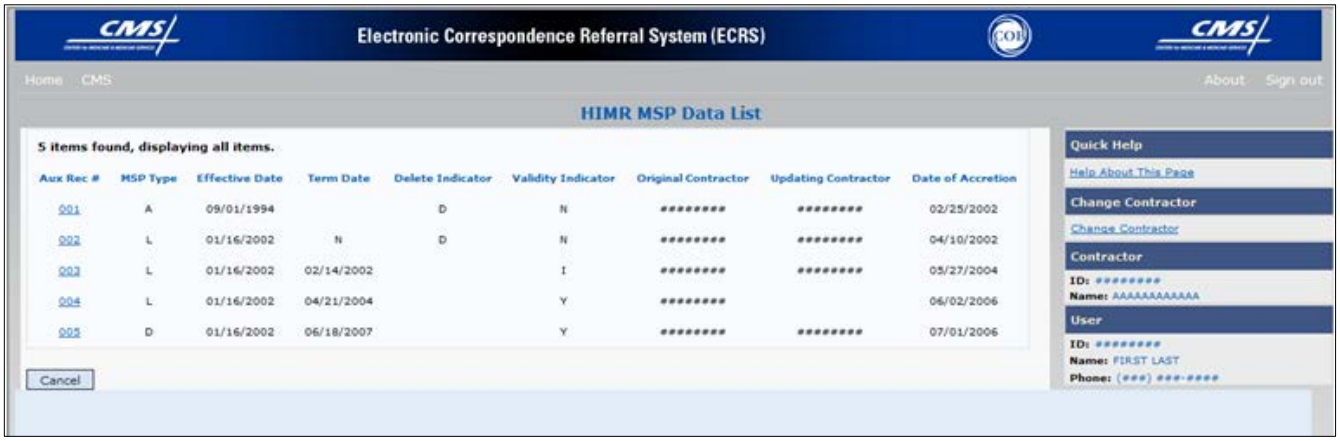


Table 3-10: HIMR MSP Data List

Field	Description
AUX REC #	Record number of the MSP auxiliary occurrence in CWF. Click to select the record and transfer the data to the CWF Auxiliary Record Data page.
MSP TYPE	Description of the 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 the MSP coverage.
TERM DATE	Termination date of the MSP coverage.
ORIGINAL CONTRATOR	Contractor number of the contractor that created the original MSP occurrence at CWF.
DELETE INDICATOR	Indicates if the record has been deleted. Valid values are: D Deleted Blank Not Deleted
VALIDITY INDICATOR	Indicates if the record is active. Valid values are: I Under Development Y MSP Coverage Confirmed N No MSP Coverage

Field	Description
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.
CANCEL	Command button. Click to return to the Main Menu.

3. 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.
4. The system pre-populates certain fields through the CWF assistance request process, as described in Table 3-11.

Table 3-11: CFW Assistance Request, Pre-populated Fields

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	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	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.

If you…	Follow these steps:
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.
Do not want to use this imported information, but want to look up a new beneficiary	1. Type the new beneficiary's HICN in the HICN field on the Action Requested page. 2. Set Import HIMR MSP Data to "Yes". 3. Click **[Continue]** to display the HIMR MSP DATA List. 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 without selecting data	Click **[Cancel].**

CWF Auxiliary Record Data Page

1. Enter/select information on the CWF Auxiliary Record Data page that associates the assistance request with an MSP auxiliary record. Please see Figure 3-3.

Figure 3-3: CWF Assistance Request Auxiliary Record Information Page

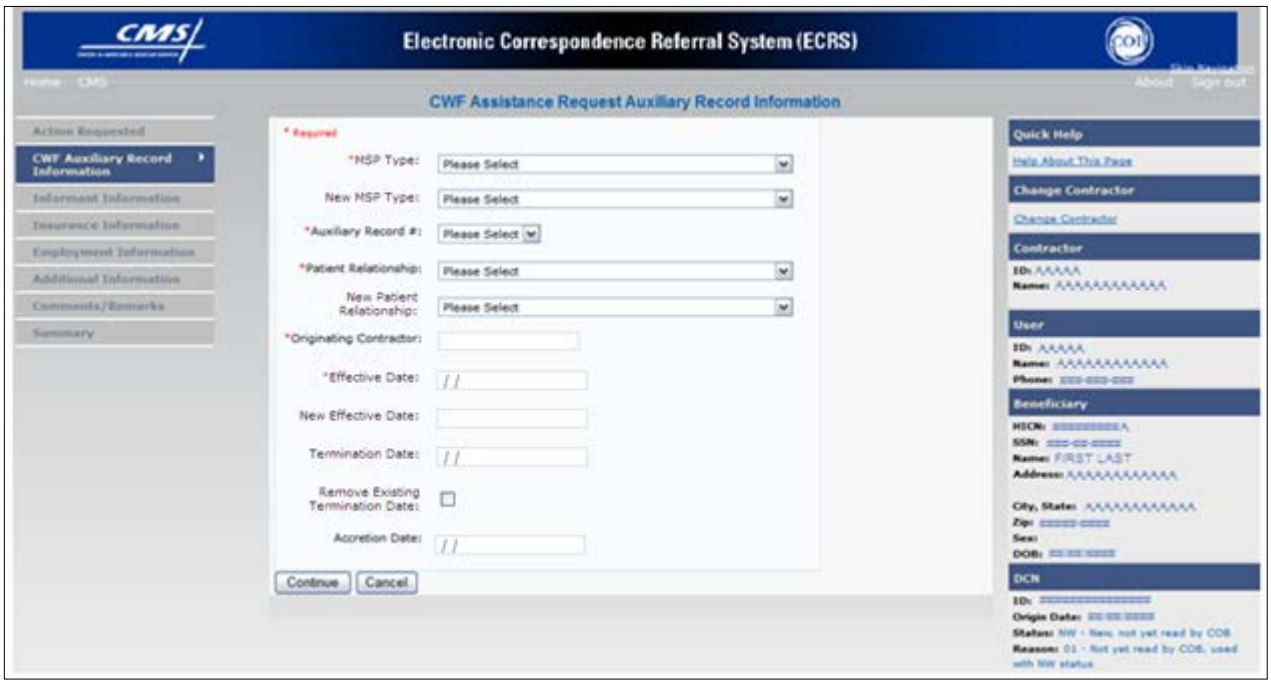


Table 3-12: CWF Assistance Request Auxiliary Record Information Page

Field	Description
MSP TYPE	One-character code identifying the type of MSP coverage (*required field*). Description of code displays next to value. 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
NEW MSP TYPE	One-character code identifying the type of new MSP coverage. Description of code displays next to value. *Required field* when ACTION is MT.

Field	Description
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary (*required field*). Description of code displays next to value. 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 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.) For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used: 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	New patient relationship between the policyholder and the beneficiary. Description of code displays next to value *Required field* when ACTION is PR.
AUXILIARY RECORD #	Record number of the MSP auxiliary occurrence in CWF (*required field*) **Note**: Part D contractors must enter '001' when aux number is unknown.
ORIGINATING CONTRATOR	Contractor number of contractor that created the original MSP occurrence at CWF (*required field*)
EFFECTIVE DATE	Effective date of MSP coverage in MMDDCCYY format (*required field*)
NEW EFFECTIVE DATE	New effective date of MSP coverage in MMDDCCYY format. *Required field* when ACTION is ED.
TERMINATION DATE	Termination date of MSP coverage in MMDDCCYY format. Required when ACTION is TD or CT.

Field	Description
REMOVE EXISTING TERMINATION DATE checkbox	Check to remove an existing termination date.
ACCRETION DATE	Accretion date of MSP coverage in MMDDCCYY format.
CONTINUE	Command button. Click to go to the Informant Information page.
CANCEL	Command button. Click to return to the Main Menu.

2. 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.

Informant Information Page

1. Enter information on the Informant Information page regarding the person who informed you of the change in MSP coverage. Please see Figure 3-4.

Figure 3-4: CWF Assistance Request Informant Information Page

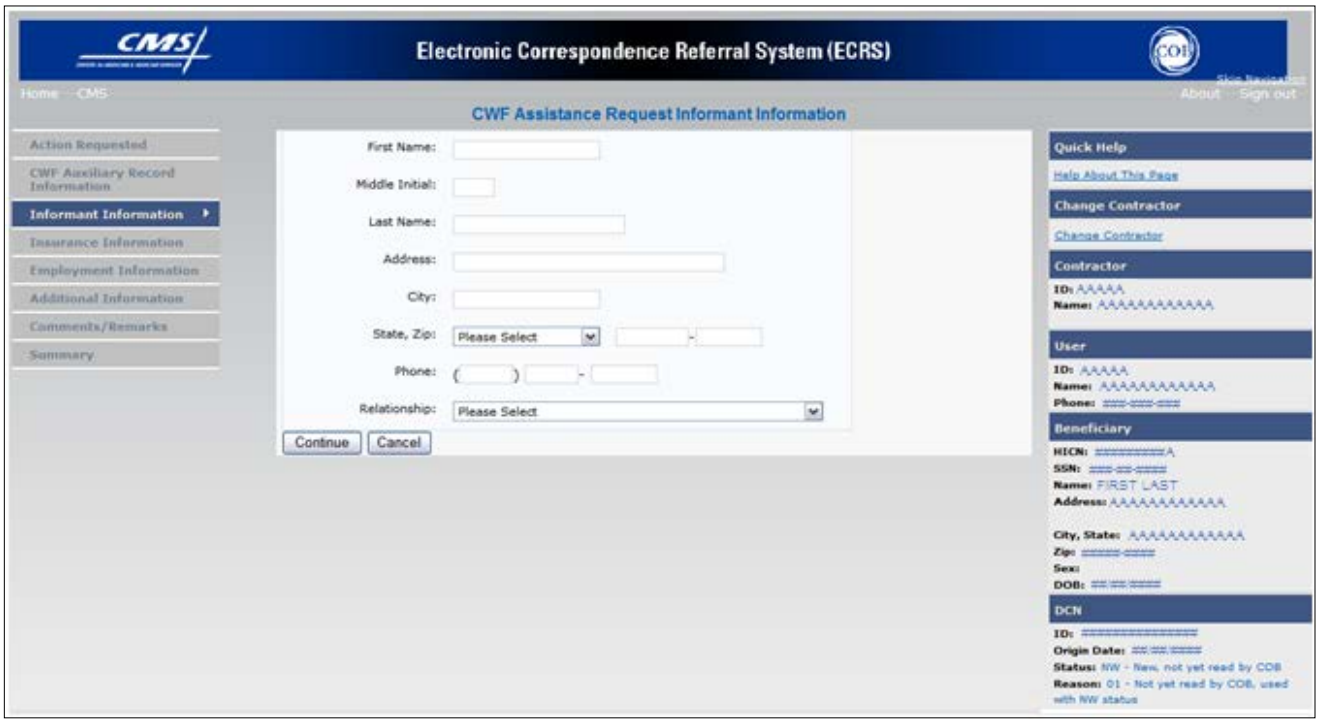


Table 3-13: CWF Assistance Request Informant Information Page

Field	Description
FIRST NAME	First name of the person informing the contractor of the change in MSP coverage. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.

Field	Description
MIDDLE INITIAL	First initial of the middle name of the person informing the contractor of the change in MSP coverage.
LAST NAME	Last name of the person informing the contractor of the change in MSP coverage. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
ADDRESS	Informant's street address. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
CITY	Informant's city. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
STATE	Informant's state. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
ZIP	Informant's ZIP code. • Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
PHONE	Informant's telephone number
RELATIONSHIP	One-character code indicating the relationship of the informant to the 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 W Pharmacy *Required for:* • All ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Defaults to A when ACTION is AI.
CONTINUE	Command button. Click to go to Insurance Information page.

Field	Description
CANCEL	Command button. Click to return to the Main Menu.

2. 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.

Insurance Information Page

1. Enter information on the Insurance Information page about the insurance type associated with the MSP coverage. Please see Figure 3-5.

Figure 3-5: CWF Assistance Request Insurance Information Page

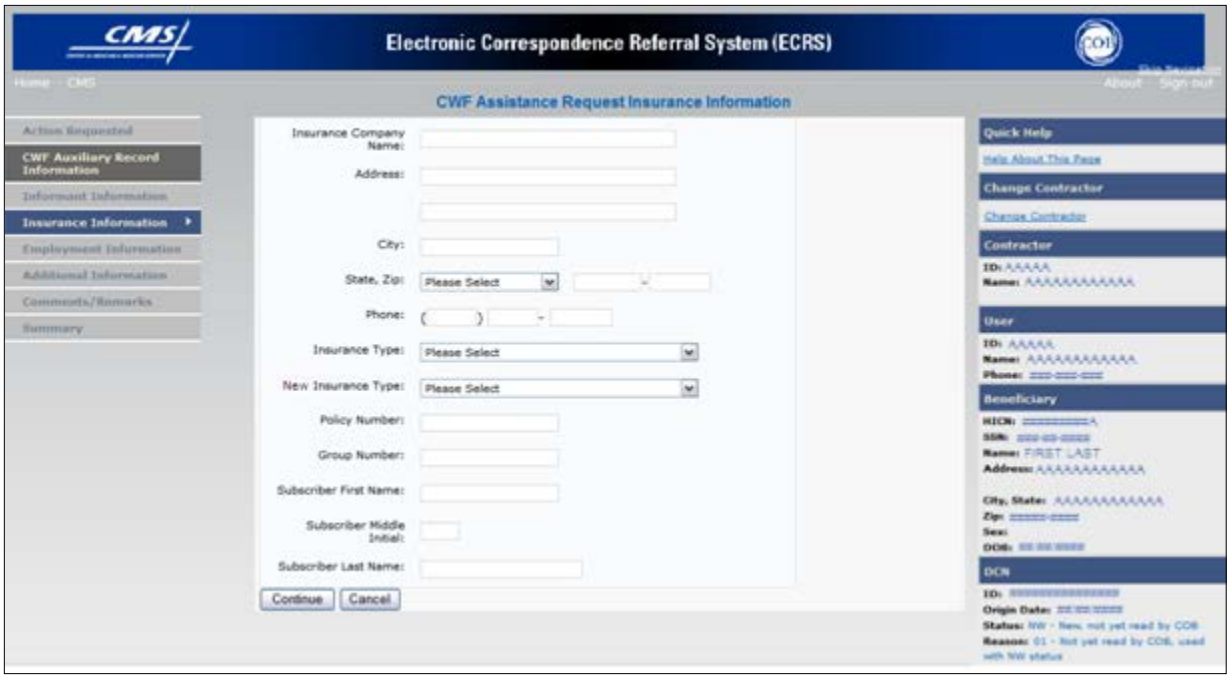


Table 3-14: CWF Assistance Request Insurance Information Page

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage. *Required field* when ACTION is II. If the Insurance Company Name is blank or only contains one of the following values, then it is considered an error: • ATTORNEY • BC • BCBX • BCBS • BLUE CROSS • BLUE SHIELD • BS • BX • CMS • COB • COBC • COORDINATION OF BENEFITS CONTRAC • HCFA • INSURER • MEDICARE • MISC • MISCELLANEOUS • N/A • NA • NO • NONE • SUPPLEMENT • SUPPLEMENTAL • UNK • XX • UNKNOWN **Note**: ECRS Web deletes all information entered in subsequent fields if this field is left blank and the Action is II.
ADDRESS	First Line of the insurance carrier's street address.
CITY	City associated with the insurance carrier's street address.
STATE	State associated with the insurance carrier's street address.
ZIP	Zip code associated with the insurance carrier's street address.
PHONE	Phone Number of the insurance carrier.

Field	Description
INSURANCE TYPE	One-character code for the type of insurance. Valid values are: 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 100 or more full- and/or part-time employees (EMPLOYER+100) I Multiple Employer Health Plan with at least one employer who has more 20 or more 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); defaults to A *Required field* when ACTION is AI (Attorney information should be entered on the Informant Information page) or ACTION is II and INSURANCE COMPANY NAME is entered.
NEW INSURANCE TYPE	Select a one-character code for the new type of insurance. Valid values are: A Insurance or Indemnity (OTHER TYPES) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) R GHP Health Reimbursement Arrangement *Required field* when ACTION is IT.
POLICY NUMBER	Policy number of insurance coverage • *Required field* when ACTION is AP and MSP TYPE is NOT D, E, L, or W. • *Required field* when INSURANCE COMPANY NAME is entered. **Note**: If GROUP NUMBER is entered, POLICY NUMBER is not required.

Field	Description
GROUP NUMBER	Group number of insurance coverage • *Required field* when ACTION is AP and MSP TYPE is NOT D, E, L, or W. • *Required field* when ACTION is CD and MSP TYPE IS D, E, L or W. • *Required field* when INSURANCE COMPANY NAME is entered. **Note**: If POLICY NUMBER is entered, GROUP NUMBER is not required.
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	First letter of the middle name of the individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of the individual covered by this insurance.
CONTINUE	Command button. Click to go to the Employment Information page.
CANCEL	Command button. Click to return to the Main Menu.

2. In order to modify insurer information at CWF, you must enter Action II on the Action Requested page. Type data in all fields to update insurer information. Leave all fields blank to delete insurer information.
3. 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 enter Action II and leave any of the following fields blank, the system deletes the previous value at CWF: ADDRESS, CITY, STATE, ZIP, GROUP NUMBER, POLICY NUMBER, and SUBSCRIBER NAME.

Employment Information Page

1. Enter employment information associated with the MSP coverage on the Employment Information page. Please see Figure 3-6.

Figure 3-6: CWF Assistance Request Employment Information Page

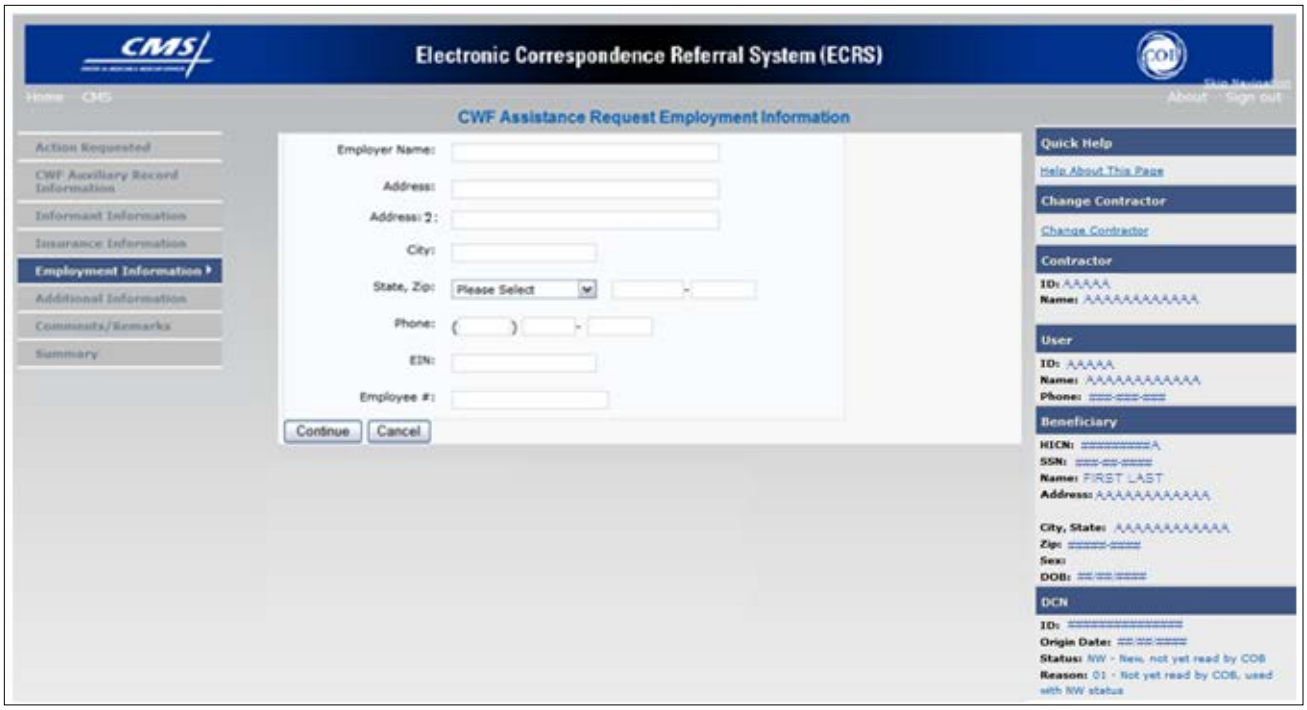


Table 3-15: CWF Assistance Request Employment Information Page

Field	Description
EMPLOYER NAME	Name of the employer providing group health insurance under which the beneficiary is covered. *Required field* when ACTION is EA or EI.
ADDRESS	First line of the employer's street address. *Required field* when ACTION is EI.
ADDRESS 2	Second line of the employer's street address. Optional field.
CITY	City associated with the employer's street address. *Required field* when ACTION is EI.
STATE	State associated with the employer's street address. *Required field* when ACTION is EI.
ZIP	Zip Code associated with the employer's street address. *Required field* when ACTION is EI.
PHONE	Phone Number of the employer.
EIN	Employer Identification Number.

Field	Description
EMPLOYEE #	Employee number of policy holder
CONTINUE	Command button. Click to go to the Additional Information page.
CANCEL	Command button. Click to return to the Main Menu.

2. 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.

Additional Information Page

1. Enter check and beneficiary information on this page. Please see Figure 3-7. This information is used in conjunction with the action and source codes selected on the CWF Assistance Request, Action Requested page.

Figure 3-7: CWF Assistance Request Additional Information Page

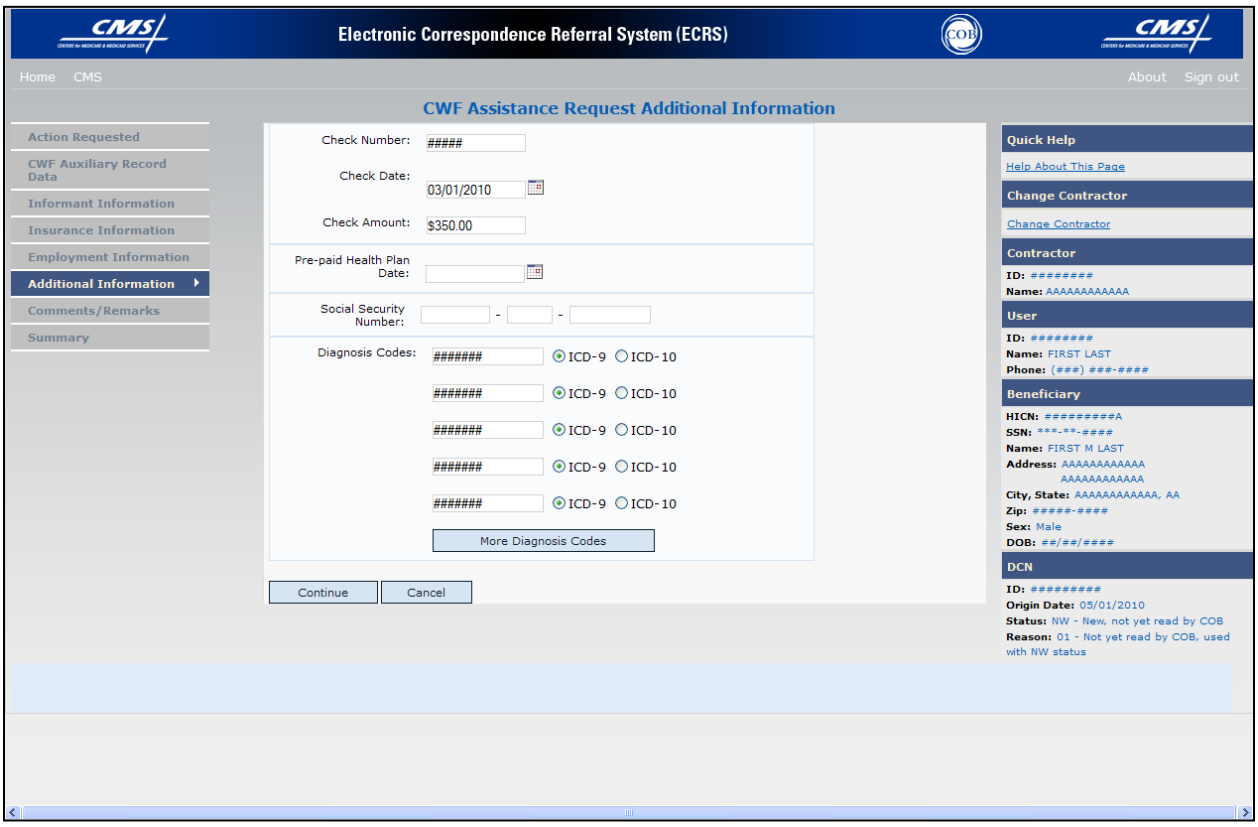


Table 3-16: CWF Assistance Request Additional Information Page

Field	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.

Field	Description
CHECK AMOUNT	Amount of check received. *Required field* if SOURCE is CHEK.
PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date in MMDDCCYY *Required field* if ACTION is PH.
SOCIAL SECURITY NUMBER	Corrected Social Security Number when HICN and SSN do not match CWF. *Required field* if ACTION is MX
DIAGNOSIS CODES	Seven-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes on this page. Up to 15 additional diagnosis codes may be entered on the *More Diagnosis Codes* page. To enter more than 5 diagnosis codes, click the [**More Diagnosis Codes**] button. The *More Diagnosis Codes* page will display. Please see Figure 3-8. **Although ECRS Web has been modified to handle the entry of either ICD-9 or ICD-10 Diagnosis Codes, the application will not consider ICD-10 Diagnosis Codes valid until October 1, 2014. If an ICD-10 Diagnosis Code is entered prior to October 1, 2014, you will receive a message stating that the Diagnosis Code entered is invalid and you will not be allowed to proceed until the error is corrected.** Required when ACTION is DX. Required when the MSP TYPE is D, E, or L.
ICD Indicator	Type of diagnosis code. Select "ICD-9" or "ICD-10" **Required if corresponding Diagnosis Code is submitted.**
More Diagnosis Codes	Command button. Click to go to the More Diagnosis Codes page.
CONTINUE	Command button. Click to go to the Comments/Remarks page.
CANCEL	Command button. Click to return to the Main Menu.

2. 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. If you need to enter more than 5 diagnosis codes, click the [**More Diagnosis Codes**] button. The *More Diagnosis Codes* page will display. Please see Figure 3-8.

Figure 3-8: More Diagnosis Codes

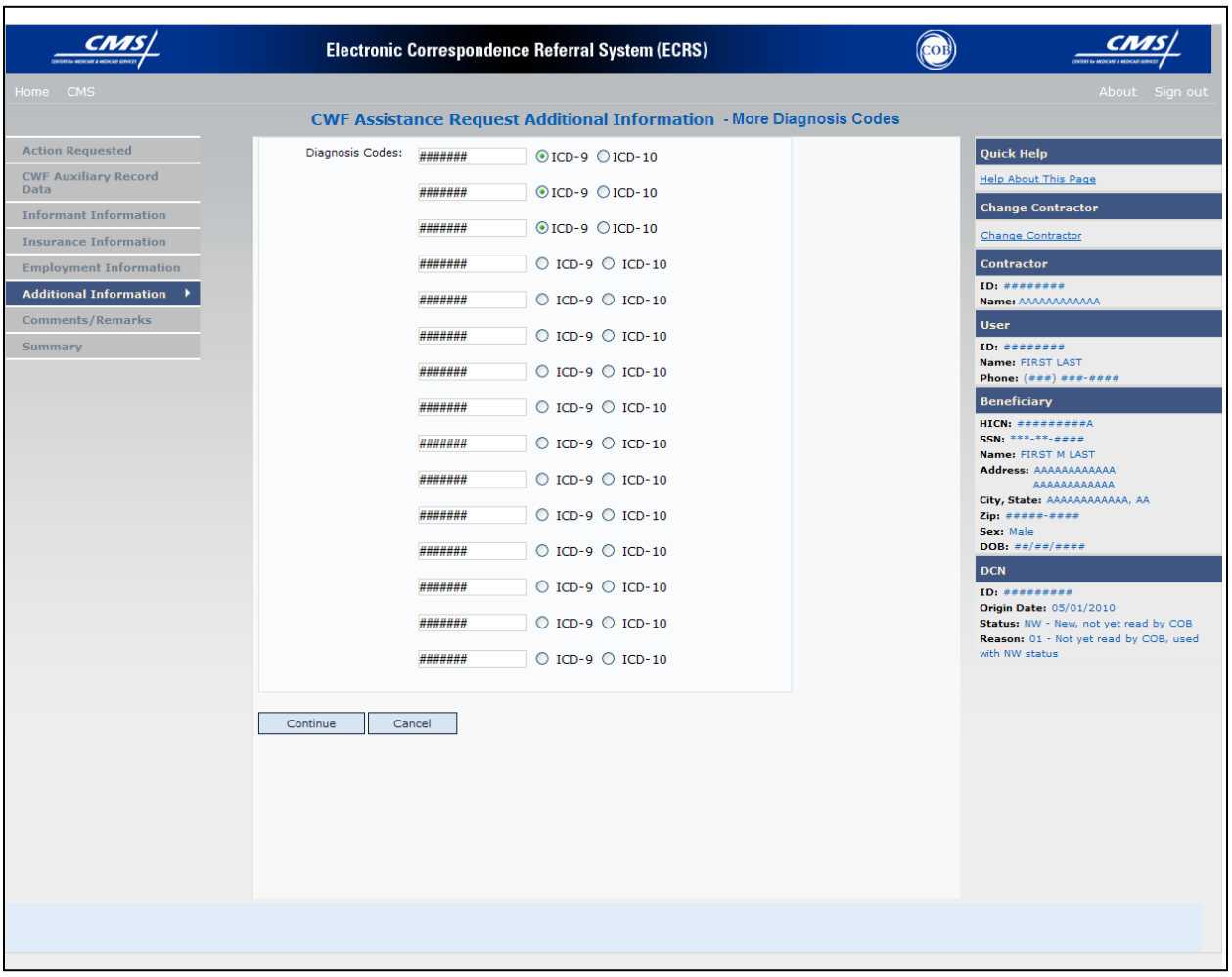


Table 3-17: More Diagnosis Codes

Field	Description
DIAGNOSIS CODES	Seven-digit diagnosis code that applies to this MSP occurrence. Enter up to 15 diagnosis codes. **Although ECRS Web has been modified to handle the entry of either ICD-9 or ICD-10 Diagnosis Codes, the application will not consider ICD-10 Diagnosis Codes valid until October 1, 2014. If an ICD-10 Diagnosis Code is entered prior to October 1, 2014, you will receive a message stating that the Diagnosis Code entered is invalid and you will not be allowed to continue processing until the error is corrected.**
ICD Indicator	Type of diagnosis code. Select “ICD-9” or “ICD-10”. **Required if corresponding Diagnosis Code is submitted.**
CONTINUE	Command button. Click to go to the Comments and Remarks page.
CANCEL	Command button. Click to return to the Main Menu.

Comments and Remarks Page

1. Enter comments on the Comments and Remarks page. Please see Figure 3-9. 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 is AR.

Figure 3-9: CWF Assistance Request Comments/Remarks Page

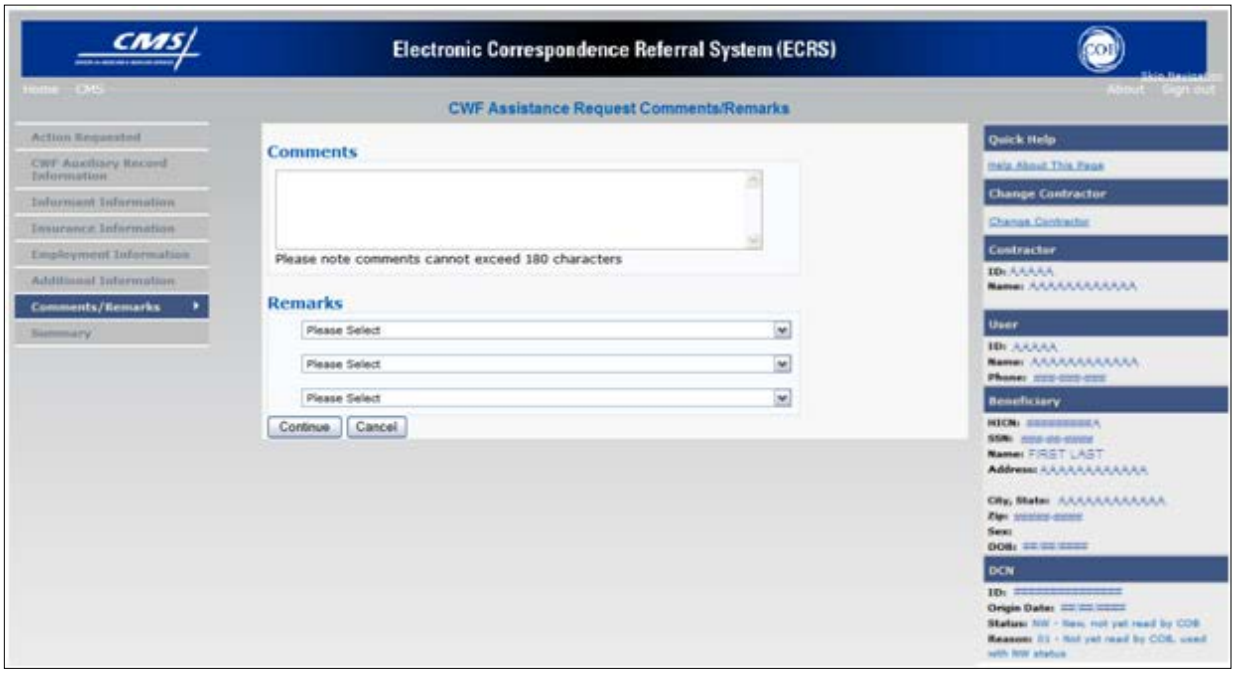


Table 3-18: CWF Assistance Request Comments/Remarks Page

Field	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 (action codes AR, DO, PH, and TD). In these cases, when an automated Action is 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. *Required field* when ACTION is AR.
CONTINUE	Command button. Click to go to the Summary page.
CANCEL	Command button. Click to return to the Main Menu.

Comments entered for the COB contractor should provide explanation and additional information for the Action selected, such as the examples displayed in Table 3-19: Action and Related Comments Examples.

Table 3-19: Action and Related Comments Examples

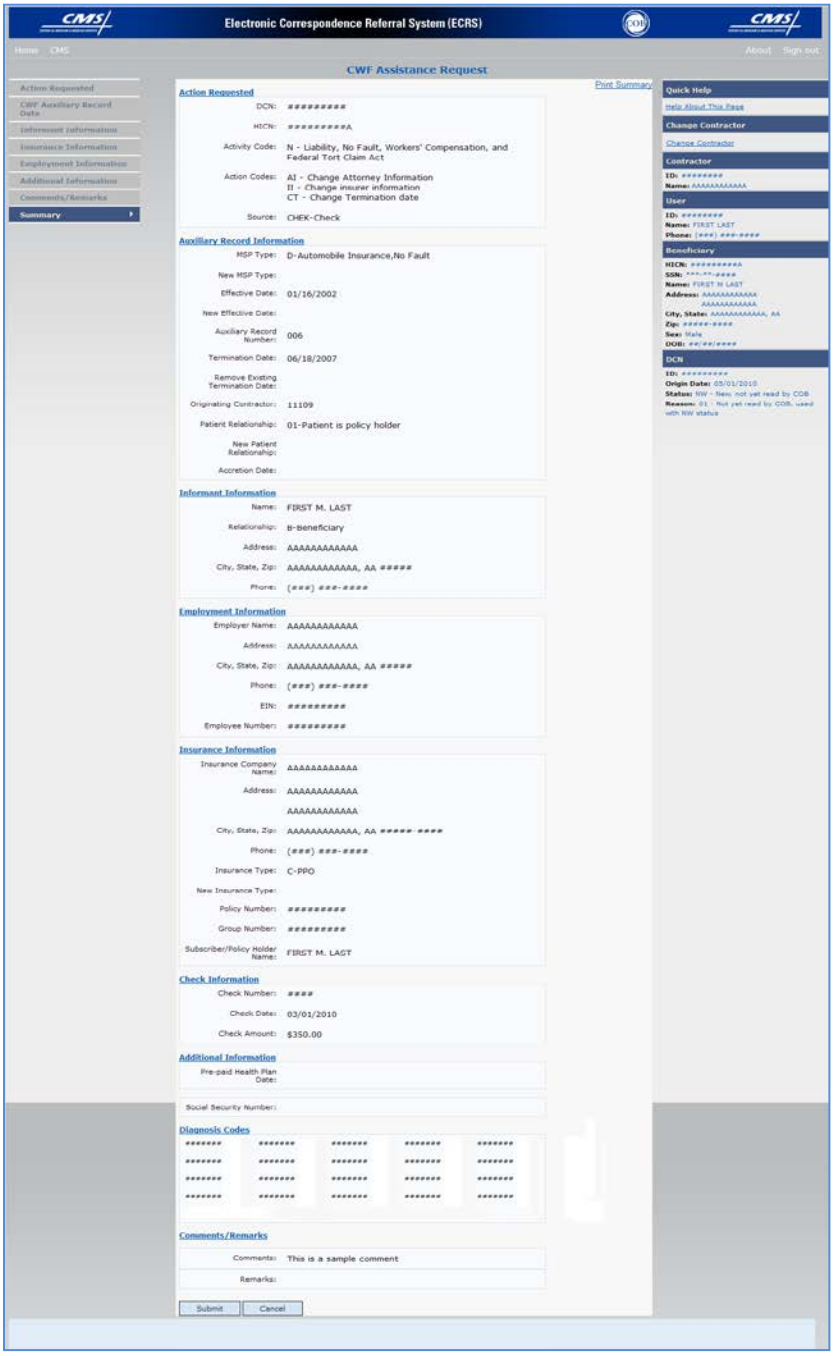
Action	Comment
DO	PLEASE DELETE. CASE CLOSED IN REMAS.
II	VERIFY INS TYPE. WE RECEIVED A PAYING EOB FOR NON HOSPITAL SERVICES.
TD	PLEASE TERM RECORD.
CT	PER EMPLOYER, BENE RETIRED 9/1/09. PLEASE UPDATE TERM DATE.

2. 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.

Summary Page

The Summary page displays a summary of all information entered for the assistance request before submission. Please see Figure 3-10. 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.

Figure 3-10: CWF Assistance Request Summary Page



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 Figure 3-11.

Figure 3-11: CWF Assistance Request Search Page

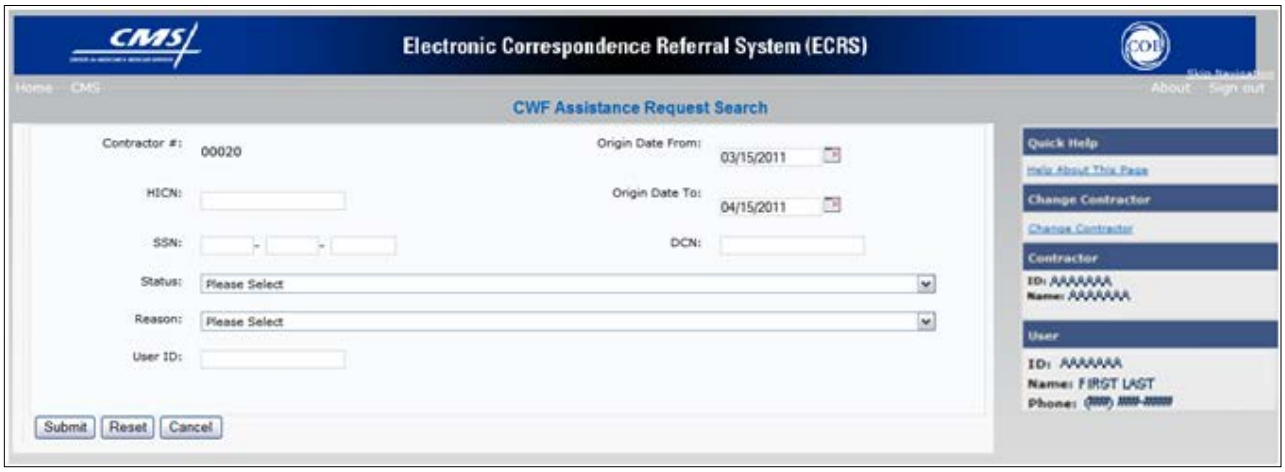


Table 3-20: CWF Assistance Request Search Page

Field	Description
CONTRACTOR #	• If you are a Medicare Contractor , this field will be pre-filled with the Contractor Number entered during Contractor Sign In. (*protected field*) • If you are a regional office (RO) or a CMS user, this field will be pre-filled with the CMS ID/RO Number entered during Contractor Sign In. **Note**: 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 for. **Note**: If searching by HICN, do not enter an SSN or DCN.
SSN	Enter a Social Security Number to search for. **Note**: If searching by SSN, do not enter a HICN or DCN.
STATUS	Enter a Status code to search for. To view all in-process CWF Assistance Request transactions, select IP in the STATUS field.

Field	Description
REASON	Select a Reason code to search for. (See Appendix E for the complete list of codes.)
USER ID	Enter a User ID to search for.
ORIGIN DATE FROM	Enter a starting date for the date range you wish to search for, if applicable. This field is updateable; enter a different ORIGIN DATE FROM in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date for the date range you wish to search for. 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 for. **Note**: If searching by DCN, do not enter a HICN or SSN.
SUBMIT	Command button. Click to display search results.
RESET	Command button. Click to clear search results.
CANCEL	Command button. Click to return to the Main Menu.

View Transactions

1. Type search criteria in the appropriate fields and click **[Submit]**.
   - 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 Figure 3-12.

Figure 3-12: CWF Assistance Request Search Page Listing

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

Table 3-21: CWF Assistance Request Search Page Listing

Field	Description
DELETE	Click the delete [**X**] link to mark a transaction for deletion.
HICN	Health Insurance Claim Number for the CWF Assistance Request transaction. (*Protected field*). Click the **[HICN]** link to view the Summary page
CONTRACTOR	Contractor number. (*protected field*)

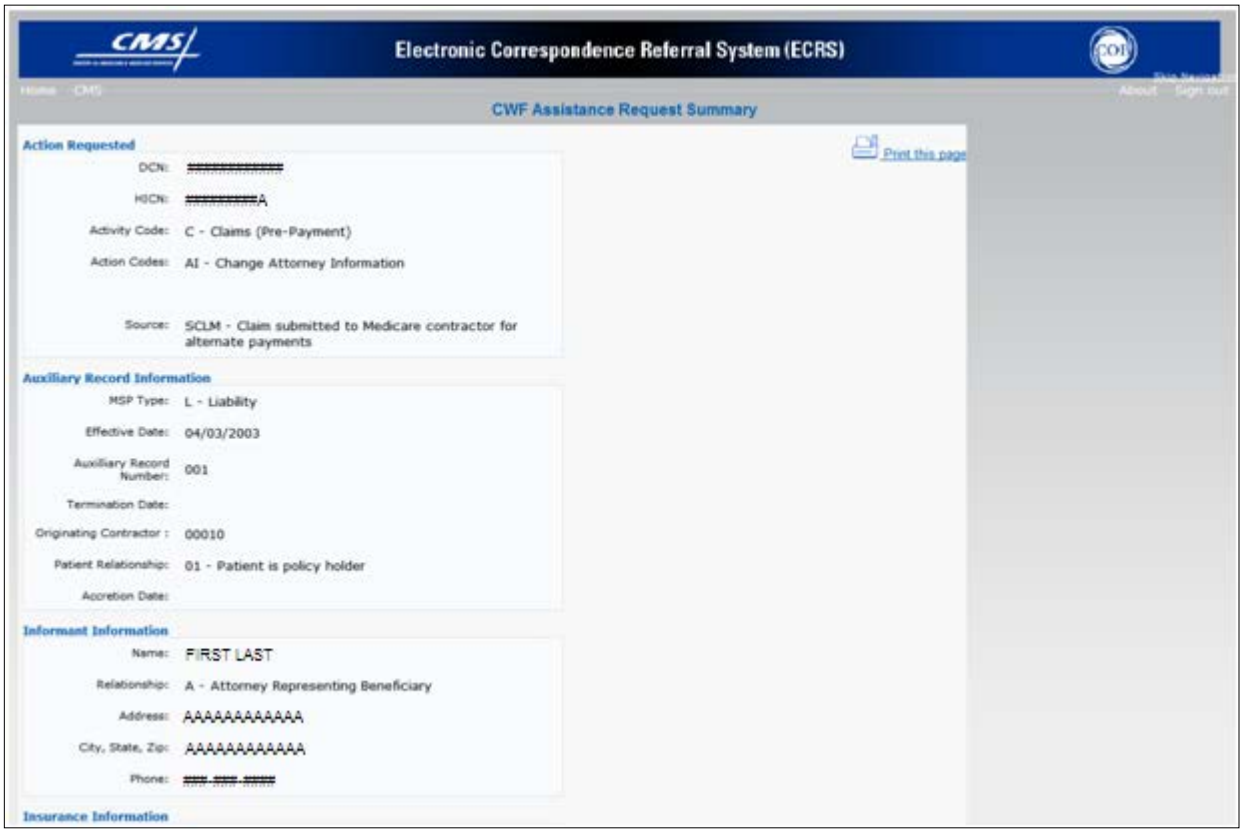
Field	Description
DCN	Document Control Number assigned to the CWF Assistance Request transaction by the Medicare contractor. (*protected field*)
STATUS	Status of the CWF Assistance Request transaction. (*protected field*)
REASON	Two-character code explaining why the CWF Assistance Request is in a particular status. (*protected field*)
ORIGIN DATE	Originating date in MMDDCCYY format. (*protected field*)
LAST UPDATE	Date the CWF Assistance Request transaction was last changed in MMDDCCYY format. (*protected field*)
USER ID	User ID of the operator who entered CWF Assistance Request transaction. (*protected field*)

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

1. 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. Please see Figure 3-13.

Figure 3-13: CWF Assistance Request Summary Page



2. 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.
3. 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

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

Chapter 4: 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.

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 new or 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.

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 page). The information is displayed on the right side bar, and carried forward on the MSP Inquiry transaction.

Common MSP Sources

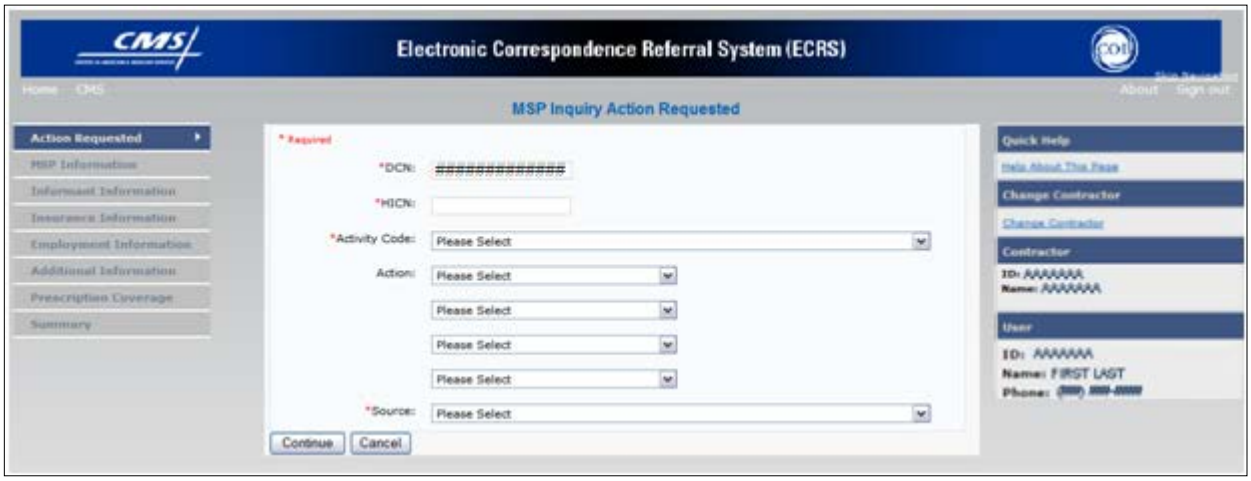
Common sources that provide contractors with MSP information, followed by the associated Source Code, are:

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

Action Requested Page

1. 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 Figure 4-1. The information entered on this page determines required information on subsequent pages.

Figure 4-1: MSP Inquiry Action Requested Page



Navigation Links

The navigation links explained in Table 4-1 and Table 4-2 display on each page of the CWF Assistance Request Transaction:

Table 4-1: MSP Inquiry - Heading Bar

Navigation Link	Description
HOME	Click **[Home]** to return to the Main Menu page.
CMS	Click **[CMS]** to link to the CMS website http://www.cms.gov.
ABOUT	Click **[About]** to display information about the ECRS Web menu options.
SIGN OUT	Click **[Sign Out]** to leave the ECRS Web application.

Table 4-2: MSP Inquiry Left Side Bar

Location	Description
ACTION REQUESTED	Click **[Action Requested]** to return to the Action Requested page.
MSP INFORMATION	Click **[MSP Information]** to go to the MSP Information page.
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.

Location	Description
ADDITIONAL INFORMATION	Click **[Additional Information]** to go to the Additional Information page.
PRESCRIPTION COVERAGE	Click **[Prescription Coverage]** to go to the Prescription Coverage page.
SUMMARY	Click **[Summary]** to go to the Summary page.

MSP Inquiry - Right Side Bar

The right side bar of the MSP Inquiry page is divided into six sections. Each of these sections is described in the following tables: Table 4-3, Table 4-4, Table 4-5, Table 4-6, Table 4-7, and Table 4-8.

Table 4-3: Right Side Bar - Quick Help

Quick Help	Description
Help About This Page	Click to display helpful information for completing the page.

Table 4-4: Right Side Bar - Change Contractor

Navigation Link	Description
CHANGE CONTRACTOR	Click to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor

Table 4-5: Right Side Bar - Contractor

Field	Description
ID	Contractor Number or CMS ID entered on the Contractor Sign In page. (*protected field*)
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. (*protected field*)

Table 4-6: Right Side Bar - User

Field	Description
ID	User ID of person logged in. (*protected field*)
NAME	Name of person associated with the User ID. (*protected field*)
PHONE	Phone number associated with the User ID. (*protected field*)

Beneficiary and DCN Information will be retrieved from the system using the HICN entered on the Action Requested page. This information will be carried forward on subsequent pages of the MSP Inquiry and it will be displayed on the right side bar as described in Table 4-7and Table 4-8. This information will not be editable.

Table 4-7: Right Side Bar - Beneficiary

Field	Description
HICN	Health Insurance Claim Number of the beneficiary. (*protected field*)
SSN	Social Security Number of the beneficiary. (*protected field*)
NAME	Name of the beneficiary. (*protected field*)
ADDRESS	Street address of the beneficiary. (*protected field*)
CITY, STATE	City and State associated with street address of the beneficiary. (*protected field*)
ZIP	Zip code associated with street address of the beneficiary. (*protected field*)
SEX	Sex of the beneficiary. (*protected field*)
DOB	Date of birth of the beneficiary. (*protected field*)

Table 4-8: Right Side Bar - DCN

DCN	Description
ID	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with transaction. (*protected field*)
ORIGIN DATE	Date the MSP Inquiry transaction was submitted. (*protected field*)
STATUS	Two-character code explaining where the MSP Inquiry transaction is in the COB system process (*protected field*) CM Completed DE Delete (do not process) ECRS MSP Inquiry 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.) (*protected field*) **Note**: REASON will always be 01 until the transaction is processed.

2. 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.

3. 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.

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

Table 4-9: MSP Inquiry Action Requested Page

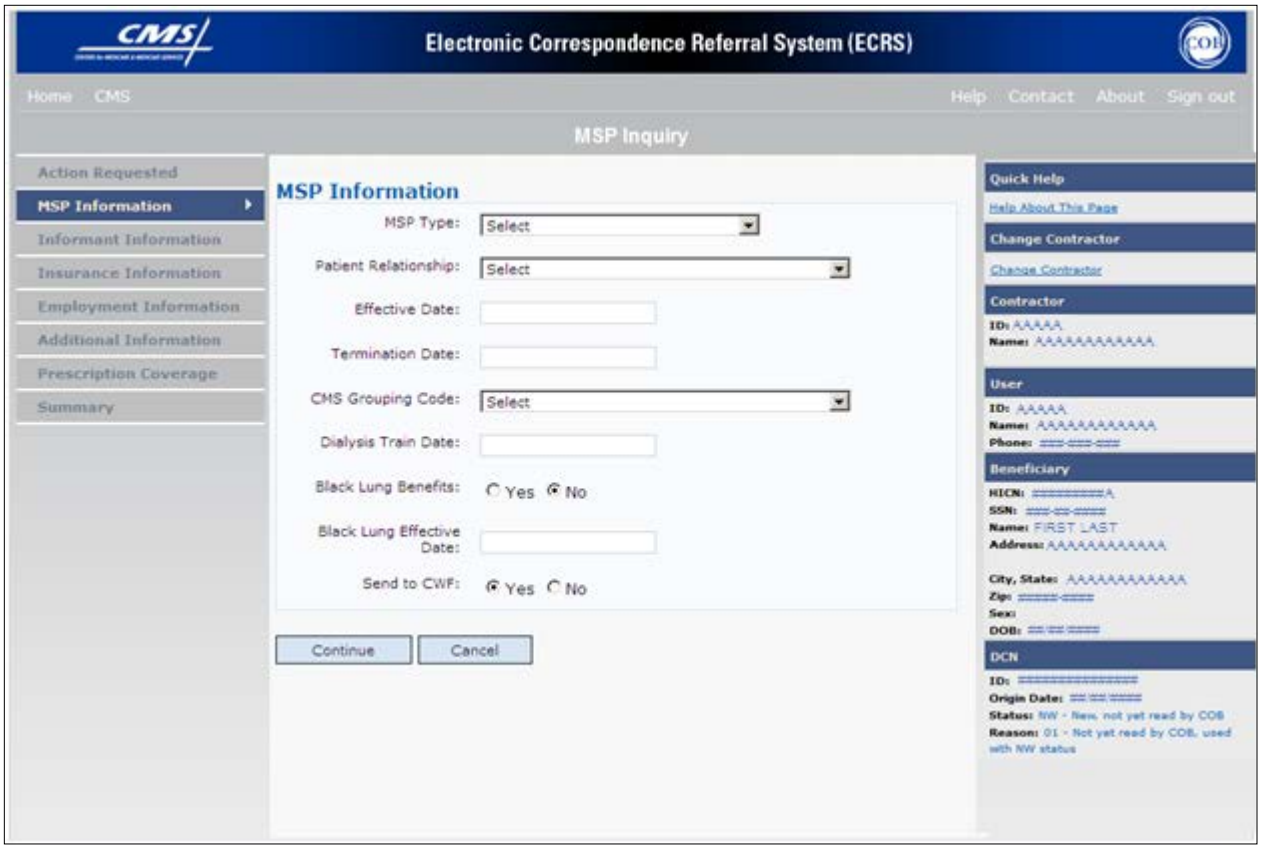
Field	Description
DCN	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with the transaction (*required field*) The system auto-generates the DCN, but it can be changed by the user.
HICN	Health Insurance Claim Number of the beneficiary (*required field*). Enter the 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 it with the most current HICN.
ACTIVITY CODE	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
ACTION	Two-character code indicating the type of special processing to perform on the MSP Inquiry record. Note: You can use CA and CL together. You cannot combine any other Actions. Valid values are: 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.

Field	Description
SOURCE	Four-character code identifying the source of the MSP Inquiry information (*required field*). Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey
CONTINUE	Command button. Click to go to the MSP Information page. Note: *Required field*s must be typed/selected before clicking [Continue].
CANCEL	Command button. Click to return to the Main Menu.

MSP Information Page

1. Enter information associated with the MSP coverage on this page. Please see Figure 4-2.

Figure 4-2: MSP Inquiry MSP Information Page



2. 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.

Table 4-10: MSP Inquiry MSP Information Page

Field	Description
MSP TYPE	One-character code identifying the type of MSP coverage. Valid values are: A Working Aged B ESRD D Automobile Insurance, No-Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung L Liability *Required field*: • For all MSP Inquiry transactions, unless the Record Type is Supplemental. (Do not select an MSP TYPE when PRESCRIPTION COVERAGE RECORD TYPE will be Supplemental.) • When SOURCE is PHON. • When ACTION is CA or CL. (MSP TYPE must be D, E, or L when ACTION is CL.)

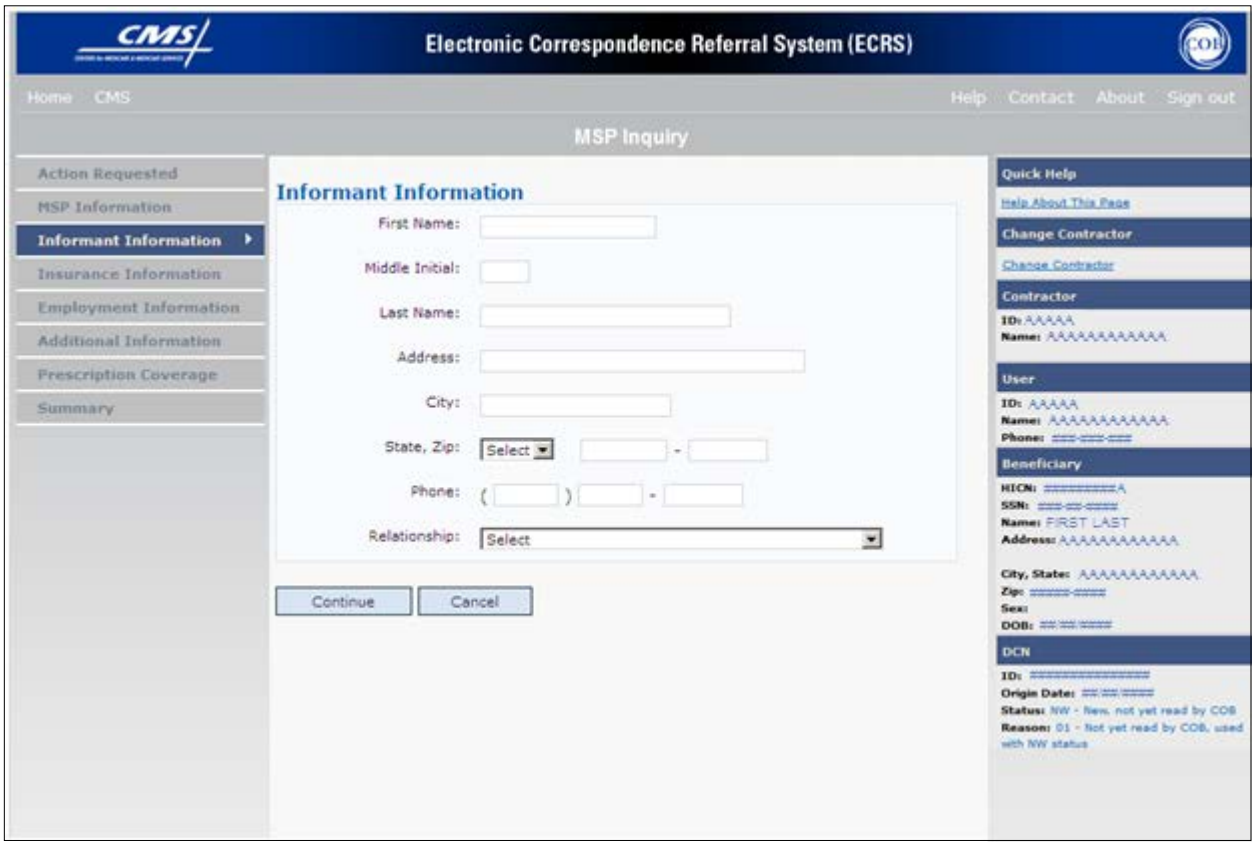
Field	Description
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary. *Required field* when: ACTION is Blank and MSP TYPE is F ACTION is CA and MSP TYPE is L ACTION is CL and MSP TYPE is D, E, or L Valid values are: 01 Patient is policy holder 02 Spouse 03 Natural 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 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004) Note: For the following MSP Types, the patient relationship codes listed are the only values that can be used. MSP Type — Patient Relationship Code A — 01, 02 B — 01, 02, 03, 04, 05, 18, 20 G — 01, 02, 03, 04, 05, 18, 20
EFFECTIVE DATE	Effective date of MSP coverage. *Required field* when: • ACTION is CA and MSP TYPE is L • ACTION is CL and MSP TYPE is D, E, or L • 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. *Required field* when ACTION is CL and MSP TYPE is D, E, or L. **Note**: TERMINATION DATE cannot be the same as EFFECTIVE DATE.

Field	Description
CMS GROUPING CODE	CMS Grouping Code. *Required field* when ACTION 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 15 Garretson - Trasylol 16 Zelnorm 17 Total Body Supplements - TBS 18 Hormone Replacement Therapy - HRT 19 Keugl Mesh
DIALYSIS TRAIN DATE	Date the beneficiary received self-dialysis training.
BLACK LUNG BENEFITS	Yes or No field indicating whether the beneficiary receives benefits under the Black Lung Program.
BLACK LUNG EFFECTIVE DATE	Date the 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 the MSP inquiry to CWF. Select Yes or No. **Note**: SEND TO CWF defaults to No unless ACTION is blank and MSP TYPE is blank or F.
CONTINUE	Command button. Click to go to the Informant Information page.
CANCEL	Command button. Click to return to the Main Menu.

Informant Information Page

1. On this page, enter information about the person who informed you of the change in MSP coverage. Please see Figure 4-3.

Figure 4-3: MSP Inquiry Informant Information Page



2. 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.

Table 4-11: MSP Inquiry Informant Information Page

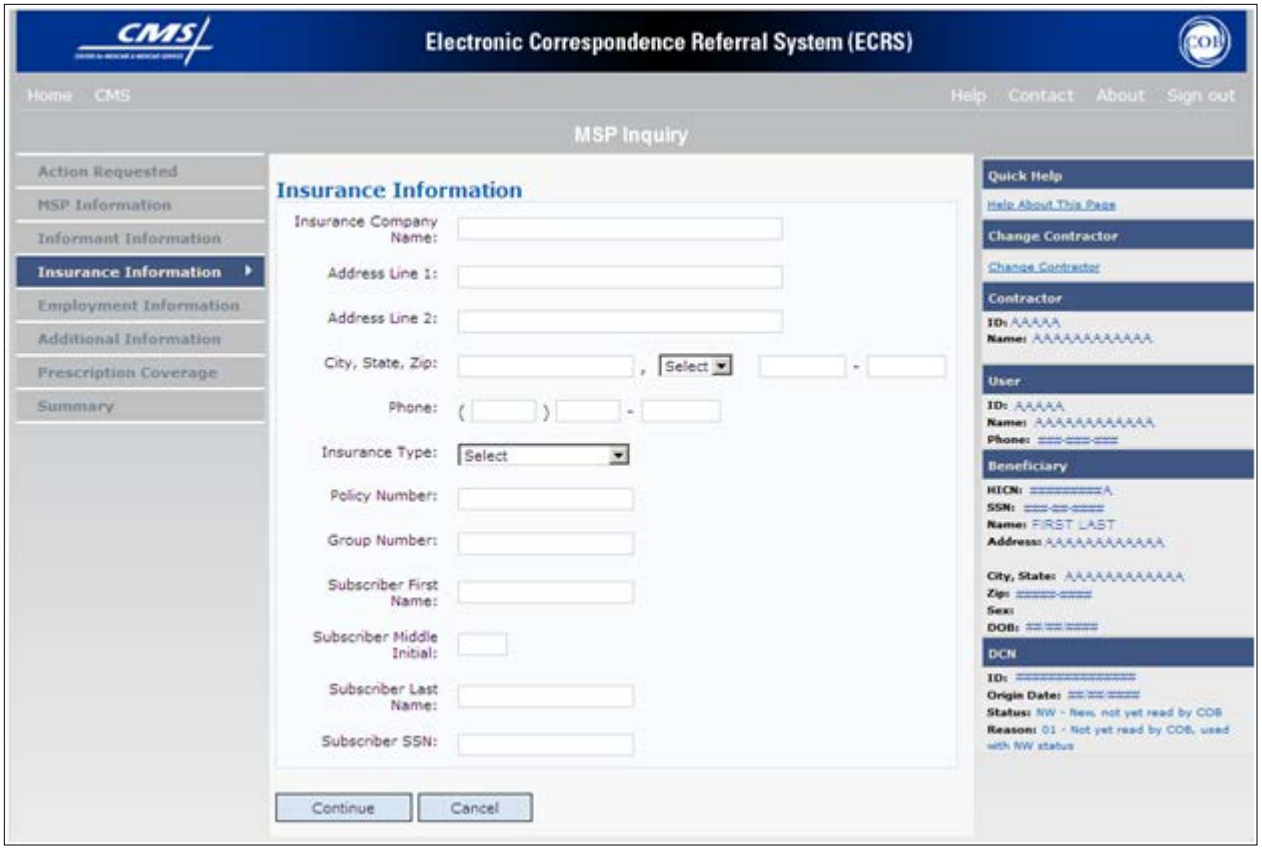
Field	Description
FIRST NAME	First name of the person informing the contractor of the change in MSP coverage. *Required field* when: • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company Address will be entered.
MIDDLE INITIAL	First initial of the middle name of the person informing the contractor of the change in MSP coverage.
LAST NAME	Last name of the person informing the contractor of the change in MSP coverage. *Required field* when • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company Address will be entered.

Field	Description
ADDRESS	Informant's street address. *Required field* when: • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company Address will be entered.
CITY	Informant's city. *Required field* when: • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company City will be entered.
STATE	Informant's state. *Required field* when: • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company State will be entered.
ZIP	Informant's ZIP code. *Required field* when: • SOURCE is CHEK, LTTR or PHON. • ACTION is CA or CL, unless Insurance Company Zip will be entered.
PHONE	Informant's telephone number.
RELATIONSHIP	One-character code indicating the relationship of the informant to the 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 W Pharmacy **Notes**: • *Required field* when SOURCE is CHEK, LTTR or PHON. • Must be A if ACTION is CA or CL and informant information is entered.
CONTINUE	Command button. Click to go to the Insurance Information page.
CANCEL	Command button. Click to return to the Main Menu.

Insurance Information Page

1. Enter information about the type of insurance associated with the MSP coverage on this page. Please see Figure 4-4.

Figure 4-4: MSP Inquiry Insurance Information Page



2. 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.

Table 4-12: MSP Inquiry Insurance Information Page

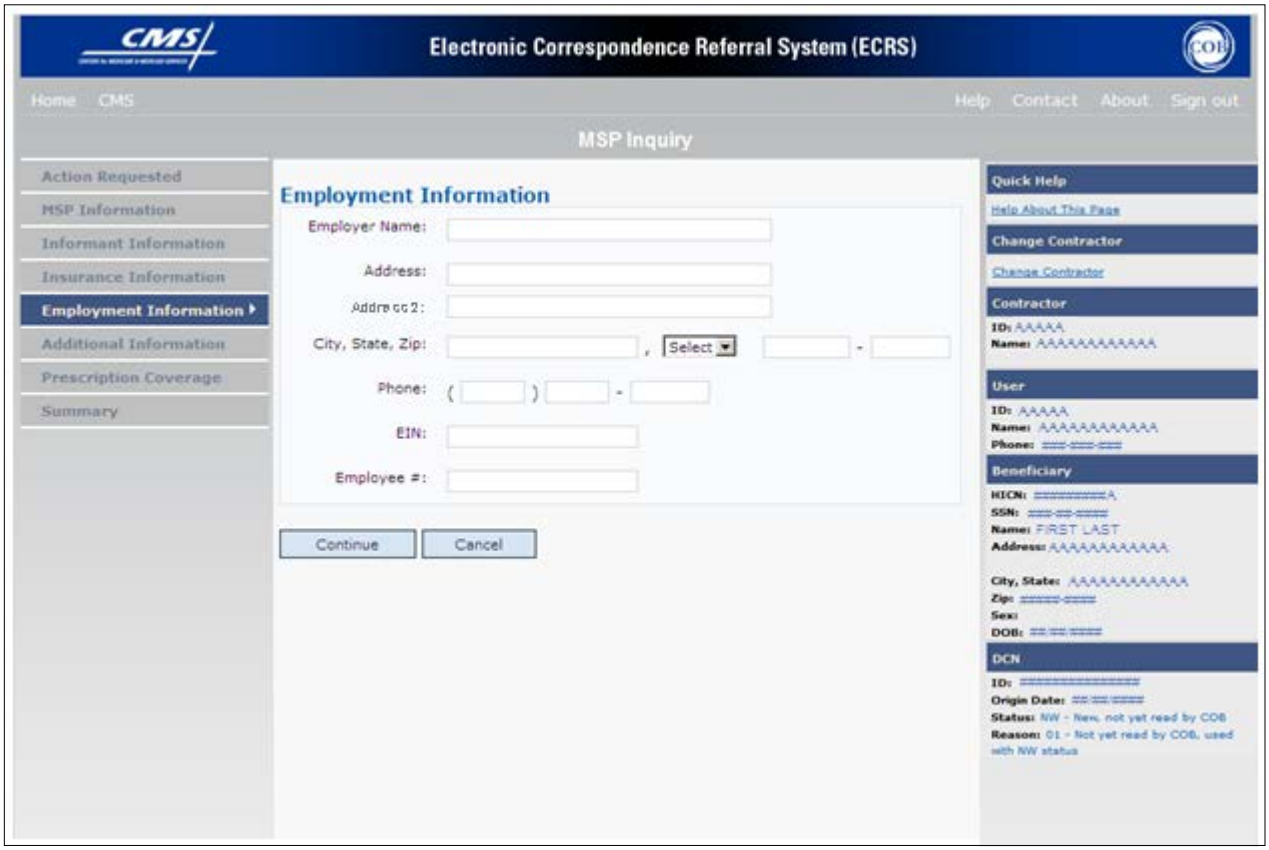
Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage. *Required field* if ACTION is DI. If the Insurance Company Name is entered and contains one of the following values, then it is considered an error: • ATTORNEY • BC • BCBX • BCBS • BLUE CROSS • BLUE SHIELD • BS • BX • CMS • COB • COBC • COORDINATION OF BENEFITS CONTRAC • HCFA • INSURER • MEDICARE • MISC • MISCELLANEOUS • N/A • NA • NO • NONE • SUPPLEMENT • SUPPLEMENTAL • UNK • XX • UNKNOWN.
ADDRESS LINE 1	First Line of insurance carrier's street address. *Required field* when: INSURANCE COMPANY NAME is entered ACTION is DI ACTION is CA or CL, unless Informant Name and Address were entered.
ADDRESS LINE 2	Second Line of insurance carrier's street address.
CITY	City associated with the insurance carrier's street address. *Required field* when: • INSURANCE COMPANY NAME is entered • ACTION is DI • ACTION is CA or CL, unless Informant City was entered.

Field	Description
STATE	State associated with the insurance carrier's street address. *Required field* when: • INSURANCE COMPANY NAME is entered • ACTION is DI • ACTION is CA or CL, unless Informant State was entered.
ZIP	Zip code associated with the insurance carrier's street address. *Required field* when: • INSURANCE COMPANY NAME is entered • ACTION is DI • ACTION is CA or CL, unless Informant Zip was entered.
PHONE	Phone Number of the insurance carrier.
INSURANCE TYPE	One-character code for the type of insurance. (Required field) Valid values are: A Insurance or Indemnity (OTHER TYPES) J Hospitalization Only Plan covering inpatient hospital services (HOSPITAL ONLY) K Medical Services Only Plan covering only non-inpatient medical services (MEDICAL ONLY) R GHP Health Reimbursement Arrangement S GHP Health Savings Account Blank Unknown (UNKNOWN); defaults to A.
POLICY NUMBER	Policy number of the insurance coverage. If you enter a POLICY NUMBER, you do not have to enter a GROUP NUMBER.
GROUP NUMBER	Group number of the insurance coverage. If you enter a GROUP NUMBER, you do not have to enter a POLICY NUMBER.
SUBSCRIBER FIRST NAME	First name of individual covered by this insurance.
SUBSCRIBER MIDDLE INITIAL	First initial of the middle name of the individual covered by this insurance.
SUBSCRIBER LAST NAME	Last name of the individual covered by this insurance.
SUBSCRIBER SSN	Social Security Number of the individual covered by this insurance.
CONTINUE	Command button. Click to go to the Employment Information page.
CANCEL	Command button. Click to return to the Main Menu.

Employment Information Page

1. Enter employment information associated with the MSP coverage on this page. Please see Figure 4-5.

Figure 4-5: MSP Inquiry Employment Information Page



2. 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.

Table 4-13: MSP Inquiry Employment Information Page

Field	Description
EMPLOYER NAME	Name of the employer providing group health insurance under which the beneficiary is covered. *Required field* when: • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS	First line of the employer's street address. *Required field* when: • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS 2	Second line of the employer's street address. Optional field.
CITY	City associated with the employer's street address. *Required field* when: • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
STATE	State associated with the employer's street address. *Required field* when: • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
ZIP	Zip Code associated with the employer's street address. *Required field* when: • ACTION is DE • MSP TYPE is F and SEND TO CWF is Yes
PHONE	Phone Number of the employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of policy holder.
CONTINUE	Command button. Click to go to the Additional Information page.
CANCEL	Command button. Click to return to the Main Menu.

Additional Information Page

1. Enter check and beneficiary information on this page. Please see Figure 4-6. This information is used in conjunction with the ACTION(s) and SOURCE(s) selected on the MSP Inquiry, Action Requested page.

Figure 4-6: Additional Information Page

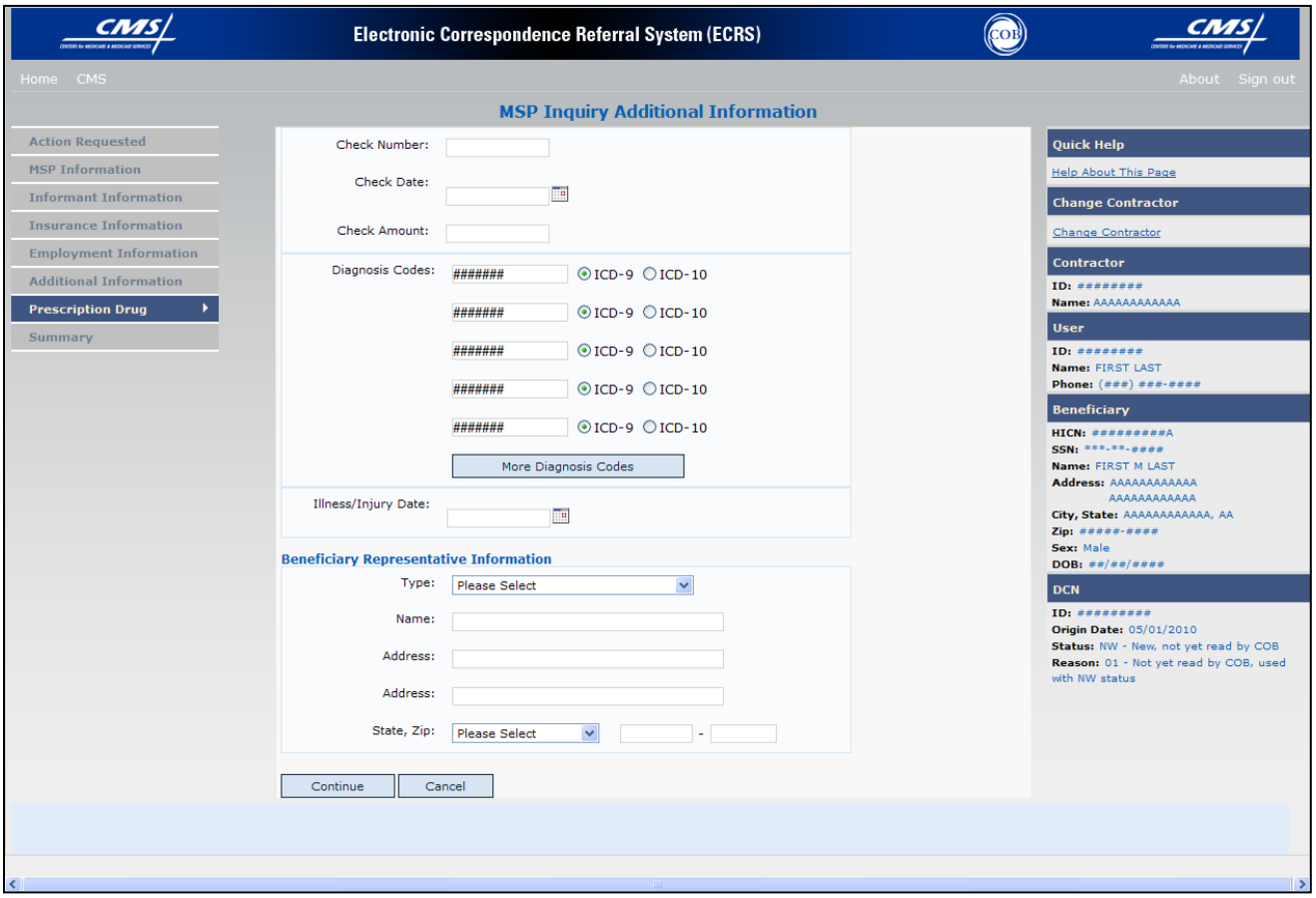


Table 4-14: MSP Inquiry Additional Information Page

Field	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. **Note**: You cannot future-date this field.
CHECK AMOUNT	Amount of check received. *Required field* if SOURCE is CHEK.

Field	Description
DIAGNOSIS CODES	Seven-digit diagnosis code that applies to this MSP occurrence. Enter up to five diagnosis codes on this page. Up to 15 additional diagnosis codes may be entered on the *More Diagnosis Codes* page. To enter more than 5 diagnosis codes, click the [**More Diagnosis Codes**] button. The *More Diagnosis Codes* page will display. Please see Figure 4-7. **Although ECRS Web has been modified to handle the entry of either ICD-9 or ICD-10 Diagnosis Codes, the application will not consider ICD-10 Diagnosis Codes valid until October 1, 2014. If an ICD-10 Diagnosis Code is entered prior to October 1, 2014, you will receive a message stating that the Diagnosis Code entered is invalid and you will not be allowed to continue processing until the error is corrected.** **Note**: Enter at least one DIAGNOSIS CODE when the ACTION is CA or CL. NGHP MSP types will require a valid diagnosis code to be entered. A message will display stating that the diagnosis code will be required if one is not entered. The user will not be allowed to continue until a valid code is entered into the field. **Note**: Diagnosis Codes cannot be entered on an MSP Inquiry when the MSP Type is A (Working Aged), B (ESRD), or G (Disabled).
ICD Indicator	Type of diagnosis code. Select “ICD-9” or “ICD-10”. **Required if corresponding Diagnosis Code is submitted.**
More Diagnosis Codes	Command button. Click to go to the More Diagnosis Codes page.
ILLNESS/INJURY DATE	Date the illness or injury occurred.
TYPE	One-character code indicating the type of relationship between the 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.
CONTINUE	Command button. Click to go to the Prescription Coverage page.
CANCEL	Command button. Click to return to the Main Menu.

2. 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. If you need to enter more than 5 diagnosis codes, click the [**More Diagnosis Codes**] button. The *More Diagnosis Codes* page will display. Please see Figure 4-7.

Figure 4-7: More Diagnosis Codes

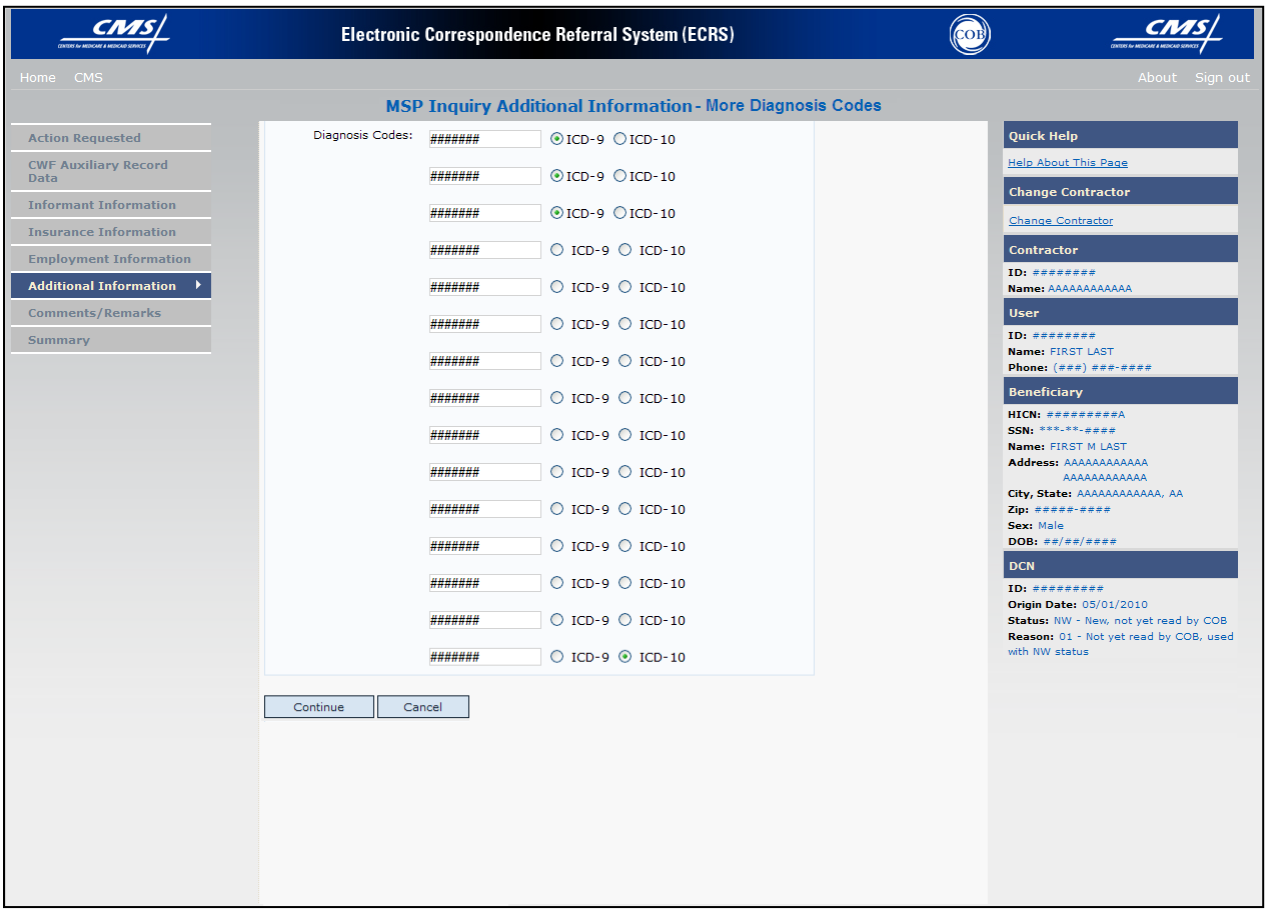


Table 4-15: More Diagnosis Codes

Field	Description
DIAGNOSIS CODES	Seven-digit diagnosis code that applies to this MSP occurrence. Enter up to 15 diagnosis codes. **Although ECRS Web has been modified to handle the entry of either ICD-9 or ICD-10 Diagnosis Codes, the application will not consider ICD-10 Diagnosis Codes valid until October 1, 2014. If an ICD-10 Diagnosis Code is entered prior to October 1, 2014, you will receive a message stating that the Diagnosis Code entered is invalid and you will not be allowed to continue processing until the error is corrected.**
ICD Indicator	Type of diagnosis code. Select “ICD-9” or “ICD-10”. **Required if corresponding Diagnosis Code is submitted.**
CONTINUE	Command button. Click to go to the Prescription Coverage page.
CANCEL	Command button. Click to return to the Main Menu.

Prescription Coverage Page

1. On this page, enter Prescription Coverage information associated with the MSP Inquiry Part D coverage. Please see Figure 4-8.

Figure 4-8: MSP Inquiry Prescription Coverage Page

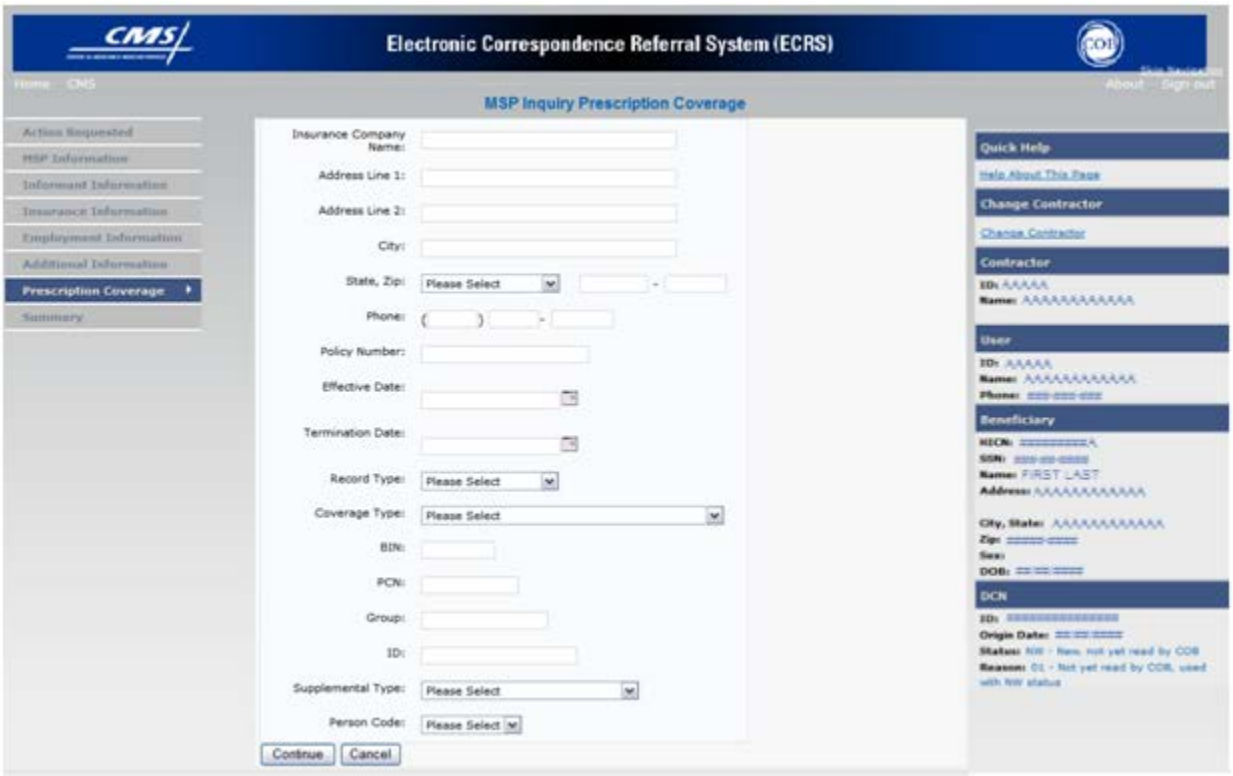


Table 4-16: MSP Inquiry Prescription Coverage Information Page

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage.
ADDRESS LINE 1	First Line of the insurance carrier's street address. *Required field* when NAME and ADDRESS were entered.
ADDRESS LINE 2	Second Line of the insurance carrier's street address.
CITY	City associated with the insurance carrier's street address.
STATE	State associated with the insurance carrier's street address.
ZIP	Zip code associated with the insurance carrier's street address.
PHONE	Phone Number of the insurance carrier.
POLICY NUMBER	Policy number of the insurance coverage.
EFFECTIVE DATE	Effective date of the MSP coverage. **Note**: EFFECTIVE DATE cannot be the same as the TERMINATION DATE.

Field	Description
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 the 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) *Required field*
BIN	Prescription Drug BIN number. Must be six numeric characters. *Required field* when COVERAGE TYPE is U.
PCN	Prescription Drug PCN number. Must not contain special characters. *Required field* when COVERAGE TYPE is U.
GROUP	Prescription Drug group number. Must not contain special characters. *Required field* when COVERAGE TYPE is U.
ID	Prescription Drug ID number. Must not contain special characters. *Required field* 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

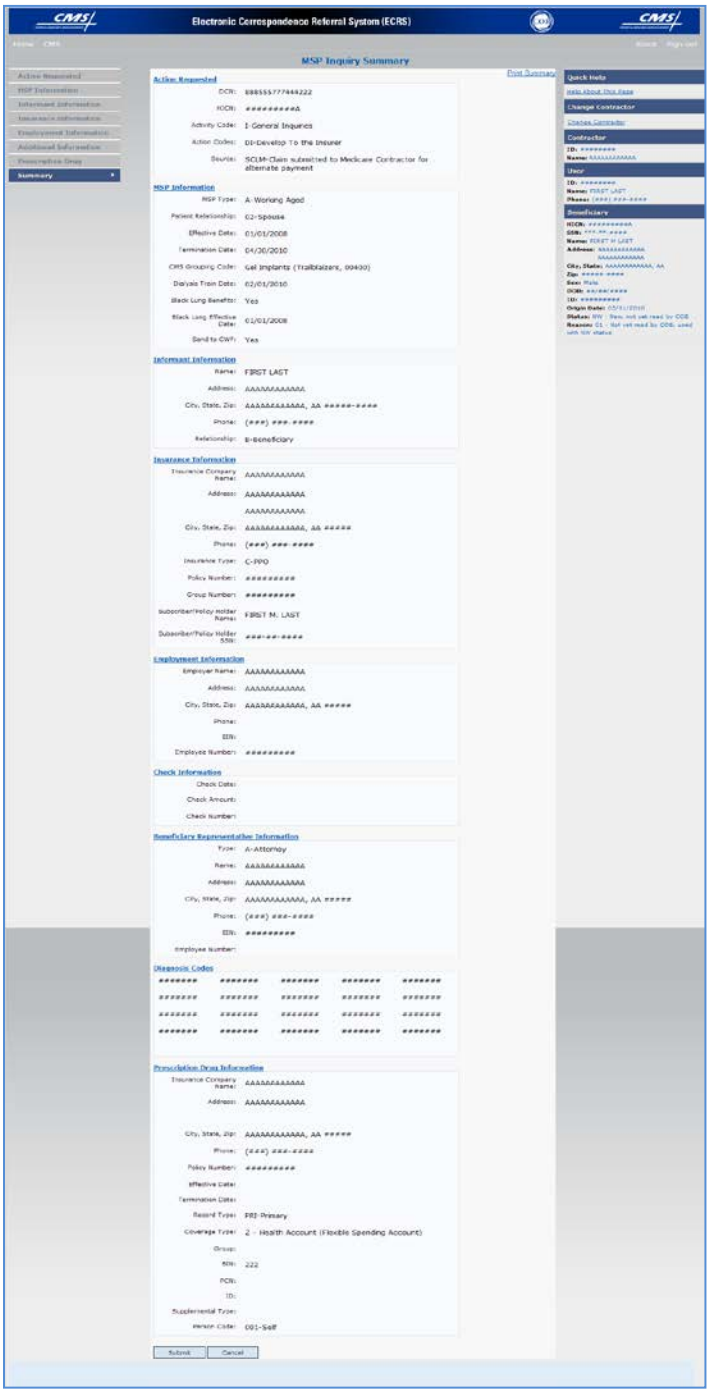
Field	Description
PERSON CODE	Person Code. Plan specific relationship assigned plan administrator at the plan level. *Required field* when RECORD TYPE is Supplemental. Valid values are: 001 Self 002 Spouse 003 Other
CONTINUE	Command button. Click to go to the Summary page.
CANCEL	Command button. Click to return to the Main Menu.

2. 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.

Summary Page

The Summary page displays a summary of all information entered for the MSP inquiry before submission. Please see Figure 4-9. 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.

Figure 4-9: MSP Inquiry Summary Page



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.

1. From the Main Menu page, click **[MSP Inquiries]** under Search for Requests or Inquiries. The MSP Inquiry Search page displays, as shown in Figure 4-10.

Figure 4-10: MSP Inquiry Search Page

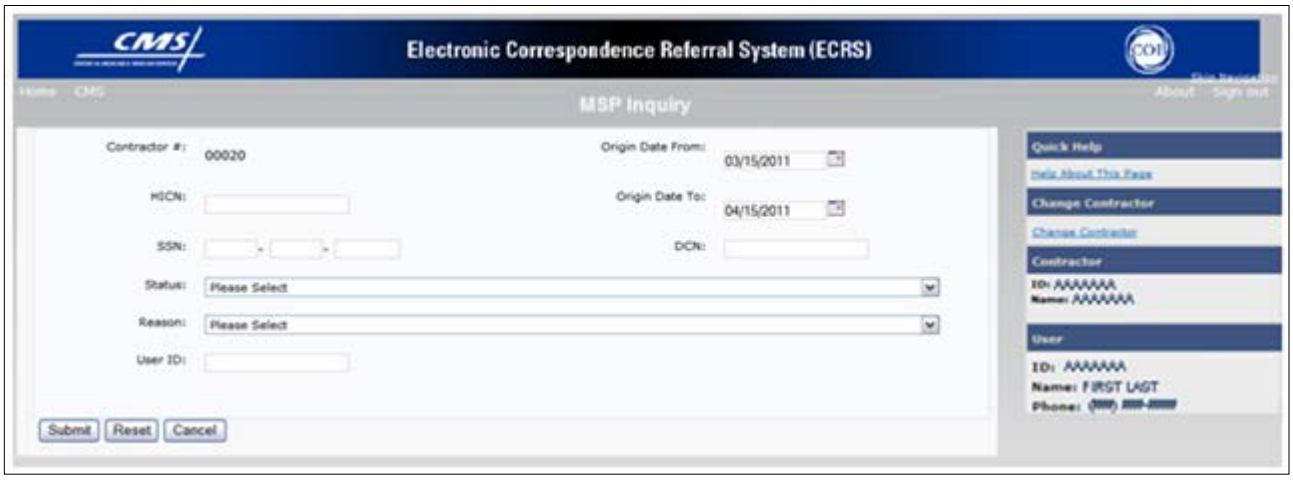


Table 4-17: MSP Inquiry Search Page

Field	Description
CONTRACTOR #	• If you are a Medicare Contractor, this field will be pre-filled with the Contractor Number entered during Contractor Sign In. (*protected field*). • If you are a Regional Office or CMS User, this field will be Pre-filled with the CMS ID/RO Number entered during Contractor Sign In. **Note**: 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 for. **Note**: If searching by HICN, do not enter an SSN or DCN.
SSN	Enter a Social Security Number to search for. **Note**: If searching by SSN, do not enter a HICN or DCN.
STATUS	Enter a Status code to search for. To view all in-process MSP Inquiry transactions, select IP in the STATUS field.

Field	Description
REASON	Select a Reason code to search for. (See Appendix E for the complete list of codes.)
USER ID	Enter a User ID to search for.
ORIGIN DATE FROM	Enter a starting date for the date range you wish to search for, if applicable. This field is updateable; enter a different ORIGIN DATE FROM in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date for the date range you wish to search for. **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 for. **Note**: If searching by DCN, do not enter a HICN or SSN.
SUBMIT	Command button. Click to display search results.
RESET	Command button. Click to clear search results.
CANCEL	Command button. Click to return to the Main Menu.

View Transactions

1. Type search criteria in the appropriate fields and click **[Submit].**
   - 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 Figure 4-11.

Figure 4-11: MSP Inquiry Search Page Listing

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

Table 4-18: MSP Inquiry Search Page Listing

Field	Description
Delete	Click the delete [**X**] link to mark a transaction for deletion.
HICN	Health Insurance Claim Number for the MSP Inquiry transaction. (*Protected field*). Click the link to view the Summary page.
CONTRACTOR	Contractor number. (*protected field*)

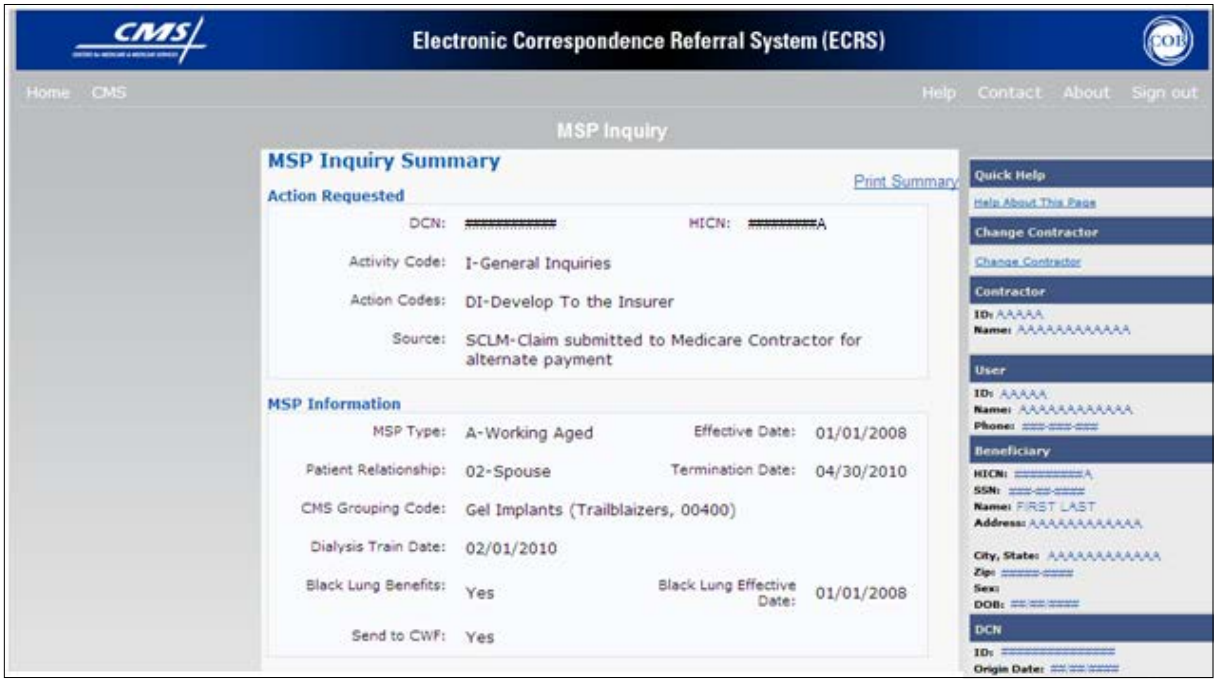
Field	Description
DCN	Document Control Number assigned to the MSP Inquiry transaction by the Medicare contractor. (*protected field*)
STATUS	Status of the MSP Inquiry transaction. (*protected field*)
REASON	Reason for the MSP Inquiry transaction. (*protected field*)
ORIGIN DATE	Originating date in MMDDCCYY format. (*protected field*)
LAST UPDATE	Date the MSP Inquiry transaction was last changed in MMDDCCYY format. (*protected field*)
USER ID	User ID of the operator who entered the MSP Inquiry transaction. (*protected field*)

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

1. To update information on an 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. Please see Figure 4-12.

Figure 4-12: MSP Inquiry Summary



2. 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.

Delete Transactions

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

Chapter 5: 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 Web.

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.

Adding a Prescription Drug Assistance Request Transaction

Use the **[Prescription Drug 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, as shown in Figure 5-1.

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.

Figure 5-1: Action Requested Page

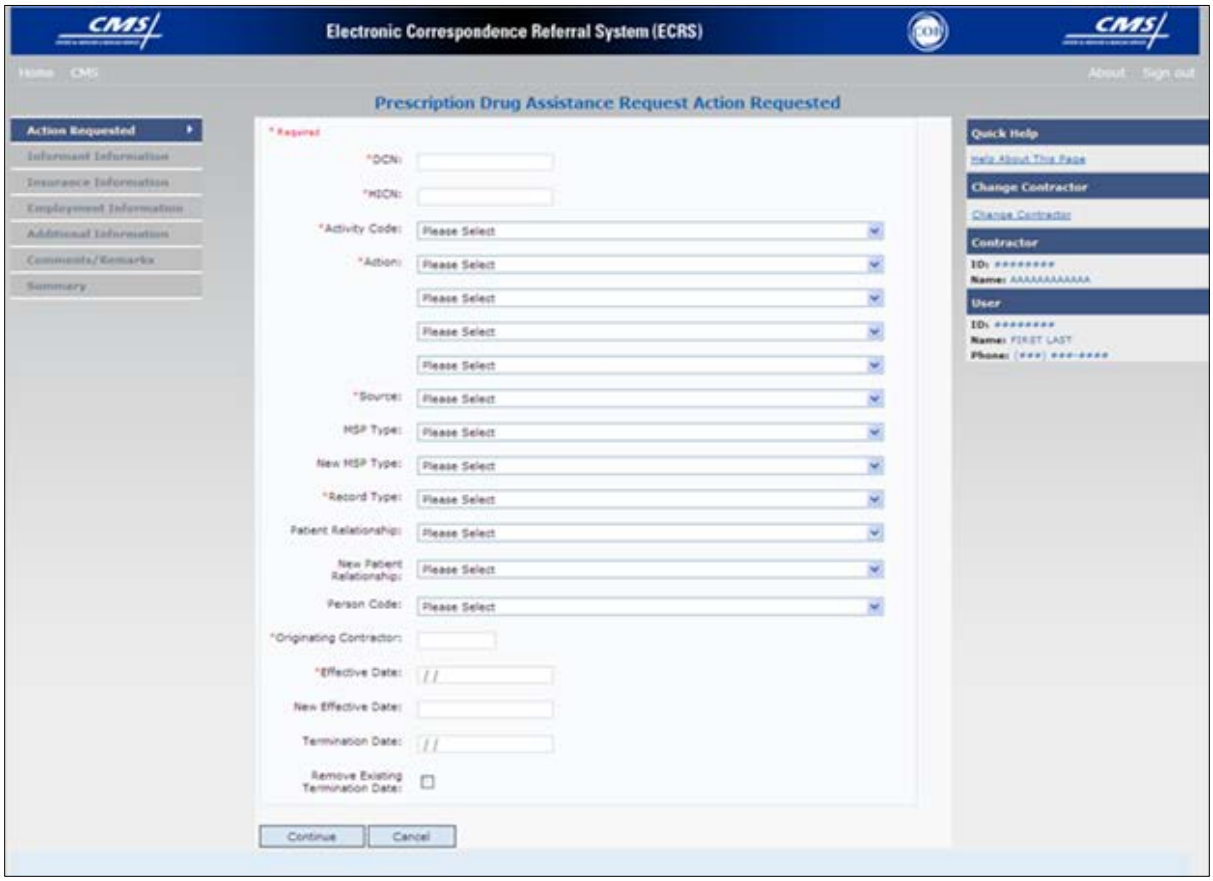


Table 5-1: Prescription Drug Assistance Request Heading Bar

Navigation Link	Description
HOME	Click **[Home]** to return to the Main Menu page.
CMS	Click **[CMS]** to link to the CMS Web site www.cms.gov.
ABOUT	Click **[About]** to display information about ECRS Web menu options.
SIGN OUT	Click **[Sign Out]** to leave the ECRS Web application.

Table 5-2: Prescription Drug Assistance Request - Left Side Bar

Link	Description
ACTION REQUESTED	Click **[Action Requested]** to go to the Action Requested page.
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.

Link	Description
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.

Prescription Drug Assistance Request - Right Side Bar

The right side bar of the Prescription Drug Assistance Request page is divided into six sections. Each of these sections is described in the following tables: Table 5-3, Table 5-4, Table 5-5, Table 5-6, Table 5-7, and Table 5-8.

Table 5-3: Right Side Bar - Quick Help

Link	Description
Help About This Page	Click to display helpful information for completing the page.

Table 5-4: Right Side Bar - Change Contractor

Link	Description
CHANGE CONTRACTOR	Click to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor

Table 5-5: Right Side Bar - Contractor

Field	Description
ID	Contractor Number or CMS ID entered on the Contractor Sign In page. (*protected field*)
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. (*protected field*)

Table 5-6: Right Side Bar - User

Field	Description
ID	User ID of person logged in. (*protected field*)
NAME	Name of person associated with the User ID. (*protected field*)
PHONE	Phone number associated with the User ID. (*protected field*)

Beneficiary and DCN Information will be retrieved from the system using the HICN entered on the Action Requested page. This information will be carried forward on subsequent pages of the CWF Assistance Request and it will be displayed on the right side bar as described in Table 5-7 and Table 5-8. This information will not be editable.

Table 5-7: Right Side Bar - Beneficiary

Field	Description
HICN	Health Insurance Claim Number of the beneficiary. (*protected field*)
SSN	Social Security Number of the beneficiary. (*protected field*)
NAME	Name of the beneficiary. (*protected field*)
ADDRESS	Street address of the beneficiary. (*protected field*)
CITY, STATE	City and State associated with street address of the beneficiary. (*protected field*)
ZIP	Zip code associated with street address of the beneficiary. (*protected field*)
SEX	Sex of the beneficiary. (*protected field*)
DOB	Date of birth for the beneficiary. (*protected field*)

Table 5-8: Right Side Bar - DCN

DCN	Description
ID	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with the transaction. (*protected field*)
ORIGIN DATE	Date Prescription Drug Assistance Request transaction was submitted. (*protected field*)
STATUS	Two-character code explaining where the Prescription Drug Assistance Request transaction is in the COB system process (*protected field*) CM Completed DE Delete (do not process) ECRS Prescription Drug 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 Prescription Drug Assistance Request is in a particular status. (See Appendix E for the complete list of codes.) (*protected field*) Note: REASON will always be 01 until the transaction is processed.

Table 5-9: Prescription Drug Assistance Request Action Requested Page

Field	Description
DCN	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with transaction (*required field*) The system auto-generates the DCN, but it can be changed by the user.

Field	Description
HICN	Health Insurance Claim Number of the 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.
ACTIVITY CODE	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
ACTION	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 CX Change RX Values (BIN, Group, PCN) DO Delete Occurrence EA Change Employer Address ED Change Effective Date EI Change Employer Info GR Develop for Group Number II Change Insurer Information IT Change Insurance Type MT Change MSP Type PC Update RX Person Code PN Develop for/add PCN PR Change Patient Relationship TD Add Termination Date **Notes:** The following Actions can be combined together, but not with any other Actions: BN Develop for RX Bin GR Develop for Group Number PN Develop for/add PCN Prescription Drug Assistance Request with the following Actions will be automatically processed, given they have no reject errors: AP Add Policy Number/Group Number CX Change RX Values (BIN, Group, PCN) DO Delete Occurrence TD Add Termination Date

Field	Description
SOURCE	Four-character code identifying the source of the Prescription Drug Assistance Request information (*required field*). Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey
MSP TYPE	One-character code identifying type of MSP coverage. Description of code displays next to value. 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 *Required field* when ACTION is MT.
NEW MSP TYPE	One-character code identifying type of new MSP coverage. Description of code displays next to value. *Required field* when ACTION is MT.
RECORD TYPE	Prescription Coverage Record Type (required field). Valid values are: PRI Primary SUP Supplemental **Note**: RECORD TYPE must be PRI when ACTION is MT.

Field	Description
PATIENT RELATIONSHIP	Patient relationship between policyholder and beneficiary (required field). Description of code displays next to value. 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 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.) For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used: MSP Type Patient Relationship ---------- A 01, 02 B 01, 02, 03, 04, 05, 18, 20 G 01, 02, 03, 04, 05, 18, 20
NEW PATIENT RELATIONSHIP	New patient relationship between policyholder and beneficiary. Description of code displays next to value Required field when ACTION is PR.
PERSON CODE	Plan-specific Person Code. Values are: 001 Self 002 Spouse 003 Other Required field when: RECORD TYPE is Supplemental ACTION is PC
ORIGINATING CONTRATOR	Contractor number of the contractor that created the original Prescription Drug record at MBD (required field).
EFFECTIVE DATE	Effective date of drug coverage in MMDDCCYY format (required field.)
NEW EFFECTIVE DATE	New effective date of drug coverage in MMDDCCYY format. *Required field* when ACTION is ED.

Field	Description
TERMINATION DATE	Termination date of drug coverage in MMDDCCYY format. *Required field* when ACTION is TD or CT.
REMOVE EXISTING TERMINATION DATE checkbox	Check to remove an existing termination date.
CONTINUE	Command button. Click to go to the Informant Information page. **Note**: All required fields must be populated before clicking [Continue].
CANCEL	Command button. Click to return to the Main Menu.

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
   - SOURCE
   - RECORD TYPE
   - PATIENT RELATIONSHIP
   - PERSON CODE
   - ORIGINATING CONTRACTOR
   - EFFECTIVE DATE

   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.

Informant Information Page

1. Enter information on the Informant Information page regarding the person who informed you of the change in the Part D coverage. Please see Figure 5-2.

Figure 5-2: Prescription Drug Assistance Request Informant Information Page

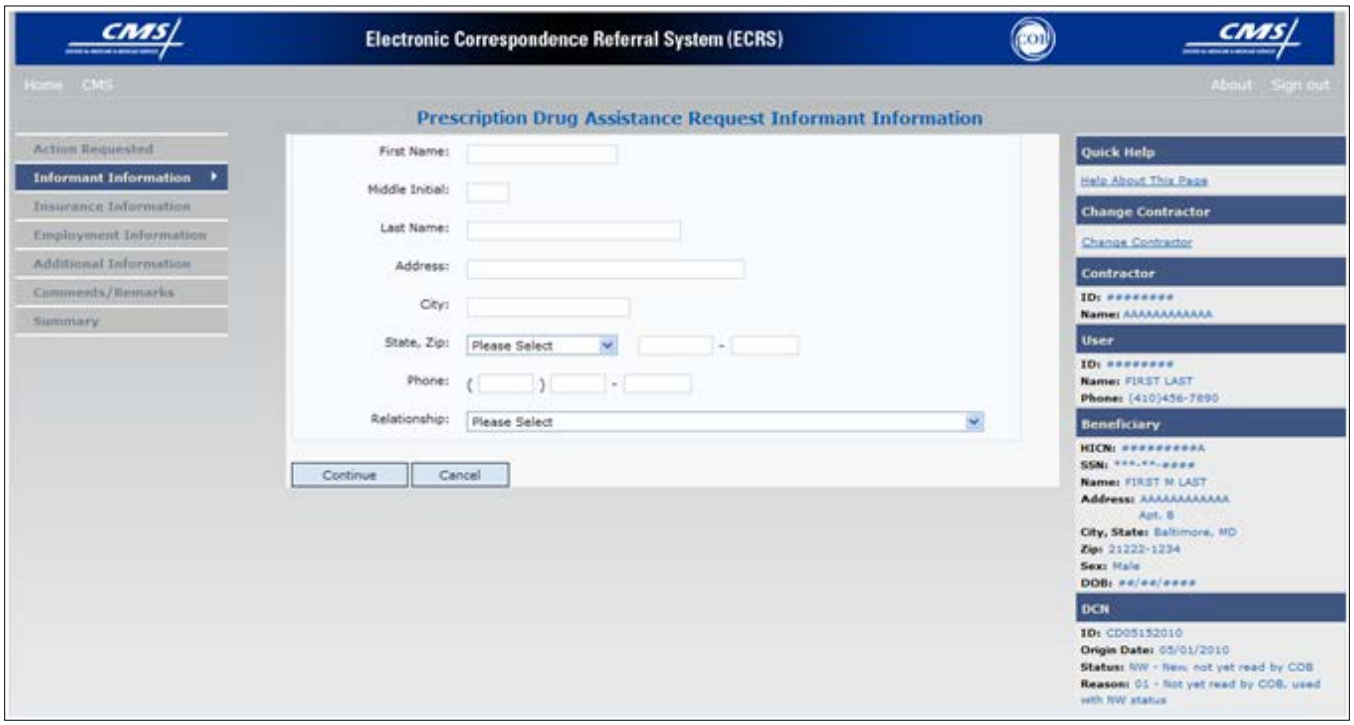


Table 5-10: Prescription Drug Assistance Request Informant Information Page

Field	Description
FIRST NAME	Given or first name of person informing contractor of change in Part D coverage. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
MIDDLE INITIAL	Middle initial of person informing contractor of change in Part D coverage.
LAST NAME	Surname of person informing contractor of change in Part D coverage. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
ADDRESS	Informant's street address. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
CITY	Informant's city. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
STATE	Informant's state. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.

Field	Description
ZIP	Informant's ZIP code. *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
PHONE	Informant's telephone number
RELATIONSHIP	One-character code indicating 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 W Pharmacy *Required field* for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.
CONTINUE	Command button. Click to go to Insurance Information page.
CANCEL	Command button. Click to return to the Main Menu.

2. 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.

Insurance Information Page

1. Enter information on the Insurance Information page about the insurance type associated with the Part D record. Please see Figure 5-3.

Figure 5-3: Prescription Drug Assistance Request Insurance Information Page

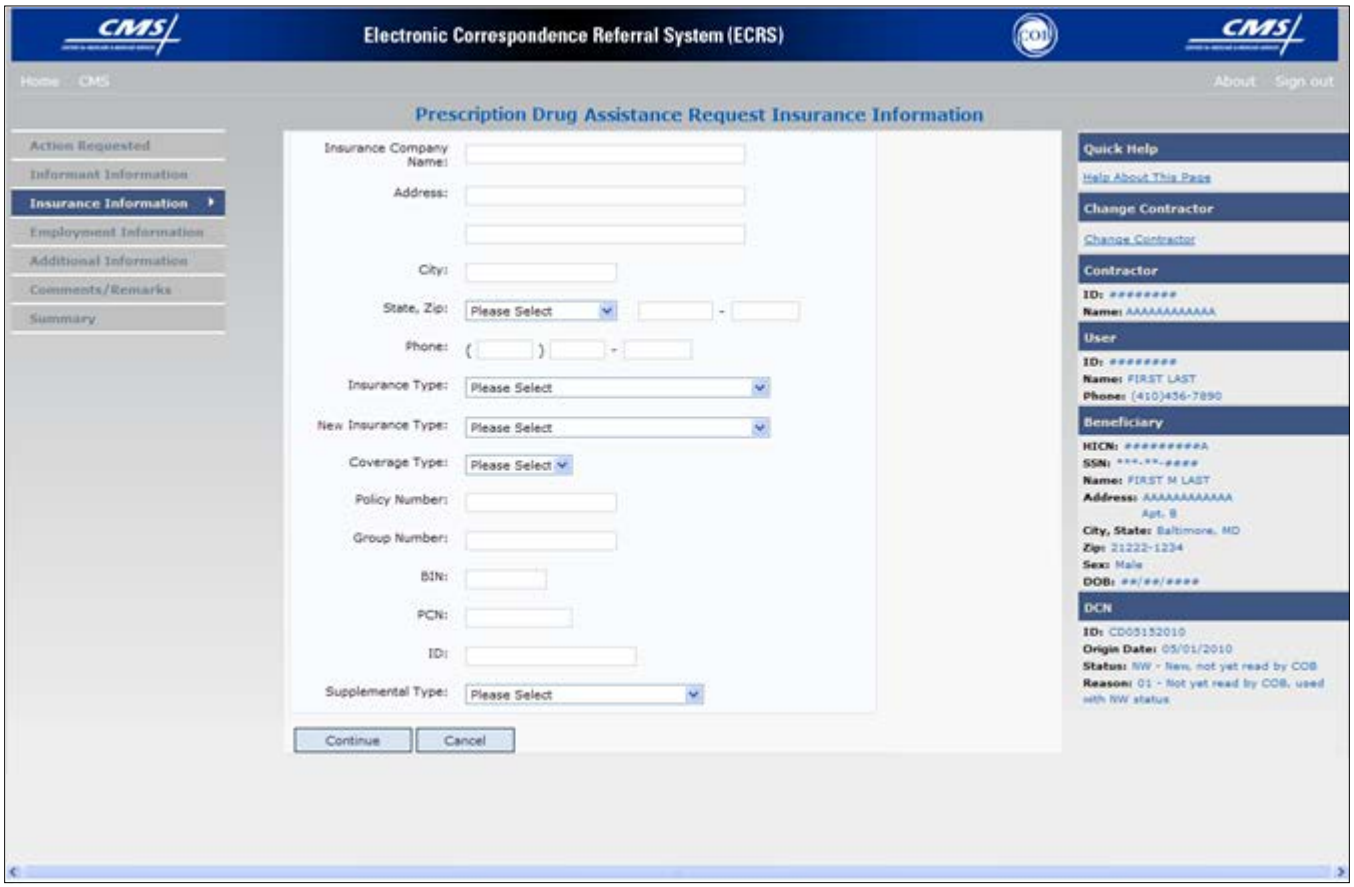


Table 5-11: Prescription Drug Assistance Request Insurance Information Page

Field	Description
INSURANCE COMPANY NAME	Name of Part D insurance carrier.
ADDRESS	First Line of the insurance carrier's street address.
(ADDRESS 2)	Unlabeled field. Second line of the insurance carrier's street address.
CITY	City associated with the insurance carrier's street address.
STATE	State associated with the insurance carrier's street address.
ZIP	Zip code associated with the insurance carrier's street address.
PHONE	Phone Number of the insurance carrier.
INSURANCE TYPE	One-character code for the type of insurance. Not used for Prescription Drug records.

Field	Description
NEW INSURANCE TYPE	Select a one-character code for the new type of insurance. Not used for Prescription Drug records.
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) *Required field*
POLICY NUMBER	Policy number of insurance coverage *Required field* when ACTION is AP and MSP TYPE is NOT D, E, L, or W. **Note**: If GROUP NUMBER is entered, the POLICY NUMBER is not required.
GROUP NUMBER	Group number of insurance coverage Group Number, BIN, or PCN is required when ACTION is CX. Required field when ACTION is AP and MSP TYPE is NOT D, E, L, or W. *Required field* when COVERAGE TYPE is U. Note: If POLICY NUMBER is entered, the GROUP NUMBER is not required.
BIN	Prescription Drug BIN number. Must be six numeric characters. *Required field* if COVERAGE TYPE is U. Group Number, BIN, or PCN is required when ACTION is CX.
PCN	Prescription Drug PCN number. Must not contain special characters. *Required field* if COVERAGE TYPE is U. Group Number, BIN, or PCN is required when ACTION is CX.
ID	Prescription Drug ID number. Must not contain special characters. *Required field* 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
CONTINUE	Command button. Click to go to the Employment Information page.
CANCEL	Command button. Click to return to the Main Menu.

2. Type data in all fields that need to be revised.

Note: Currently you cannot use Action II to automatically update Insurance Name and Address information. To update this information, you must use a work-around. First, submit an Action that will not automatically process (i.e., any Action other than AP - Add Policy Number/Group Number; CX - Change RX Values (BIN, Group, PCN); DO - Delete Occurrence; or TD - Add Termination Date). Second, use the Comments/Remarks page to request the COBC to update the insurance name/address information. Include your requested changes on the comments/remarks page.

Employment Information Page

1. Enter employment information associated with the Part D record on the Employment Information page. Please see Figure 5-4.

Figure 5-4: Prescription Drug Assistance Request Employment Information Page

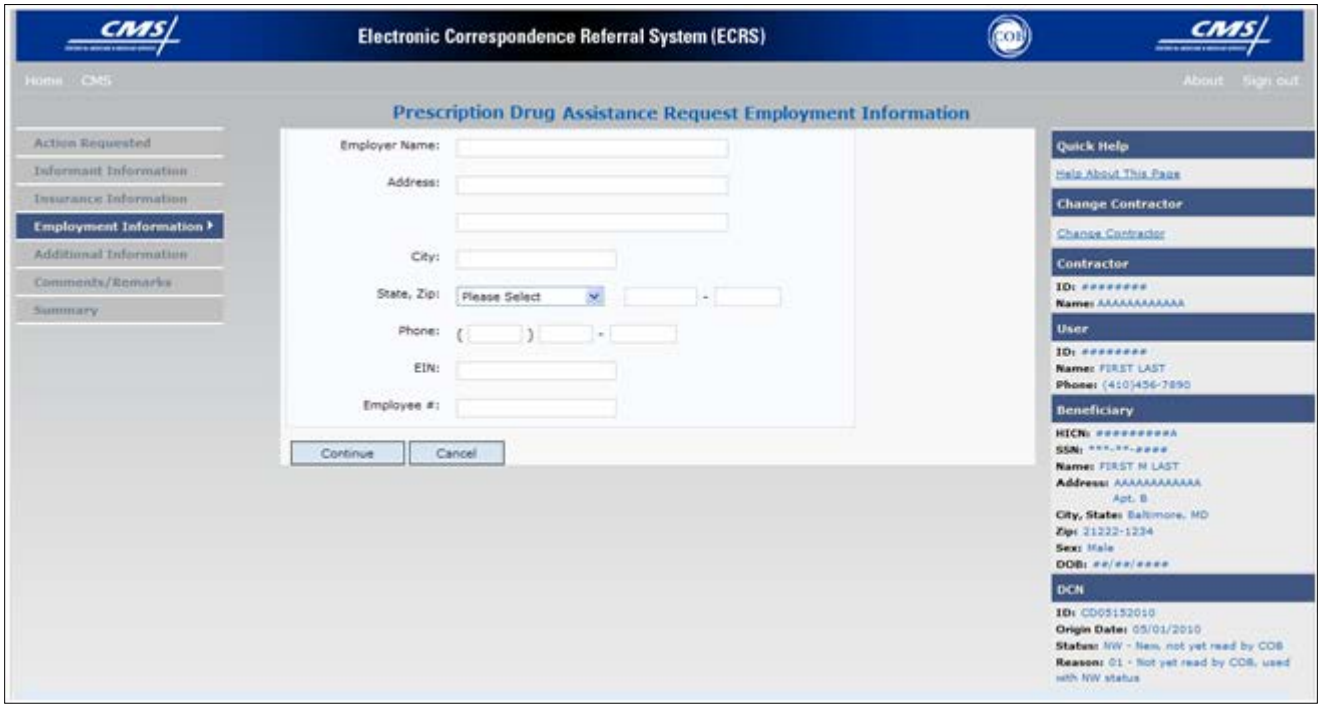


Table 5-12: Prescription Drug Assistance Request Employment Information Page

Field	Description
EMPLOYER NAME	Name of employer providing the group health insurance the beneficiary is covered under. *Required field* when ACTION is EA or EI.
ADDRESS	First line of the employer's street address. *Required field* when ACTION is EI.
(ADDRESS 2)	Unlabeled field. Second line of the employer's street address.
CITY	City associated with the employer's street address. *Required field* when ACTION is EI.

Field	Description
STATE	State associated with the employer's street address. *Required field* when ACTION is EI.
ZIP	Zip Code associated with the employer's street address. *Required field* when ACTION is EI.
PHONE	Phone Number of the employer
EIN	Employer Identification Number
EMPLOYEE #	Employee number of the policy holder
CONTINUE	Command button. Click to go to the Additional Information page.
CANCEL	Command button. Click to return to the Main Menu.

2. 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.

Additional Information Page

1. Enter check information on this page. See Figure 5-5.

Figure 5-5: Prescription Drug Assistance Request Additional Information Page

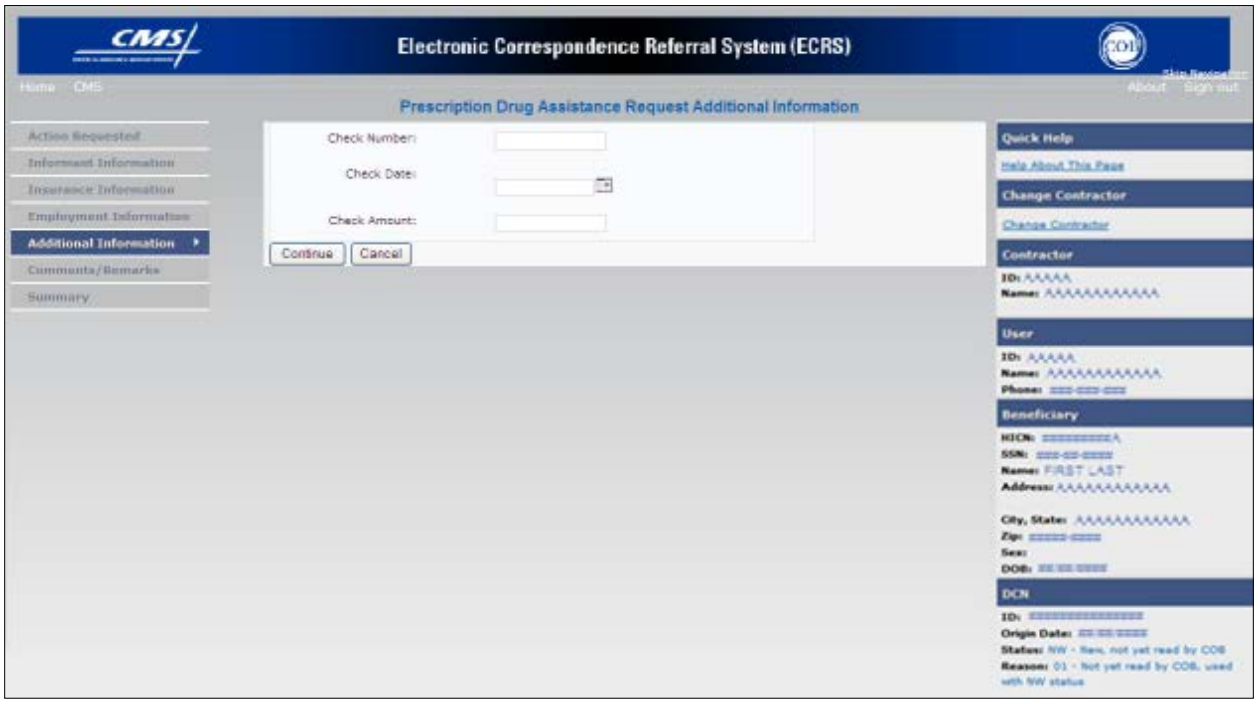


Table 5-13: Prescription Drug Assistance Request Additional Information Page

Field	Description
CHECK NUMBER	Number of check received. Required field if SOURCE is CHEK.

Field	Description
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.
CONTINUE	Command button. Click to go to the Comments/Remarks page.
CANCEL	Command button. Click to return to the Main Menu.

2. 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.

Comments and Remarks Page

1. Enter comments on the Comments and Remarks page. Please see Figure 5-6. 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 is AR.

Figure 5-6: Comments and Remarks Page

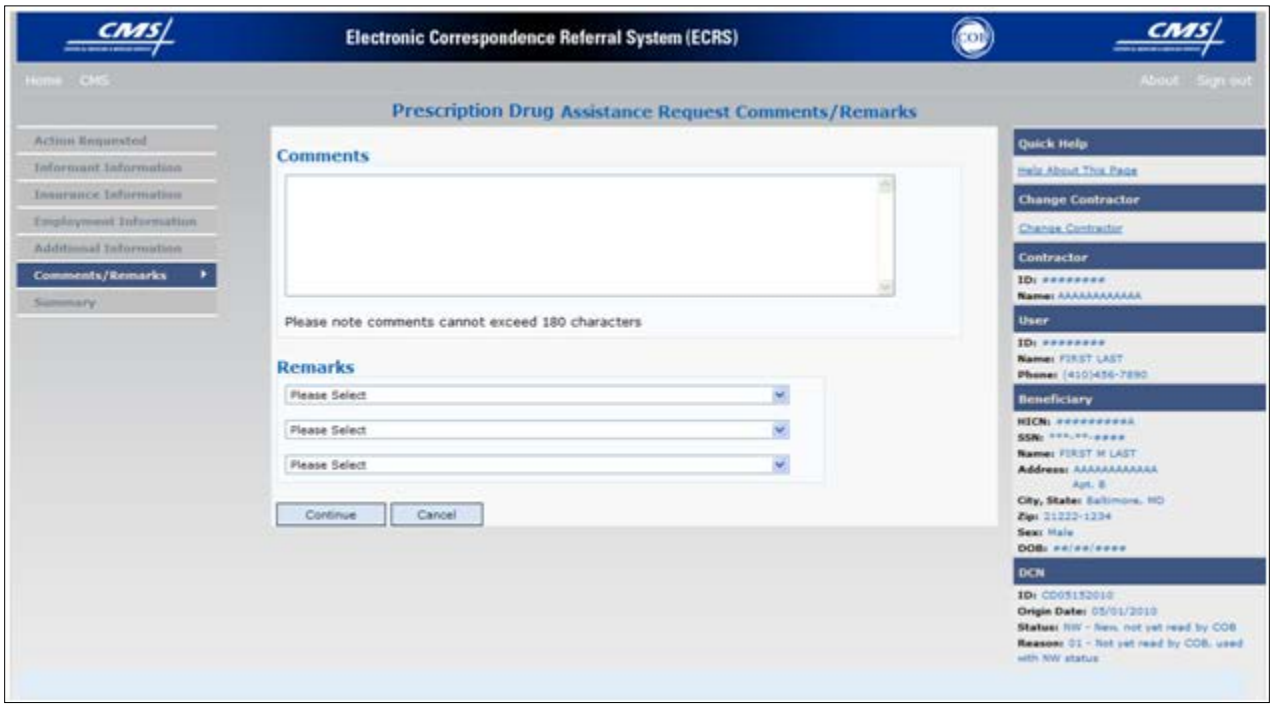


Table 5-14: Prescription Drug Assistance Request Comments and Remarks Page

Field	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

Field	Description
	involves an automated action type (ACTIONs 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.
CONTINUE	Command button. Click to go to the Summary page.
CANCEL	Command button. Click to return to the Main Menu.

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

Action	Comment
DO	PLEASE DELETE. MEMBER DID NOT ENROLL IN THE EMPLOYER'S GHP.
IT	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.

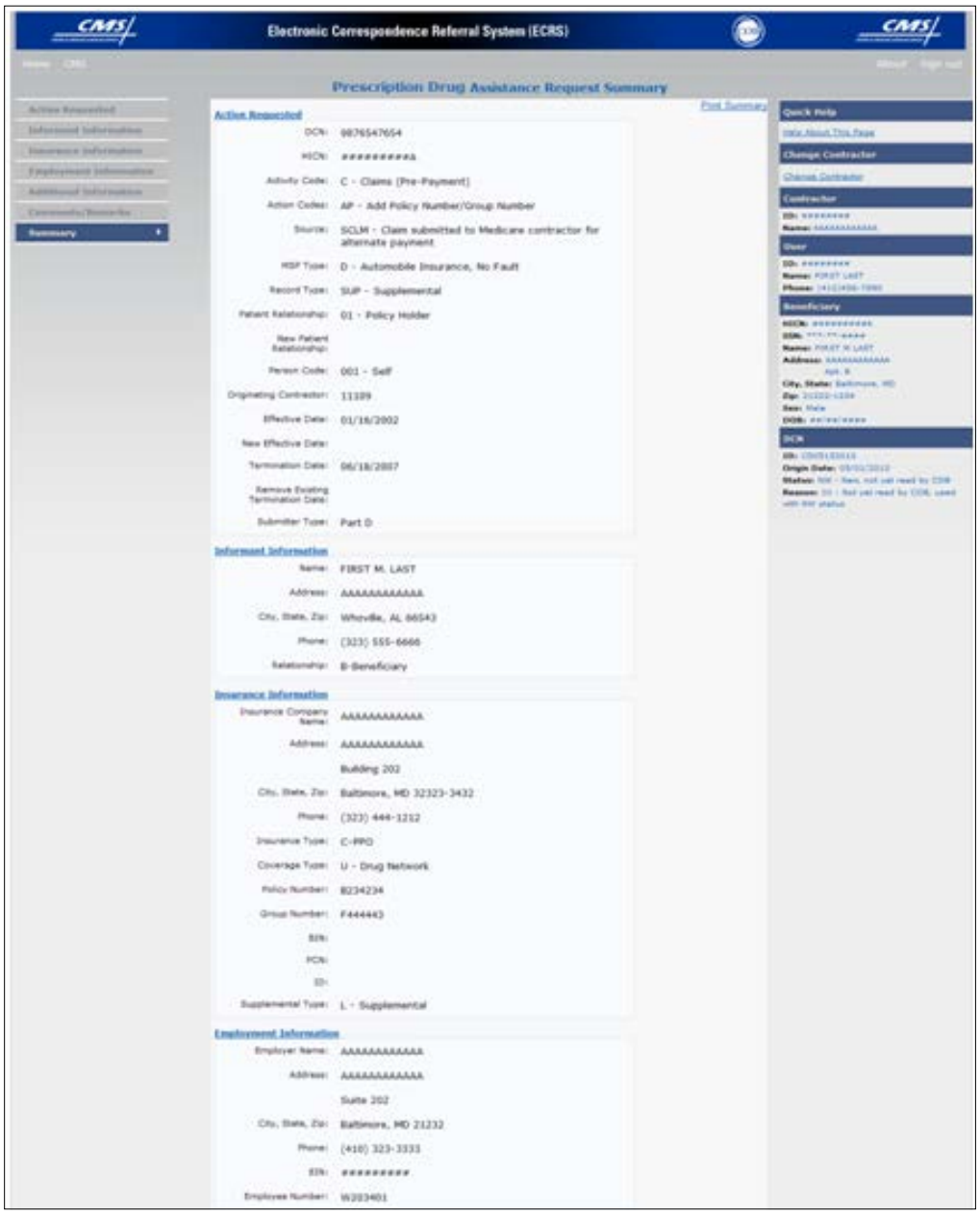
2. After all relevant fields have been entered, click **[Continue]** to go to the Summary page, or select a page link from the left side bar.

Summary Page

The Summary page displays a summary of all information entered for the assistance request before submission. Please see Figure 5-7.

1. 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.

Figure 5-7: Summary Page



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.

1. 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 Figure 5-8.

Figure 5-8: Prescription Drug Assistance Request Search Page

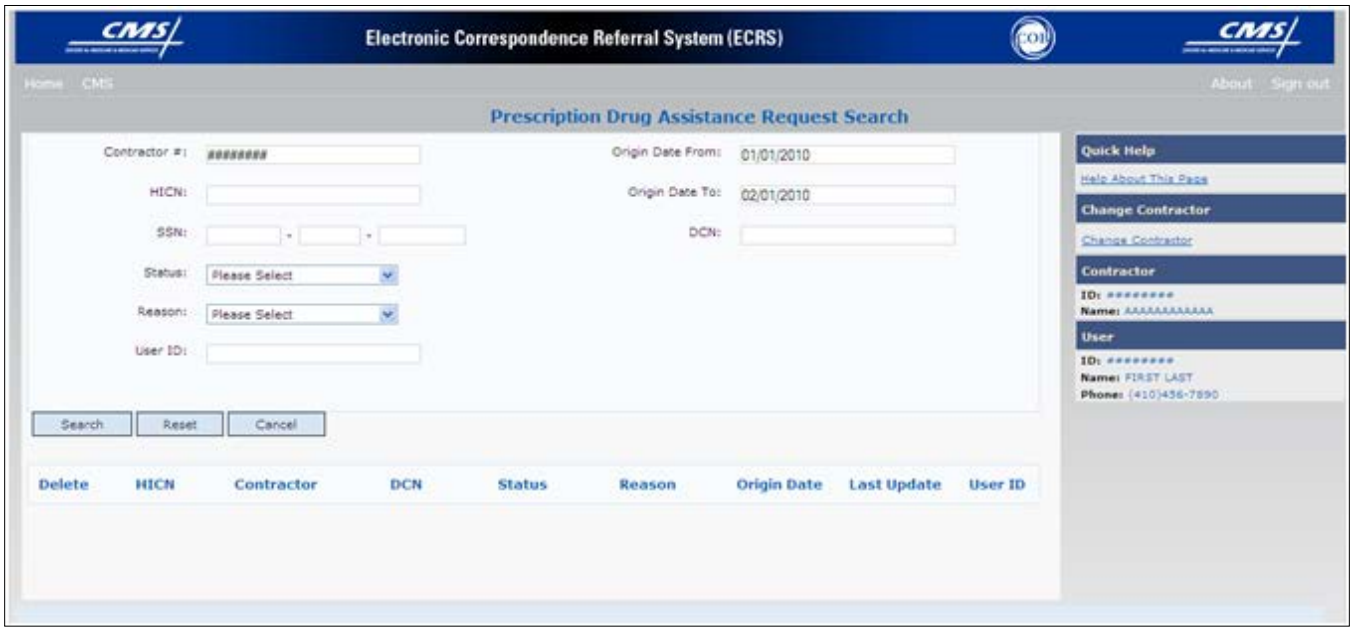


Table 5-15: Prescription Drug Assistance Request Search Page Description

Field	Description
CONTRACTOR #	• If you are a Medicare Contractor, this field will be pre-filled with the Contractor Number entered during Contractor Sign In. (protected field)… • If you are a Regional Office or CMS user, this field will be pre-filled with the CMS ID/RO Number entered during Contractor Sign In. **Note**: 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 for. **Note**: If searching by HICN, do not enter an SSN or DCN.

Field	Description
SSN	Enter a Social Security Number to search for. Note: If searching by SSN, do not enter a HICN or DCN.
STATUS	Enter a Status code to search for. To view all in-process Prescription Drug Assistance Request transactions, select IP in the STATUS field.
REASON	Select a Reason code to search for. (See Appendix E for the complete list of codes.)
USER ID	Enter a User ID to search for.
ORIGIN DATE FROM	Enter a starting date for the date range you wish to search for, if applicable. This field is updateable; enter a different ORIGIN DATE FROM in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date for the date range you wish to search for. **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 for. **Note**: If searching by DCN, do not enter a HICN or SSN.
SEARCH	Command button. Click to display search results.
RESET	Command button. Click to clear search results.
CANCEL	Click to return to the Main Menu.

View Transactions

1. Type search criteria in the appropriate fields and click [**Submit**].
   - 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 Figure 5-9.

Figure 5-9: Search Page Listing

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

Table 5-16: Prescription Drug Assistance Requests Search Page Listing

Field	Description
Delete	Click the delete [**X**] link to mark a transaction for deletion

Field	Description
HICN	Health Insurance Claim Number for the Prescription Drug Assistance Request transaction. (Protected field). Click the HICN link to view the Summary page.
CONTRACTOR	Contractor number. (protected field)
DCN	Document Control Number assigned to the Prescription Drug Assistance Request transaction by Medicare contractor. (protected field)
STATUS	Status of the Prescription Drug Assistance Request transaction. (protected field)
REASON	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)
ORIGIN DATE	Originating date in MM-DD-CCYY format. (protected field)
LAST UPDATE	Date Prescription Drug Assistance Request transaction was last changed in MMDDCCYY format. (protected field)
USER ID	User ID of operator who entered the Prescription Drug Assistance Request transaction. (protected field)

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

1. 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. Please see Figure 5-10.

Figure 5-10: Summary Page

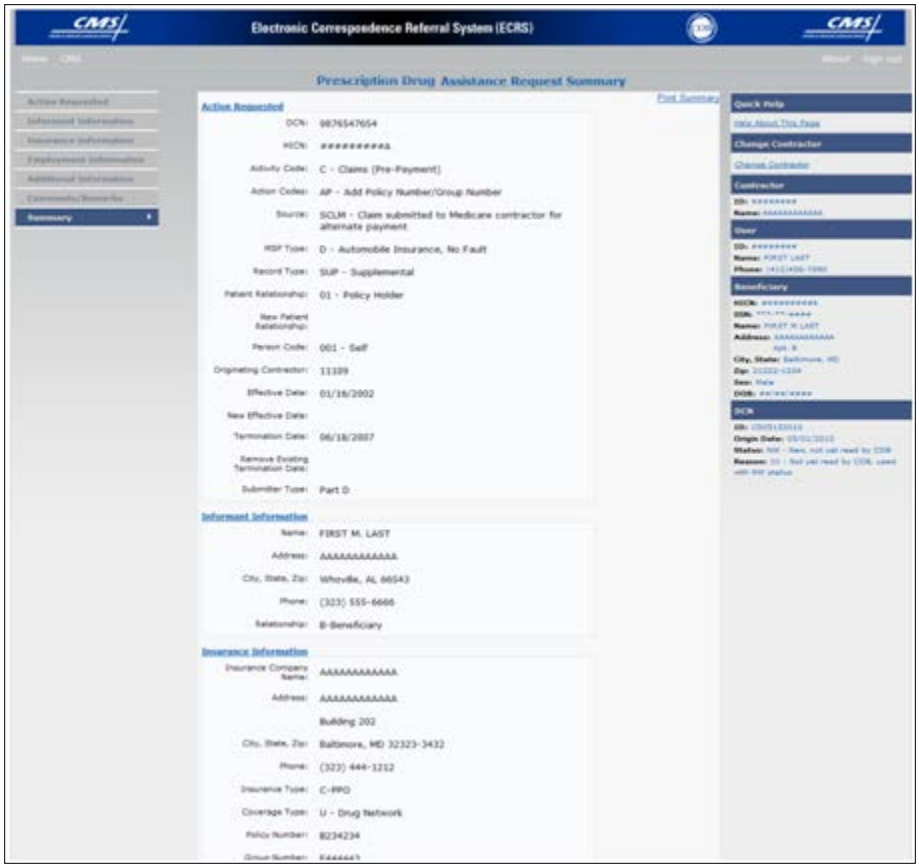


Table 5-17: Prescription Drug Assistance Request Summary Page

Field	Description
ACTION REQUESTED	Displays information that was previously entered on the Action Requested page.
INFORMANT INFORMATION	Displays information that was previously entered on the Informant Information page.
INSURANCE INFORMATION	Displays information that was previously entered on the Insurance Information page.
EMPLOYMENT INFORMATION	Displays information that was previously entered on the Employment Information page.
ADDITIONAL INFORMATION	Displays information that was previously entered on the Additional Information page.

Field	Description
COMMENTS/REMARKS	Displays information that was previously entered on the Comments/Remarks page.
COB RESPONSE INFORMATION	Displays for records that are not in NW status. See below for more information.
COB COMMENTS	Free-form text field, where the COB contractor's comments appear.
USER ID	User ID of the person who entered the COB contractor comment.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Valid 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 the 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 the subsequent development letter was sent. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative (other than attorney)
RETURN	Command button. Click to return to the Prescription Drug Assistance Request Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Command button. Click to save updates. Displays for records in NW status.

Field	Description
CANCEL	Command button. Click to return to the Search Page Listing without making any updates to the transaction. Displays for records in NW status.

2. 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.
3. 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

1. To mark a Prescription Drug Assistance Request transaction for deletion, click the delete [**X**] link next to the HICN and when presented with the Confirmation page, confirm by clicking **[Continue],** or decline by clicking **[Cancel].**
2. 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 6: Prescription Drug Inquiry Transactions

This chapter provides you with step-by-step instructions to perform a prescription drug 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.

Adding a Prescription Drug Inquiry Transaction

There are two ways to enter a Prescription Drug Inquiry:

1. **From an MSP Inquiry**

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

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

2. **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

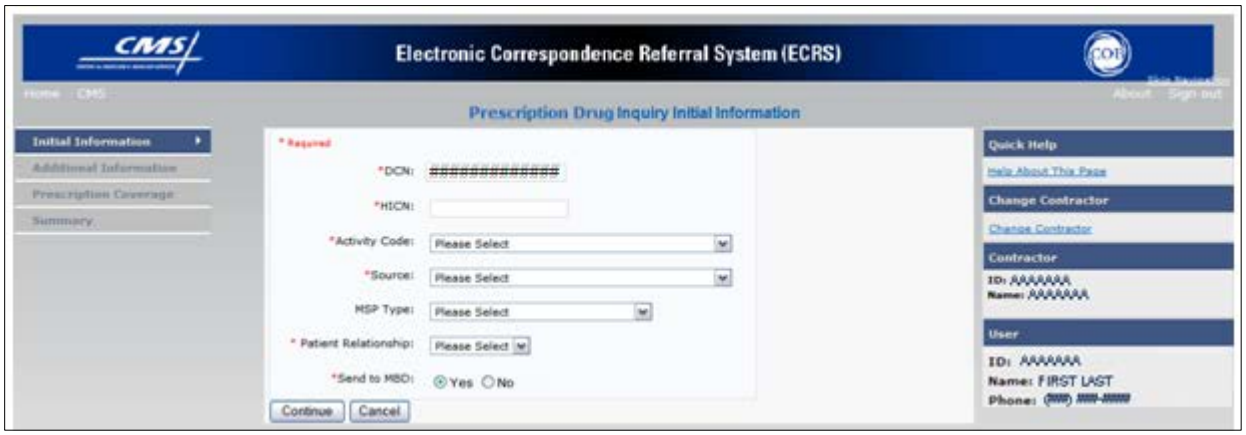
Common sources that provide contractors with Prescription Drug information, followed by the associated Source Code, are:

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

Initial Information Page

From the Main Menu, click **[Prescription Drug Inquiry]** under Create Requests or Inquiries. The system displays the Initial Information page, as shown in Figure 6-1. 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.

Figure 6-1: Prescription Drug Inquiry Initial Information Page



Navigation Links

The navigation links explained in Table 6-1 and Table 6-2 display on each page of the Prescription Drug Inquiry Transaction:

Table 6-1: Prescription Drug Inquiry Heading Bar

Navigation Link	Description
HOME	Click **[Home]** to return to the Main Menu page.
CMS	Click **[CMS]** to link to the CMS Web site www.cms.gov.
ABOUT	Click **[About]** to display information about ECRS Web menu options.
SIGN OUT	Click **[Sign Out]** to leave the ECRS Web application.

Table 6-2: Prescription Drug Inquiry Left Side Bar

Navigation Link	Description
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.
SUMMARY	Click **[Summary]** to go to the Summary page.

Prescription Drug Inquiry - Right Side Bar

The right side bar of the Prescription Drug Inquiry page is divided into six sections. Each of these sections is described in the following tables:

Table 6-3: Right Side Bar - Quick Help

Navigation Link	Description
QUICK HELP	Click **[Help About This Page]** to display helpful information for completing the page.

Table 6-4: Right Side Bar – Change Contractor

Navigation Link	Description
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

Table 6-5: Right Side Bar - Contractor

Field	Description
ID	Contractor Number or CMS ID entered on Contractor Sign In page. *(protected field)*
NAME	Name of the Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. *(protected field)*

Table 6-6: Right Side Bar - User

Field	Description
ID	User ID of the person logged in. *(protected field)*
NAME	Name of the person associated with the User ID. *(protected field)*
PHONE	Phone number associated with the User ID. *(protected field)*

Beneficiary and DCN Information will be retrieved from the system using the HICN entered on the Action Requested page. This information will be carried forward on subsequent pages of the CWF Assistance Request and it will be displayed on the right side bar as described in Table 6-7 and Table 6-8. This information will not be editable.

Table 6-7: Right Side Bar - Beneficiary

Field	Description
HICN	Health Insurance Claim Number of the beneficiary. *(protected field)*
SSN	Social Security Number of the beneficiary. *(protected field)*

Field	Description
NAME	Name of the beneficiary. *(protected field)*
ADDRESS	Street address of the beneficiary. *(protected field)*
CITY, STATE	City and State associated with the street address of the beneficiary. *(protected field)*
ZIP	Zip code associated with the street address of the beneficiary. *(protected field)*
SEX	Sex of the beneficiary. *(protected field)*
DOB	Date of Birth of the beneficiary. *(protected field)*

Table 6-8: Right Side Bar - DCN

Field	Description
ID	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with the transaction. *(protected field)*
ORIGIN DATE	Date Prescription Drug Inquiry transaction was submitted. *(protected field)*
STATUS	Two-character code explaining where the Prescription Drug Inquiry transaction is in the COB system process *(protected field)* CM Completed DE Delete (do not process) ECRS Prescription Drug Inquiry 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.) *(protected field)* **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.

Table 6-9: Prescription Drug Inquiry Initial Information Page

Field	Description
DCN	Document Control Number assigned by the contractor to correspondence and/or paperwork associated with the transaction. *Required field*. The system auto-generates the DCN, but it can be changed by the user.

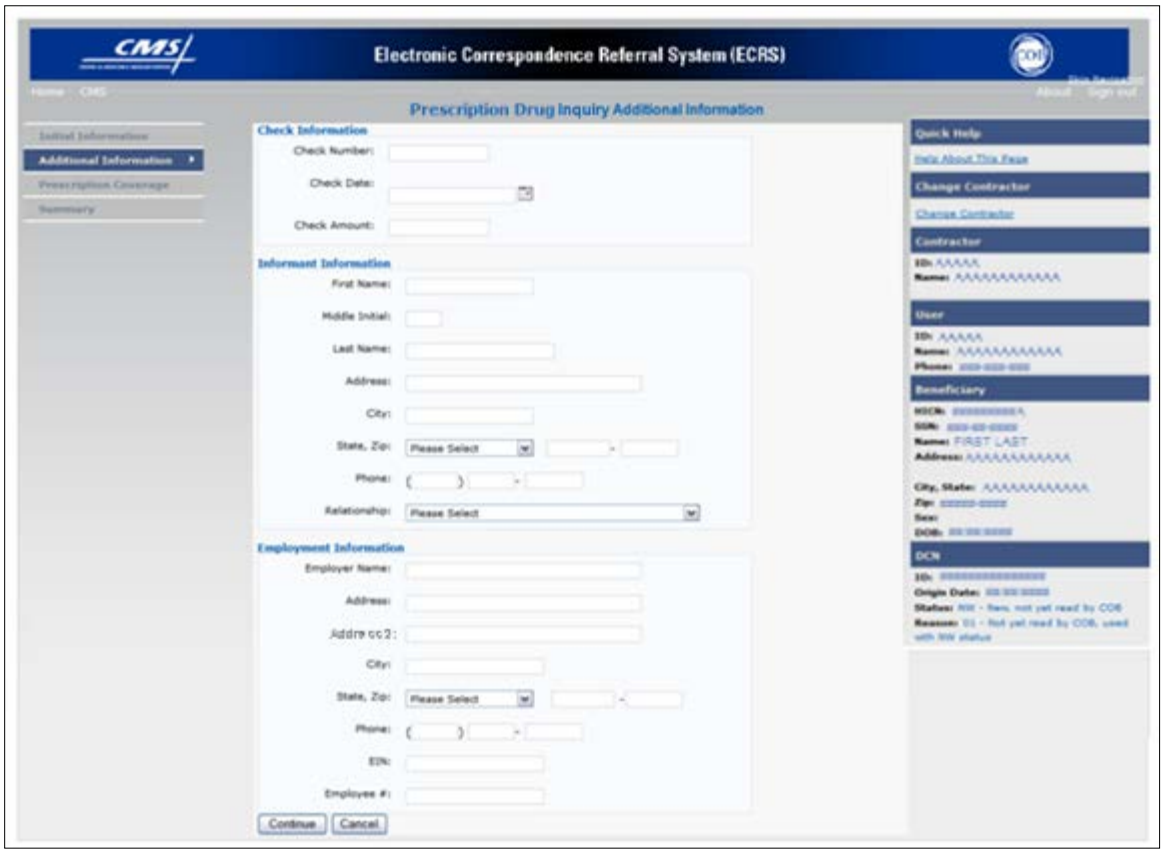
Field	Description
HICN	Health Insurance Claim Number of the beneficiary. Enter without dashes, spaces, or other special characters. *Required field*. **Note:** The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered, the system replaces it with the most current HICN.
ACTIVITY CODE	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
SOURCE	Four-character code identifying source of the Prescription Drug Inquiry information. *Required field.* Valid values are: CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey
MSP TYPE	One-character code identifying type of MSP coverage. *Required field*. 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
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary. Valid values are: 01 POLICY HOLDER 02 SPOUSE 03 CHILD 04 OTHER

Field	Description
SEND TO MDB	Indicates whether to send the Prescription Drug inquiry to MBD. *Required field.* Valid values are: YES Send to MBD (default) NO Do not send to MBD
CONTINUE	Command button. Click to go to the Additional Information page. Required fields must be entered before clicking **[Continue]**.
CANCEL	Command button. Click to return to the Main Menu.

Additional Information Page

On this page, enter additional information needed for the Prescription Drug inquiry. Please see Figure 6-2.

Figure 6-2: Prescription Drug Inquiry Additional Information 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.

Table 6-10: Prescription Drug Inquiry Additional Information Page

Field	Description
CHECK NUMBER	Number of check received. *Required field* when SOURCE is CHEK.
CHECK DATE	Date of check received. You cannot future-date this field. *Required field* when SOURCE is CHEK.
CHECK AMOUNT	Amount of check received. *Required field* when SOURCE is CHEK.
FIRST NAME	First name of person informing contractor of change in Prescription Drug coverage. *Required field* when SOURCE is CHEK, LTTR or PHON.
MIDDLE INITIAL	First initial of middle name of the person informing the contractor of the change in Prescription Drug coverage.
LAST NAME	Last name of the person informing the contractor of the change in Prescription Drug coverage. *Required field* when SOURCE is CHEK, LTTR or PHON.
ADDRESS	Informant's street address. *Required field* when SOURCE is CHEK, LTTR or PHON.
CITY	Informant's city. *Required field* when SOURCE is CHEK, LTTR or PHON.
STATE	Informant's state. *Required field* when SOURCE is CHEK, LTTR or PHON.
ZIP	Informant's ZIP code. *Required field* when SOURCE is CHEK, LTTR or PHON.
PHONE	Informant's telephone number
RELATIONSHIP	One-character code indicating the relationship of the informant to the beneficiary. *Required field* when SOURCE is CHEK, LTTR or PHON. 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 W Pharmacy

Field	Description
EMPLOYER NAME	Name of employer providing the group health insurance the beneficiary is covered under.
ADDRESS	First line of the employer's street address.
ADDRESS 2	Second line of the employer's street address.
CITY	City associated with the employer's street address.
STATE	State associated with the employer's street address.
ZIP	Zip Code associated with the employer's street address.
PHONE	Phone Number of the employer.
EIN	Employer Identification Number.
EMPLOYEE #	Employee number of the policy holder.
CONTINUE	Command button. Click to go to the Prescription Coverage page.
CANCEL	Command button. Click to return to the Main Menu.

Prescription Drug Inquiry Prescription Drug Page

Type/select Prescription Drug information associated with the Part D coverage on this page. Please see Figure 6-3. **Note:** A valid Insurance Company Name must be provided.

- If the Insurance Company Name is not entered, you will receive the following error message: "Please enter Insurance Company Name."
- If the Insurance Company Name matches any of the values listed in Table 6-11, you will you will receive the following error message "Insurance Company Name not a valid name"

Table 6-11: Invalid Insurance Company Names

Invalid Insurance Company Names
ATTORNEY, BC, BCBS, BCBX, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, COBC, COORDINATION OF BENEFITS CONTRAC, HCFA, INSURER, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NONE, SUPPLEMENT, SUPPLEMENTAL, UNK, XX and UNKNOWN

Figure 6-3: Prescription Drug Page

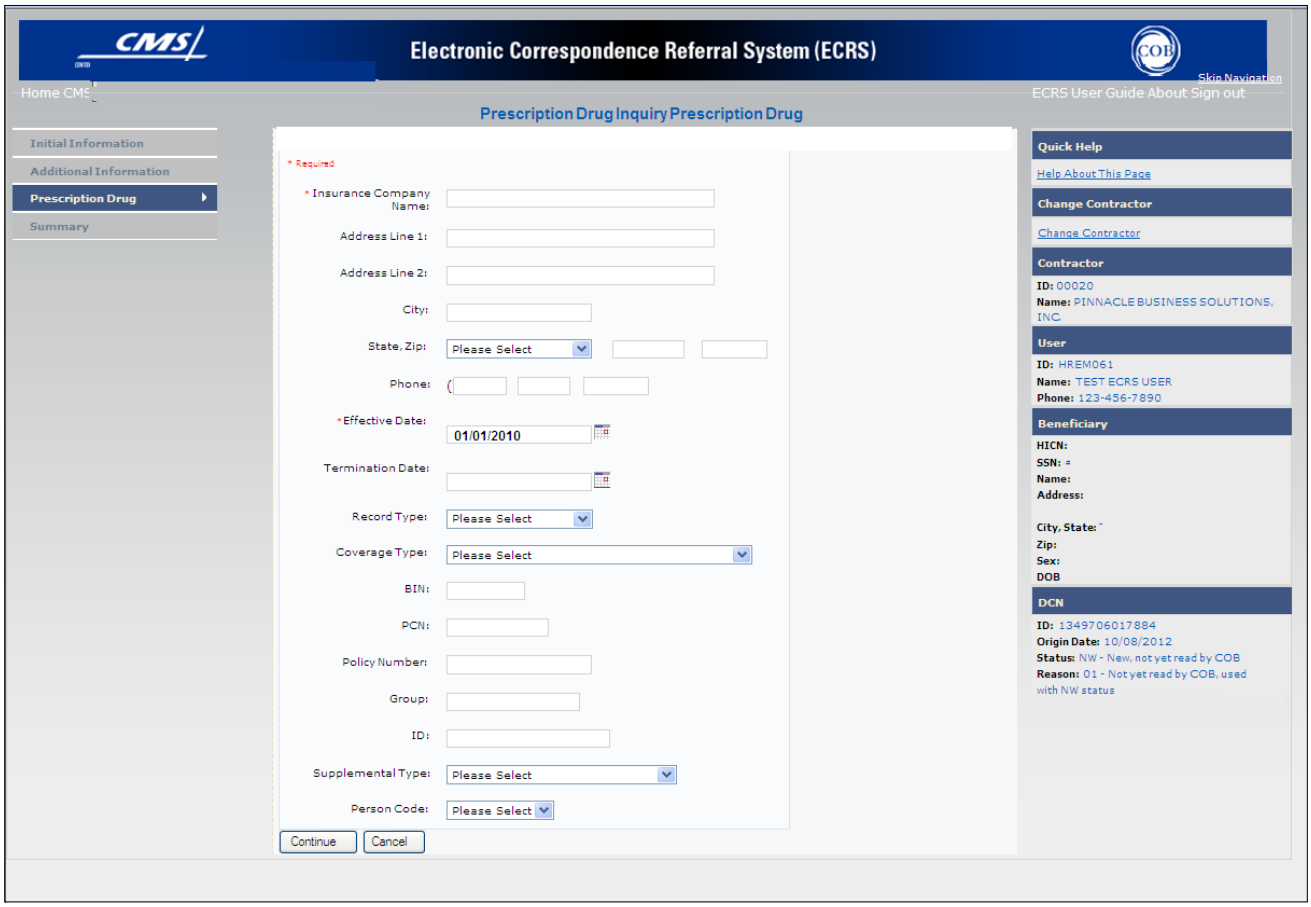


Table 6-12: Prescription Drug Inquiry Prescription Drug Page

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for drug coverage. *Required field*. If the Insurance Company Name is blank or only contains one of the following values, then it is considered an error: • ATTORNEY • BC • BCBX • BCBS • BLUE CROSS • BLUE SHIELD • BS • BX • CMS • COB • COBC • COORDINATION OF BENEFITS • CONTRACTOR • HCFA • INSURER • MEDICARE • MISC • MISCELLANEOUS • N/A • NA • NO • NONE • SUPPLEMENT • SUPPLEMENTAL • UNK • XX • UNKNOWN.
ADDRESS LINE 1	First Line of the insurance carrier's street address.
ADDRESS LINE 2	Second Line of the insurance carrier's street address.
CITY	City associated with the insurance carrier's street address.
STATE	State associated with the insurance carrier's street address.
ZIP	Zip code associated with the insurance carrier's street address.
PHONE	Phone Number of the insurance carrier.
EFFECTIVE DATE	Effective date of the drug coverage. *Required field.* **Note:** EFFECTIVE DATE cannot be the same as the TERMINATION DATE.

Field	Description
TERMINATION DATE	Termination date of the drug coverage. TERMINATION DATE can be all zeroes for open ended coverage. **Note:** TERMINATION DATE cannot be the same as the 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) *Required field*
BIN	Prescription Drug BIN number. Must be six numeric characters. *Required field* if COVERAGE TYPE is U.
PCN	Prescription Drug PCN number. Must not contain special characters. *Required field* if COVERAGE TYPE is U.
POLICY NUMBER	Policy number of insurance coverage.
GROUP	Prescription Drug group number. Must not contain special characters. *Required field* when COVERAGE TYPE is U.
ID	Prescription Drug ID number. Must not contain special characters. *Required field* 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

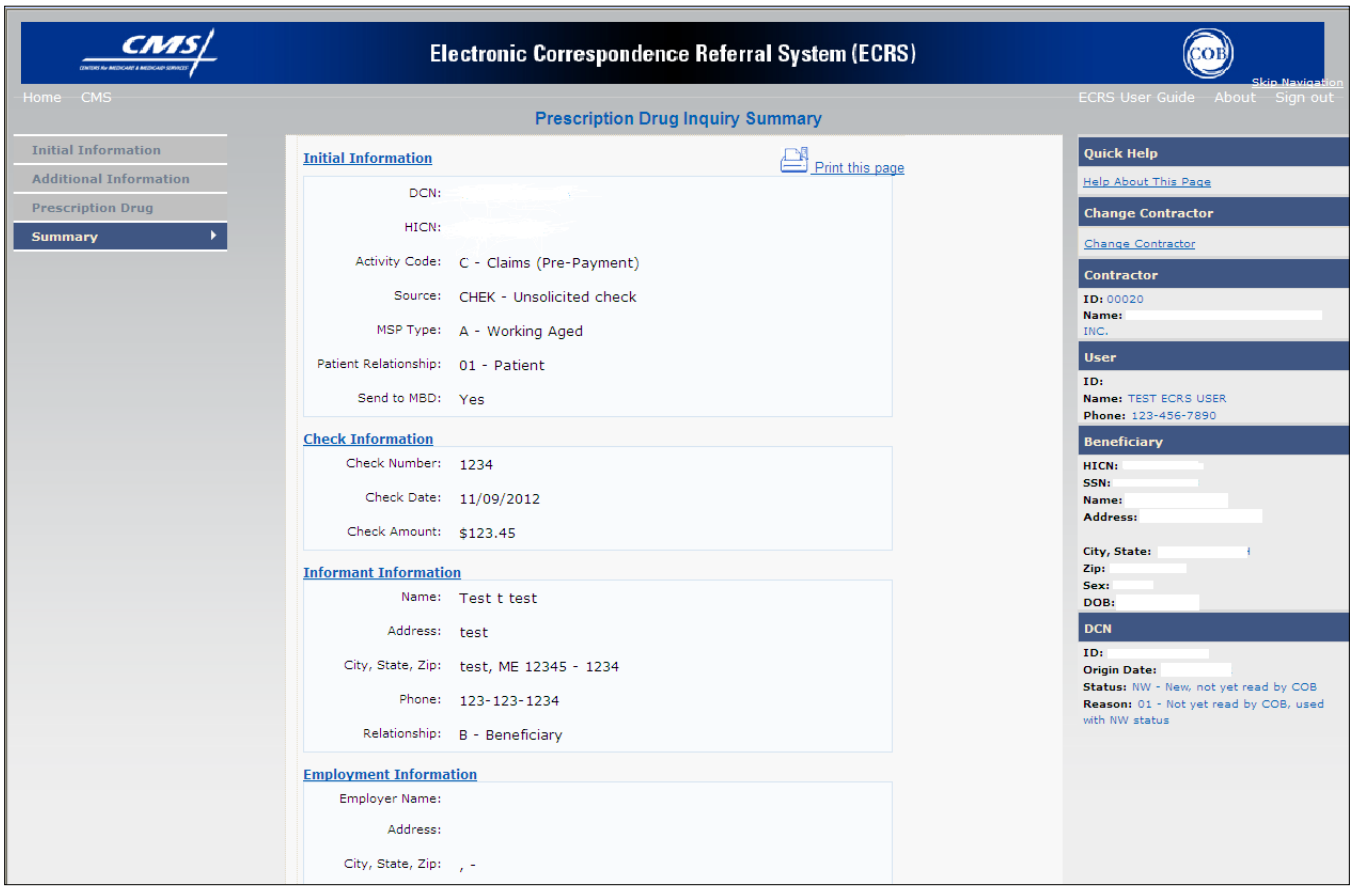
Field	Description
PERSON CODE	Plan-specific Person Code. Required field when RECORD TYPE is Supplemental or RECORD TYPE is blank and SUPPLEMENTAL TYPE is L. Values are: 001 Self 002 Spouse 003 Other
CONTINUE	Command button. Click to go to the Summary page.
CANCEL	Command button. Click to return to the Main Menu.

Prescription Drug Inquiry Summary Page

The Prescription Drug Inquiry Summary page displays a summary of all information entered for the Prescription Drug inquiry before submission. Please see Figure 6-4.

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 Prescription Drug inquiry is submitted and you can print the confirmation page. Note: You may click [**Cancel**] to return to the Main Menu.

Figure 6-4: Prescription Drug Inquiry Summary



Viewing, Updating, and Deleting Prescription Drug Inquiries

There are two ways to access Prescription Drug Inquiries:

1. From an MSP Inquiry

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

- From the Main Menu, click **[Prescription Drug Inquiries]** under the heading Search for Requests or Inquiries, type the search criteria in the appropriate fields, and click **[Search]**.
- Follow instructions for Viewing, Updating and Deleting Prescription Drug Inquiries.

2. From the Main Menu

This option allows you to see Prescription Drug information independent of an 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.

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 Figure 6-5.

Figure 6-5: Prescription Drug Inquiry Search

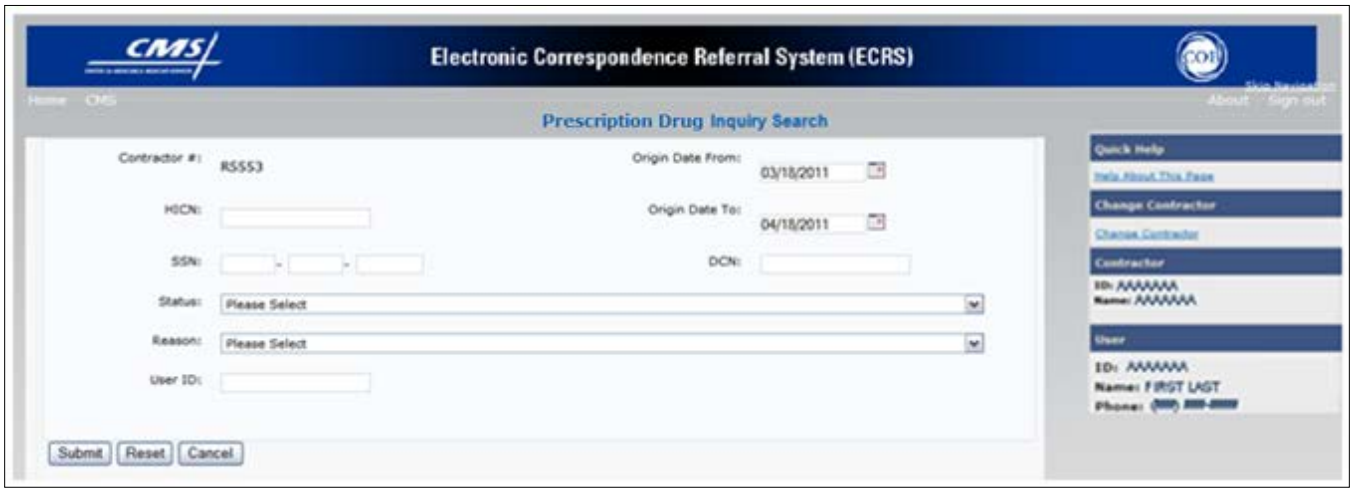


Table 6-13: Prescription Drug Inquiry Search Page Criteria

Field	Description
CONTRACTOR	• If you are a Medicare contractor, this field will be pre-filled with the Contractor Number entered during Contractor Sign In. *(protected field)* • If you are a Regional Office or CMS user, this field will be prefilled with the CMS ID/RO Number entered during Contractor Sign In. **Note**: 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 for. **Note:** If searching by HICN, do not enter an SSN or DCN.
SSN	Enter a Social Security Number to search for. **Note:** If searching by SSN, do not enter a HICN or DCN.
STATUS	Enter a Status code to search for. To view all in-process Prescription Drug Inquiry transactions, select IP in the STATUS field.
REASON	Select a Reason code to search for. (See Appendix E for the complete list of codes.)
USER ID	Enter a User ID to search for.
ORIGIN DATE FROM	Enter a starting date for the date range you wish to search for, if applicable. This field is updateable; enter a different ORIGIN DATE FROM in MMDDCCYY format to perform additional searches.
ORIGIN DATE TO	Enter an ending date for the date range you wish to search for. **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.

Field	Description
DCN	Enter a Document Control Number to search for. **Note:** If searching by DCN, do not enter a HICN or SSN.
SUBMIT	Click **[Submit]** to display search results.
RESET	Click **[Reset]** to clear search results.
CANCEL	Click **[Cancel]** to return to the Main Menu.

View Transactions

1. Type search criteria in the appropriate fields and click **[Submit]**.
    - 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 Figure 6-6.

Figure 6-6: Prescription Drug Inquiries Search Page Listing

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

Table 6-14: Prescription Drug Inquiry Search Page Listing

Field	Description
DELETE	Click the delete [**X**] link to mark a transaction for deletion
HICN	Health Insurance Claim Number for Prescription Drug Inquiry transaction. *(protected field).* Click the **[HICN]** link to view the Summary page
CONTRACTOR	Contractor number. *(protected field)*
DCN	Document Control Number assigned to the Prescription Drug Inquiry transaction by the Medicare contractor. *(protected field)*
STATUS	Status of the Prescription Drug Inquiry transaction. (protected field)
REASON	Two-character code explaining why the Prescription Drug Inquiry is in a particular status. (See Appendix E for the complete list of codes.) *(protected field)*
ORIGIN DATE	Originating date in MM-DD-CCYY format. *(protected field)*
LAST UPDATE	Date the Prescription Drug Inquiry transaction was last changed in MMDDCCYY format. *(protected field)*
USER ID	User ID of the operator who entered the Prescription Drug Inquiry transaction. *(protected field)*

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

1. 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. Please see Figure 6-7.

Figure 6-7: Prescription Drug Inquiry Summary

Table 6-15: Prescription Drug Inquiry Summary

Field	Description
INITIAL INFORMATION	Displays information that was previously entered on the Initial Information page.
ADDITIONAL INFORMATION	Displays information that was previously entered on the Additional Information page.
PRESCRIPTION COVERAGE	Displays information that was previously entered on the Prescription Coverage page.
COB RESPONSE INFORMATION	Displays for records that are not in NW status. See below for more information.

Field	Description
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 indicating where the 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)
RETURN	Command button. Click to return to the Prescription Drug Inquiry Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Command button. Click to save updates. Displays for records in NW status.
CANCEL	Command button. Click to return to the Search Page Listing without making any updates to the transaction. Displays for records in NW status.

2. 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.
3. 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 delete [**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 Inquiry Search page, click **[Home]** to return to the Main Menu. The system does not retain search criteria.

Chapter 7: 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 Web. 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.

Navigation Links

The navigation links explained in Table 7-1 display on *all report pages*:

Table 7-1: Reports Header Bar

Navigation Link	Description
HOME	Click **[Home]** to return to the Main Menu page.
CMS	Click **[CMS]** to link to the CMS Web site www.cms.gov.
ABOUT	Click **[About]** to display information about ECRS Web menu options.
SIGN OUT	Click **[Sign Out]** to leave the ECRS Web application.

Reports - Right Side Bar

The right side bar of the Reports page is divided into four sections. Each of these sections is described in the following tables: Table 7-2, Table 7-3, Table 7-4, and Table 7-5.

Table 7-2: Right Side Bar - Quick Help

Navigation Link	Description
Help About This Page	Click to display helpful information for completing the page.

Table 7-3: Right Side Bar - Change Contractor

Navigation Link	Description
CHANGE CONTRACTOR	Click to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor

Table 7-4: Right Side Bar - Contractor

Field	Description
ID	Contractor Number or CMS ID entered on the Contractor Sign In page. (*protected field*)
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. (*protected field*)

Table 7-5: Right Side Bar - User

Field	Description
ID	User ID of person logged in. (*protected field*)
NAME	Name of person associated with the User ID. (*protected field*)
PHONE	Phone number associated with the User ID. (*protected field*)

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 Contractor Workload Tracking page, as shown in Figure 7-1

Figure 7-1: Contractor Workload Tracking

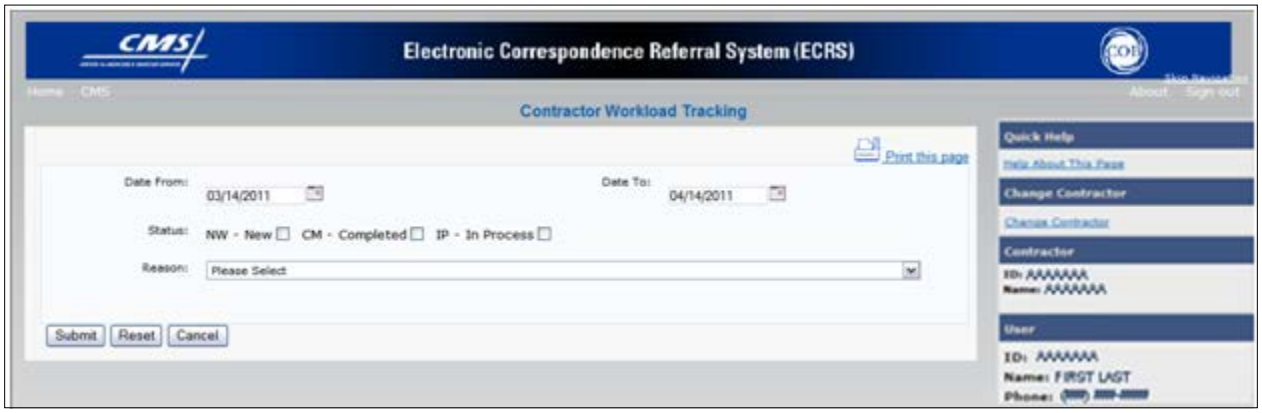


Table 7-6: Contractor Workload Tracking Selection Criteria

Field	Description
DATE FROM	Enter a start date for the reporting period. Defaults to the first day of the previous month.
DATE TO	Enter an end date for the reporting period. Defaults to the last day of the previous month.
STATUS	Select a status to search for.
REASON	Select a Reason code from the dropdown list. (See Appendix E for the complete list of codes.)

Field	Description
SUBMIT	Command button. Click to create the report using the selected criteria.
RESET	Command button. Click to clear search criteria and results.
CANCEL	Command button. Click to go to the Main Menu.
PRINT REPORT/PRINT THIS PAGE	Link. Click to launch the Print dialog box.
EXPORT DATA/EXPORT OPTIONS	Link. Click to launch the File Save dialog box.

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 Figure 7-2.

Figure 7-2: Contractor Workload Tracking Page Sample

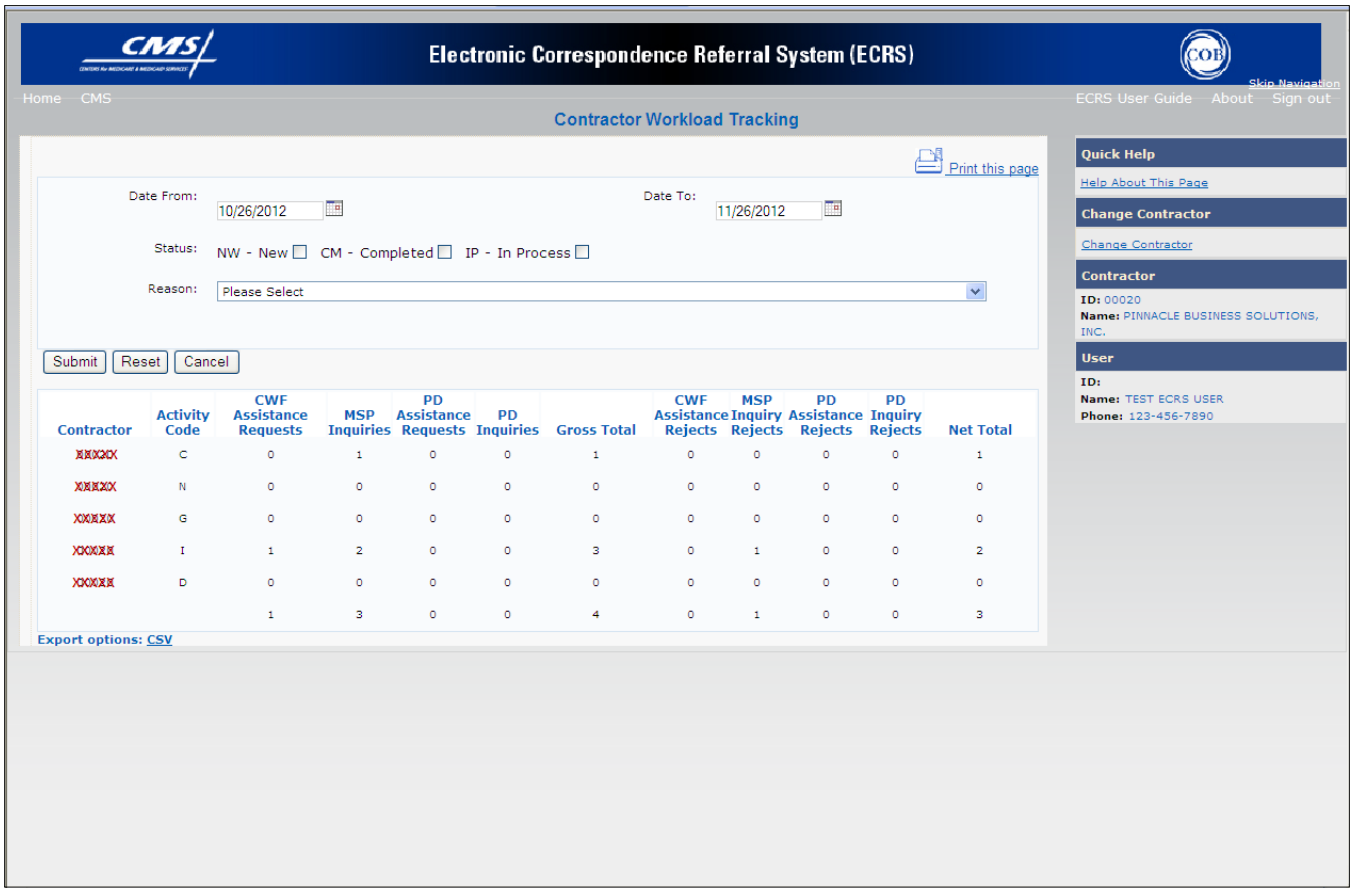


Table 7-7: Contractor Workload Tracking Report Detail

Field	Description
CONTRACTOR	Contractor Number associated with the request or inquiry.

Field	Description
AC	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)*

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 Figure 7-3.

Figure 7-3: CMS Workload Tracking Page

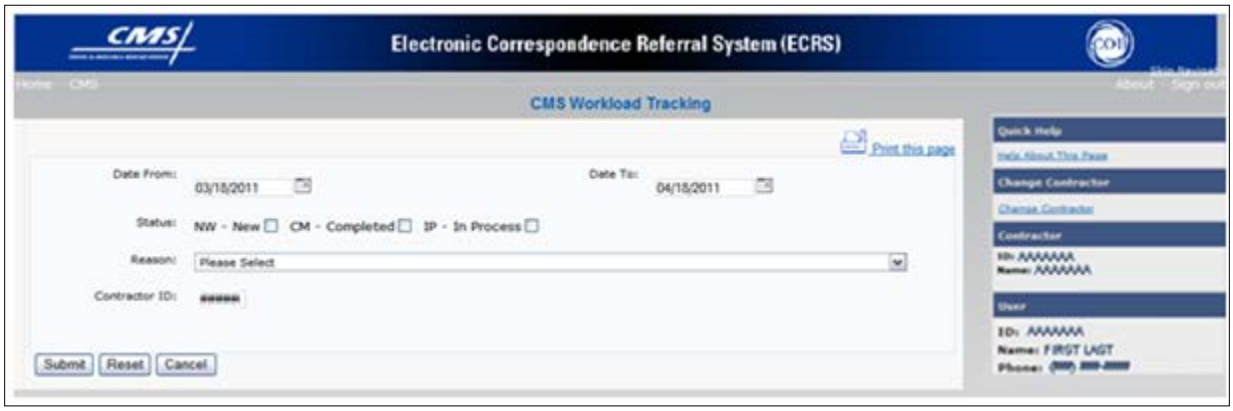


Table 7-8: CMS Workload Tracking Selection Criteria

Field	Description
DATE FROM	Enter a start date for the reporting period. Defaults to the first day of the previous month.
DATE TO	Enter an end date for the reporting period. Defaults to the last day of the previous month.
STATUS	Select a status to search for.
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.

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 Figure 7-4.

Figure 7-4: CMS Workload Tracking Sample

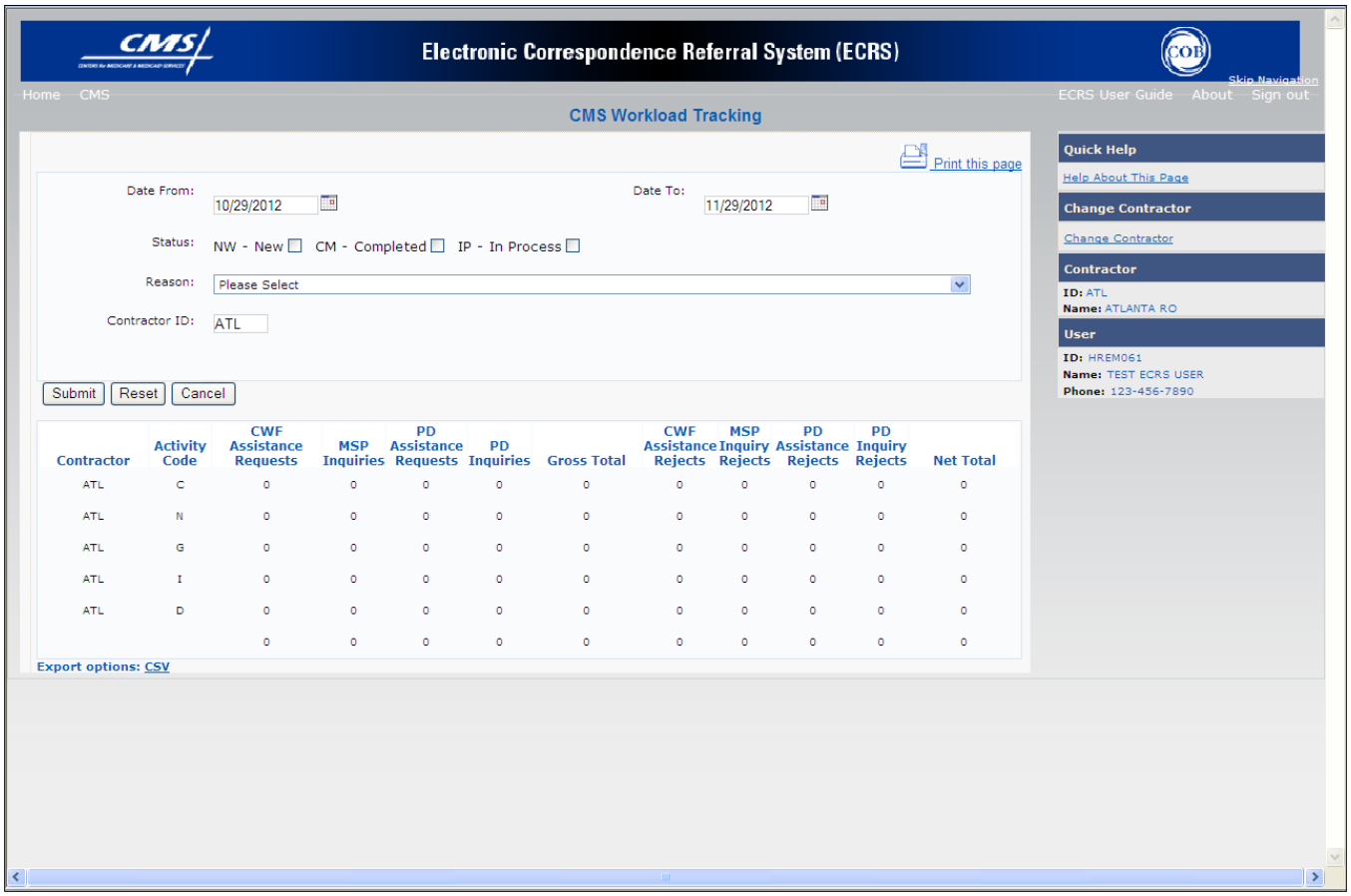


Table 7-9: Reports, Workload Tracking Report Detail

Field	Description
CONTRACTOR	Unique five-digit contractor numbers assigned to the 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)*
PD ASSISTANCE REQUESTS	Number of Prescription Drug Assistance Requests submitted by contractor for each activity code *(protected field)*

Field	Description
PD 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 ASSISTANCE REJECTS	Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) *(protected field)*
MSP INQUIRY 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)*
PD ASSISTANCE REJECTS	Number of duplicate Prescription Drug Assistance Requests submitted by contractor for each activity code (CM53) *(protected field)*
PD INQUIRY 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	Command button. Click to create the report using the selected criteria.
RESET	Command button. Click to clear search criteria and results.
CANCEL	Command button. Click to return to the Main Menu.

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 Report page, as shown in Figure 7-5.

Figure 7-5: QASP Report

Table 7-10: QASP Report Selection Criteria

Field	Description
TRANSACTION TYPE	Select a transaction type. Options are: M MSP Inquiry R CWF Assistance Request P Prescription Drug Inquiries D Prescription Drug Assistance Requests To search for all transaction types, leave this field blank.
SOURCE CODES	Select a source. Options are: CHEK LTTR SCLM SRVY To search for all SOURCEs, leave this field blank.
ORIGIN DATE FROM	Enter a start date for the reporting period. Defaults to the first day of the previous month.
ORIGIN DATE TO	Enter an end date for the reporting period. Defaults to the last day of the previous month. The origination date range cannot be greater than 6 months.
CONTRACTOR #	Enter a contractor number to display CMS workload statistics for. Leave the field blank to display results for all contractors. Enter at least one, but no more than 10, contractor numbers.
EXPORT DATA	Link. Click to launch the File Save dialog box.
SUBMIT	Command button. Click to create the report using the selected criteria.

Field	Description
RESET	Command button. Click to clear search criteria and results.
CANCEL	Command button. Click 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 Figure 7-6.

Figure 7-6: QASP Report Listing

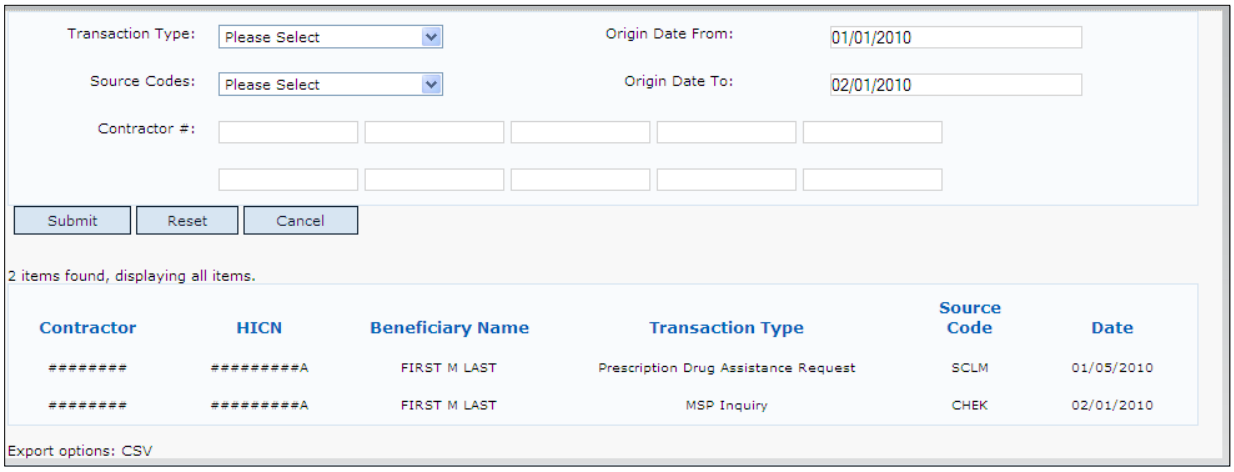


Table 7-11: QASP Report Listing

Field	Description
CONTRACTOR	Unique five-digit contractor numbers assigned to Medicare contractors by CMS. Used to identify Medicare contractors.
HICN	Health Insurance Claim Number of the beneficiary associated with the record or transaction.
BENEFICIARY NAME	Name of the beneficiary associated with the record or transaction.
TRANSACTION TYPE	Type of record or transaction.
SOURCE CODE	Source of the record or transaction.
DATE	Origination date of the record or transaction.

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 8: 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.* 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, call the COBC EDI Department at 646-458-6740.

Navigation Links

The navigation links explained in Table 8-1 appear on the Upload File and Download Response File pages.

Table 8-1: ECRS (File Upload / Download Response Files) Header Bar

Navigation Link	Description
HOME	Click **[Home]** to return to the Main Menu page.
CMS	Click **[CMS]** to link to the CMS Web site www.cms.gov.
ABOUT	Click **[About]** to display information about ECRS Web menu options.
SIGN OUT	Click **[Sign Out]** to leave the ECRS Web application.

ECRS (File Upload / Download Response Files) - Right Side Bar

The right side bar of the ECRS (File Upload / Download Response Files) page is divided into four sections. Each of these sections is described in the following tables: Table 8-2, Table 8-3, Table 8-4, and Table 8-5.

Table 8-2: Right Side Bar - Quick Help

Navigation Link	Description
Help About This Page	Click to display helpful information for completing the page.

Table 8-3: Right Side Bar - Change Contractor

Navigation Link	Description
CHANGE CONTRACTOR	Click to change the contractor number and access code on the Contractor Sign In page. Note: You will lose all data for the current contractor

Table 8-4: Right Side Bar - Contractor

Field	Description
ID	Contractor Number or CMS ID entered on the Contractor Sign In page. (*protected field*)
NAME	Name of Contractor associated with the Contractor Number, or Regional Office associated with the CMS ID. (*protected field*)

Table 8-5: Right Side Bar - User

Field	Description
ID	User ID of person logged in. (*protected field*)
NAME	Name of person associated with the User ID. (*protected field*)
PHONE	Phone number associated with the User ID. (*protected field*)

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 File Upload page, as shown in Figure 8-1.

Figure 8-1: File Upload Page

Table 8-6: ECRS File Upload Page

Field	Description
FILE TO UPLOAD	File path of the file to upload to the ECRS system.
BROWSE	Command button. Click to launch the Choose File dialog box.
CONTINUE	Command button. Click to upload the file entered in the 'File to Upload' field.
CANCEL	Command button. Click to return to the Main Menu.
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.

1. Enter the file path in the FILE TO UPLOAD field; or click the **[Browse]** button and select the file to upload.
2. Click **[Continue].**
3. The system uploads the file and displays the Upload File Confirmation page. The page contains the file name and date/time of the upload.
4. 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.

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 Figure 8-2.

Figure 8-2: Download Response Files

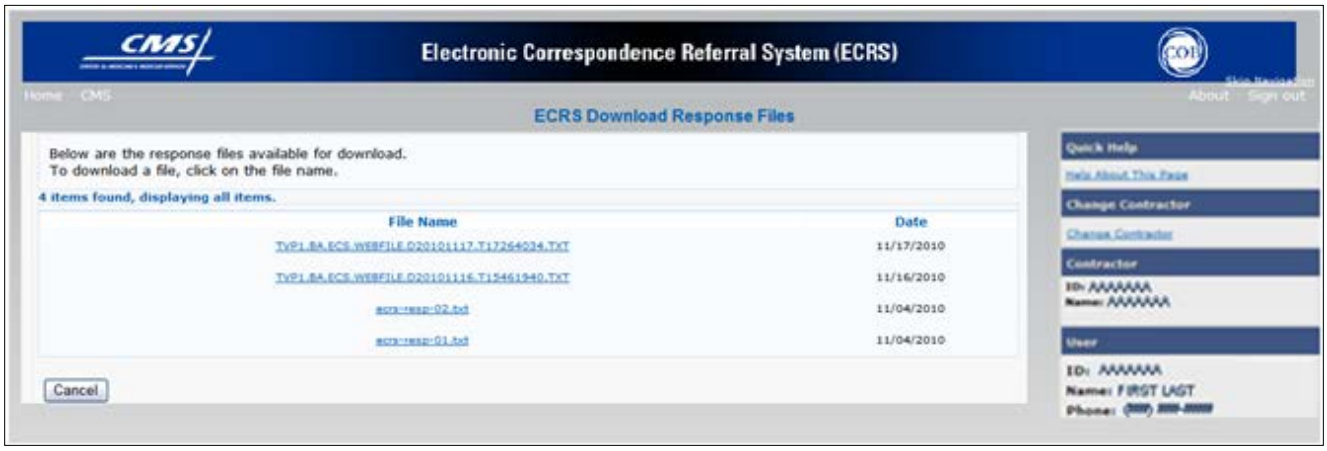
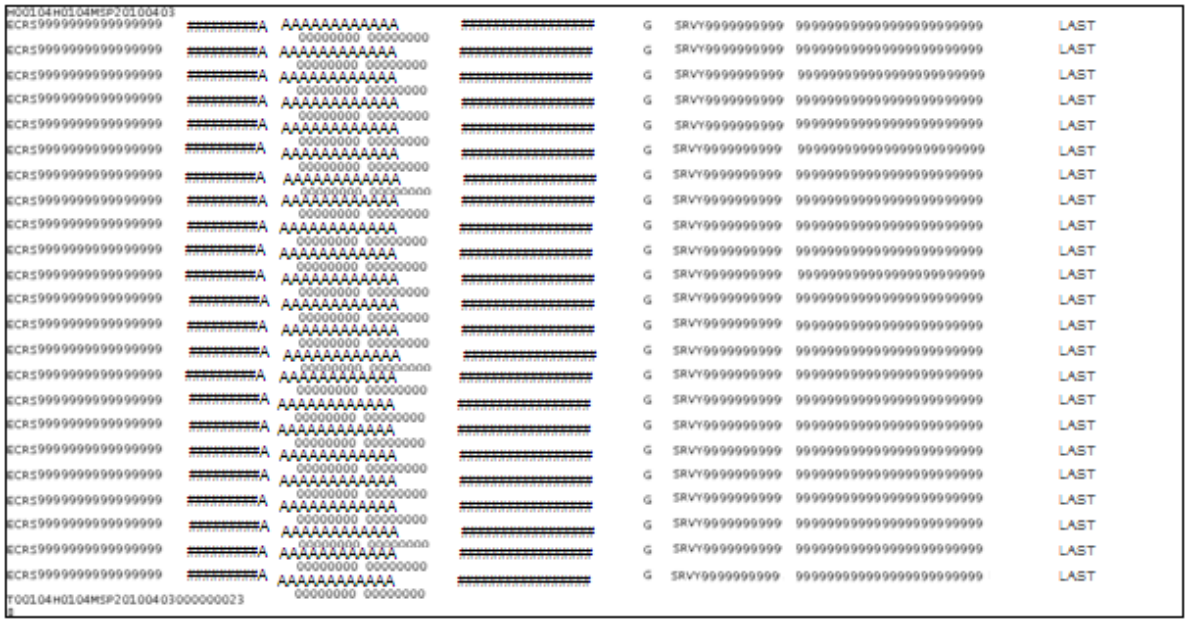


Table 8-7: Download Response Files Page

Field	Description
FILE NAME	List of response files available for download. Click the individual file name to download the response file
DATE	Date the response files were processed.
CANCEL	Command button. Click to return to the Main Menu.

3. Click a file name link to download the file. The system downloads and displays the detail records from the selected response file, as shown in Figure 8-3.

Figure 8-3: Response File Example



```
H00104H0104MSP20100403
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
ECRS99999999999999999  ==========A  AAAAAAAAAAAAA  ==================  G  SRVY9999999999  99999999999999999999999  LAST
                                     00000000 00000000
T00104H0104MSP20100403000000023
B
```

4. Return to the Main Menu by clicking the **[Cancel]** link in the navigation bar at the top of the page.

Alternative File Submission Options

We highly recommend that ECRS users utilize the features of ECRS Web as it is the most effective of the options, but if it is necessary, there are two additional options for communicating with ECRS. You can use Connect:Direct (C:D), which would require that you establish an FTP connection with a certified Verizon reseller. You can also choose to send these files using a Secure FTP/Gentran Mailbox already established with CMS.

The file naming conventions are different for C:D than it is for the Gentran Mailbox. For C:D, the naming conventions are as follows:

For Production

PCOB.BA.NDM.ECRS.INPUT(+1)

For Test

TCOB.BA.NDM.ECRS.INPUT(+1)

If you decide to use your Gentran Mailbox to submit, the naming convention is different. In the following dataset name, complete the information as you normally would to send a file, but in the APPID node you will enter ECRS.

GUID.RACFID.APPID.X.UNIQUEID.FUTURE.P.ZIP

Appendix A: CWF Assistance Request Required Data Reference

For information on how to use these tables, please see the How to Use the Required Data Reference Tables section of the user guide.

Table 8-8: CWF Assistance Request Required Data Table: Action Requested Page

Field	Required?
DCN	Y
HICN	Y
ACTIVITY CODE	Y
ACTION(S)	Y
SOURCE	Y
IMPORT HIMR MSP DATA	Y

Table 8-9: CWF Assistance Request Required Data Table: CWF Auxiliary Record Data Page

Field	Required?	Notes
MSP TYPE	Y	N/A
NEW MSP TYPE	Y	Required when ACTION is MT.
PATIENT RELATIONSHIP	Y	N/A
NEW PATIENT RELATIONSHIP	Y	Required when ACTION is PR.
AUXILIARY RECORD #	Y	Part D contractors must enter 001when the Auxiliary Record Number is unknown.
ORIGINATING CONTRACTOR	Y	N/A
EFFECTIVE DATE	Y	N/A
NEW EFFECTIVE DATE	Y	Required when ACTION is ED.
TERMINATION DATE	Y	Required when ACTION is TD or CT.
ACCRETION DATE	N	N/A

Table 8-10: CWF Assistance Request Required Data Table: Informant Information Page

Field	Required?	Notes
FIRST NAME	Y	• Required for all ACTIONs when Source is CHEK, LTTR, or PHON. • Required for all SOURCEs when Action is AI.
MIDDLE INITITAL	N	N/A
LAST NAME	Y	• Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON. • Required for all SOURCEs when ACTION is AI.
ADDRESS	Y	• Required for all ACTIONs when the Source is CHEK, LTTR, or PHON. • Required for all SOURCEs when the ACTION is AI.
CITY	Y	• Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON • Required for all SOURCEs when the ACTION is AI.
STATE	Y	• Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON • Required for all SOURCEs when the ACTION is AI.
ZIP	Y	• Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON • Required for all SOURCEs when the ACTION is AI.
PHONE	N	N/A
RELATIONSHIP	Y	• Required for all ACTIONs when the SOURCE is CHEK, LTTR, or PHON • Must be A when ACTION is AI.

Table 8-11: CWF Assistance Request Required Data Table: Insurance Information Page

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Required for all SOURCEs when ACTION is II. **Note:** ECRS Web deletes all information entered in subsequent fields if this field is left blank and the ACTION is II.
ADDRESS	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
INSURANCE TYPE	Y	Required for all SOURCEs when ACTION is AI or IT.
NEW INSURANCE TYPE	Y	Required when the ACTION is IT.
POLICY NUMBER	Y	Required when the ACTION 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.
GROUP NUMBER	Y	• Required when the ACTION is CD and the MSP TYPE is D, E, L, or W. • Required when the ACTION is AP and the MSP TYPE is not D, E, L, or W. **Note:** If the GROUP NUMBER is entered, the POLICY NUMBER is not required.
SUBSCRIBER FIRST NAME	N	N/A
SUBSCRIBER MIDDLE INITIAL	N	N/A
SUBSCRIBER LAST NAME	N	N/A

Table 8-12: CWF Assistance Request Required Data Table: Employment Information Page

Field	Required?	Notes
EMPLOYER NAME	Y	Required when the ACTION is EA or EI.
ADDRESS	Y	Required when the ACTION is EI.
ADDRESS 2	N	N/A
CITY	Y	Required when the ACTION is EI.
STATE	Y	Required when the ACTION is EI.
ZIP	Y	Required when the ACTION is EI.
PHONE	N	N/A
EIN	N	N/A
EMPLOYEE #	N	N/A

Table 8-13: CWF Assistance Request Required Data Table: Additional Information Page

Field	Required?	Notes
CHECK NUMBER	Y	Required when the SOURCE is CHEK.
CHECK DATE	Y	Required when the SOURCE is CHEK.
CHECK AMOUNT	Y	Required when the SOURCE is CHEK.
PRE-PAID HEALTH PLAN DATE	Y	Required when the ACTION is PH.
SOCIAL SECURITY NUMBER	Y	Required when the ACTION is MX.
DIAGNOISIS CODES	Y	• Required when the ACTION is DX. • Required when MSP TYPE is D, E, or L.

Table 8-14: CWF Assistance Request Required Data Table: Comments/Remarks Page

Field	Required?	Notes
COMMENTS	N	N/A
REMARKS	Y	Required when the ACTION is AR.

Appendix B: MSP Inquiry Required Data Reference

Table 8-15: MSP Inquiry Required Data Table: Action Requested Page

Field	Required?
DCN	Y
HICN	Y
ACTIVITY CODE	Y
ACTION	N
SOURCE	Y

Table 8-16: MSP Inquiry Required Data Table: MSP Information Page

Field	Required?	Notes
MSP TYPE	Y	• Required for all MSP Inquiry transactions, unless RECORD TYPE is Supplemental. (Do not select an MSP TYPE when the Prescription Coverage RECORD TYPE is Supplemental.) • Required when the SOURCE is PHON. • Required when the ACTION is CA or CL. • MSP TYPE must be D, E, or L when the ACTION is CL.
PATIENT RELATIONSHIP	Y	• Required when the ACTION is blank and MSP TYPE is F. • Required when the ACTION is CA and MSP TYPE is L. • Required when the ACTION is CL and MSP TYPE is D, E, or L.
EFFECTIVE DATE	Y	• Required when the ACTION is CA and MSP TYPE is L • Required when the ACTION is CL and MSP TYPE is D, E, or L
TERMINATION DATE	Y	Required when the ACTION is CL and MSP TYPE is D, E, or L.
CMS GROUPING CODE	Y	Required when the ACTION is CA and MSP TYPE is L.
DIALYSIS TRAIN DATE	N	N/A
BLACK LUNG BENEFITS	N	N/A
BLACK LUNG EFFECTIVE DATE	N	N/A
SEND TO CWF	N	N/A

Table 8-17: MSP Inquiry Required Data Table: Informant Information Page

Field	Required?	Notes
FIRST NAME	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when the SOURCE is CHEK, LTTR, or PHON.
MIDDLE INITITAL	N	N/A
LAST NAME	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when SOURCE is CHEK, LTTR, or PHON.
ADDRESS	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when the SOURCE is CHEK, LTTR, or PHON.
CITY	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when SOURCE is CHEK, LTTR, or PHON.
STATE	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when the SOURCE Coe is CHEK, LTTR, or PHON.
ZIP	Y	• Required when the ACTION is CA or CL, unless Insurance Company information will be entered. • Required when the SOURCE is CHEK, LTTR, or PHON.
PHONE	N	N/A
RELATIONSHIP	Y	• Required when the SOURCE is CHEK, LTTR, or PHON. • Must be A if the ACTION is CA or CL and informant information is entered.

Table 8-18: MSP Inquiry Required Data Table: Insurance Information Page

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Required **unless** the ACTION is blank or DE.
ADDRESS LINE 1	Y	• Required when an Insurance Company Name is entered. • Required when the ACTION is DI. • Required when the ACTION Is CA or CL, unless Informant information was entered.
ADDRESS LINE 2	N	N/A
CITY	Y	• Required when an Insurance Company Name is entered. • Required when the ACTION is DI. • Required when the ACTION is CA or CL, unless Informant information was entered.
STATE	Y	• Required when an Insurance Company Name is entered. • Required when the ACTION is DI. • Required when the ACTION is CA or CL, unless Informant information was entered.
ZIP	Y	• Required when an Insurance Company Name is entered. • Required when the ACTION is DI. • Required when the ACTION is CA or CL, unless Informant information was entered.
PHONE	N	N/A
INSURANCE TYPE	Y	N/A
POLICY NUMBER	N	N/A
GROUP NUMBER	N	N/A
SUBSCRIBER FIRST NAME	N	N/A
SUBSCRIBER MIDDLE INITIAL	N	N/A
SUBSCRIBER LAST NAME	N	N/A
SUBSCRIBER SSN	N	N/A

Table 8-19: MSP Inquiry Required Data Table: Employment Information Page

Field	Required?	Notes
EMPLOYER NAME	Y	• Required when the ACTION is DE. • Required when MSP TYPE is F and SEND TO CWF is Yes

Field	Required?	Notes
ADDRESS	Y	• Required when the ACTION is DE. • Required when MSP TYPE is F and SEND TO CWF is Yes
ADDRESS 2	N	N/A
CITY	Y	• Required when the ACTION is DE. • Required when MSP TYPE is F and SEND TO CWF is Yes
STATE	Y	• Required when the ACTION is DE. • Required when MSP TYPE is F and SEND TO CWF is Yes
ZIP	Y	• Required when the ACTION is DE. • Required when MSP TYPE is F and SEND TO CWF is Yes
PHONE	N	N/A
EIN	N	N/A
EMPLOYEE #	N	N/A

Table 8-20: MSP Inquiry Required Data Table: Additional Information Page

Field	Required?	Notes
CHECK NUMBER	Y	Required when the SOURCE is CHEK.
CHECK AMOUNT	Y	Required when the SOURCE is CHEK.
CHECK DATE	Y	Required when the SOURCE is CHEK.
DIAGNOISIS CODES	Y	Required when the ACTION is CA or CL.
ILLNESS/INJURY DATE	N	N/A
BENEFICIARY REPRESENTATIVE TYPE	N	N/A
BENEFICIARY REPRESENTATIVE NAME	N	N/A
BENEFICIARY REPRESENTATIVE ADDRESS	N	N/A
BENEFICIARY REPRESENTATIVE CITY	N	N/A
BENEFICIARY REPRESENTATIVE STATE	N	N/A
BENEFICIARY REPRESENTATIVE ZIP	N	N/A

Table 8-21: MSP Inquiry Required Data Table: Prescription Coverage Page

Field	Required?	Notes
INSURANCE COMPANY NAME	N	N/A
ADDRESS LINE 1	N	N/A
ADDRESS LINE 2	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
POLICY NUMBER	N	N/A
EFFECTIVE DATE	N	N/A
TERMINATION DATE	N	N/A
RECORD TYPE	N	N/A
COVERAGE TYPE	Y	N/A
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	• 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 these tables, please see the How to Use the Required Data Reference Tables section of the user guide.

Table 8-22: Prescription Drug Assistance Request Required Data Table: Action Requested Page

Field	Required?	Notes
DCN	Y	N/A
HICN	Y	N/A
ACTIVITY CODE	Y	N/A
ACTION	Y	N/A
SOURCE	Y	N/A
MSP TYPE	Y	Required when ACTION is MT
NEW MSP TYPE	Y	Required when ACTION is MT.
RECORD TYPE	Y	Always required when Record Type is Primary..
PATIENT RELATIONSHIP	Y	N/A
NEW PATIENT RELATIONSHIP	Y	Required when ACTION is PR.
PERSON CODE	Y	• Required when RECORD TYPE is Supplemental • Required when ACTION is PC
ORIGINATING CONTRACTOR	Y	N/A
EEFECTIVE DATE	Y	N/A
NEW EFFECTIVE DATE	Y	Required when ACTION is ED.
TERMINATION DATE		• Required when ACTION is CT • Required when ACTION is TD
REMOVE EXISTING TERMINATION DATE	N	N/A

Table 8-23: Prescription Drug Assistance Request Required Data Table: Informant Information Page

Field	Required?	Notes
FIRST NAME	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
MIDDLE INITITAL	N	N/A
LAST NAME	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
ADDRESS	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
CITY	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON..
STATE	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
ZIP	Y	Required for all ACTIONS when SOURCE is CHEK, LTTR, or PHON.
PHONE	N	N/A
RELATIONSHIP	Y	Required for all ACTIONs when SOURCE is CHEK, LTTR, or PHON.

Table 8-24: Prescription Drug Assistance Request Required Data Table: Insurance Information Page

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Required for all SOURCEs when ACTION is II. **Note:** ECRS Web deletes all information entered in subsequent fields if this field is left blank and the ACTION is II.
ADDRESS	N	N/A
ADDRESS 2	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
INSURANCE TYPE	Y	Required when ACTION is IT
NEW INSURANCE TYPE	Y	Required when ACTION is IT
COVERAGE TYPE	Y	N/A
POLICY NUMBER	Y	Required when the ACTION 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.

Field	Required?	Notes

GROUP NUMBER	Y	• GROUP NUMBER, BIN, or PCN is required when ACTION is CX
		• Required when ACTION is AP and:
		  • MSP TYPE is NOT D, E, L, or W, or
		  • COVERAGE TYPE is U.
		
		Note: If the GROUP NUMBER is entered, the POLICY NUMBER is not required.

BIN	Y	• Required when COVERAGE TYPE is U. • GROUP NUMBER, BIN, or PCN is required when ACTION is CX.
PCN	Y	• Required when COVERAGE TYPE is U. • GROUP NUMBER, BIN, or PCN is required when ACTION is CX.
ID	Y	Required when COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	N	N/A

Table 8-25: Prescription Drug Assistance Request Required Data: Employment Information Page

Field	Required?	Notes
EMPLOYER NAME	Y	Required when the ACTION is EA or EI.
ADDRESS	Y	Required when the ACTION is EI.
ADDRESS 2	N	N/A
CITY	Y	Required when the ACTION is EI.
STATE	Y	Required when the ACTION is EI.
ZIP	Y	Required when the ACTION is EI.
PHONE	N	N/A
EIN	N	N/A
EMPLOYEE #	N	N/A

Table 8-26: Prescription Drug Assistance Request Required Data: Additional Information Page

Field	Required?	Notes
CHECK NUMBER	Y	Required when the Source is CHEK.
CHECK DATE	Y	Required when the Source is CHEK.
CHECK AMOUNT	Y	Required when the Source is CHEK.

Table 8-27: Prescription Drug Assistance Request Required Data: Comments/Remarks Page

Field	Required?
COMMENTS	N
REMARKS	N

Appendix D: Prescription Drug Inquiry Required Data Reference

For information on how to use these tables, please see the How to Use the Required Data Reference Tables section of the user guide.

Table 8-28: Prescription Drug Inquiry Required Data Table: Initial Information Page

Field	Required?
DCN	Y
HICN	Y
ACTIVITY CODE	Y
SOURCE	Y
MSP TYPE	Y
PATIENT RELATIONSHIP	Y
SEND TO MBD	Y

Table 8-29: Prescription Drug Inquiry Required Data Table: Additional Information Page

Field	Required?	Notes
CHECK NUMBER	Y	Required when the SOURCE is CHEK.
CHECK DATE	Y	Required when the SOURCE is CHEK.
CHECK AMOUNT	Y	Required when the SOURCE is CHEK.
INFORMANT FIRST NAME	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT MIDDLE INITITAL	N	N/A
INFORMANT LAST NAME	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT ADDRESS	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT CITY	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT STATE	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT ZIP	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
INFORMANT PHONE	N	N/A
INFORMANT RELATIONSHIP	Y	Required when the SOURCE is CHEK, LTTR, or PHON.
EMPLOYER NAME	N	N/A
EMPLOYER ADDRESS	N	N/A
EMPLOYER ADDRESS 2	N	N/A
EMPLOYER CITY	N	N/A
EMPLOYER STATE	N	N/A
EMPLOYER ZIP	N	N/A
EMPLOYER PHONE	N	N/A

Field	Required?	Notes
EMPLOYER EIN	N	N/A
EMPLOYER EMPLOYEE #	N	N/A

Table 8-30: Prescription Drug Inquiry Required Data Table: Prescription Coverage Page

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	N/A
ADDRESS LINE 1	N	N/A
ADDRESS LINE 2	N	N/A
CITY	N	N/A
STATE	N	N/A
ZIP	N	N/A
PHONE	N	N/A
EFFECTIVE DATE	Y	N/A
TERMINATION DATE	Y	N/A..
RECORD TYPE	N	N/A
COVERAGE TYPE	Y	N/A
BIN	Y	Required when COVERAGE TYPE is U.
PCN	Y	Required when COVERAGE TYPE is U.
POLICY NUMBER	N	N/A
GROUP	Y	Required when COVERAGE TYPE is U.
ID	Y	Required when COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	N	N/A
PERSON CODE	Y	• 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 the Enrollment Data Base (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	Action Code and Comments Conflict
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 **Note**: When Action 'ID' is submitted on a CWF Assistance Request and the COBC determines that a duplicate record exists, the MSP record will be deleted from CWF and the CWF Assistance Request will be returned with a Status/Reason CM50.
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

Reason Code	Definition
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.
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 **Note**: When Action 'ID' is submitted on a CWF Assistance Request and the COBC determines that no duplicate record exists, the CWF Assistance Request will be returned with a Status/Reason CM83. Comments will be provided on the response.
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.
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.

Remark Code	Definition
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 Record

Table 8-31: CWF Assistance Request Header Record Layout

Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Should be: 'H0'. If not, drop file with error code HE01. 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. If not valid contractor number, drop file with error code HE03.
File Type	3	Alpha	12-14	Valid values: 'CWF' – CWF Assistance Request file If not, drop file with error code HE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code 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 HE06.
Filler	1244	Filler	24-1267	Unused Field – fill with spaces

CWF Assistance Request Trailer Record

Table 8-32: CWF Assistance Request Trailer Record Layout

Data Field	Length	Type	Displacement	Edits
Trailer Indicator	2	Alpha-Numeric	1-2	Should be: 'T0'. If not, drop file with error code TE01. Required.
PDP ID	4	Numeric	3-6	ID number assigned by COBC. Populate with spaces.
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code TE03.
File Type	3	Alpha-Numeric	12-14	Valid values: 'CWF' – CWF Assistance Request File If not, drop file with error code TE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code 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 TE06.
Filler	1236	Filler	32-1267	Unused Field – fill with spaces

CWF Assistance Request Detail Record (Production)

This record layout will be used for ***production*** CWF Assistance Request file submissions until 9/30/2014.

Appendix G-1: CWF Assistance Request Detail Record Layout (Production)

Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1 – 4	Set to 'ECRS' Required
Contractor Number	5	Alpha-Numeric	5-9	Medicare Contractor (MACs, MA/PD Plans) Number. Required
DCN	15	Text	10-24	Document Control Number; assigned by the Medicare Contractor. 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

Data Field	Length	Type	Displacement	Description
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 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) ID = Investigate/possible duplicate for deletion 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 = Add Termination Date. VP = Beneficiary has taken a vow of poverty WN = Notify COBC of Updates to WCMSA Cases Required. Enter up to four Actions unless the CWF assistance request is DE, DI, DO, DR, ID, or VP. You cannot combine these six Actions 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.
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.

Data Field	Length	Type	Displacement	Description
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 Number	9	Numeric	103-111	Beneficiary's Social Security 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

Data Field	Length	Type	Displacement	Description
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 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. MSP TYPE PATIENT RELATIONSHIP ---------- A 01, 02 B 01, 02, 03, 04, 05, 18, 20 G 01, 02, 03, 04, 05, 18, 20

Data Field	Length	Type	Displacement	Description
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 L = Liability 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 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.
Filler	6	Alpha	196-201	Populate with spaces.
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 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.

Data Field	Length	Type	Displacement	Description
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, LTTR, or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
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, LTTR, or PHON. Populate with spaces if Source field not equal to CHEK, LTTR, or PHON.
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, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
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, LTTR, or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's State	2	Alpha	469-470	Informant's state Required when SOURCE is CHEK, LTTR, or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's Zip Code	9	Numeric	471-479	Informant's zip code Required when SOURCE is CHEK, LTTR, or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.

Data Field	Length	Type	Displacement	Description
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, LTTR, or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
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 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. Populate with spaces if ACTION not equal to II.

Data Field	Length	Type	Displacement	Description
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 100 or more employees. I Multiple Employer Health Plan with 20 or more 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 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.

Data Field	Length	Type	Displacement	Description
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 occurrence Not required. Populate with spaces if not available.
Submitter Type	1	Alpha	892	Part C/D Submitter Indicator Valid Values ‘C’ = Part C Contractor ‘D’ = Part D Contractor If not valid value, drop file with error code HE06.
Filler	7	Filler	893-899	Filler
Trans Comment	180	Text	900-1079	Comments—Used by Submitter
Filler	8	Filler	1080-1087	Filler

Data Field	Length	Type	Displacement	Description
New Patient Relationship	2	Numeric	1088-1089	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 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.) Required when Action is PR. Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used. MSP TYPE PATIENT RELATIONSHIP ---------- A 01, 02 B 01, 02, 03, 04, 05, 18, 20 G 01, 02, 03, 04, 05, 18, 20
New MSP Type	1	Alpha	1090	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 L Liability Required when Action is MT.

Data Field	Length	Type	Displacement	Description
New MSP Effective Date	8	Date	1091-1098	Effective date of MSP coverage in CCYYMMDD format. Required when Action is ED.
New Insurer Type	1	Alpha	1099	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 100 or more employees. I = Multiple Employer Health Plan with 20 or more employees. J = Hospitalization only plan covering inpatient hospital K = Medical Service only plan covering non-inpatient medical M = Medicare Supplement Plan U = Unknown Required when Action is IT
Filler	168	Filler	1100-1267	Filler

CWF Assistance Request Detail Record (Test)

This record layout will be used for ***test*** CWF Assistance Request file submissions beginning 10/1/2013.

This record layout **must be used** for ***all*** CWF Assistance Request file submissions as of 1/1/2014.

Table 8-33: CWF Assistance Request Detail Record Layout (Test)

Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1 – 4	Set to 'ECRS' Required
Contractor Number	5	Alpha-Numeric	5-9	Medicare Contractor (MACs, MA/PD Plans) Number. Required
DCN	15	Text	10-24	Document Control Number; assigned by the Medicare Contractor. 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

Data Field	Length	Type	Displacement	Description
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 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) ID = Investigate/possible duplicate for deletion 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 = Add Termination Date. VP = Beneficiary has taken a vow of poverty WN = Notify COBC of Updates to WCMSA Cases Required. Enter up to four Actions unless the CWF assistance request is DE, DI, DO, DR, ID, or VP. You cannot combine these six Actions 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.
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.

Data Field	Length	Type	Displacement	Description
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 Number	9	Numeric	103-111	Beneficiary's Social Security 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

Data Field	Length	Type	Displacement	Description
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 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. MSP TYPE PATIENT RELATIONSHIP ---------- A 01, 02 B 01, 02, 03, 04, 05, 18, 20 G 01, 02, 03, 04, 05, 18, 20

Data Field	Length	Type	Displacement	Description
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 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 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.
Filler	6	Alpha	196-201	Populate with spaces.
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 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.

Data Field	Length	Type	Displacement	Description
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, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
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, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
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, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
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, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON
Informant's State	2	Alpha	469-470	Informant's state Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
Informant's Zip Code	9	Numeric	471-479	Informant's zip code Required when SOURCE is CHEK, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.

Data Field	Length	Type	Displacement	Description
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, LTTR or PHON. Populate with spaces if Source field not equal to CHEK, LTTR or PHON.
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 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. Populate with spaces if ACTION not equal to II.

Data Field	Length	Type	Displacement	Description
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 100 or more employees. I = Multiple Employer Health Plan with 20 or more 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 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.

Data Field	Length	Type	Displacement	Description
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.
Filler	25	Filler	867-891	Filler
Submitter Type	1	Alpha	892	Part C/D Submitter Indicator Valid Values ‘C’ = Part C Contractor ‘D’ = Part D Contractor If not valid value, drop file with error code HE06.
Filler	7	Filler	893-899	Filler
Trans Comment	180	Text	900-1079	Comments—Used by Submitter
Filler	8	Filler	1080-1087	Filler

Data Field	Length	Type	Displacement	Description
New Patient Relationship	2	Numeric	1088-1089	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 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.) Required when Action is PR. Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used. MSP TYPE PATIENT RELATIONSHIP ---------- A 01, 02 B 01, 02, 03, 04, 05, 18, 20 G 01, 02, 03, 04, 05, 18, 20
New MSP Type	1	Alpha	1090	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 L = Liability Required when Action is MT.

Data Field	Length	Type	Displacement	Description
New MSP Effective Date	8	Date	1091-1098	Effective date of MSP coverage in CCYYMMDD format. Required when Action is ED.
New Insurer Type	1	Alpha	1099	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 100 or more employees. I = Multiple Employer Health Plan with 20 or more employees. J = Hospitalization only plan covering inpatient hospital K = Medical Service only plan covering non-inpatient medical M = Medicare Supplement Plan U = Unknown Required when Action is IT
Diagnosis Code 1 ICD Indicator	1	Numeric	1100	One-digit diagnosis code indicator to identify whether the submitted Diagnosis Code 1 is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1A and the record will be dropped. **Required if Diagnosis Code 1 is submitted**.
Diagnosis Code 1	7	Text	1101 – 1107	ICD-9-CM Diagnosis Code or ICD-10-CM diagnosis code that applies to this MSP occurrence. Required if Action code is CA or CL. **Required if Diagnosis Code 1 ICD Indicator is submitted.** If Diagnosis Code 1 ICD Indicator = 0, Diagnosis Code 1 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 1 ICD Indicator = 9, Diagnosis Code 1 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE69 and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 2 ICD Indicator	1	Numeric	1108	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1B and the record will be dropped. **Required if Diagnosis Code 2 is submitted.**
Diagnosis Code 2	7	Text	1109 -1115	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 2 ICD Indicator is submitted.** If Diagnosis Code 2 ICD Indicator = 0, Diagnosis Code 2 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 2 ICD Indicator = 9, Diagnosis Code 2 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE70 and the record will be dropped.
Diagnosis Code 3 ICD Indicator	1	Numeric	1116	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1C and the record will be dropped. **Required if Diagnosis Code 3 is submitted.**
Diagnosis Code 3	7	Text	1117 – 1123	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 3 ICD Indicator is submitted.** If Diagnosis Code 3 ICD Indicator = 0, Diagnosis Code 3 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 3 ICD Indicator = 9, Diagnosis Code 3 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE71 and the record will be dropped. Not required.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 4 ICD Indicator	1	Numeric	1124	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1D and the record will be dropped. **Required if Diagnosis Code 4 is submitted**.
Diagnosis Code 4	7	Text	1125 - 1131	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 4 ICD Indicator is submitted.** If Diagnosis Code 4 ICD Indicator = 0, Diagnosis Code 4 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 4 ICD Indicator = 9, Diagnosis Code 4 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE72 and the record will be dropped.
Diagnosis Code 5 ICD Indicator	1	Numeric	1132	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1E and the record will be dropped. **Required if Diagnosis Code 5 is submitted.**
Diagnosis Code 5	7	Text	1133 - 1139	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 5 ICD Indicator is submitted**. If Diagnosis Code 5 ICD Indicator = 0, Diagnosis Code 5 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 5 ICD Indicator = 9, Diagnosis Code 5 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE73 and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 6 ICD Indicator	1	Numeric	1140	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1F and the record will be dropped. **Required if Diagnosis Code 6 is submitted.**
Diagnosis Code 6	7	Text	1141 – 1147	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 6 ICD Indicator is submitted.** If Diagnosis Code 6 ICD Indicator = 0, Diagnosis Code 6 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 6 ICD Indicator = 9, Diagnosis Code 6 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1G and the record will be dropped.
Diagnosis Code 7 ICD Indicator	1	Numeric	1148	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1H and the record will be dropped. **Required if Diagnosis Code 7 is submitted**.
Diagnosis Code 7	7	Text	1149 – 1155	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 7 ICD Indicator is submitted**. If Diagnosis Code 7 ICD Indicator = 0, Diagnosis Code 7 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 7 ICD Indicator = 9, Diagnosis Code 7 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1I and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 8 ICD Indicator	1	Numeric	1156	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM If an invalid code is entered, the user will see error code PE1J and the record will be dropped. **Required if Diagnosis Code 8 is submitted.**
Diagnosis Code 8	7	Text	1157 – 1163	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 8 ICD Indicator is submitted**. If Diagnosis Code 8 ICD Indicator = 0, Diagnosis Code 8 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 8 ICD Indicator = 9, Diagnosis Code 8 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1K and the record will be dropped.
Diagnosis Code 9 ICD Indicator	1	Numeric	1164	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1L and the record will be dropped. **Required if Diagnosis Code 9 is submitted**.
Diagnosis Code 9	7	Text	1165 – 1171	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 9 ICD Indicator is submitted.** If Diagnosis Code 9 ICD Indicator = 0, Diagnosis Code 9 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 9 ICD Indicator = 9, Diagnosis Code 9 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1M and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 10 ICD Indicator	1	Numeric	1172	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1N and the record will be dropped. **Required if Diagnosis Code 10 is submitted**.
Diagnosis Code 10	7	Text	1173 – 1179	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 10 ICD Indicator is submitted**. If Diagnosis Code 10 ICD Indicator = 0, Diagnosis Code 10 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 10 ICD Indicator = 9, Diagnosis Code 10 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1O and the record will be dropped.
Diagnosis Code 11 ICD Indicator	1	Numeric	1180	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1P and the record will be dropped. **Required if Diagnosis Code 11 is submitted.**
Diagnosis Code11	7	Text	1181 – 1187	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 11 ICD Indicator is submitted**. If Diagnosis Code 11 ICD Indicator = 0, Diagnosis Code 11 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 11 ICD Indicator = 9, Diagnosis Code 11 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Q and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 12 ICD Indicator	1	Numeric	1188	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1R and the record will be dropped. **Required if Diagnosis Code 12 is submitted**.
Diagnosis Code 12	7	Text	1189 – 1195	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 12 ICD Indicator is submitted.** If Diagnosis Code 12 ICD Indicator = 0, Diagnosis Code 12 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 12 ICD Indicator = 9, Diagnosis Code 12 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1S and the record will be dropped.
Diagnosis Code 13 ICD Indicator	1	Numeric	1196	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1T and the record will be dropped. **Required if Diagnosis Code 13 is submitted**.
Diagnosis Code 13	7	Text	1197 – 1203	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 13 ICD Indicator is submitted.** If Diagnosis Code 13 ICD Indicator = 0, Diagnosis Code 13 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 13 ICD Indicator = 9, Diagnosis Code 13 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1U and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 14 ICD Indicator	1	Numeric	1204	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1V and the record will be dropped. **Required if Diagnosis Code 14 is submitted**.
Diagnosis Code 14	7	Text	1205 – 1211	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 14 ICD Indicator is submitted.** If Diagnosis Code 14 ICD Indicator = 0, Diagnosis Code 14 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 14 ICD Indicator = 9, Diagnosis Code 14 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1W and the record will be dropped.
Diagnosis Code 15 ICD Indicator	1	Numeric	1212	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1X and the record will be dropped. **Required if Diagnosis Code 15 is submitted**.
Diagnosis Code 15	7	Text	1213 – 1219	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 15 ICD Indicator is submitted.** If Diagnosis Code 15 ICD Indicator = 0, Diagnosis Code 15 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 15 ICD Indicator = 9, Diagnosis Code 15 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Y and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 16 ICD Indicator	1	Numeric	1220	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1Z and the record will be dropped. **Required if Diagnosis Code 16 is submitted**.
Diagnosis Code 16	7	Text	1221 – 1227	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 16 ICD Indicator is submitted**. If Diagnosis Code 16 ICD Indicator = 0, Diagnosis Code 16 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 16 ICD Indicator = 9, Diagnosis Code 16 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2A and the record will be dropped.
Diagnosis Code 17 ICD Indicator	1	Numeric	1228	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2B and the record will be dropped. **Required if Diagnosis Code 17 is submitted**.
Diagnosis Code 17	7	Text	1229 – 1235	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 17 ICD Indicator is submitted.** If Diagnosis Code 17 ICD Indicator = 0, Diagnosis Code 17 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 17 ICD Indicator = 9, Diagnosis Code 17 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2C and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 18 ICD Indicator	1	Numeric	1236	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2D and the record will be dropped. **Required if Diagnosis Code 18 is submitted.**
Diagnosis Code 18	7	Text	1237 – 1243	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 18 ICD Indicator is submitted.** If Diagnosis Code 18 ICD Indicator = 0, Diagnosis Code 18 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 18 ICD Indicator = 9, Diagnosis Code 18 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2E and the record will be dropped.
Diagnosis Code 19 ICD Indicator	1	Numeric	1244	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2F and the record will be dropped. **Required if Diagnosis Code 19 is submitted**.
Diagnosis Code 19	7	Text	1245 – 1251	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 19 ICD Indicator is submitted.** If Diagnosis Code 19 ICD Indicator = 0, Diagnosis Code 19 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 19 ICD Indicator = 9, Diagnosis Code 19 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2G and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 20 ICD Indicator	1	Numeric	1252	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2H and the record will be dropped. **Required if Diagnosis Code 20 is submitted**.
Diagnosis Code 20	7	Text	1253 – 1259	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 20 ICD Indicator is submitted**. If Diagnosis Code 20 ICD Indicator = 0, Diagnosis Code 20 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 20 ICD Indicator = 9, Diagnosis Code 20 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2I and the record will be dropped.
Filler	8	Filler	1260 – 1267	Filler

CWF Assistance Request Response Header Record

Table 8-34: CWF Assistance Request Response Header Record Layout

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.

CWF Assistance Request Response Detail Record (Production)

This record layout will be returned for ***production*** CWF Assistance Request file submissions until 9/30/2014.

Table 8-35: CWF Assistance Request Response Detail Record Layout (Production)

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 Name	15	Text	121-135	PE12

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
Informant's Last Name	24	Text	356-379	PE23
Informant's Phone	10	Numeric	380-389	PE29

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
Insurer Group Number	20	Text	776-795	PE62
Insurer Policy Number	17	Text	796-812	PE63
Subscriber First Name	15	Text	813-827	PE58

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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.
Filler	7	Filler	893-899	Filler
New Patient Relationship	2	Numeric	900-901	PE0O
New MSP Type	1	Alpha	902	PE0N
New MSP Effective Date	8	Date	903-910	PE0L
New Insurer Type	1	Alpha	911	PE0M
Filler	168	Filler	912-1079	Filler
COB Comment ID	8	Alpha-Numeric	1080-1087	PE57
COB Comment	180	Text	1088-1267	PE56
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.

CWF Assistance Request Response Detail Record (Test)

This record layout will be returned for ***test*** CWF Assistance Request file submissions beginning 10/1/2013. This record layout **must be returned** for ***all*** CWF Assistance Request file transmissions as of 1/1/2014.

Table 8-36: CWF Assistance Request Response Detail Record Layout (Test)

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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary's First Name	15	Text	121-135	PE12
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
Informant's Last Name	24	Text	356-379	PE23

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
Insurer Group Number	20	Text	776-795	PE62
Insurer Policy Number	17	Text	796-812	PE63

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
Filler	25	Filler	867-891	None
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.
Filler	7	Filler	893-899	Filler
New Patient Relationship	2	Numeric	900-901	PE0O
New MSP Type	1	Alpha	902	PE0N
New MSP Effective Date	8	Date	903-910	PE0L
New Insurer Type	1	Alpha	911	PE0M
Diagnosis Code 1 ICD Indicator	1	Text	912	PE1A
Diagnosis Code 1	7	Text	913 – 919	PE69
Diagnosis Code 2 ICD Indicator	1	Text	920	PE1B
Diagnosis Code 2	7	Text	921 – 927	PE70
Diagnosis Code 3 ICD Indicator	1	Text	928	PE1C
Diagnosis Code 3	7	Text	929 – 935	PE71
Diagnosis Code 4 ICD Indicator	1	Text	936	PE1D
Diagnosis Code 4	7	Text	937 - 943	PE72
Diagnosis Code 5 ICD Indicator	1	Text	944	PE1E
Diagnosis Code 5	7	Text	945 - 951	PE73
Diagnosis Code 6 ICD Indicator	1	Text	952	PE1F
Diagnosis Code 6	7	Text	953 – 959	PE1G

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Diagnosis Code 7 ICD Indicator	1	Text	960	PE1H
Diagnosis Code 7	7	Text	961 – 967	PE1I
Diagnosis Code 8 ICD Indicator	1	Text	968	PE1J
Diagnosis Code 8	7	Text	969 – 975	PE1K
Diagnosis Code 9 ICD Indicator	1	Text	976	PE1L
Diagnosis Code 9	7	Text	977 – 983	PE1M
Diagnosis Code 10 ICD Indicator	1	Text	984	PE1N
Diagnosis Code 10	7	Text	985 – 991	PE1O
Diagnosis Code 11 ICD Indicator	1	Text	992	PE1P
Diagnosis Code11	7	Text	993 – 999	PE1Q
Diagnosis Code 12 ICD Indicator	1	Text	1000	PE1R
Diagnosis Code 12	7	Text	1001 – 1007	PE1S
Diagnosis Code 13 ICD Indicator	1	Text	1008	PE1T
Diagnosis Code 13	7	Text	1009 – 1015	PE1U
Diagnosis Code 14 ICD Indicator	1	Text	1016	PE1V
Diagnosis Code 14	7	Text	1017 – 1023	PE1W
Diagnosis Code 15 ICD Indicator	1	Text	1024	PE1X
Diagnosis Code 15	7	Text	1025 – 1031	PE1Y
Diagnosis Code 16 ICD Indicator	1	Text	1032	PE1Z
Diagnosis Code 16	7	Text	1033 – 1039	PE2A
Diagnosis Code 17 ICD Indicator	1	Text	1040	PE2B
Diagnosis Code 17	7	Text	1041 – 1047	PE2C
Diagnosis Code 18 ICD Indicator	1	Text	1048	PE2D

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Diagnosis Code 18	7	Text	1049 – 1055	PE2E
Diagnosis Code 19 ICD Indicator	1	Text	1056	PE2F
Diagnosis Code 19	7	Text	1057 – 1063	PE2G
Diagnosis Code 20 ICD Indicator	1	Text	1064	PE2H
Diagnosis Code 20	7	Text	1065 – 1071	PE2I
Filler	8	Filler	1072 – 1079	None
COB Comment ID	8	Alpha-Numeric	1080-1087	PE57
COB Comment	180	Text	1088-1267	PE56
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 Assistance Request File Layouts

Prescription Drug Assistance Request Header Record

Table 8-37: Prescription Drug Assistance Request Header Record Layout

Data Field	Length	Type	Displacement	Edits
Header Indicator	2	Alpha-Numeric	1-2	Should be: 'H0'. If not, drop file with error code HE01
PDP ID	4	Numeric	3-6	'0001', '0002', etc. ID number assigned by the COBC. If not valid plan, drop file with error code HE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code HE03.
File Type	3	Alpha	12-14	Valid values: 'PDR' – RX Drug Assistance Request file If not, drop file with error code HE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code 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 HE06.
Filler	1244	Filler	24-1267	Unused Field – fill with spaces

Prescription Drug Assistance Request Trailer Record

Table 8-38: Prescription Drug Assistance Request Trailer Record Layout

Data Field	Length	Type	Displacement	Edits
Trailer Indicator	2	Alpha-Numeric	1-2	Should be: 'T0'. If not, drop file with error code TE01
PDP ID	4	Numeric	3-6	'0001', '0002', etc. ID number assigned by the COBC. If not valid plan, drop file with error code TE02
Contractor Number	5	Alpha-Numeric	7-11	If not valid contractor number, drop file with error code TE03.
File Type	3	Alpha-Numeric	12-14	Valid value: PDR' – RX Drug Assistance Request File If not valid value, drop file with error code TE04.
File Date	8	Date	15-22	CCYYMMDD If not valid date, drop file with error code 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 TE06.
Filler	1236	Filler	32-1267	Unused Field – fill with spaces

Prescription Drug Assistance Request Detail Record

Table 8-39: Prescription Drug Assistance Request Detail Record Layout

Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1-4	Set to 'ECRS'
Contractor Number	5	Alpha-Numeric	5-9	Part C/D Plan Contractor Number Required
DCN	15	Alpha-Numeric	10-24	Document Control Number: assigned by the Part C/D plan. Required. Each record shall have a unique DCN.
Trans Type Code	1	Alpha	25	Transaction Type Indicator Set to 'D' for Prescription Drug Assistance Requests Required
Trans Seq. No	3	Numeric	26-28	Sequence Number assigned by the 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	Alpha-Numeric	37-61	Contractor name Not required
Contractor Phone	10	Numeric	62-71	Contractor phone number Not required
Trans Status Code	2	Alpha	72-73	Transaction Status Code: Set to 'NW' for New
Trans Reason Code	2	Numeric	74-75	Transaction Reason Code: Set to '01' for New

Data Field	Length	Type	Displacement	Description
Action Code 1	2	Alpha	76-77	Two-character code defining action to take on Prescription Drug record (required field). Valid values are: AP = Add Policy and/or Group Number BN = Develop for RX BIN CT = Change termination date CX = Change RX 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 RX Person Code PN = Develop for/add PCN PR = Change patient relationship TD = Add Termination Date ***Notes:*** *The following action codes can be combined together, but not with any other action codes:* BN = Develop for RX BIN GR = Develop for Group Number PN = Develop for/add PCN *Prescription Drug Assistance Request with the following action codes will be automatically processed, given they have no reject errors:* AP Add Policy Number/Group Number CX Change RX Values (BIN, Group, PCN) DO Delete Occurrence TD Add Termination Date
Action Code 2	2	Alpha	78-79	Transaction Action Code 2: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Action Code 3	2	Alpha	80-81	Transaction Action Code 3: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Action Code 4	2	Alpha	82-83	Transaction Action Code 4: Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
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.
Trans Source Code	4	Alpha	85-88	Four-character code identifying source of RX DRUG 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
HICN	12	Alpha-Numeric	89-100	Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters.
Beneficiary Date of Birth	8	Date	101-108	Beneficiary's Date of Birth in CCYYMMDD format Not Required. Populate with zeros if not available.
Beneficiary Sex Code	1	Alpha	109	Sex of Beneficiary: Valid values are: U = Unknown M = Male F = Female Not required. Populate with spaces if not available.
Beneficiary First Name	15	Text	110-124	First Name of beneficiary Required
Beneficiary Middle Initial	1	Text	125	Middle Initial of beneficiary
Beneficiary Last Name	24	Text	126-149	Last Name of beneficiary Required
Beneficiary Address Line 1	32	Text	150-181	First line of beneficiary's street address.
Beneficiary Address Line 2	32	Text	182-213	Second line of beneficiary's street address
Beneficiary City	15	Text	214-228	Beneficiary's city
Beneficiary State	2	Alpha	229-230	Beneficiary's state

Data Field	Length	Type	Displacement	Description
Beneficiary Zip code	9	Numeric	231-239	Beneficiary's zip code
Beneficiary Phone	10	Numeric	240-249	Beneficiary's telephone number
Patient Relationship	2	Numeric	250-251	Patient relationship between policyholder and beneficiary Required when Record Type is Primary 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 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.) For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used: MSP TYPE PATIENT RELATIONSHIP ---------- A 01, 02 B 01, 02, 03, 04, 05, 18, 20 G 01, 02, 03, 04, 05, 18, 20
New Patient Relationship	2	Numeric	252-253	New patient relationship between policyholder and beneficiary. Description of code displays next to value Required field when ACTION is PR

Data Field	Length	Type	Displacement	Description
Person Code	3	Numeric	254-256	Plan-specific Person Code. Values are: 001 Self 002 Spouse 003 Other Required field when: RECORD TYPE is Supplemental ACTION is PC
MSP Type	1	Alpha	257	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 L = Liability W = Workers' Compensation Set-Aside Required when Action is MT.
New MSP Type	1	Alpha	258	One-character code identifying new type of MSP coverage. Required when Action is MT.
Record Type	3	Alpha-Numeric	259-261	Drug Record Type PRI Primary SUP Supplemental Required field
Drug Coverage Effective Date	8	Date	262-269	Effective date of Drug coverage in CCYYMMDD format.
New Drug Coverage Effective Date	8	Date	270-277	New Effective date of Drug coverage in CCYYMMDD format
Term Date	8	Date	278-285	Termination date of Drug coverage in CCYYMMDD format.
Originating Contractor	5	Alpha-Numeric	286-290	Contractor number of contractor that created original Drug occurrence
Informant First Name	15	Text	291-305	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.
Informant Middle Initial	1	Text	306	Informants middle initial.

Data Field	Length	Type	Displacement	Description
Informant Last Name	24	Text	307-330	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.
Informant Address	32	Text	331-362	Informant's street address Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant City	15	Text	363-377	Informant's city Required when SOURCE is CHEK or LTTR. Populate with spaces if SOURCE field not equal to CHEK or LTTR.
Informant State	2	Text	378-379	Informant's state Required when SOURCE is CHEK or LTTR. Populate with spaces if SOURCE field not equal to CHEK or LTTR.
Informant Zip code	9	Numeric	380-388	Informant's zip code Required when SOURCE is CHEK or LTTR. Populate with spaces if SOURCE field not equal to CHEK or LTTR.
Informant Phone	10	Numeric	389-398	Informant's telephone number Not Required. Populate with spaces if not available.
Informant's Relationship Code	1	Alpha	399	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.
Employers Name	32	Text	400-431	Name of employer providing group health insurance under which beneficiary is covered Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
Employers Address 1	32	Text	432-463	Employer's Street Address 1 Not required. Populate with spaces if not available.
Employers Address 2	32	Text	464-495	Employer's Street Address 2 Not required. Populate with spaces if not available.
Employers City	15	Text	496-510	Employer's City Not required. Populate with spaces if not available.
Employers State	2	Alpha	511-512	Employer's State Not required. Populate with spaces if not available.
Employers Zip code	9	Numeric	513-521	Employer's Zip code Not required. Populate with spaces if not available.
Employers Phone	10	Numeric	522-531	Employer's Phone Number Not required. Populate with spaces if not available.
Employers EIN	18	Text	532-549	Employer's Identification Number Not required. Populate with spaces if not available.
Employee Number	12	Text	550-561	Employee Number of Policy Holder Not required. Populate with spaces if not available.
Supplemental Type	1	Alpha-Numeric	562	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
RX Drug Coverage Type	1	Alpha-Numeric	563	Prescription Drug 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) Required field
Insurance Company Name	32	Text	564-595	Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered
Insurance Company Address 1	32	Text	596-627	Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.

Data Field	Length	Type	Displacement	Description
Insurance Company Address 2	32	Text	628-659	Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.
Insurance Company City	15	Text	660-674	City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.
Insurance Company State	2	Alpha	675-676	State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.
Insurance Company Zip code	9	Numeric	677-685	Zip code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.
Insurer Type	1	Alpha	686	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 100 or more employees. I Multiple Employer Health Plan with 20 or more employees. J Hospitalization only plan covering inpatient hospital K Medical Service only plan covering non-inpatient medical M Medicare Supplement Plan U Unknown Required when ACTION is IT
New Insurer Type	1	Alpha	687	New Type of Insurance Required when ACTION is IT
Policy Number	17	Text	688-704	Prescription Drug Policy Number
RX BIN	6	Text	705-710	Prescription Drug BIN Number
RX PCN	10	Text	711-720	Prescription Drug PCN Number
RX Group	15	Text	721-735	Prescription Drug Group Number
RX ID	20	Text	736-755	Prescription Drug ID Number
RX Phone	10	Numeric	756-765	Prescription Drug Phone Number
Check Amount	15	Alpha-Numeric	766-780	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.

Data Field	Length	Type	Displacement	Description
Check Date	8	Date	781-788	Date of check received in CCYYMMDD format Required if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.
Check Number	15	Alpha-Numeric	789-803	Number of check received. Required if value in SOURCE field = CHEK Populate with zeros if Source field not equal to CHEK.
Remark Code 1	2	Alpha-Numeric	804-805	Two-character PDR remark code explaining reason for transaction. Not Required
Remark Code 2	2	Alpha-Numeric	806-807	Two-character PDR remark code explaining reason for transaction. Not Required
Remark Code 3	2	Alpha-Numeric	808-809	Two-character PDR remark code explaining reason for transaction. Not Required
Comment ID	8	Alpha-Numeric	810-817	ID of operator entering trans comments—Used by Submitter
Trans Comment	180	Text	818-997	Comments—Used by Submitter
Filler	270	Filler	998 -1267	Unused Field – fill with spaces

Prescription Drug Assistance Request Response Header Record

Table 8-40: Prescription Drug Assistance Request Response Header Record Layout

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.

Prescription Drug Assistance Request Response Detail Record

Table 8-41: Prescription Drug Assistance Request Response Detail 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	Alpha-Numeric	10-24	PE02
Trans 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	Alpha-Numeric	37-61	PE07
Contractor Phone	10	Numeric	62-71	PE08
Trans Status Code	2	Alpha	72-73	Status code returned from ECRS
Trans Reason Code	2	Numeric	74-75	Reason code returned from ECRS
Action Code 1	2	Alpha	76-77	PE92
Action Code 2	2	Alpha	78-79	PE93
Action Code 3	2	Alpha	80-81	PE94
Action Code 4	2	Alpha	82-83	PE95
Activity Code	1	Alpha	84	PE61
Trans Source Code	4	Alpha	85-88	PE05
HICN	12	Alpha-Numeric	89-100	PE09
Beneficiary Date of Birth	8	Date	101-108	PE11
Beneficiary Sex CD	1	Alpha	109	None
Beneficiary First Name	15	Text	110-124	PE12
Beneficiary Middle Initial	1	Text	125	PE13

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary Last Name	24	Text	126-149	PE14
Beneficiary Address Line 1	32	Text	150-181	PE15
Beneficiary Address Line 2	32	Text	182-213	PE16
Beneficiary City	15	Text	214-228	PE17
Beneficiary State	2	Alpha	229-230	PE18
Beneficiary Zip code	9	Numeric	231-239	PE19
Beneficiary Phone	10	Numeric	240-249	PE20
Patient Relationship	2	Numeric	250-251	PE0J
New Patient Relationship	2	Numeric	252-253	PE0O
Person Code	3	Numeric	254-256	PE0K
MSP Type	1	Alpha	257	PE39
New MSP Type	1	Alpha	258	PE0N
Record Type	3	Alpha-Numeric	259-261	PE41
Effective Date	8	Date	262-269	PE48
New Effective Date	8	Date	270-277	PE0L
Term Date	8	Date	278-285	PE0G
Originating Contractor	5	Alpha-Numeric	286-290	NONE
Informant First Name	15	Text	291-305	PE21
Informant Middle Initial	1	Text	306	PE22
Informant Last Name	24	Text	307-330	PE23
Informant Address	32	Text	331-362	PE24
Informant City	15	Text	363-377	PE25
Informant State	2	Text	378-379	PE26
Informant Zip code	9	Numeric	380-388	PE27

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Informant Phone	10	Numeric	389-398	PE28
Informant's Relationship Code	1	Alpha	399	None
Employers Name	32	Text	400-431	PE30
Employers Address 1	32	Text	432-463	PE31
Employers Address 2	32	Text	464-495	PE32
Employers City	15	Text	496-510	PE33
Employers State	2	Alpha	511-512	PE34
Employers Zip code	9	Numeric	513-521	PE35
Employers Phone	10	Numeric	522-531	PE36
Employers EIN	18	Text	532-549	PE37
Employee Number	12	Text	550-561	PE38
Supplemental Type	1	Alpha-Numeric	562	None
RX Drug Coverage Type	1	Alpha-Numeric	563	None
Insurance Company Name	32	Text	564-595	PE42
Insurance Company Address 1	32	Text	596-627	PE43
Insurance Company Address 2	32	Text	628-659	PE44
Insurance Company City	15	Text	660-674	PE45
Insurance Company State	2	Alpha	675-676	PE46
Insurance Company Zip code	9	Numeric	677-685	PE47
Insurer Type	1	Alpha	686	None
New Insurer Type	1	Alpha	687	PE0M
Policy Number	17	Text	688-704	PE49

Data Field	Length	Type	Displacement	Error Code if Invalid Data
RX BIN	6	Text	705-710	PE50
RX PCN	10	Text	711-720	PE51
RX Group	15	Text	721-735	PE52
RX ID	20	Text	736-755	PE53
RX Phone	10	Numeric	756-765	PE54
Check Amount	15	Alpha-Numeric	766-780	PE99
Check Date	8	Date	781-788	PE98
Check Number	15	Alpha-Numeric	789-803	PE0A
Remark Code 1	2	Alpha-Numeric	804-805	PE89
Remark Code 2	2	Alpha-Numeric	806-807	PE90
Remark Code 3	2	Alpha-Numeric	808-809	PE91
Comment ID	8	Alpha-Numeric	810-817	None
Trans Comment	180	Text	818-997	None
COB Comment ID	8	Alpha-Numeric	998-1005	PE57
COB Comment	180	Text	1006-1185	PE56
Filler	270	Filler	1186-1267	Filler
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.

MSP Inquiry File Layouts

MSP Inquiry Header Record

Table 8-42: MSP Inquiry Header Record Layout

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 HE06.
Filler	1244	Filler	24-1267	Unused Field – Populate with spaces

MSP Inquiry Trailer Record

Table 8-43: MSP Inquiry Trailer Record Layout

Data Field	Length	Type	Displacement	Edits
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 the 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
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

MSP Inquiry Detail Record (Production)

This record layout will be used for ***production*** MSP Inquiry file submissions until 09/30/2014.

Table 8-44: MSP Inquiry Detail Record Layout (Production)

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	Medicare Contractor (MACs, MA/PD Plans) Number. Required
DCN	15	Text	10-24	Document Control Number; assigned by the Medicare Contractor. 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 the 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.

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.

Data Field	Length	Type	Displacement	Description
Second Development	1	Alpha	86	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) Not required. Populate with spaces if not available.
RSP	1	Alpha	87	Development response indicator. Valid values are: A = Attorney B = Beneficiary E = Employer I = Insurer P = Provider R = Beneficiary Representative Not required. Populate with spaces if not available.
Trans Source Cd	4	Alpha	88-91	Four-character code identifying source of MSP inquiry 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	92-103	Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters. Required if SSN is not entered.
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

Data Field	Length	Type	Displacement	Description
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

Data Field	Length	Type	Displacement	Description
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 17 = Minor dependent of a minor dependent 18 = Parent 19 = Grandparent dependent 20 = Domestic partner (Effective April, 2004.) Not required. Populate with zeros if not available Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used. MSP Type Patient Relationship ---------- A 01, 02 B 01, 02, 03, 04, 05, 18, 20 G 01, 02, 03, 04, 05, 18, 20

Data Field	Length	Type	Displacement	Description
MSP Type	1	Alpha	164	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 L = Liability Required.
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 effective 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 protected field) 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.

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 = Garretson Asbestos Cases 13 = Fleet Phosphate 14 = Accutane 15 = Garretson - Traysol 16 = Zelnorm 17 = Total Body Supplement TBS 18 = Hormone Replacement Therapy – HRT 19 = Keugl Mesh 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.

Data Field	Length	Type	Displacement	Description
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'.
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
Informant's Phone	10	Numeric	362-371	Informant's Phone Number Not required. Populate with zeros if not available.

Data Field	Length	Type	Displacement	Description
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.

Data Field	Length	Type	Displacement	Description
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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.
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.

Data Field	Length	Type	Displacement	Description
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 insurance carrier for MSP coverage. Required if Action is DI.. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.

Data Field	Length	Type	Displacement	Description
Insurer Type	1	Alpha	657	Type of Insurance Valid values are: A Insurance or Indemnity (Other Types) J Hospitalization only plan covering inpatient hospital K Medical Service only plan covering non-inpatient medical R GHP Health Reimbursement Arrangement S GHP Health Savings Account Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
Insurer's Address 1	32	Text	658-689	Address 1 of insurance carrier for MSP coverage. Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
Insurer's Address 2	32	Text	690-721	Address 2 of insurance carrier for MSP coverage. Not required.
Insurer's City	15	Text	722-736	City of insurance carrier for MSP coverage. Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
Insurer's State	2	Alpha	737-738	State of insurance carrier for MSP coverage. Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.

Data Field	Length	Type	Displacement	Description
Insurer's ZIP Code	9	Numeric	739-747	Zip Code of insurance carrier for MSP coverage. Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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

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 is CA or CL. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE69 and the record will be dropped.
Diagnosis Code 2	5	Text	849-853	Five-digit diagnosis code that applies to this MSP occurrence. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE70 and the record will be dropped. 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. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE70 and the record will be dropped. Not required
Diagnosis Code 4	5	Text	859-863	Five-digit diagnosis code that applies to this MSP occurrence. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE70 and the record will be dropped. Not required
Diagnosis Code 5	5	Text	864-868	Five-digit diagnosis code that applies to this MSP occurrence. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE70 and the record will be dropped. Not required

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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

MSP Inquiry Detail Record (Test)

This record layout will be used for ***test*** MSP Inquiry file submissions beginning 10/01/2013. This record layout **must be used** for ***all*** MSP Inquiry file submissions as of 1/1/2014.

Table 8-45: MSP Inquiry Detail Record Layout (Test)

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	Medicare Contractor (MACs, MA/PD Plans) Number. Required
DCN	15	Text	10-24	Document Control Number; assigned by the Medicare Contractor. 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 the 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.

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.

Data Field	Length	Type	Displacement	Description
Second Development	1	Alpha	86	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) Not required. Populate with spaces if not available.
RSP	1	Alpha	87	Development response indicator. Valid values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative Not required. Populate with spaces if not available.
Trans Source Cd	4	Alpha	88-91	Four-character code identifying source of MSP inquiry 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	92-103	Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters. Required if SSN is not entered.
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

Data Field	Length	Type	Displacement	Description
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

Data Field	Length	Type	Displacement	Description
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 17 = Minor dependent of a minor dependent 18 = Parent 19 = Grandparent dependent 20 = Domestic partner (Effective April, 2004.) Not required. Populate with zeros if not available Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used. MSP Type Patient Relationship ---------- A 01, 02 B 01, 02, 03, 04, 05, 18, 20 G 01, 02, 03, 04, 05, 18, 20

Data Field	Length	Type	Displacement	Description
MSP Type	1	Alpha	164	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 L Liability Required.
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 Effective 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 protected field) 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.

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 = Garretson Asbestos Cases 13 = Fleet Phosphate 14 = Accutane 15 = Garretson - Traysol 16 = Zelnorm 17 = Total Body Supplement TBS 18 = Hormone Replacement Therapy – HRT 19 = Keugl Mesh 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.

Data Field	Length	Type	Displacement	Description
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'.
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
Informant's Phone	10	Numeric	362-371	Informant's Phone Number Not required. Populate with zeros if not available.

Data Field	Length	Type	Displacement	Description
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.

Data Field	Length	Type	Displacement	Description
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. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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.
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.

Data Field	Length	Type	Displacement	Description
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 insurance carrier for MSP coverage. Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.

Data Field	Length	Type	Displacement	Description
Insurer Type	1	Alpha	657	Type of Insurance Valid values are: A = Insurance or Indemnity (Other Types) .J = Hospitalization only plan covering inpatient hospital K = Medical Service only plan covering non-inpatient medical R = GHP Health Reimbursement Arrangement S = GHP Health Savings Account Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
Insurer's Address 1	32	Text	658-689	Address 1 of insurance carrier for MSP coverage. Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
Insurer's Address 2	32	Text	690-721	Address 2 of insurance carrier for MSP coverage. Not required.
Insurer's City	15	Text	722-736	City insurance carrier for MSP coverage. Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
Insurer's State	2	Alpha	737-738	State of insurance carrier for MSP coverage. Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.

Data Field	Length	Type	Displacement	Description
Insurer's ZIP Code	9	Numeric	739-747	Zip Code of insurance carrier for MSP coverage. Required if Action is DI. Populate with spaces if not available. * Refer to Appendix B – MSP Inquiry Required Data Reference at end of this document for complete set of required fields for various source codes.
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
Filler	25	Filler	844-868	Filler

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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.
Diagnosis Code 1 ICD Indicator	1	Numeric	1081	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1A and the record will be dropped. **Required if Diagnosis Code 1 is submitted**.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 1	7	Text	1082 – 1088	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. Required if Action code is CA or CL. **Required if Diagnosis Code 1 ICD Indicator is submitted**. If Diagnosis Code 1 ICD Indicator = 0, Diagnosis Code 1 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 1 ICD Indicator = 9, Diagnosis Code 1 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. * Refer to Appendix B - ECRS Quick Reference at end of this document for complete set of required fields for various source codes. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE69 and the record will be dropped.
Diagnosis Code 2 ICD Indicator	1	Numeric	1089	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1B and the record will be dropped. **Required if Diagnosis Code 2 is submitted**.
Diagnosis Code 2	7	Text	1090 -1096	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 2 ICD Indicator is submitted.** If Diagnosis Code 2 ICD Indicator = 0, Diagnosis Code 2 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 2 ICD Indicator = 9, Diagnosis Code 2 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE70 and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 3 ICD Indicator	1	Numeric	1097	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1C and the record will be dropped. **Required if Diagnosis Code 3 is submitted**.
Diagnosis Code 3	7	Text	1098 – 1104	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 3 ICD Indicator is submitted.** If Diagnosis Code 3 ICD Indicator = 0, Diagnosis Code 3 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 3 ICD Indicator = 9, Diagnosis Code 3 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE71 and the record will be dropped.
Diagnosis Code 4 ICD Indicator	1	Numeric	1105	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1D and the record will be dropped. **Required if Diagnosis Code 4 is submitted.**

Data Field	Length	Type	Displacement	Description
Diagnosis Code 4	7	Text	1106 – 1112	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 4 ICD Indicator is submitted.** If Diagnosis Code 4 ICD Indicator = 0, Diagnosis Code 4 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 4 ICD Indicator = 9, Diagnosis Code 4 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE72 and the record will be dropped.
Diagnosis Code 5 ICD Indicator	1	Numeric	1113	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1E and the record will be dropped. **Required if Diagnosis Code 5 is submitted**.
Diagnosis Code 5	7	Text	1114 - 1120	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 5 ICD Indicator is submitted.** If Diagnosis Code 5 ICD Indicator = 0, Diagnosis Code 5 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 5 ICD Indicator = 9, Diagnosis Code 5 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE73 and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 6 ICD Indicator	1	Numeric	1121	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1F and the record will be dropped. **Required if Diagnosis Code 6 is submitted.**
Diagnosis Code 6	7	Text	1122 – 1128	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 6 ICD Indicator is submitted**. If Diagnosis Code 6 ICD Indicator = 0, Diagnosis Code 6 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 6 ICD Indicator = 9, Diagnosis Code 6 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1G and the record will be dropped.
Diagnosis Code 7 ICD Indicator	1	Numeric	1129	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1H and the record will be dropped. **Required if Diagnosis Code 7 is submitted**.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 7	7	Text	1130 – 1136	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 7 ICD Indicator is submitted**. If Diagnosis Code 7 ICD Indicator = 0, Diagnosis Code 7 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 7 ICD Indicator = 9, Diagnosis Code 7 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1I and the record will be dropped
Diagnosis Code 8 ICD Indicator	1	Numeric	1137	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1J and the record will be dropped. **Required if Diagnosis Code 8 is submitted**.
Diagnosis Code 8	7	Text	1138 – 1144	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 8 ICD Indicator is submitted.** If Diagnosis Code 8 ICD Indicator = 0, Diagnosis Code 8 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 8 ICD Indicator = 9, Diagnosis Code 8 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1K and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 9 ICD Indicator	1	Numeric	1145	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1L and the record will be dropped. **Required if Diagnosis Code 9 is submitted.**
Diagnosis Code 9	7	Text	1146 – 1152	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 9 ICD Indicator is submitted**. If Diagnosis Code 9 ICD Indicator = 0, Diagnosis Code 9 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 9 ICD Indicator = 9, Diagnosis Code 9 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1M and the record will be dropped.
Diagnosis Code 10 ICD Indicator	1	Numeric	1153	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1N and the record will be dropped. **Required if Diagnosis Code 10 is submitted**.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 10	7	Text	1154 – 1160	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 10 ICD Indicator is submitted.** If Diagnosis Code 10 ICD Indicator = 0, Diagnosis Code 10 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 10 ICD Indicator = 9, Diagnosis Code 10 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1O and the record will be dropped.
Diagnosis Code 11 ICD Indicator	1	Numeric	1161	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1P and the record will be dropped. **Required if Diagnosis Code 11 is submitted**.
Diagnosis Code11	7	Text	1162 – 1168	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 11 ICD Indicator is submitted.** If Diagnosis Code 11 ICD Indicator = 0, Diagnosis Code 11 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 11 ICD Indicator = 9, Diagnosis Code 11 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Q and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 12 ICD Indicator	1	Numeric	1169	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1R and the record will be dropped. **Required if Diagnosis Code 12 is submitted.**
Diagnosis Code 12	7	Text	1170 – 1176	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 12 ICD Indicator is submitted.** If Diagnosis Code 12 ICD Indicator = 0, Diagnosis Code 12 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 12 ICD Indicator = 9, Diagnosis Code 12 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1S and the record will be dropped.
Diagnosis Code 13 ICD Indicator	1	Numeric	1177	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1T and the record will be dropped. **Required if Diagnosis Code 13 is submitted.**

Data Field	Length	Type	Displacement	Description
Diagnosis Code 13	7	Text	1178 – 1184	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 13 ICD Indicator is submitted.** If Diagnosis Code 13 ICD Indicator = 0, Diagnosis Code 13 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 13 ICD Indicator = 9, Diagnosis Code 13 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1U and the record will be dropped.
Diagnosis Code 14 ICD Indicator	1	Numeric	1185	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1V and the record will be dropped. **Required if Diagnosis Code 14 is submitted**.
Diagnosis Code 14	7	Text	1186 – 1292	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 14 ICD Indicator is submitted.** If Diagnosis Code 14 ICD Indicator = 0, Diagnosis Code 14 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 14 ICD Indicator = 9, Diagnosis Code 14 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1W and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 15 ICD Indicator	1	Numeric	1193	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1X and the record will be dropped. **Required if Diagnosis Code 15 is submitted.**
Diagnosis Code 15	7	Text	1194 – 1200	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 15 ICD Indicator is submitted.** If Diagnosis Code 15 ICD Indicator = 0, Diagnosis Code 15 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 15 ICD Indicator = 9, Diagnosis Code 15 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE1Y and the record will be dropped.
Diagnosis Code 16 ICD Indicator	1	Numeric	1201	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE1Z and the record will be dropped. **Required if Diagnosis Code 16 is submitted**.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 16	7	Text	1202 – 1208	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 16 ICD Indicator is submitted.** If Diagnosis Code 16 ICD Indicator = 0, Diagnosis Code 16 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 16 ICD Indicator = 9, Diagnosis Code 16 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2A and the record will be dropped.
Diagnosis Code 17 ICD Indicator	1	Numeric	1209	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2B and the record will be dropped. **Required if Diagnosis Code 17 is submitted.**
Diagnosis Code 17	7	Text	1210 – 1216	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 17 ICD Indicator is submitted.** If Diagnosis Code 17 ICD Indicator = 0, Diagnosis Code 17 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 17 ICD Indicator = 9, Diagnosis Code 17 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2C and the record will be dropped.

Data Field	Length	Type	Displacement	Description
Diagnosis Code 18 ICD Indicator	1	Numeric	1217	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2D and the record will be dropped. **Required if Diagnosis Code 18 is submitted**.
Diagnosis Code 18	7	Text	1218 – 1224	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 18 ICD Indicator is submitted.** If Diagnosis Code 18 ICD Indicator = 0, Diagnosis Code 18 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 18 ICD Indicator = 9, Diagnosis Code 18 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2E and the record will be dropped.
Diagnosis Code 19 ICD Indicator	1	Numeric	1225	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2F and the record will be dropped. **Required if Diagnosis Code 19 is submitted.**

Data Field	Length	Type	Displacement	Description
Diagnosis Code 19	7	Text	1226 – 1232	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 19 ICD Indicator is submitted**. If Diagnosis Code 19 ICD Indicator = 0, Diagnosis Code 19 must contain a valid ICD-10-CM diagnosis code. If Diagnosis Code 19 ICD Indicator = 9, Diagnosis Code 19 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2G and the record will be dropped.
Diagnosis Code 20 ICD Indicator	1	Numeric	1233	One-digit diagnosis code indicator to identify whether the diagnosis code received is in ICD-9-CM or ICD-10-CM format. 0 = ICD-10-CM format 9 = ICD-9-CM format If an invalid code is entered, the user will see error code PE2H and the record will be dropped. **Required if Diagnosis Code 20 is submitted.**
Diagnosis Code 20	7	Text	1234 – 1240	ICD-9-CM or ICD-10-CM diagnosis code that applies to this MSP occurrence. **Required if Diagnosis Code 20 ICD Indicator is submitted.** If Diagnosis Code 20 ICD Indicator = 0, Diagnosis Code 20 must contain a valid ICD-20-CM diagnosis code. If Diagnosis Code 20 ICD Indicator = 9, Diagnosis Code 20 must contain a valid ICD-9-CM diagnosis code. Populate with spaces if not applicable. NGHP MSP types will require a valid diagnosis code to be entered. If an invalid code is entered, the user will see error code PE2I and the record will be dropped.
Filler	17	Filler	1241- 1267	Unused Field – fill with spaces

Table 8-46: MSP Inquiry Response Header Record Layout

Data Field	Length	Type	Displacement	Edits
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 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.

MSP Inquiry Response Detail Record (Production)

This record layout will be returned for ***production*** MSP Inquiry file submissions until 09/30/2014.

Table 8-47: MSP Inquiry Response Detail Record Layout (Production)

Data Field	Length	Type	Displacement	Edit
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 returned from ECRS
Tran Reason Cd	2	Numeric	74-75	None. Will contain the Reason 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
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.
Beneficiary's Initial	1	Alpha	137	PE13

Data Field	Length	Type	Displacement	Edit
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
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	PE0Q

Data Field	Length	Type	Displacement	Edit
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
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.

Data Field	Length	Type	Displacement	Edit
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.

MSP Inquiry Response Detail Record (Test)

This record layout will be returned for ***test*** MSP Inquiry file submissions beginning 10/01/2013. This record layout **must be returned** for ***all*** MSP Inquiry file submissions as of 1/1/2014.

Table 8-48: MSP Inquiry Response Detail Record Layout (Production)

Data Field	Length	Type	Displacement	Edit
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 returned from ECRS
Tran Reason Cd	2	Numeric	74-75	None. Will contain the Reason 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
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.
Beneficiary's Initial	1	Alpha	137	PE13

Data Field	Length	Type	Displacement	Edit
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
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	PE0Q

Data Field	Length	Type	Displacement	Edit
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
Filler	25	Filler	844-868	None
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
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
Submitter Type	1	Alpha-Numeric	1081	If not valid value, drop file with error code HE06.
Diagnosis Code 1 Indicator	1	Text	1082	PE1A
Diagnosis Code 1	7	Text	1083 – 1089	PE69
Diagnosis Code 2 Indicator	1	Test	1090	PE1B
Diagnosis Code 2	7	Text	1091 -1097	PE70
Diagnosis Code 3 Indicator	1	Text	1098	PE1C
Diagnosis Code 3	7	Text	1099 – 1105	PE71

Data Field	Length	Type	Displacement	Edit
Diagnosis Code 4 Indicator	1	Text	1106	PE1D
Diagnosis Code 4	7	Text	1107 - 1113	PE72
Diagnosis Code 5 Indicator	1	Text	1114	PE1E
Diagnosis Code 5	7	Text	1115 - 1121	PE73
Diagnosis Code 6 Indicator	1	Text	1122	PE1F
Diagnosis Code 6	7	Text	1123 – 1129	PE1G
Diagnosis Code 7 Indicator	1	Text	1130	PE1H
Diagnosis Code 7	7	Text	1131 – 1137	PE1I
Diagnosis Code 8 Indicator	1	Text	1138	PE1J
Diagnosis Code 8	7	Text	1139 – 1145	PE1K
Diagnosis Code 9 Indicator	1	Text	1146	PE1L
Diagnosis Code 9	7	Text	1147 – 1153	PE1M
Diagnosis Code 10 Indicator	1	Text	1154	PE1N
Diagnosis Code 10	7	Text	1155 – 1161	PE1O
Diagnosis Code 11 Indicator	1	Text	1162	PE1P
Diagnosis Code 11	7	Text	1163 – 1169	PE1Q
Diagnosis Code 12 Indicator	1	Text	1170	PE1R
Diagnosis Code 12	7	Text	1171 – 1177	PE1S
Diagnosis Code 13 Indicator	1	Text	1178	PE1T
Diagnosis Code 13	7	Text	1179 – 1185	PE1U
Diagnosis Code 14 Indicator	1	Text	1186	PE1V
Diagnosis Code 14	7	Text	1187 – 1193	PE1W
Diagnosis Code 15 Indicator	1	Text	1194	PE1X
Diagnosis Code 15	7	Text	1195 – 1201	PE1Y
Diagnosis Code 16 Indicator	1	Text	1202	PE1Z
Diagnosis Code 16	7	Text	1203 – 1209	PE2A
Diagnosis Code 17 Indicator	1	Text	1210	PE2B
Diagnosis Code 17	7	Text	1211 – 1217	PE2C

Data Field	Length	Type	Displacement	Edit
Diagnosis Code 18 Indicator	1	Text	1218	PE2D
Diagnosis Code 18	7	Text	1219 – 1225	PE2E
Diagnosis Code 19 Indicator	1	Text	1226	PE2F
Diagnosis Code 19	7	Text	1227 – 1233	PE2G
Diagnosis Code 20 Indicator	1	Text	1234	PE2H
Diagnosis Code 20	7	Text	1235 – 1241	PE2I
Filler	17	Filler	1242-1267	None
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 Record

Table 8-49: Prescription Drug Inquiry Header Record Layout

Data Field	Length	Type	Displace-ment	Description
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 the 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

Prescription Drug Inquiry Trailer Record

Table 8-50: Prescription Drug Inquiry Trailer Record Layout

Data Field	Length	Type	Displace-ment	Description
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 the 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

Prescription Drug Inquiry Detail Record

Table 8-51: Prescription Drug Inquiry Detail 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 'P' for Prescription Drug Inquiry Required
Trans Seq No	3	Numeric	26-28	Sequence Number assigned by the 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 Valid Values are: CHEK = Check LTTR = Letter PHON = Phone SCLM = Secondary Claim CLAM = Claim SRVY = Survey Required

Data Field	Length	Type	Displacement	Description
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
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

Data Field	Length	Type	Displacement	Description
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
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

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
Employer EIN	18	Text	563-580	Employer's Identification Number (EIN) providing group health insurance under which the 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.
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 R = Charity T = Federal Government Programs 3 = Major Medical Required if Record Type = 'SUP'. Otherwise not required, populate with spaces.

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 W Workers' Compensation Set-Aside Required if Record Type of Primary 'PRI' is selected. 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.

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. If Insurer's Name contains any of the following values it is an error: NO NONE N/A HCFA ATTORNEY UNK MIS CMS NA UNKNOWN If Insurer's name contains only one of the following values it is an error: BC BS BX BCBX Medicare BLUE CROSS COB COBC Coordination of Benefits Contractor This field is required
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.

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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

Prescription Drug Inquiry Response Header Record

Table 8-52: Prescription Drug Inquiry Response Header Record Layout

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.

Prescription Drug Inquiry Response Detail Record

Table 8-53: Prescription Drug Inquiry Response Detail 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
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
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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	PE0P
MSP Type	1	Alpha-Numeric	597	PE39
Type	1	Alpha-Numeric	598	PE40
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
Effective Date	8	Date	724-731	PE48
Term Date	8	Date	732-739	PE0G
Policy Number	17	Text	740-756	PE49

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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

Table 8-54: Header Record Errors

Error Code	Description
HE01	Invalid Header Indicator (Not = 'H0')
HE02	Invalid Plan Id
HE03	Invalid Contractor Number
HE04	Invalid File Type
HE05	Invalid File Date
HE06	Invalid Submitter Type

Table 8-55: Trailer Record Errors

Error Code	Description
TE01	Invalid Trailer Indicator (Not = 'T0')
TE02	Invalid Plan ID
TE03	Contractor Number
TE04	Invalid File Type
TE05	Invalid File Date
TE06	Invalid Record Count

Table 8-56: Response Record Errors

Error Code	Description
PE00	Invalid Transaction Type entered (Not = 'ECRS')
PE01	Invalid Contractor Number entered
PE02	Invalid DCN Number
PE03	Invalid Transaction Type Code
PE04	Invalid Transaction Sequence Number
PE05	Invalid Trans Source Code
PE06	Invalid Update Operator Id
PE07	Invalid Contractor Name
PE08	Invalid Contractor Phone Number
PE09	Invalid HIC Number
PE10	Invalid Beneficiary's Social Security Number

Error Code	Description
PE11	Invalid Beneficiary's Date of Birth
PE12	Invalid Beneficiary's First Name
PE13	Invalid Beneficiary's Middle Initial
PE14	Invalid Beneficiary's Last Name
PE15	Invalid Beneficiary's Address 1
PE16	Invalid Beneficiary's Address 2
PE17	Invalid Beneficiary's City
PE18	Invalid Beneficiary's State
PE19	Invalid Beneficiary's Zip Code
PE20	Invalid Beneficiary's Phone Number
PE21	Invalid Informant's First Name
PE22	Invalid Informant's Middle Initial
PE23	Invalid Informant's Last Name
PE24	Invalid Informant's Address 1
PE25	Invalid Informant's Address 2
PE26	Invalid Informant's City
PE27	Invalid Informant's State
PE28	Invalid Informant's Zip Code
PE29	Invalid Informant's Phone Number
PE30	Invalid Employer's Name
PE31	Invalid Employer's Address 1
PE32	Invalid Employer's Address 2
PE33	Invalid Employer's City
PE34	Invalid Employer's State
PE35	Invalid Employer's Zip
PE36	Invalid Employer's Phone Number
PE37	Invalid Employer's EIN
PE38	Invalid Employee Number
PE39	Invalid MSP Type
PE40	Invalid Type
PE41	Invalid Record Type
PE42	Invalid Insurer's Name
PE43	Invalid Insurer's Address 1
PE44	Invalid Insurer's Address 2
PE45	Invalid Insurer's City
PE46	Invalid Insurer's State
PE47	Invalid Insurer's Zip
PE48	Invalid Effective Date

Error Code	Description
PE49	Invalid Policy Number
PE50	Invalid Rx BIN
PE51	Invalid Rx PCN
PE52	Invalid Rx Group
PE53	Invalid Rx ID
PE54	Invalid Rx Phone
PE55	Invalid Comment ID
PE56	Invalid COB Comment
PE57	Invalid COB Comment ID
PE58	Invalid Subscriber's First Name
PE59	Invalid Subscriber's Middle Initial
PE60	Invalid Subscriber's Last Name
PE61	Invalid Activity Code
PE62	Invalid Insurer Group Number
PE63	Invalid Insurer Policy Number
PE64	Invalid First Development
PE65	Invalid Second Development
PE66	Invalid Response
PE67	Invalid MSP Effective Date
PE68	Invalid MSP Term Date
PE69	Invalid Diagnosis Code 1
PE70	Invalid Diagnosis Code 2
PE71	Invalid Diagnosis Code 3
PE72	Invalid Diagnosis Code 4
PE73	Invalid Diagnosis Code 5
PE74	Invalid Trans Comments
PE75	Invalid Illness/Injury Date
PE76	Invalid Illness/Injury Description
PE77	Invalid Representative Name
PE78	Invalid Representative Address 1
PE79	Invalid Representative Address 2
PE80	Invalid Representative City
PE81	Invalid Representative State
PE82	Invalid Representative Zip
PE83	Invalid Representative Type
PE84	Invalid Dialysis Train Date
PE85	Invalid Black Lung Indicator
PE86	Invalid Black Lung Effective Date

Error Code	Description
PE87	Invalid MSP AUX Number
PE88	Invalid MSP Accretion Date
PE89	Invalid Remarks Code 1
PE90	Invalid Remarks Code 2
PE91	Invalid Remarks Code 3
PE92	Invalid Trans Action Code 1
PE93	Invalid Trans Action Code 2
PE94	Invalid Trans Action Code 3
PE95	Invalid Trans Action Code 4
PE96	Invalid Originating Contractor
PE97	Invalid PHP Date
PE98	Invalid Check Date
PE99	Invalid Check Amount
PE0A	Invalid Check Number
PE0B	Invalid Insurer's Phone Number
PE0C	Invalid Develop To
PE0D	Invalid Change Lead To
PE0E	Invalid CMS Grouping Code
PE0F	RXBIN Cannot Be Spaces When Coverage Type is "U".
PE0G	Invalid Term Date
PE0H	Patient relationship required for coverage type of U
PE0I	Insurance type required for coverage type of U.
PE0J	Invalid Patient relationship for the associated MSP Type Type A Valid Relationship Codes 01, 02 Type B Valid Relationship Codes 01, 02, 03, 04, 05, 18, 20 Type G Valid Relationship Codes 01, 02, 03, 04, 05, 18, 20
PE0K	Invalid or Missing Person Code
PE0L	Invalid New Effective Date
PE0M	Invalid New Insurer Type
PE0N	Invalid New MSP Type
PE0O	Invalid New Patient Relationship
PE0P	Add/Update of Supplemental Type Q and S is not allowed
PE0Q	Invalid Insurance Type. MSP Inquiry submitted with an Insurance Type other than "A", "J", "K". "R", "S" or blank.
PE1A	Invalid Diagnosis Code 1 ICD Indicator
PE69	Invalid Diagnosis Code 1
PE1B	Invalid Diagnosis Code 2 ICD Indicator
PE70	Invalid Diagnosis Code 2

Error Code	Description
PE1C	Invalid Diagnosis Code 3 ICD Indicator
PE71	Invalid Diagnosis Code 3
PE1D	Invalid Diagnosis Code 4 ICD Indicator
PE72	Invalid Diagnosis Code 4
PE1E	Invalid Diagnosis Code 5 ICD Indicator
PE73	Invalid Diagnosis Code 5
PE1F	Invalid Diagnosis Code 6 ICD Indicator
PE1G	Invalid Diagnosis Code 6
PE1H	Invalid Diagnosis Code 7 ICD Indicator
PE1I	Invalid Diagnosis Code 7
PE1J	Invalid Diagnosis Code 8 ICD Indicator
PE1K	Invalid Diagnosis Code 8
PE1L	Invalid Diagnosis Code 9 ICD Indicator
PE1M	Invalid Diagnosis Code 9
PE1N	Invalid Diagnosis Code 10 ICD Indicator
PE1O	Invalid Diagnosis Code 10
PE1P	Invalid Diagnosis Code 11 ICD Indicator
PE1Q	Invalid Diagnosis Code11
PE1R	Invalid Diagnosis Code 12 ICD Indicator
PE1S	Invalid Diagnosis Code 12
PE1T	Invalid Diagnosis Code 13 ICD Indicator
PE1U	Invalid Diagnosis Code 13
PE1V	Invalid Diagnosis Code 14 ICD Indicator
PE1W	Invalid Diagnosis Code 14
PE1X	Invalid Diagnosis Code 15 ICD Indicator
PE1Y	Invalid Diagnosis Code 15
PE1Z	Invalid Diagnosis Code 16 ICD Indicator
PE2A	Invalid Diagnosis Code 16
PE2B	Invalid Diagnosis Code 17 ICD Indicator
PE2C	Invalid Diagnosis Code 17
PE2D	Invalid Diagnosis Code 18 ICD Indicator
PE2E	Invalid Diagnosis Code 18
PE2F	Invalid Diagnosis Code 19 ICD Indicator
PE2G	Invalid Diagnosis Code 19
PE2H	Invalid Diagnosis Code 20 ICD Indicator
PE2I	Invalid Diagnosis Code 20
RX02	Invalid Rx BIN
RX07	Medicare Beneficiary Not Enrolled in Part D

Error Code	Description
RX10	Medicare Record was Not Found to Delete
RX15	ACTION CODE IS ‘CX’ AND GROUP, BIN AND PCN ARE SPACES
RX16	ACTION CODE IS ‘AP’ AND GROUP AND POLICY NUMBER ARE SPACES
RX17	RECORD TYPE IS SUPPLEMENTAL AND SUPPLEMENTAL TYPE IS SPACES

Appendix I: Frequently Asked Questions (FAQs)

Table 8-57: 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 **changes to existing CWF MSP auxiliary occurrences.**
Create Requests or Inquiries	MSP Inquiry	Add a new Inquiry about a new or **possible MSP situation not yet documented at CWF.**
Create Requests or Inquiries	Prescription Drug Assistance Request	Add a new Assistance Request for **Part D information.**
Create Requests or Inquiries	*Prescription Drug Inquiry*	*Add a new Inquiry about a possible* **Prescription Drug situation not yet documented at MBD.**
Search for Requests or Inquiries	CWF Assistance Request	• 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 the COB. • View summary detail for a selected CWF Assistance Request transaction.
Search for Requests or Inquiries	MSP Inquiries	• 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 the COB. • View summary detail for a selected MSP Inquiry transaction.
Search for Requests or Inquiries	Prescription Drug Assistance Requests	• View a list of all Prescription Drug Assistance Requests submitted by the contractor • Check the progress of a Prescription Drug Assistance Request transaction • Delete Prescription Drug Assistance Requests that have not been processed by the COB. • View summary detail for a selected Prescription Drug Assistance Request transaction.

Main Menu	Request/Inquiry Type	Use this Request/Inquiry to:
Search for Requests or Inquiries	Prescription Drug Inquiries	• 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 the 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)
Reports	Quality Assurance Surveillance Plan (QASP) Report	Review Inquiry, and Assistance request statistics (for CMS users)
Files	Upload File	Upload batch files for processing assistance requests and inquiries. *(Requires special user authority.)*
Files	Download Response File	Download responses to previously uploaded batch files, after transactions have been processed by COB. *(Requires special user authority.)*

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 pages?

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 NW (new) 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.

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 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 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
HICN	Health Insurance Claim Number
HIMR **IACS**	Health Insurance Master Record 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
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. 2013-1/October

CWF Assistance Request Codes

Enter CWF assistance requests for existing MSP records

Table 1: Required Fields on CWF 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)
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.
ICD Indicator	Type of diagnosis code. Select "ICD-9" or "ICD-10". Required if corresponding Diagnosis Code is submitted.
REMARKS	Remarks

Table 2: Required Fields for Source Codes on CWF Assistance Requests

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 RELATIONSHIP

Table 3: Related Action Codes on CWF Assistance Requests

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

Value	Description
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)
ID	Investigate possible duplicate for deletion
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

Table 4: Required Fields for Action Codes on CWF Assistance Requests

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 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
ED	EFF DATE NEW EFF DATE	Effective Date New Effective Date
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
IT	INSURANCE TYPE NEW INSURANCE TYPE	Insurance type New Insurance Type
MT	MSP TYPE NEW MSP TYPE	MSP Type New MSP Type
MX	SOCIAL SECURITY NUMBER	SSN/HICN mismatch
PH	PRE-PAID HEALTH PLAN DATE	Pre-paid Health Plan date
PR	PAT REL NEW PAT REL	Patient Relationship New Patient Relationship
TD	TERMINATION DATE	Termination date
WN	Note: ** available for Contractor 79001 only ***	WCMSA Notification

Prescription Drug Assistance Request Codes

Table 5: Required Fields for Source Codes on Prescription Drug Assistance Requests

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

Value	Required Fields
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

Table 6: Action Codes on Prescription Drug Assistance Requests

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
II	Change insurer information
IT	Change insurer type
MT	Change MSP type
PC	Update Prescription Person Code
PN	Develop for/add PCN
PR	Change patient relationship
TD	Add Termination Date

Table 7: Required Fields for Action Codes on Prescription Drug Assistance Requests

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, OR 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

Note: Action codes are not required for MSP inquiries.

Table 8: 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 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 Note: If the MSP Type is A, B, or G, the system will prevent the entry of diagnosis codes.
ICD Indicator	Type of diagnosis code. Select "ICD-9" or "ICD-10". Required if corresponding Diagnosis Code is submitted
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.

Table 9: Related Action Codes on MSP Inquiries

Value	Description
CA	Class action suit
CL	Closed or settled case
DE	Develop to the employer
DI	Develop to the insurer

Table 10: Required Fields for Action Codes on MSP Inquiries

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

Table 11: Required Fields for Source Codes on MSP Inquiries

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

Table 12: 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.
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
INSURANCE COMPANY NAME	Name of the insurance carrier for drug coverage.
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.

Field	Description
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.

Table 13: Required Fields for Source Codes on Prescription Drug Inquiries

Value	Required Fields
CHEK	CHECK NUMBER CHECK DATE CHECK AMOUNT INFORMANT FIRST NAME INFORMANT ADDRESS INFORMANT CITY INFORMANT STATE INFORMANT ZIP INFORMANT RELATIONSHIP
LTTR	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

Table 14: Prescription Drug Supplemental Type Codes on Prescription Drug Inquiries

Value	Description
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

Table 15: Coverage Type Codes on Prescription Drug Inquiries

Value	Description
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.

Table 16: General - 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)

Table 17: General - MSP Type Codes (Non-EGHP)

Value	Description
D	Automobile Insurance, No Fault
E	Workers' Compensation
L	Liability
W	Workers' Compensation Set-Aside

Table 18: General - MSP Type Codes (EGHP)

Value	Description
A	Working Aged
B	End-Stage Renal Disease (ESRD)
C	Conditional Payment
F	Federal (Public)
G	Disabled
H	Black Lung
I	Veterans

Table 19: General - Source Codes

Value	Description
CHEK	Unsolicited check
LTTR	Letter
PHON	Phone call
SCLM	Medicare Secondary Claim payment
SRVY	Survey (Part D only)

Table 20: General - Status Codes

Value	Description
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

Table 21: General - Reason Codes

Value	Required Fields
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 (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)
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

Table 22: General - Patient Relationship Codes

Value	Required Fields
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

Value	Required Fields
16	Sponsored dependent
17	Minor dependent of a minor dependent
18	Parent
19	Grandparent dependent
20	Domestic partner (Effective April, 2004.)

Table 23: General - Informant Relationship Codes

Value	Required Fields
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

Table 24: General - Relationship to Insured Codes

Value	Required Fields
B	Beneficiary
C	Child
E	Employer
F	Father
M	Mother
N	Non-relative
O	Other relative
S	Spouse
U	Unknown

Table 25: General - Insurance Type Codes

Value	Required Fields
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)