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

Version 7.*3*

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Chapter 1: Summary of Version 7.3 Updates

The following updates have been made in Version 7.3 of the Electronic Correspondence Referral System (ECRS) Web User Guide:

To ensure ECRS online transactions and batch files are edited consistently, insurer name edits have been updated. To this end, the list of invalid values and other error message triggers has been updated for the Insurance Company Name *field on the following pages:* CWF Assistance Request Insurance Information, MSP Inquiry Insurance Information, MSP Inquiry Prescription Drug Coverage, Prescription Drug Asisstance Request Insurance Information, *and* Presription Drug Inquiry Prescription Drug. *The rejection reasons for the* Insurer's Name *and* Insurance Company Name *fields have also been updated for the following detail records: CWF Assistance Request, Prescription Drug Assistance Request, MSP Inquiry, and Prescription Drug Inquiry (Sections 3.7, 4.5, 4.8, 5.5, and 6.4 and Appendix G).*

To streamline the file download process for users who have the authority to upload and download files for multiple contractors, a new Contractor ID *drop-down menu and column have been added to the* Download Response File *page so these users can view, filter, and download all files for contracts they are responsible for without having to leave the page and sign in with a specific contractor number (Section 8.3).*

To clarify the upload process, this guide has been updated to note that submitters may upload a single file with a combination of all requests and inquiries (CWF Assistance Requests, MSP Inquiries, Prescription Drug Inquiries, and Prescription Drug Assistance Requests) instead of only being able to upload multiple separate files per day. This file can be uploaded from a single submitter, separated by header and trailer records grouped by Transaction Type and Contractor Number (Section 8.2).

To ensure submitters have consistent information, this guide has been updated so that details for valid patient relationship codes align across all ECRS transactions for GHP and NGHP MSP types as well as online transactions and batch file submissions (Sections 3.5, 4.3, 5.3.1, and 6.2.1, and Appendix G and Appendix H).

To provide users with information on how to report system vulnerabilities, a new link "CMS/HHS Vulnerability Disclosure Policy" has been added to the bottom of the ECRS Federal Systems Login Warning page. Users can access this policy at https://www.cms.gov/vulnerability-disclosure-policy (Section 2.6.2).

To align with CMS' Information Security and Privacy Acceptable Risk Safeguards (ARS), IDM has changed its password requirements as follows: passwords must be 15 or more characters, passwords do not require special characters, and passwords are permanent and do not require resets as long as the user logs in at least once every 60 days (Section 2.6.1, 9.3, and 9.6).

Chapter 2: Introduction

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

2.1 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 Common Working File (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.

2.2 ECRS Web CBTs

Register for Computer-Based Training (CBT) courses by sending an email to LMS@nhassociates.com. Specify that you are requesting the ECRS Web CBT curriculum. Once your request is processed, an email notification containing the instructions for accessing the course will be sent to you.

2.3 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: *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 Regional Office (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.

Chapter 9: *Remote ID Proofing (RIDP) and Multi-Factor Authentication (MFA)*, contains step-by-step instructions for completing these identity verification processes.

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 and Action Codes*, lists all possible reason and action 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: defines terms and acronyms associated with ECRS.

Appendix K: describes the changes made to previous releases.

2.4 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.

2.5 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 shows the message, “SSN NOT ENTERED.”

Application web page examples are representative of the pages that you see within the 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.

2.6 Basic Functions

2.6.1 IDM Registration and ECRS Access

Individuals who require access to the ECRS web must first register and create an account through the CMS Identity Management (IDM) system on the CMS Enterprise Portal: https://portal.cms.gov. Additionally, new users must complete the Remote Identity Proofing (RIDP) process and set up Multi-Factor Authentication (MFA) (see Chapter 9). Once these steps are done, you can then log in and request access to the ECRS application and role.

Former EIDM users with an active ECRS account (valid login ID, password, and an application role) and who have completed RIDP can go directly to the CMS Enterprise Portal and log in. You will need to authenticate initially (using MFA) by email (system default) and then set up one challenge question and answer. This allows you access to the self-service account recovery features. See Chapter 9 for details.

Note: *You must log in to your account at least once every 60 days. If you do not log in within this timeframe, you will have to reset your password the next time you log in.*

2.6.2 ECRS Login

To log into ECRS, you must have completed registration and the RIDP process as described above. You will also need to have a contractor number and access code. If you have a contractor number but need assistance obtaining an access code, please contact ECRSHELP@ehmedicare.com.

1. Go to the ECRS URL: https://www.cob.cms.hhs.gov/ECRS

   The CMS Portal login page appears (Figure 2-1).

2. Enter your user ID and password.
3. Click and read the **Terms & Conditions**; then click the **Agree to our Terms & Conditions** checkbox.

   Note: If you forgot your password or need to unlock your account, see Chapter 9 for details.

   The MFA verification page appear (Figure 2-2).

Figure 2-1: IDM Login with Terms and Conditions

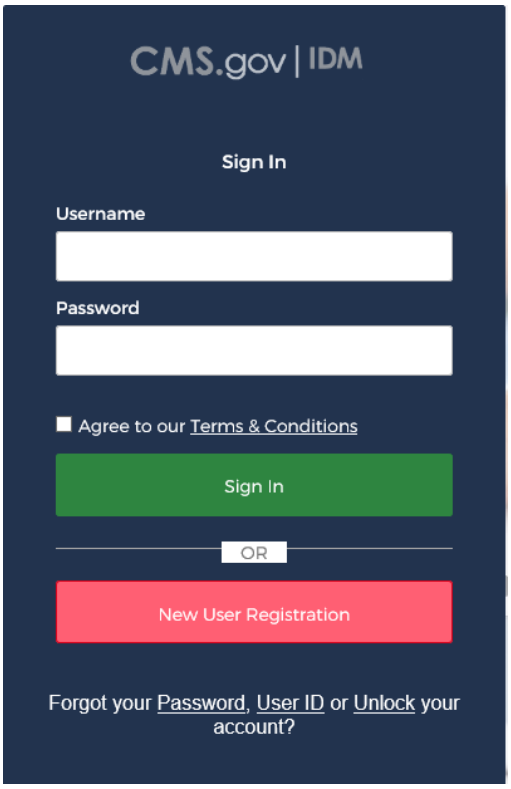
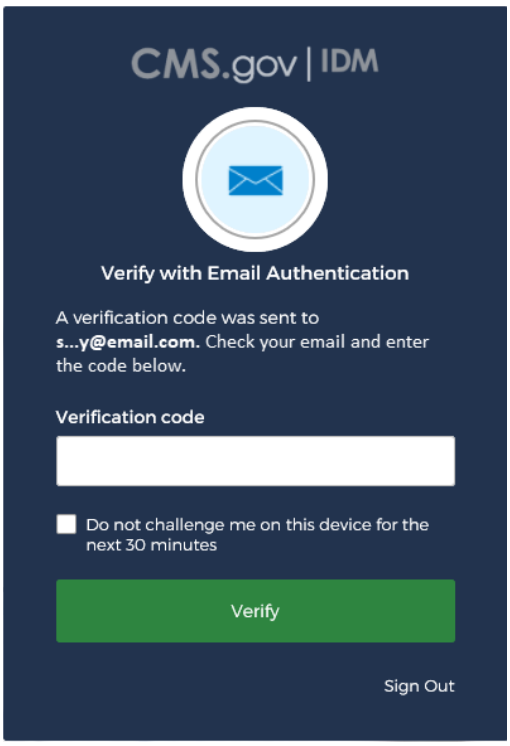


Figure 2-2: IDM Login with Multi-Factor Authentication



4. If you have more than one security device registered, select your device from the *MFA* drop-down menu.
5. Click the button to send the security code **(**example: **Send email)**.
6. Enter the code in the text box.
7. Check (or uncheck) "Do not challenge me on this device…."

Checking this option allows you to log out, close your browser, and log back in using only your username and password. No MFA is required for 30 minutes.

8. Click **Verify** to continue.

   The ECRS *Federal Systems Login Warning* page appears.

9. Read the Federal Systems Login Warning and click **I Accept** at the bottom of the page.

   The system displays the *ECRS Contractor Sign In* page.

Figure 2-3: ECRS Federal Systems Login Warning

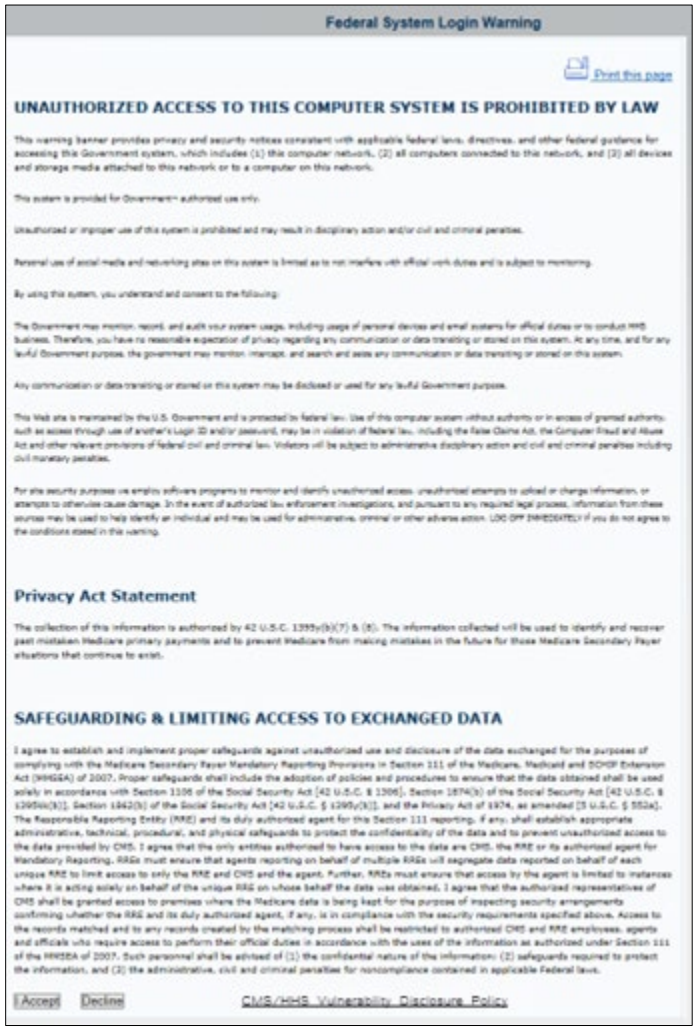


Figure 2-4: Contractor Lookup/Sign In Page



Table 2-1: Navigation

Link	Description
HOME	Click to return to the *Main Menu* page.
CMS	Click to link to the CMS website https://www.cms.gov.
Adobe Acrobat	Click to open a link to download Acrobat Reader.
ECRS User Guide	Click to access this user guide.
ABOUT	Click to see 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

Field	Description
CONTRACTOR NUMBER	Unique five-digit identification number assigned to each Medicare contractor by CMS. *Required field* for contractors. Or *BCRC*, CMS, or Regional Office (RO) identification number. *Required field* for *BCRC*, CMS, and RO users.
ACCESS CODE	Five-character authorization code assigned by the BCRC. *Required field* for contractors. Or Five-character authorization code for *BCRC*, CMS, and RO users. *Required field* for *BCRC*, CMS, and RO users.
SUBMITTER TYPE	Type of submitter. Select "Part C" or "Part D." **Note:** This field appears for users who can submit Part C or Part D data, after the CONTRACTOR NUMBER and ACCESS CODE fields have been populated.
ECRS MESSAGES	Location of messages for ECRS web users to keep them 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.

1. Enter the appropriate values in the CONTRACTOR NUMBER and ACCESS CODE fields.

   For users who can submit Part C or Part D data, the *Contractor Sign-In* page reappears, with the CONTRACTOR NUMBER and ACCESS CODE fields disabled, with a SUBMITTER TYPE field shown and enabled.

2. Select a Submitter Type.
3. Click the **Continue** button. The *Main Menu* page appears (Figure 2-5).

Table 2-3: Right Side Bar – Quick Help

Quick Help	Description
Help About This Page	Click to see 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*)

2.6.3 Main Menu

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

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 that will direct you to the applicable ECRS web page (Table 2-5).

Figure 2-5: Main Menu



Table 2-5: Main Menu

Link	Description
CREATE REQUESTS OR INQUIRIES	-
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 appears for users who can submit Part C or Part D data.
PRESCRIPTION DRUG INQUIRY	Click **Prescription Drug Inquiry** to enter a new Prescription Drug Inquiry.
SEARCH FOR REQUESTS AND INQUIRIES	-
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 DRUG INQUIRIES	Click **Prescription Drug Inquiries** to enter search criteria to locate a Prescription Drug Inquiry.
REPORTS	-
CONTRACTOR WORKLOAD TRACKING	Click **Contractor Workload Tracking** to select criteria and view the workload tracking report for your contractor.
CONSOLIDATED ECRS WORKLOAD SEARCH	Click the **Consolidated ECRS Workload Search** to enter search criteria to verify receipt and status of all submitted requests.
CMS WORKLOAD TRACKING	Click **CMS Workload Tracking** to select criteria and view 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 view the QASP report. **Note**: Restricted to CMS and Regional Offices
FILES	-
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.

2.6.4 Navigation Links

The following navigation links appear on each page that is opened from the *Main Menu*.

Table 2-6: Navigation

Link	Description
HOME	Returns to the *Main Menu* page.
CMS	Links to the CMS website https://www.cms.gov/.
ABOUT	Shows information about the ECRS Web menu options.
SIGN OUT	Exits the ECRS web application.

Table 2-7: Left Side Bar

Link	Description
ACTION REQUESTED	Goes to the *Action Requested* page.
CWF AUXILIARY RECORD INFORMATION	Goes to the *CWF Auxiliary Record Data* page.
INFORMANT INFORMATION	Goes to the *Informant Information* page.
INSURANCE INFORMATION	Goes to the *Insurance Information* page.
EMPLOYMENT INFORMATION	Goes to the *Employment Information* page.
ADDITIONAL INFORMATION	Goes to the *Additional Information* page.
COMMENTS/REMARKS	Goes to the *Comments/Remarks* page.
SUMMARY	Goes to the *Summary* page.

The right side bar shows four to six sections of links and fields, as well as different link combinations, depending on the page.

For some pages, beneficiary and DCN Information is retrieved from the system using the Medicare ID entered on the *Action Requested* page (Section 3.2). The Medicare ID can be either the Health Insurance Claim Number (HICN) or the Medicare Beneficiary Identifier (MBI). This information is then carried forward on subsequent pages opened from the *Main Menu*, and it will appear on the right side bar. This information will not be editable.

Table 2-8: Right Side Bar

Link	Description
QUICK HELP	-
Help About This Page	Click **Help About this Page** to see helpful information for completing the page.
CHANGE CONTRACTOR	-
Change Contractor	Click the link to change the contractor number and access code on the *Contractor Sign In* page. **Note:** You will lose all unsubmitted data for the current contractor.
CONTRACTOR	-
ID	Contractor number or CMS ID entered on *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).*

Link	Description
USER	-
ID	User ID of person logged in *(protected field)*.
Name	Name of person associated with user ID *(protected field)*.
Phone	Phone number associated with the user ID *(protected field)*.
BENEFICIARY	-
Medicare ID	HICN or MBI 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 the street address of the beneficiary *(protected field)*.
Zip	ZIP code associated with street address of beneficiary *(protected field)*.
Sex	Gender of the beneficiary *(protected field)*.
DOB	Date of birth of the beneficiary *(protected field)*.
DCN	-
ID	Document control number (DCN) assigned by the contractor to correspondence or paperwork associated with a 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 *(protected field)*. **Note:** REASON will always be 01 until the transaction is processed.
Alert (Notifications) – Closed Requests and Inquiries	Number of transactions of each transaction type completed within the last 30 calendar days, based on the user ID and contractor ID of the submitter. Click any non-zero number to view the *Completed ECRS Requests and Inquiries* page for that transaction type. **Note:** Transactions submitted by flat file are not noted here, nor are they shown on the corresponding *Completed ECRS Requests and Inquiries* page.

2.6.5 Completed ECRS Requests and Inquiries

The *Completed ECRS Requests and Inquiries* page shows transactions put into completed status in the last 30 calendar days, according to the selected transaction type as well as user ID and contractor ID. It does **not** show transactions submitted by flat file—only those submitted in ECRS. This page is accessible via the *Alert (Notifications) – Closed Requests and Inquiries* section of the right side bar, available on the *Main Menu* page. That section of the side bar also appears on this page.

Figure 2-6: Completed ECRS Requests and Inquiries

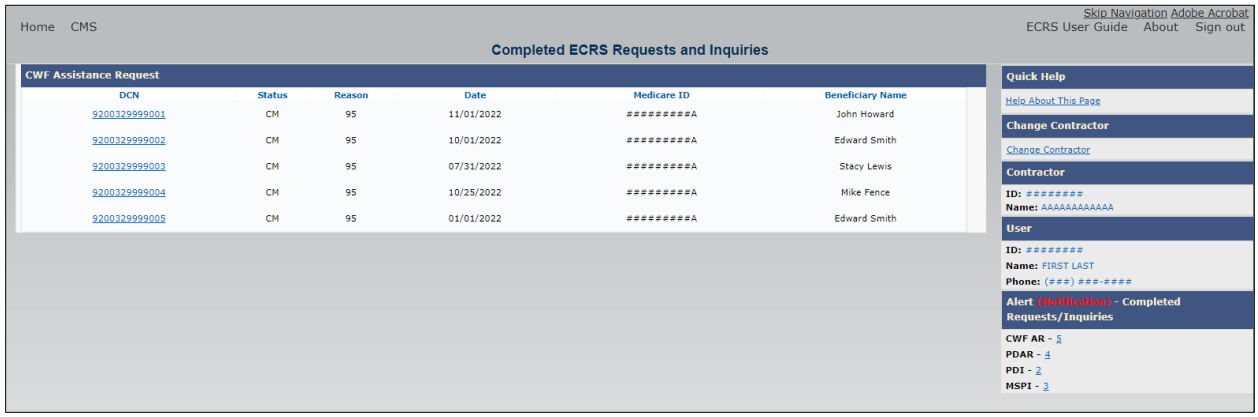


Table 2-9: Completed ECRS Requests and Inquiries

Column	Description
DCN	Click the Document Control Number for the transaction to view the summary page of the request or inquiry.
Status	Status of the transaction.
Reason	Reason code most recently applied to the transaction.
Date	Date the transaction was put in completed status.
Medicare ID	Medicare ID (MBI or HICN) for the beneficiary on the transaction.
Beneficiary Name	Name of the beneficiary on the transaction.

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. This chapter also includes a discussion regarding the hierarchy requirements for processing MSP records.

3.1 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 Benefits Coordination & Recovery Center (BCRC) about a new or possible MSP situation not yet documented at CWF, use the **MSP Inquiry** link on the *Main Menu*.

3.1.1 Retrieving Beneficiary Information

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

3.1.2 About Action Codes

Note: See Appendix E for a complete list of available action codes for all transaction types.

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.

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.

Finally, selected action codes have been automated to prevent you from requesting updates to current records on the *CWF Assistance Request Auxiliary Record* and the *Prescription Drug Assistance Request* pages (either via flat file or online data entry), if certain conditions are met. If these codes are used, you will receive an immediate reply and the update request will be denied. See Sections 3.5.1 and 5.3.2.

3.2 CMS MSP Hierarchy Requirements

The following applies to MSP records only.

3.2.1 MSP Hierarchy Background

CMS has ranked all of the possible sources of an update/delete request from the highest level (first) to the lowest level (fifth). When an update or delete transaction is received that matches an existing MSP occurrence, the source of that information and its associated hierarchy ranking will be compared to the source and hierarchy ranking of the existing occurrence. The following table illustrates the hierarchy rank associated to each source. When an update/delete transaction is received, the BCRC will compare the source of the incoming transaction to the source of the existing transaction. The decision to apply the update or delete will be based on the hierarchy ranking of each source. If the hierarchy ranking of the source on the incoming transaction is greater than or equal to the hierarchy ranking of the source on the existing transaction, the update/delete transaction will be allowed. If the hierarchy ranking of the source on the incoming transaction is lower than the hierarchy ranking of the source on the existing transaction, the update/delete transaction will NOT be allowed.

These access guidelines will not allow multiple changes to any record field, including the patient relationship field, for example. The patient relationship field is meant to identify the policy holder and that is unlikely to change from claim to claim.

MSP hierarchy requirements apply to MSP occurrences. For details related to prescription drugs, see Section 5.2.

3.2.2 MSP Hierarchy Requirements

The following describes the MSP hierarchy rules.

Table 3-1: MSP Hierarchy Requirements

Hierarchy Ranking	Source of Update/Delete Request
First	BCRC Analyst (11100) **Note:** The BCRC Analyst will have the authority to **manually lock** an MSP occurrence from any subsequent changes except those made by the BCRC.
Second	• BCRC Call Center/BCRC CSR (11110) • Beneficiary Call Center (1-800-Medicare) (11140) • CRC GHP Recovery (ECRS - 11139) • CRC ORM Recovery (ECRS - 11142)
Third	• Section 111 GHP RREs (11121) • Section 111 NGHP RREs (11122) • Medicare Advantage (MA)/(Part C Plan) (11143)
Fourth	• Employer Voluntary Data Sharing Agreements (VDSAs) (11105) • Employer response to IRS/SSA/CMS Data Match Questionnaire
Fifth	• Medicare Administrative Contractors (MACs) • Other Medicare Contractors • All others

3.3 About Matching Criteria for Inquiries and Transactions

When submitting inquiries or update transactions, how the CWF retrieves records depends on the criteria entered, or not entered. In some cases, depending on the type of request, your submission may be considered a duplicate, which will be rejected or closed. The following are examples of when this may occur:

Example #1: A contractor submits an MSP Inquiry request but the contractor does not provide an MSP effective date of coverage. In this case, the system will attempt to create an MSP record using the Medicare Part A date as the effective date. If a record already exists with an effective date that matches the Part A date, the request will be rejected as a duplicate.

Example #2: A contractor receives a claim with a paying Explanation of Benefits (EOB) from another insurance company for a date of service of 8/15/2021. The contractor submits an inquiry but does not know the new insurance effective date. The system will attempt to create the record using the Part A entitlement date. Since a record already exists, the request will be rejected as a duplicate.

Example #3: A contractor submits a CWF assistance request on 10/11/2021 to change an insurance policy number. The contractor receives additional correspondence that indicates the insurance name is different. They submit a new request on 10/17/2021 to change the insurance name. The request is rejected as a duplicate because of the previous request has not completed processing.

Note: The insurer name and address are not a matching field to CWF, therefore an additional field needs to be different for the CWF to not match an existing ECRS record.

3.4 Action Requested Page

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

1. From the *Main Menu* page, click the **CWF Assistance Request** link under Create Requests or Inquiries. The *Action Requested* page and navigation links appear (Figure 3-1).
2. Type/select data in all of the required fields on the *Action Requested* page, and click the **Continue** button. Required fields are noted with a red asterisk (*) and are as follows:
   - DCN
   - MEDICARE ID
   - ACTIVITY CODE
   - ACTION
   - SOURCE

   Notes: For information on importing HIMR MSP Data for CWF Assistance Requests, see Figure 3-2. If beneficiary information is not found for the Medicare ID you have entered, you will not be able to continue the CWF Assistance Request.
3. 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.
4. If you selected to import HIMR MSP data, clicking **Continue** shows the *HIMR MSP Data List* (Figure 3-2).
5. To exit the *CWF Assistance Request Detail* pages, click the **Home** link to return to the *Main Menu* or click **Sign Out** to exit the application.

Figure 3-1: CWF Assistance Request Action Requested

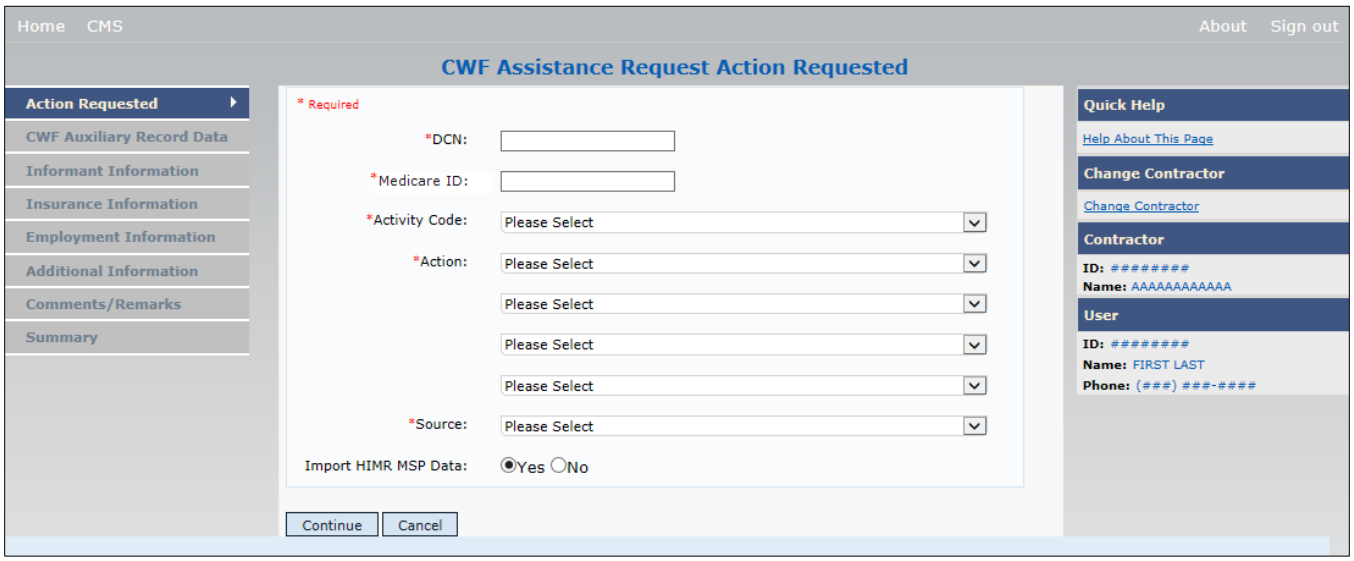


Table 3-2: CWF Assistance Request Action Requested

Field	Description
DCN	DCN 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.
MEDICARE ID	Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN) of the beneficiary (*required field*). Enter the ID without dashes, spaces, or other special characters.
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*). See Appendix E for a complete list of action codes and definitions. **Notes:** Enter up to four Actions unless the CWF Assistance Request is to: • Mark Occurrence for Deletion (DO) • Investigate Closed or Deleted Record (DR) • Investigate/Possible Duplicate for Deletion (ID) • Update A Record For 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. **Note:** DE and DI Actions are developed to the beneficiary only.

Field	Description
SOURCE	Four-character code identifying source of the 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 next section for more information.
CONTINUE	Command button. Click to go to the next page. **Note**: All required fields must be populated before clicking **Continue**.
CANCEL	Command button. Click to return to the *Main Menu*.

3.4.1 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 p.m. 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**.

   The system retrieves all aux record numbers associated with the Medicare ID, and shows their MSP data on the *HIMR MSP Data List*.

2. 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.

   The system pre-populates certain fields through the CWF assistance request process.

Figure 3-2: HIMR MSP Data List



Table 3-3: 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 CONTRACTOR	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
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*.

Table 3-4: CWF 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 following for additional actions:

Table 3-5: More on Importing HIMR Records

If you…	Follow these steps:
Don't get a list of HIMR records	1. Check to make sure the Medicare ID entered is correct. 2. Check the time. The HIMR application may be unavailable before 8 a.m. and after 5 p.m. 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.
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. Enter the new beneficiary's Medicare ID in the Medicare ID field on the *Action Requested* page. 2. Set Import HIMR MSP Data to "Yes". 3. Click the **Continue** button to show 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.**

3.5 CWF Auxiliary Record Information Page

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

   Note: Some ICD-9 and ICD-10 diagnosis codes cannot be submitted when the MSP record type is "D-Automobile Insurance, No Fault." If you attempt to submit these codes, the following error message appears: "Diagnosis code [number] is invalid with insurer type of No-Fault."

   For a listing of diagnosis codes that are invalid with insurer type of No-Fault, go to CMS.gov at: https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/icd-code-lists/icd-code-lists.

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

Figure 3-3: CWF Assistance Request Auxiliary Record Information

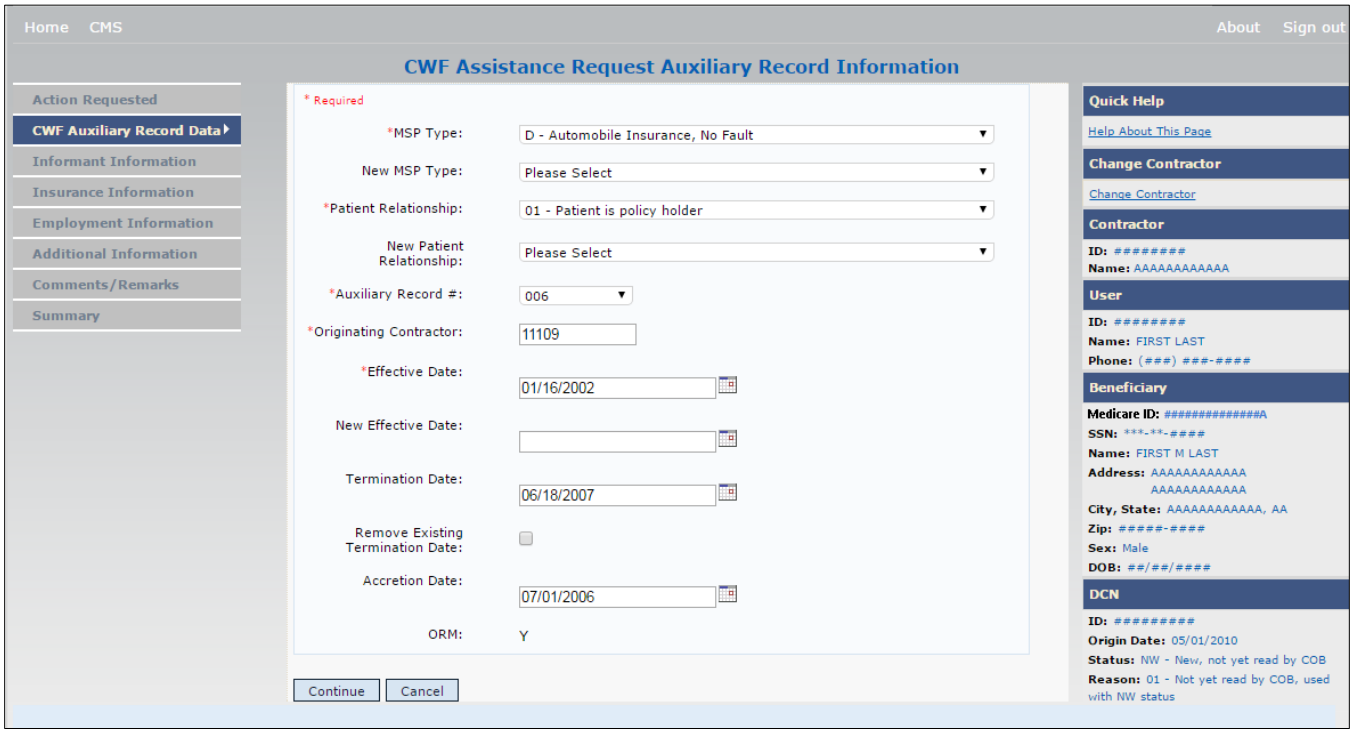


Table 3-6: CWF Assistance Request Auxiliary Record Information

Field	Description
MSP TYPE	One-character code identifying the type of MSP coverage (*required field*). Description of code appears 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 L Liability W Workers' Compensation Medicare Set Aside
NEW MSP TYPE	One-character code identifying the type of new MSP coverage. Description of code appears next to value. *Required field* when ACTION is MT.
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary (*required field*). Description of code appears next to value. Valid values are: 01 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner ***Note:*** *All patient relationship values accepted for MSP Types B and G.* *MSP Type A will accept 01 and 02.* *MSP Types D, E, L, H, W, S, and T will only accept 01.*
NEW PATIENT RELATIONSHIP	New patient relationship between the policyholder and the beneficiary. Description of code appears next to value. *Required field* when ACTION is PR. Valid values are: 01 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner ***Note:*** *All patient relationship values accepted for MSP Types B and G.* *MSP Type A will accept 01 and 02.* *MSP Types D, E, L, H, W, S, and T will only accept 01.*
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 CONTRACTOR	Contractor number of contractor that created the original MSP occurrence at CWF (*required field*).

Field	Description
EFFECTIVE DATE	Effective date of MSP coverage in MMDDCCYY format (*required field*). **Notes:** This field accepts dates up to three months from the current date: For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)
NEW EFFECTIVE DATE	New effective date of MSP coverage in MMDDCCYY format. *Required field* when ACTION is ED. **Notes:** This field accepts dates up to three months from the current date: For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The New Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future New Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)
TERMINATION DATE	Termination date of MSP coverage in MMDDCCYY format. Required when ACTION is TD or CT.
REMOVE EXISTING TERMINATION DATE	Check to remove an existing termination date.
ACCRETION DATE	Accretion date of MSP coverage in MMDDCCYY format.
ORM	Indicator for Ongoing Responsibility for Medicals. This field is read-only. Available values are **Y** ("Yes" ORM exists) or a "Space" (ORM does not exist, or existence of ORM is unknown). **Notes:** Once ORM is reported as **Y**, then even after ORM has terminated, the record will continue to show an indicator of "Y." If you did not select the *Import HIMR Data* option, you will not see an ORM indicator on this screen.
CONTINUE	Command button. Click to go to the *Informant Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

3.5.1 Automated Action Code Impacts

Automated action codes are codes that are processed automatically when entered. See Appendix E for a complete list. Your updates to current records on the CWF Assistance Request Auxiliary Record Information page will be denied if these conditions are found or when you use automated action codes.

- Submitting contractor's hierarchy permission level is lower than that of the updating contractor of the existing record
- Record not found
- Same policy number or group number entered (AP: Add Policy and/or Group Number)

- Record previously termed, or termed but same term date entered (TD: Add Termination Date)
- Record not previously termed (CT: Change Termination Date)
- Same patient relationship entered (PR: Change Patient Relationship)
- Record is deleted (DO: Mark for deletion)
- Pre-paid health plan date not provided (PH: Add Pre-Paid Health Plan (PHP) Date)
- Insurer information not provided (II: Change Insurer Information)
  (Note: Partially automated for BCRC and CRC recovery users only.)

Note: When processing valid Assistance Requests submitted with automated action codes, the system will search for matching existing MSP records.

3.6 Informant Information Page

1. Enter information on the *Informant Information* page regarding the person who informed you of the change in MSP coverage.
2. After all relevant fields have been entered, click the **Continue** button to go to the *Insurance Information* page, or select a page link from the left side bar.

Figure 3-4: CWF Assistance Request Informant Information

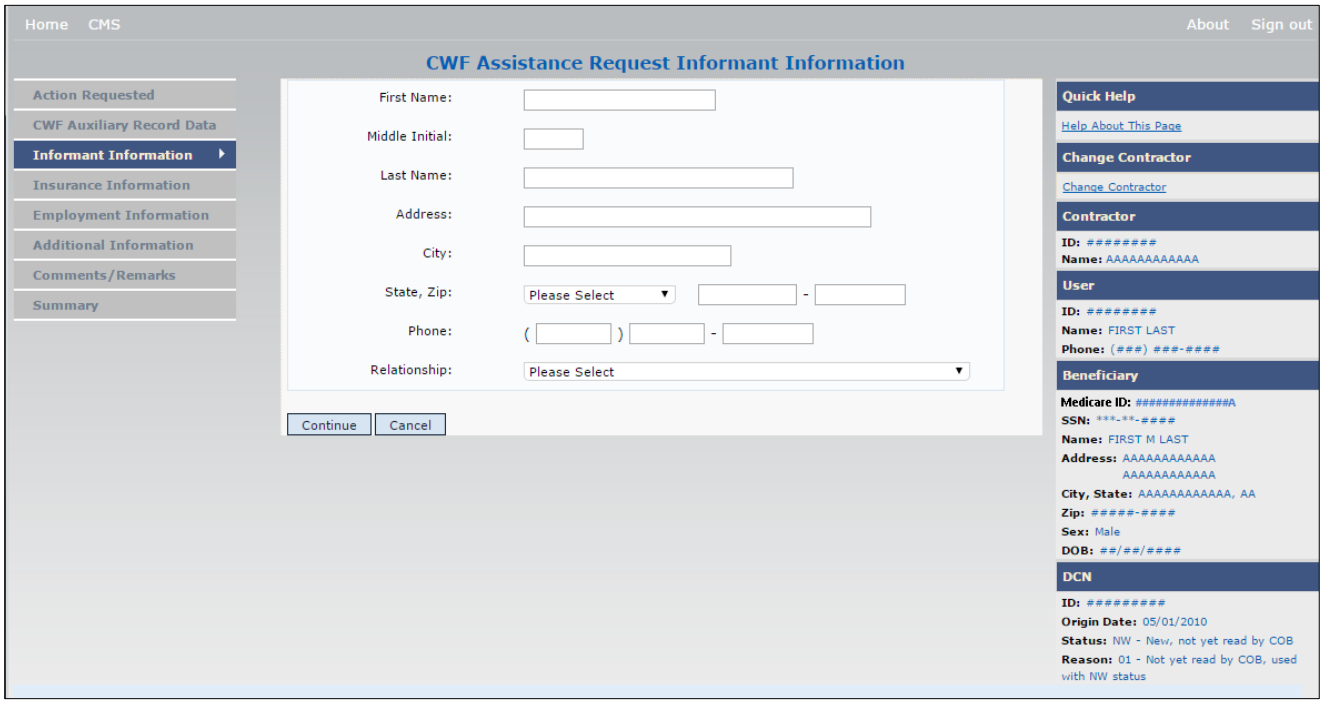


Table 3-7: CWF Assistance Request Informant Information

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.
MIDDLE INITIAL	First initial of the middle name of the person informing the contractor of the change in MSP coverage.

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

3.7 Insurance Information Page

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

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.

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.

   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.

Figure 3-5: CWF Assistance Request Insurance Information

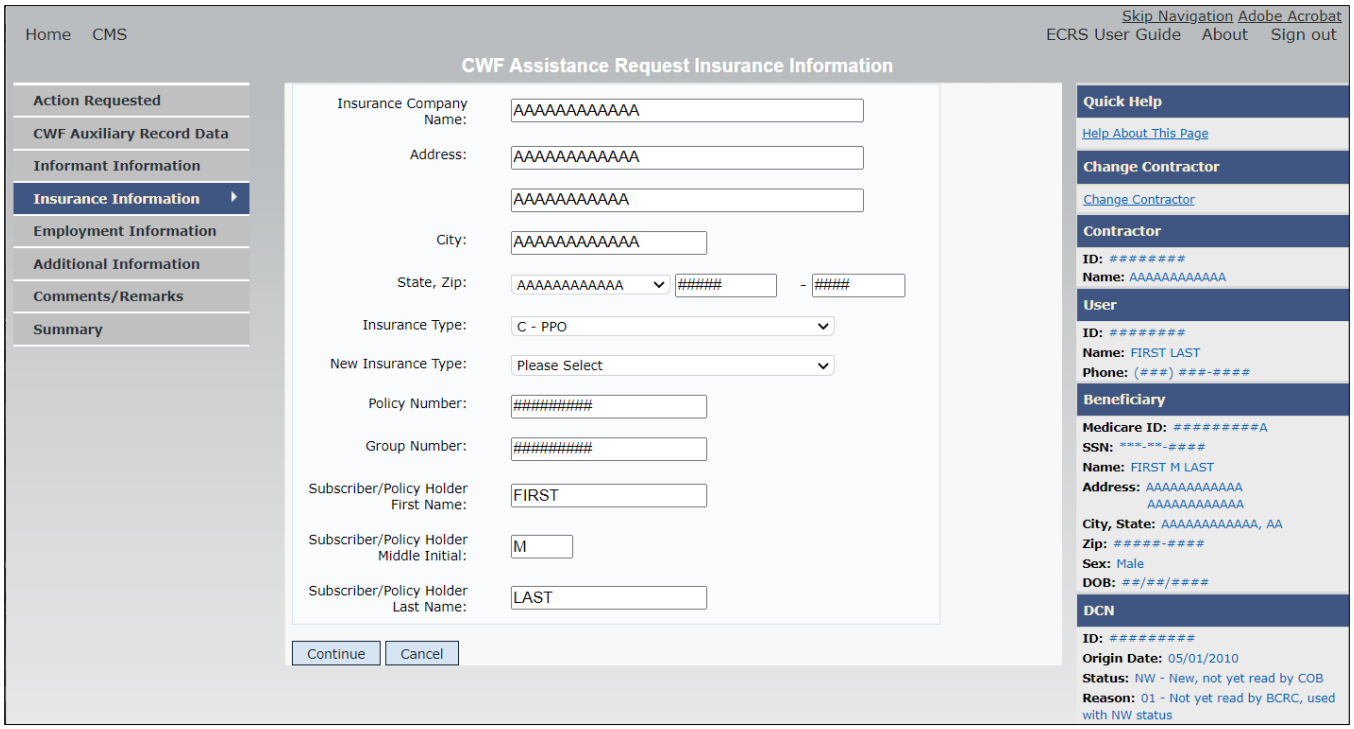


Table 3-8: CWF Assistance Request Insurance Information

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage. *Required field* when ACTION is II. If the Insurance Company Name *entered* is *less than two characters* or contains one of the following values, then it is considered an error: • ATTORNEY • BC • BCB*S* • BCB*X* • *BCRC* • *BENEFITS COORDINATION & RECOVERY* • *BENEFITS COORDINATION & RECOVERY CENTER* • *BENEFITS COORDINATION AND RECOVE* • *BENEFITS COORDINATION AND RECOVERY CENTER* • BLUE CROSS • BLUE SHIELD • BS • BX • CMS • COB • *COBC* • *COORDINATION OF BENEFITS CONTRAC* • *COORDINATION OF BENEFITS CONTRACTOR* • HCFA • INSURER • MEDICARE • MISC • MISCELLANEOUS • N/A • NA • NO • *NO FAULT* • *NO-FAULT* • NONE • SUPPLEMENT • SUPPLEMENTAL • *UN* • UNK • UNKNOWN • XX
ADDRESS	First line of the insurance carrier's street address.
CITY	City associated with the insurance carrier's street address.

Field	Description
STATE	State associated with the insurance carrier's street address.
ZIP	ZIP code associated with the insurance carrier's street address.
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. ACTION types are TD, CT, AP and PR.
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.

Field	Description
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.
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*.

3.8 Employment Information Page

1. Enter employment information associated with the MSP coverage on the *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.

Figure 3-6: CWF Assistance Request Employment Information

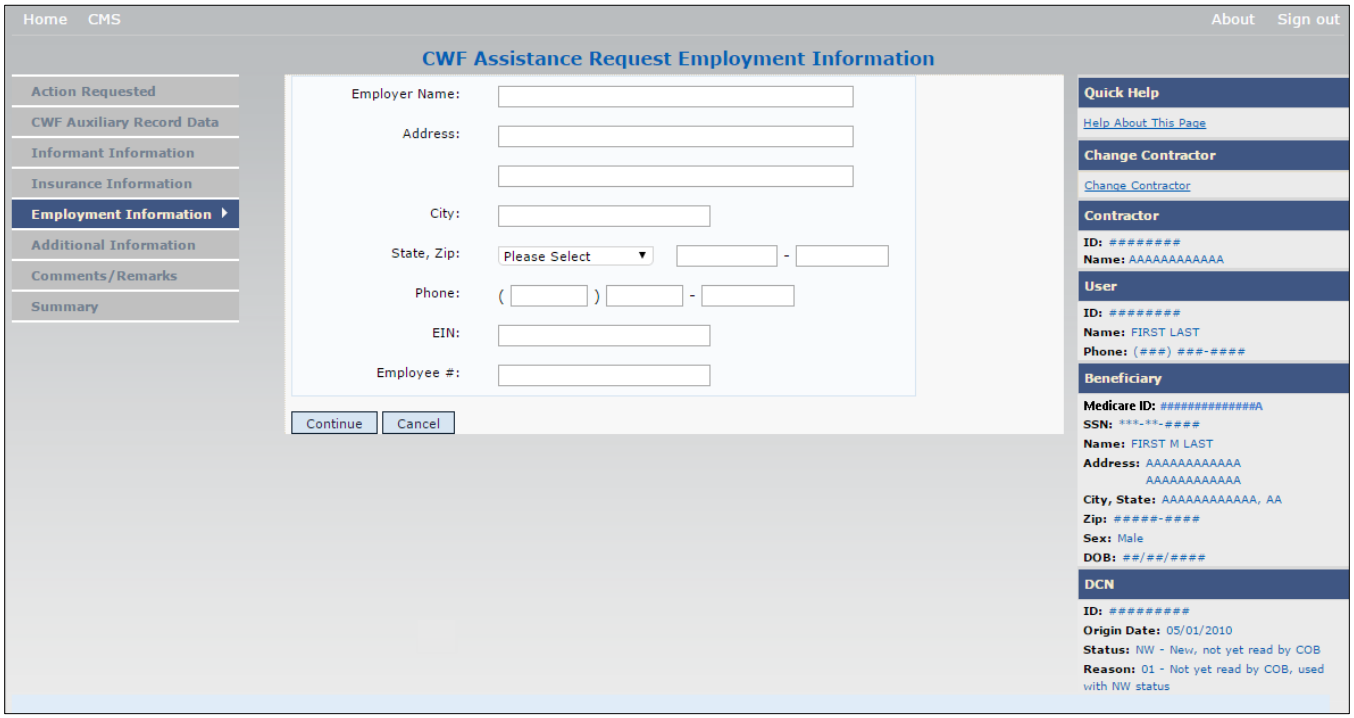


Table 3-9: CWF Assistance Request Employment Information

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.
EMPLOYEE #	Employee number of policyholder
CONTINUE	Command button. Click to go to the *Additional Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

3.9 Additional Information Page

1. Enter check and beneficiary information on the *CWF Assistance Additional Information* page. This information is used in conjunction with the action and source codes selected on the CWF Assistance Request, *Action Requested* page.
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 appear (Figure 3-8).

Figure 3-7: CWF Assistance Request Additional Information

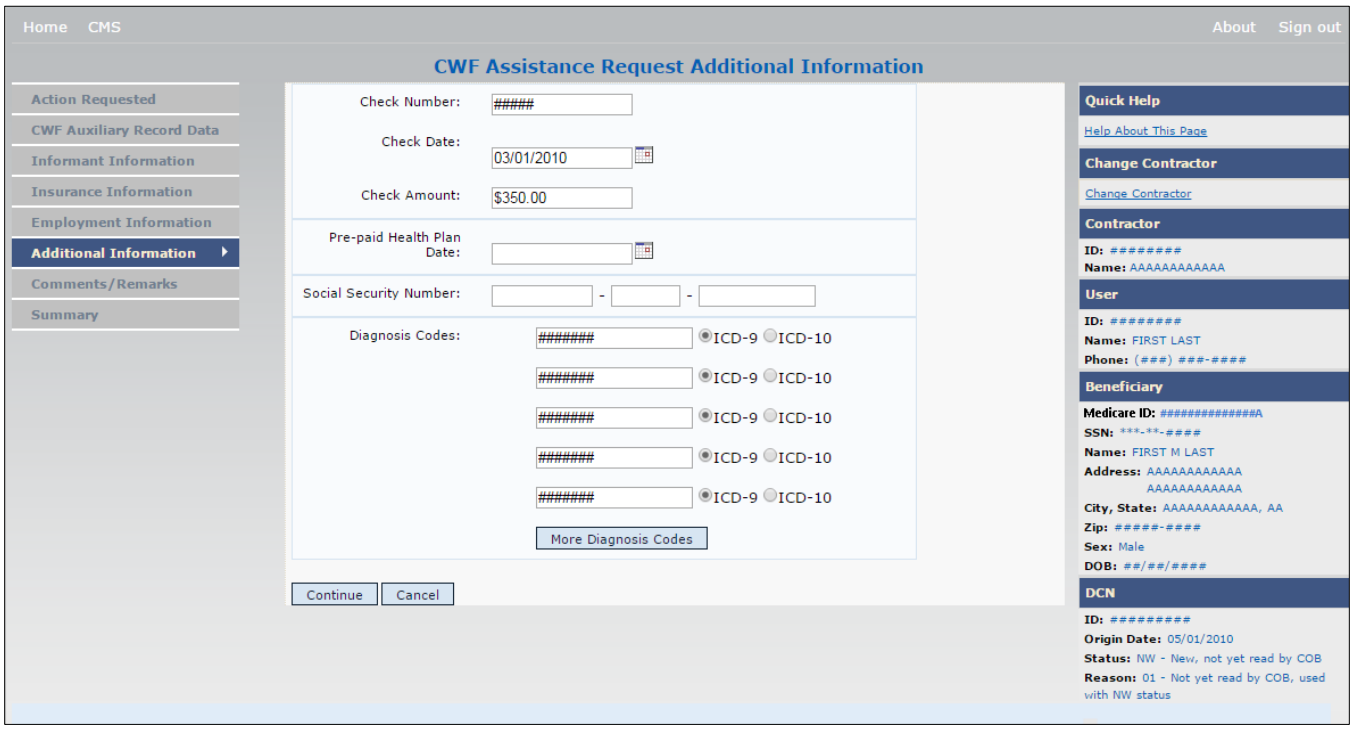


Table 3-10: CWF Assistance Request Additional Information

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.
CHECK AMOUNT	Amount of check received. *Required field* if SOURCE is CHEK. **Note:** The amount will always appear with two decimal places.
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 Medicare ID and SSN do not match CWF. *Required field* if ACTION is MX.
DIAGNOSIS CODES	Five-to-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 appear (Figure 3-8). *Required* when ACTION is DX.
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*.

Figure 3-8: CWF Assistance Request Additional Information More Diagnosis Codes

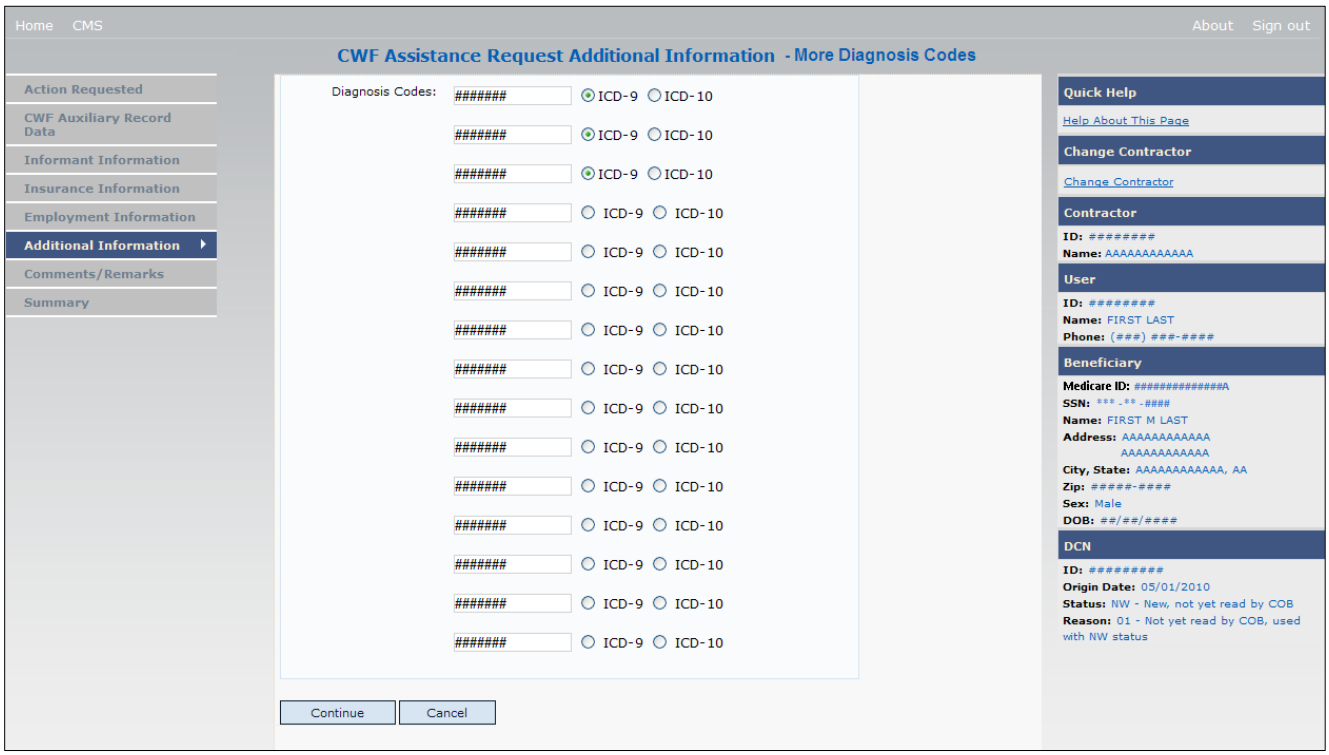


Table 3-11: CWF Assistance Request More Diagnosis Codes

Field	Description
DIAGNOSIS CODES	Five-to-seven-digit diagnosis code that applies to this MSP occurrence. Enter up to 15 diagnosis codes.
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*.

3.10 Comments and Remarks Page

1. Enter comments on the *CWF Assistance Request Comments and Remarks* page. All comments entered are viewable by the BCRC. Refer to Appendix F for the complete list of remark codes.

   Notes:

   - Remarks are only shown on the Comments and Remarks page when the ACTION is AR.
   - Comments by the BCRC are not provided for auto-processed requests.

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.

Figure 3-9: CWF Assistance Request Comments/Remarks

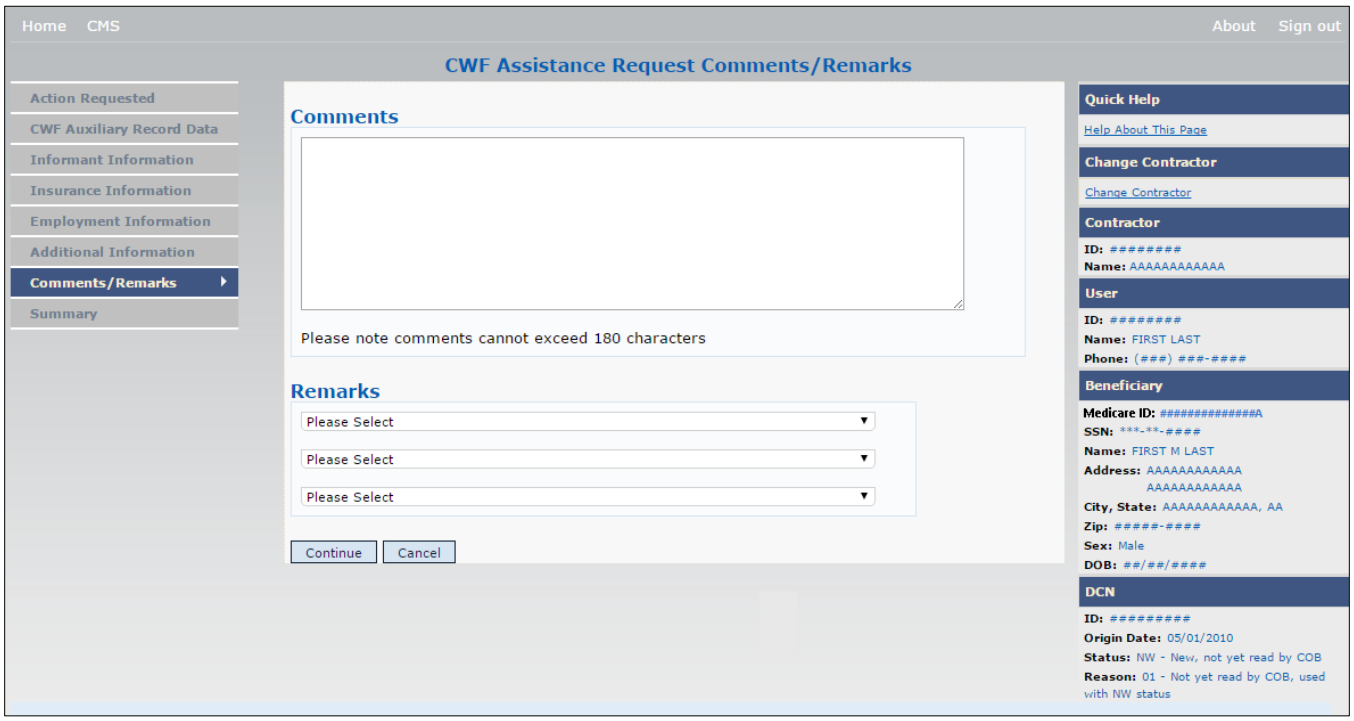


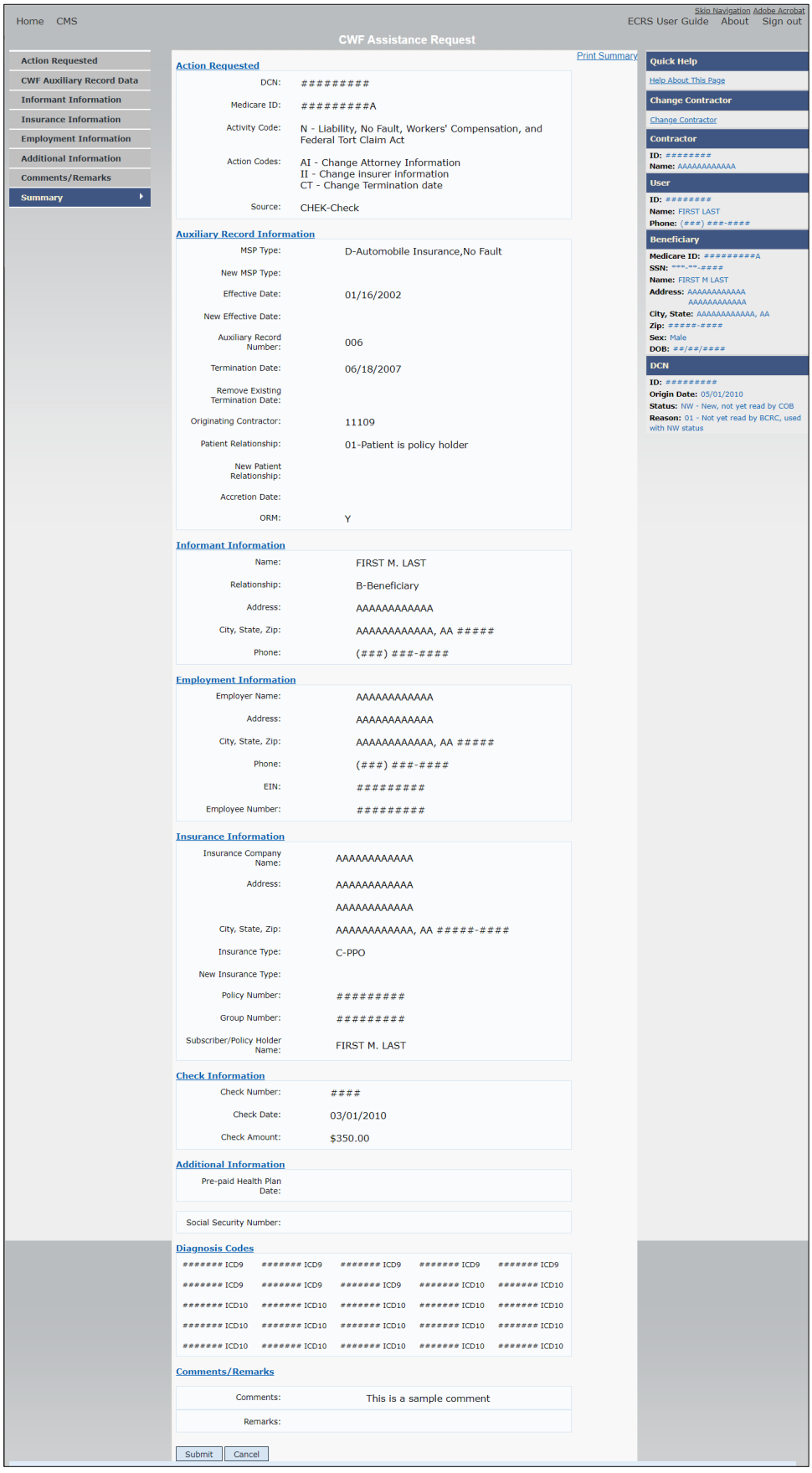
Table 3-12: CWF Assistance Request Comments/Remarks

Field	Description
COMMENTS	Free-form, optional, text field, where Medicare contractors type data to send notes to the BCRC. (Protected field when the BCRC adds a comment.) **Notes:** Use this field to provide additional context or details that cannot be provided in other fields. There is no need, for example, to repeat action code descriptions. The BCRC does not provide comments on auto-processed requests as the action requested has been completed.
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*.

3.11 Summary Page

The *Summary* page shows a summary of all information entered for the assistance request before submission (Figure 3-10). After entering or selecting data in all relevant fields on the previous CWF Assistance Request pages, review the *Summary* page and then click **Submit**. The system shows 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



3.12 Viewing, Updating, and Deleting CWF Assistance Request Transactions

Follow the steps below to search for and view 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 the **CWF Assistance Request** link under Search for Requests or Inquiries. The *CWF Assistance Request Search* page appears.

Figure 3-11: CWF Assistance Request Search

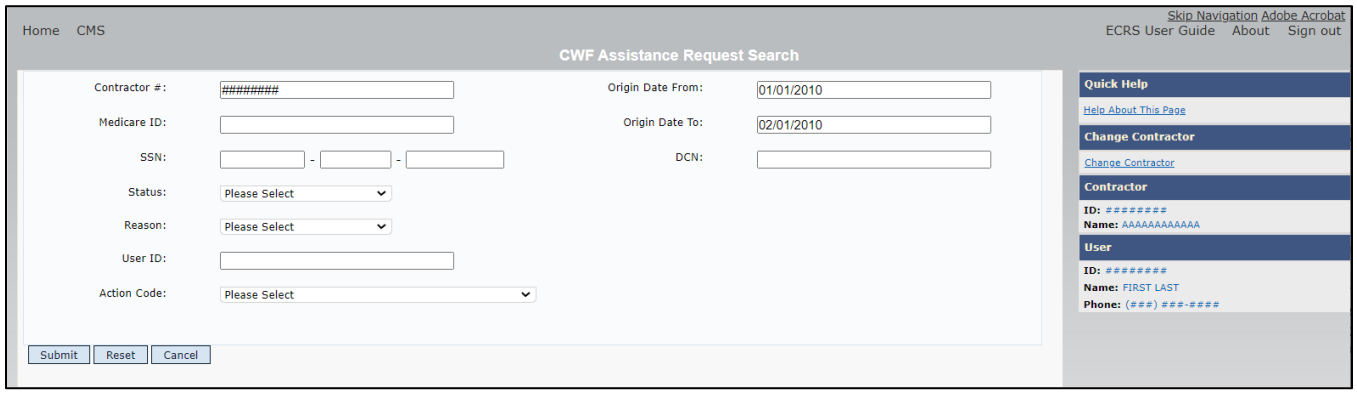


Table 3-13: CWF Assistance Request Search

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.
MEDICARE ID	Enter a Medicare ID (HICN or MBI). **Note**: If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number. **Note**: If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code. To view all in-process CWF Assistance Request transactions, select IP in the *Status* field.
REASON	Select a reason code. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ACTION CODE	Select an action code, if applicable. Action codes appear according to the action type. (See 9.7.2Appendix E for a list of action codes.)
ORIGIN DATE FROM	Enter a starting date for the date range, if applicable. **Note:** MMDDCCYY format.

Field	Description
ORIGIN DATE TO	Enter an ending date for the date range. **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 6 months.
DCN	Enter a DCN. **Note**: If searching by DCN, do not enter a Medicare ID or SSN.
SUBMIT	Command button. Click to show search results.
RESET	Command button. Click to clear search results.
CANCEL	Command button. Click to return to the *Main Menu*.

3.12.1 View Transactions

1. Type search criteria in the appropriate fields and click the **Submit** button.
   - To create a list of all CWF Assistance Requests for a specific Medicare ID, enter the Medicare ID in the search criteria and leave the CONTRACTOR NUMBER field blank.
   - When searching by origin date, user ID, status, reason, and/or action code, you must also enter a DCN, Medicare ID, SSN, or contractor number.

   The system shows a list of CWF Assistance Requests. There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.
2. Change or delete search criteria and click the **Submit** button to initiate a new search.

Figure 3-12: CWF Assistance Request Search Listing

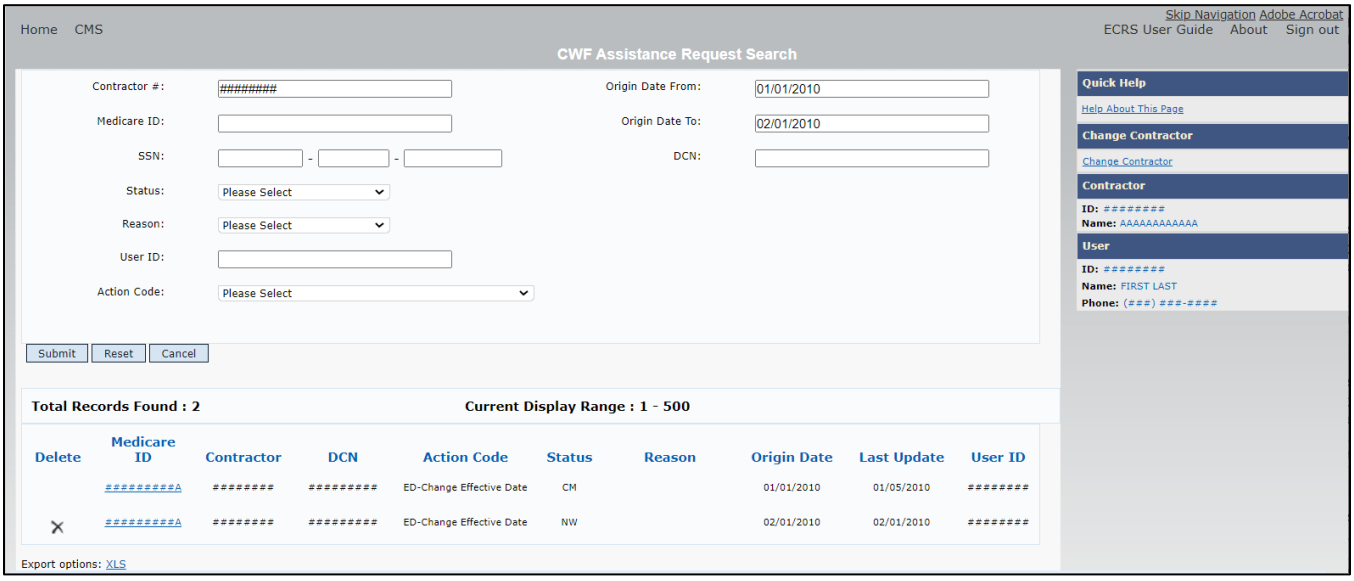


Table 3-14: CWF Assistance Request Search Listing

Field	Description
DISPLAY RANGE	Select a range to filter the records in the search results by a defined range. **Note:** This field is only visible if a search has been completed. The range in the *DISPLAY RANGE* field defaults to 1-500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. **Note:** This field defaults to 1-500.
DELETE	Click the delete [**X**] link to mark a transaction for deletion.
MEDICARE ID	Medicare ID (HICN or MBI) for the CWF Assistance Request transaction (*protected field*). Click the **Medicare ID** link to view the *Summary* page.
CONTRACTOR	Contractor number (*protected field*).
DCN	DCN 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*). **Note:** See Appendix E for a complete list of reason codes and definitions.
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*).
ACTION CODE	Action code for the CWF Assistance Request transaction (*protected field*).
Export options	Click the link to export search results in the given format. **Note:** You may export all results returned, up to 500 records at a time, based on the records currently shown.

3.12.2 Update Transactions

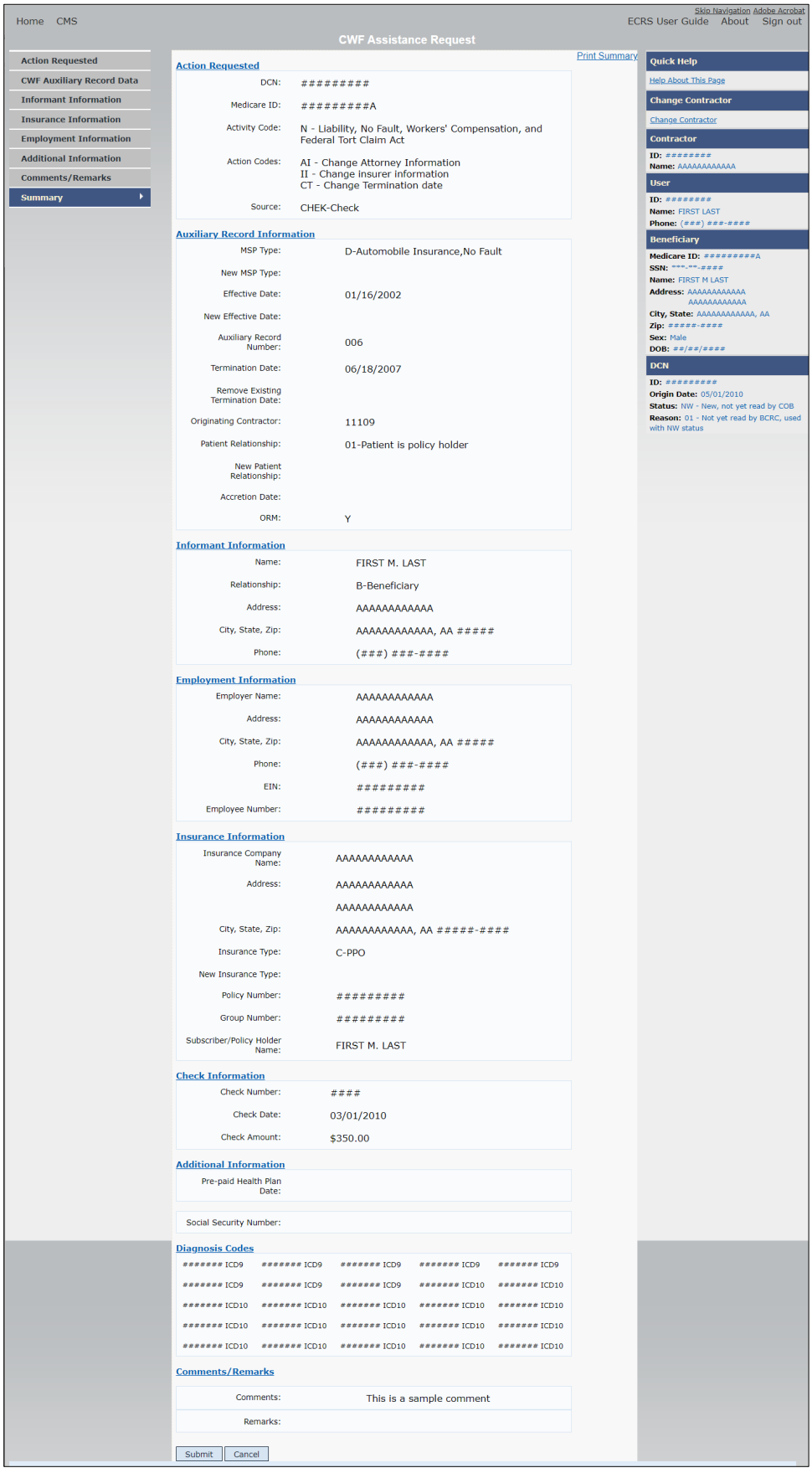
1. To update information on a CWF Assistance Request transaction, click the Medicare ID link for the transaction.

   The system shows the *Summary* page for the selected transaction, along with page links to the information, to allow for updates (Figure 3-13).

2. To leave the *Summary* page without making any changes, click the **Cancel** or **Return** buttons 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*.

Figure 3-13: CWF Assistance Request Summary



3.12.3 Delete Transactions

1. To mark a CWF Assistance Request transaction for deletion, click the delete [X] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm or click **Cancel** to decline.
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.

4.1 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. See Section 3.2 for information on CMS' MSP Hierarchy rules.

To enter CWF Assistance Request transactions for changes to existing CWF MSP auxiliary occurrences, use the CWF Assistance Request Detail transaction.

4.1.1 Retrieving Beneficiary Information

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

4.1.2 Common MSP Sources

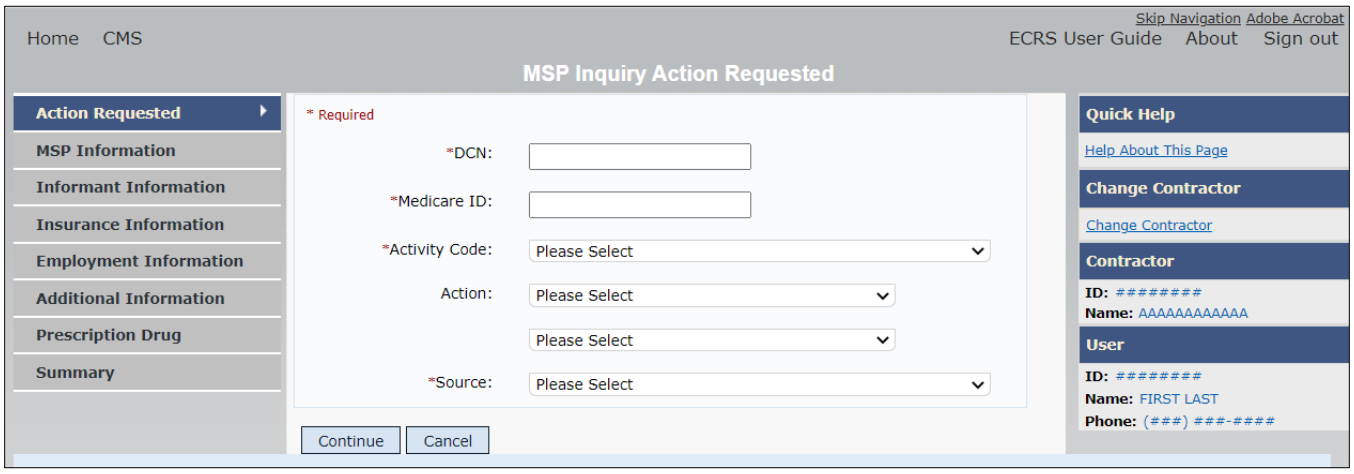
Common sources that provide contractors with MSP information, followed by the associated source code, are:

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

4.2 Action Requested Page

From the *Main Menu* page, click **MSP Inquiry** under *Create Requests or Inquiries*. The system shows the *Action Requested* page, the first page of the MSP Inquiry. The information entered on this page determines required information on subsequent pages.

Figure 4-1: MSP Inquiry Action Requested



4.2.1 Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

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

   - DCN
   - MEDICARE ID
   - ACTIVITY CODE
   - SOURCE

   Note: If beneficiary information is not found for the Medicare ID you have entered you will receive a warning message, but will still be able to continue with the MSP Inquiry.

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

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

Table 4-1: MSP Inquiry Action Requested

Field	Description
DCN	DCN 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.
MEDICARE ID	Medicare ID (HICN or MBI) of the beneficiary. *Required field*. Enter the ID without dashes, spaces, or other special characters. **Note**: The system looks up the Medicare ID to ensure all related Medicare IDs are returned. Results show the Medicare ID you entered.
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. See Appendix E for a complete list of action codes and definitions. **Note:** You can use CA and CL together. 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 the lead contractor assignment. The system does not send the beneficiary an MSP confirmation letter.
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 fields must be typed/selected before clicking **Continue**.
CANCEL	Command button. Click to return to the *Main Menu*.

4.3 MSP Information Page

1. Enter information associated with the MSP coverage on this 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.

   Note: Some ICD-9 and ICD-10 diagnosis codes cannot be submitted when the MSP record type is "D-Automobile Insurance, No Fault." If you attempt to submit these codes, the following error message appears: "Diagnosis code [number] is invalid with insurer type of No- Fault."

   For a listing of diagnosis codes that are invalid with insurer type of No-Fault, go to CMS.gov at: https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/icd-code-lists/icd-code-lists.

Figure 4-2: MSP Inquiry MSP Information

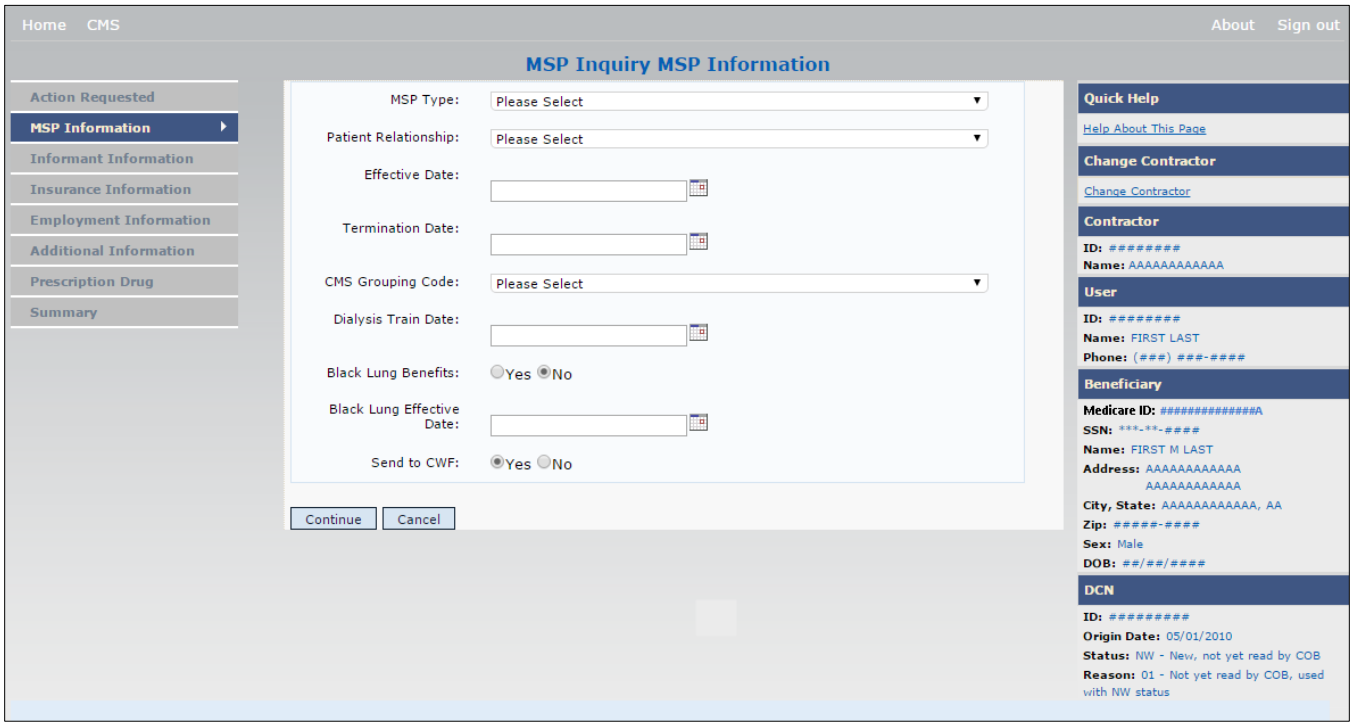


Table 4-2: MSP Inquiry MSP Information

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*: • When SOURCE is PHON. • When ACTION is CA or CL. (MSP TYPE must be D, E, or L when ACTION is CL.)
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 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner ***Note:*** *All patient relationship values accepted for MSP Types B and G.* *MSP Type A will accept 01 and 02.* *MSP Types D, E, L, H, W, S, and T will only accept 01.*
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 **Notes:** EFFECTIVE DATE cannot be the same as TERMINATION DATE. This field accepts dates up to three months from the current date: For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future Effective Date must be equal to the entitlment start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)

Field	Description
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.
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*.

4.4 Informant Information Page

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

Figure 4-3: MSP Inquiry Informant Information

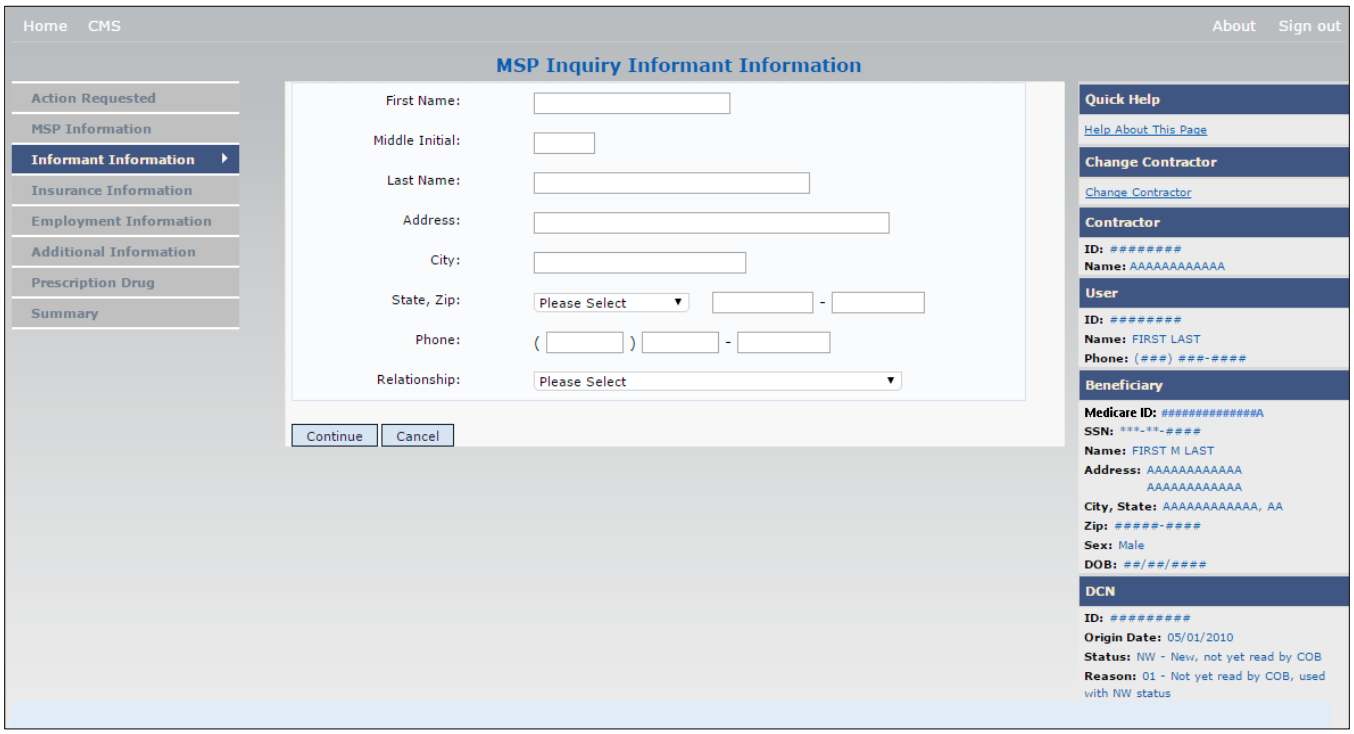


Table 4-3: MSP Inquiry Informant Information

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.
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.

Field	Description
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*.

4.5 Insurance Information Page

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

Figure 4-4: MSP Inquiry Insurance Information

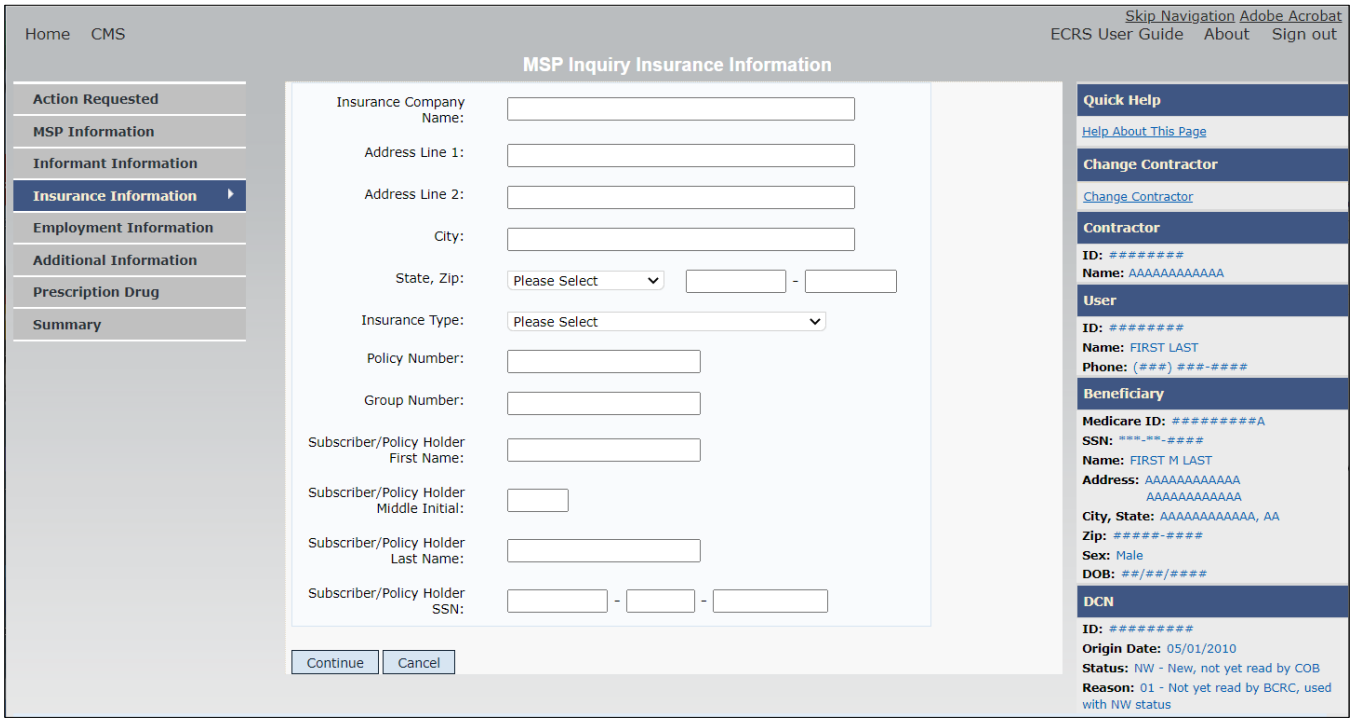


Table 4-4: MSP Inquiry Insurance Information

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage. If the Insurance Company Name entered *is less than two characters or* contains one of the following values, then it is considered an error: • ATTORNEY • BC • BCB*S* • BCB*X* • *BCRC* • *BENEFITS COORDINATION & RECOVERY* • *BENEFITS COORDINATION & RECOVERY CENTER* • *BENEFITS COORDINATION AND RECOVE* • *BENEFITS COORDINATION AND RECOVERY CENTER* • BLUE CROSS • BLUE SHIELD • BS • BX • CMS • COB • *COBC* • *COORDINATION OF BENEFITS CONTRAC* • *COORDINATION OF BENEFITS CONTRACTOR* • HCFA • INSURER • MEDICARE • MISC • MISCELLANEOUS • N/A • NA • NO • *NO FAULT* • *NO-FAULT* • NONE • SUPPLEMENT • SUPPLEMENTAL • *UN* • UNK • UNKNOWN • XX

Field	Description
ADDRESS LINE 1	First Line of insurance carrier's street address. *Required field* when: • INSURANCE COMPANY NAME is entered • 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 CA or CL, unless Informant City was entered.
STATE	State associated with the insurance carrier's street address. *Required field* when: • INSURANCE COMPANY NAME is entered • 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 CA or CL, unless Informant ZIP was entered.
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*.

4.6 Employment Information Page

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

Figure 4-5: MSP Inquiry Employment Information

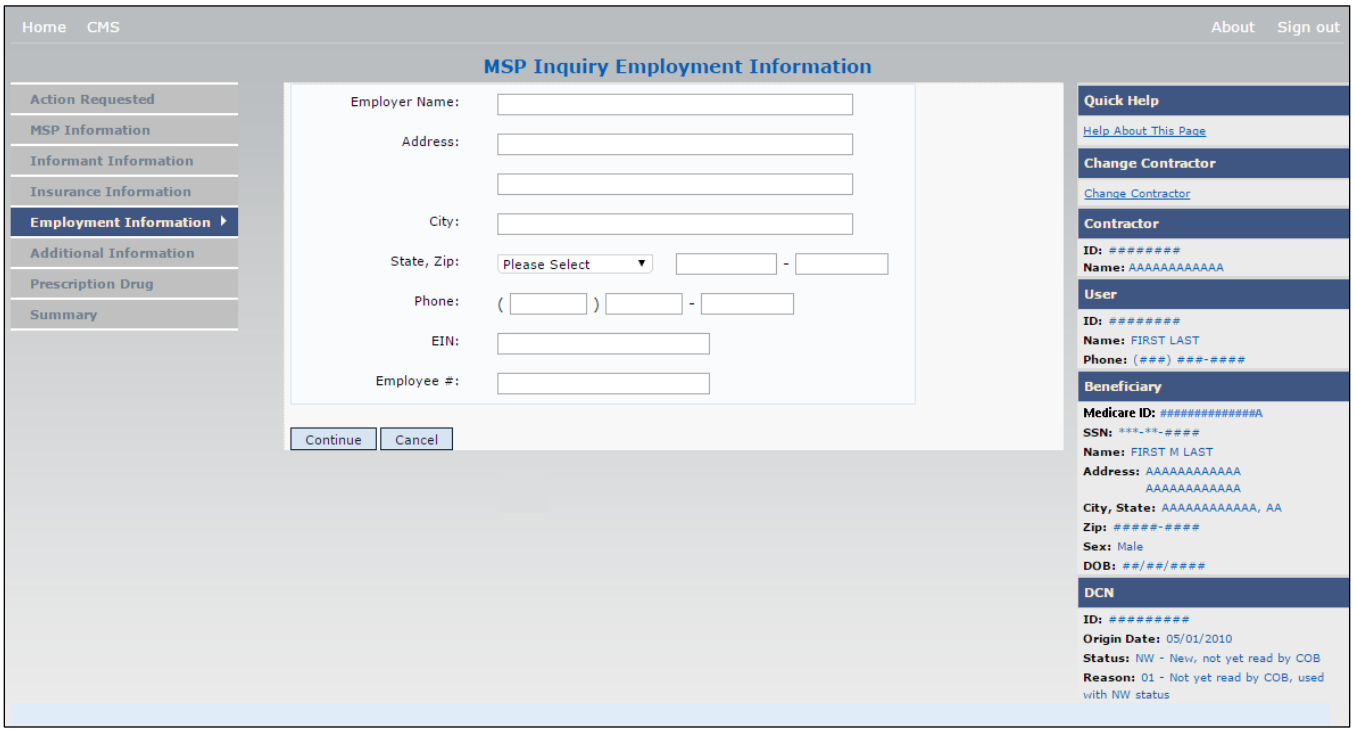


Table 4-5: MSP Inquiry Employment Information

Field	Description
EMPLOYER NAME	Name of the employer providing group health insurance under which the beneficiary is covered. *Required field* when: • MSP TYPE is F and SEND TO CWF is Yes
ADDRESS	First line of the employer's street address. *Required field* when: • 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: • MSP TYPE is F and SEND TO CWF is Yes
STATE	State associated with the employer's street address. *Required field* when: • MSP TYPE is F and SEND TO CWF is Yes
ZIP	ZIP code associated with the employer's street address. *Required field* when: • MSP TYPE is F and SEND TO CWF is Yes
PHONE	Phone Number of the employer.
EIN	Employer Identification Number.

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

4.7 Additional Information Page

1. Enter check and beneficiary information on this page. This information is used in conjunction with the ACTION(s) and SOURCE(s) selected on the MSP Inquiry, Action Requested page.
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 appear (Figure 4-7).

Figure 4-6: MSP Inquiry Additional Information

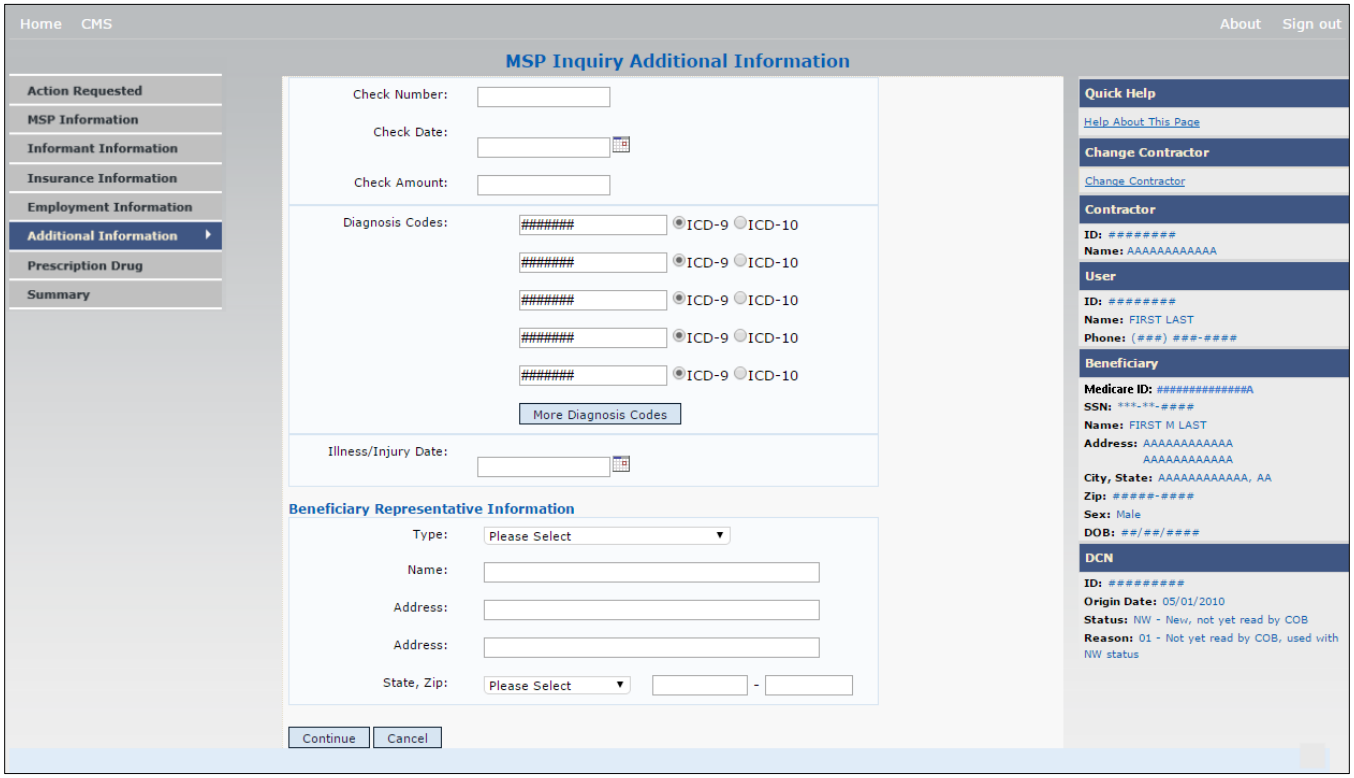


Table 4-6: MSP Inquiry Additional Information

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. Note: The amount will always appear with two decimal places.
DIAGNOSIS CODES	Five-to-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 appear (Figure 4-7). **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 appear 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 or 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*.

Figure 4-7: MSP Inquiry Additional Information More Diagnosis Codes

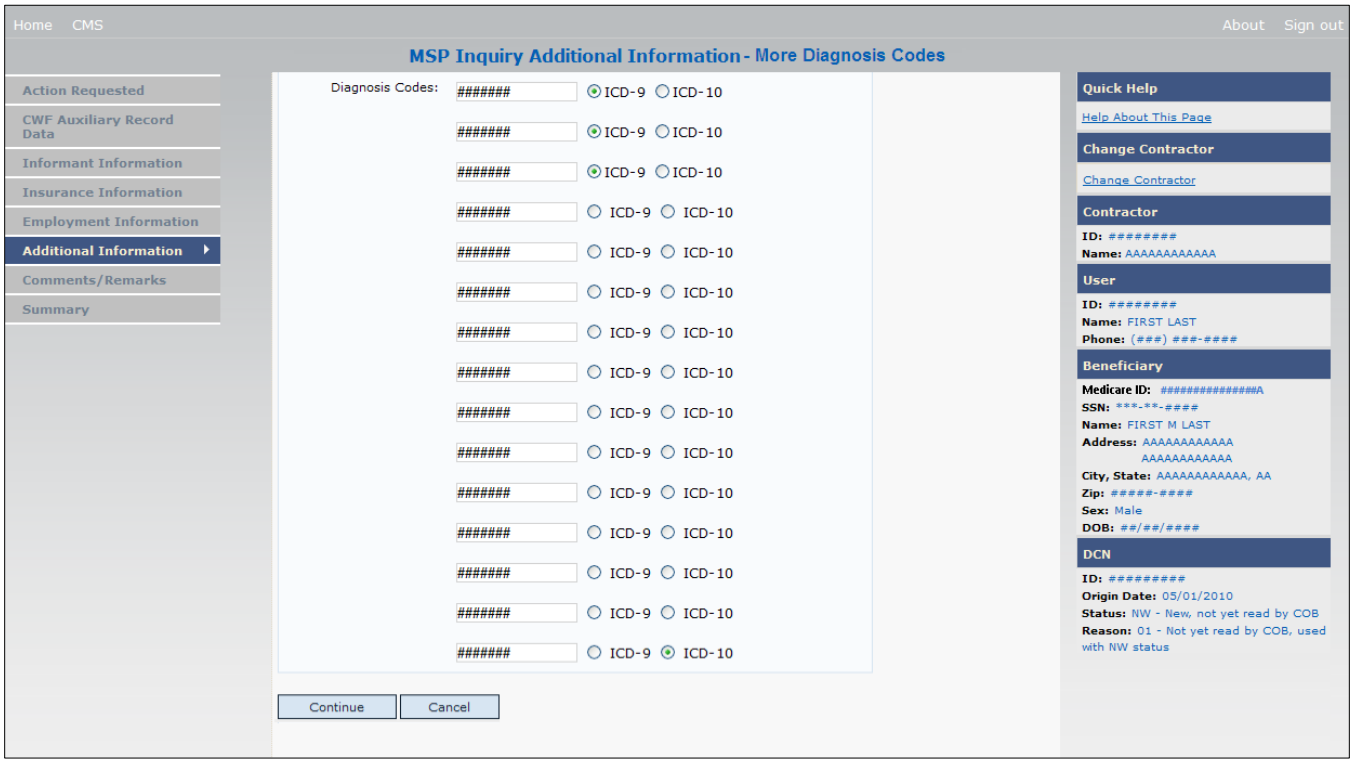


Table 4-7: MSP Inquiry Additional Information More Diagnosis Codes

Field	Description
DIAGNOSIS CODES	Five-to-seven-digit diagnosis code that applies to this MSP occurrence. Enter up to 15 diagnosis codes.
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*.

4.8 Prescription *Drug* Page

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

Figure 4-8: MSP Inquiry Prescription Drug

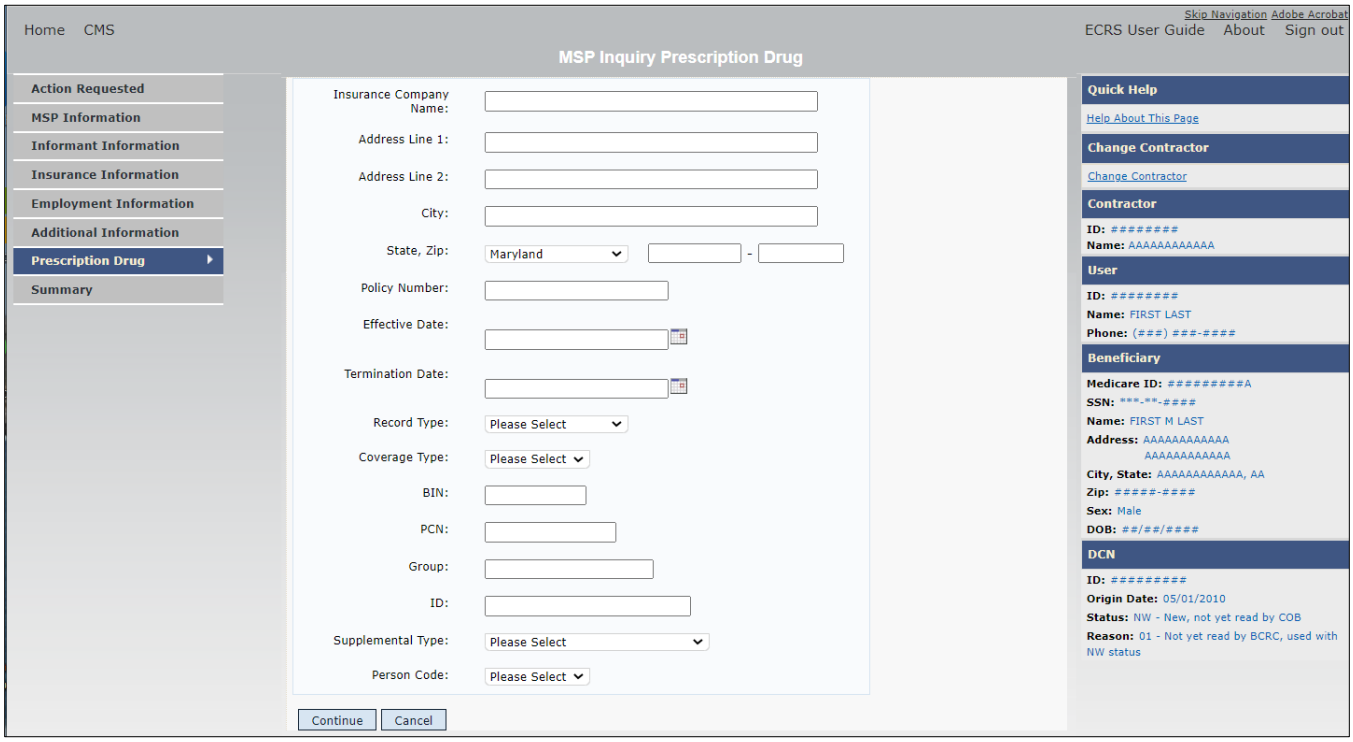


Table 4-8: MSP Inquiry Prescription Drug

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for MSP coverage. ***Note:*** *If the Insurance Company Name entered is less than two characters or contains one of the following values, then it is considered an error:* *ADAP, ASSISTANCE PROGRAM, ATTORNEY, BC, BCBS, BCBX, BCRC, BENEFITS COORDINATION & RECOVERY, BENEFITS COORDINATION & RECOVERY CENTER, BENEFITS COORDINATION AND RECOVE, BENEFITS COORDINATION AND RECOVERY CENTER, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, COBC, COORDINATION OF BENEFITS CONTRAC, COORDINATION OF BENEFITS CONTRACTOR, HCFA, INSURER, MEDICAID, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NO FAULT, NO-FAULT, NONE, PAP, QSP, QUALIFIED STATE PROGRAM, SPAP, SUPPLEMENT, SUPPLEMENTAL, TRICARE, UN, UNK, UNKNOWN, and XX.*
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.
POLICY NUMBER	Policy number of the insurance coverage.

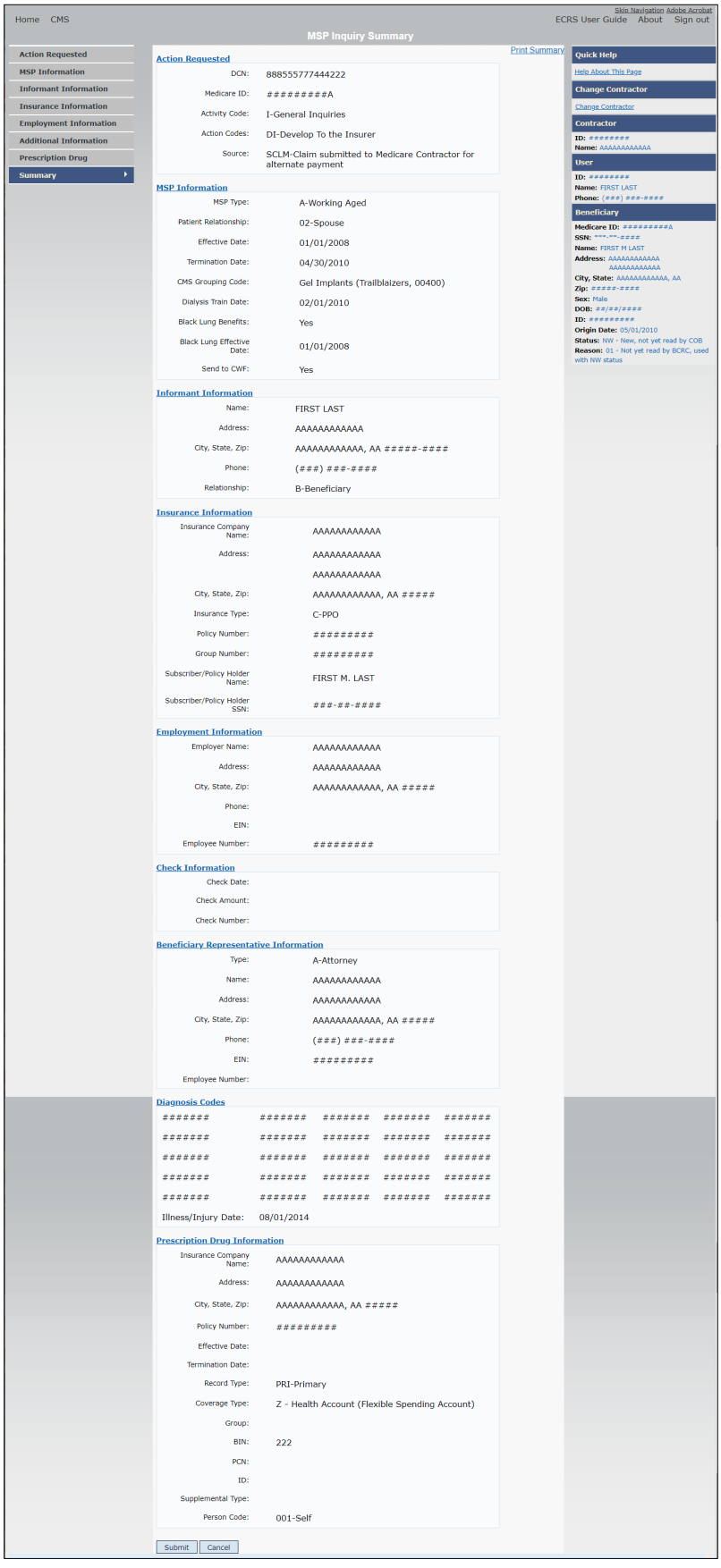
Field	Description
EFFECTIVE DATE	Effective date of the MSP coverage. **Notes**: EFFECTIVE DATE cannot be the same as the TERMINATION DATE. This field accepts dates up to three months from the current date: For GHP records (MSP Types A, B, and G: The Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)
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 digits and cannot be all the same number if COVERAGE TYPE is U. *Required field* when COVERAGE TYPE is U. Group, BIN, *or* PCN is required with Action Code CX.
PCN	Prescription Drug PCN number. Must not contain special characters. Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, *or* PCN is required with Action Code CX.
GROUP	Prescription Drug group number. Must not contain special characters. Group, BIN, *or* PCN is required with Action Code CX.
ID	Prescription Drug ID number. Must not contain special characters. *Required field* when COVERAGE TYPE is U. Cannot be blank or all zeros if COVERAGE TYPE is U.

Field	Description
SUPPLEMENTAL TYPE	Prescription Drug Coverage policy type. Valid values are: L - Supplemental M - Medigap N - Non-qualified State Program O – Other R – Charity T – Federal Government Programs 3 – Major Medical
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*.

4.9 Summary Page

The *Summary* page shows a summary of all information entered for the MSP inquiry before submission (Figure 4-9). After typing/selecting data in all relevant fields on the previous MSP Inquiry pages, review the *Summary* page and click the **Submit** button. The system shows 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



4.10 Viewing, Updating, and Deleting MSP Inquiry Transactions

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

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

From the *Main Menu* page, click **MSP Inquiries** under Search for Requests or Inquiries. The *MSP Inquiry Search* page appears.

Figure 4-10: MSP Inquiry Search

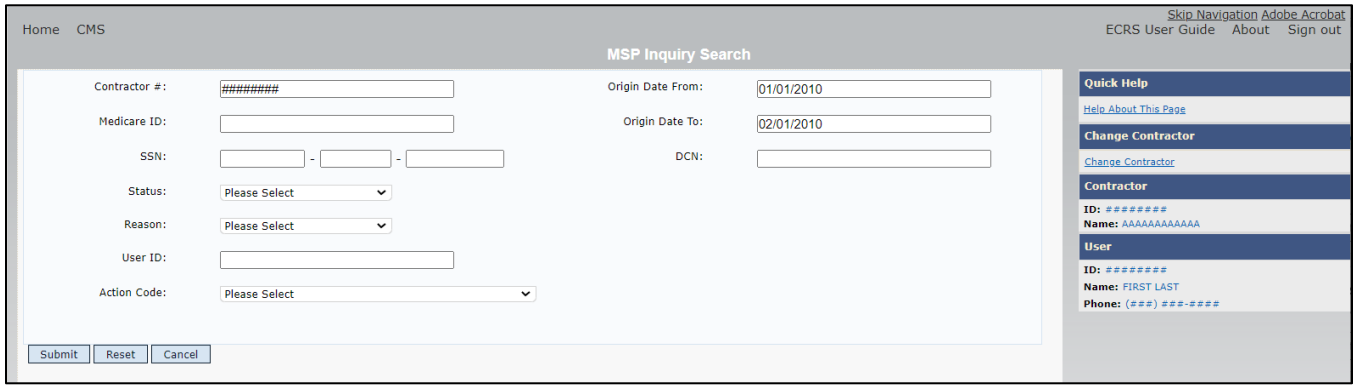


Table 4-9: MSP Inquiry Search

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**: You can update this field with any Medicare contractor number, but only the CMS ID/RO number entered during contractor sign-in can be used.
MEDICARE ID	Enter a Medicare ID (HICN or MBI). **Note**: If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number. **Note**: If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code. To view all in-process MSP Inquiry transactions, select IP in the STATUS field.
REASON	Select a reason code. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ACTION CODE	Select an action code, if applicable. Action codes appear according to the action type. (See 9.7.2Appendix E for a list of action codes.)
ORIGIN DATE FROM	Enter a starting date for the date range, if applicable. **Note:** MMDDCCYY format.
ORIGIN DATE TO	Enter an ending date for the date range. **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 6 months.

Field	Description
DCN	Enter a DCN. **Note**: If searching by DCN, do not enter a Medicare ID or SSN.
SUBMIT	Command button. Click to view search results.
RESET	Command button. Click to clear search results.
CANCEL	Command button. Click to return to the *Main Menu*.

4.10.1 View Transactions

1. Type search criteria in the appropriate fields and click **Submit**.
   - To create a list of all MSP Inquiries for a specific Medicare ID, enter the Medicare ID 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, Medicare ID, SSN, or contractor number.

The system shows a list of MSP Inquiries (Figure 4-11). There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.

Note: If the beneficiary is deceased, and there is no representative payee on file, then the inquiry will be closed with Reason Code 65: Deceased, used with CM status.

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

Figure 4-11: MSP Inquiry Search Listing

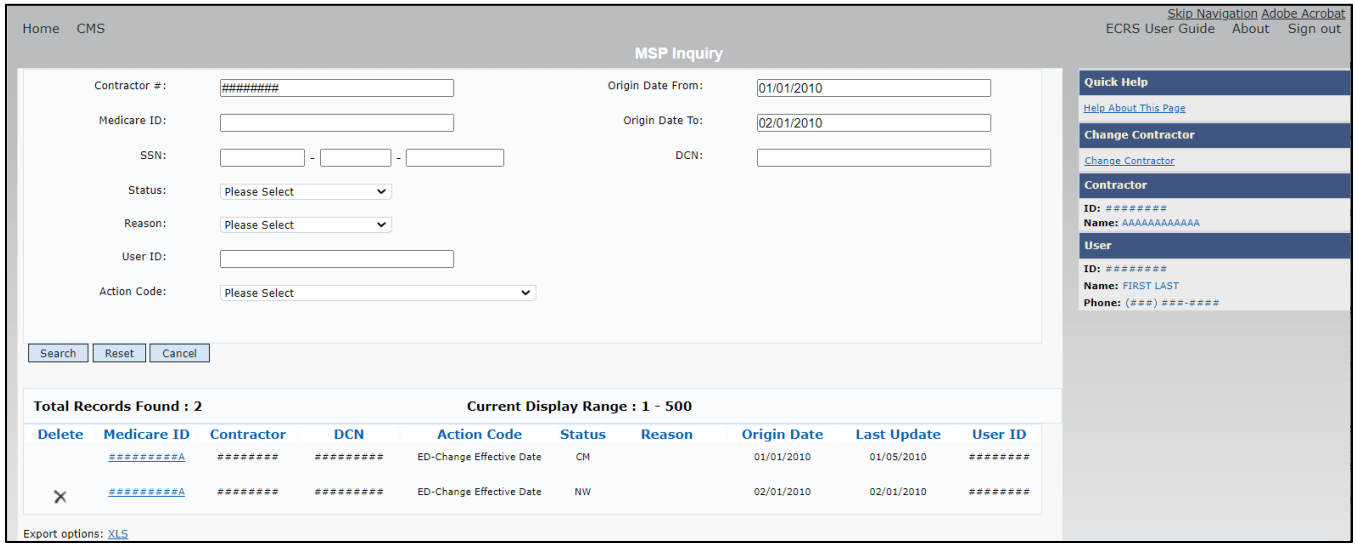


Table 4-10: MSP Inquiry Search Listing

Field	Description
Display Range	Select a range to filter the records in the search results by a defined range. **Note:** This field is only visible if a search has been completed. The range in the *Display Range* field defaults to 1-500.
Total Records Found	Total number of records found.

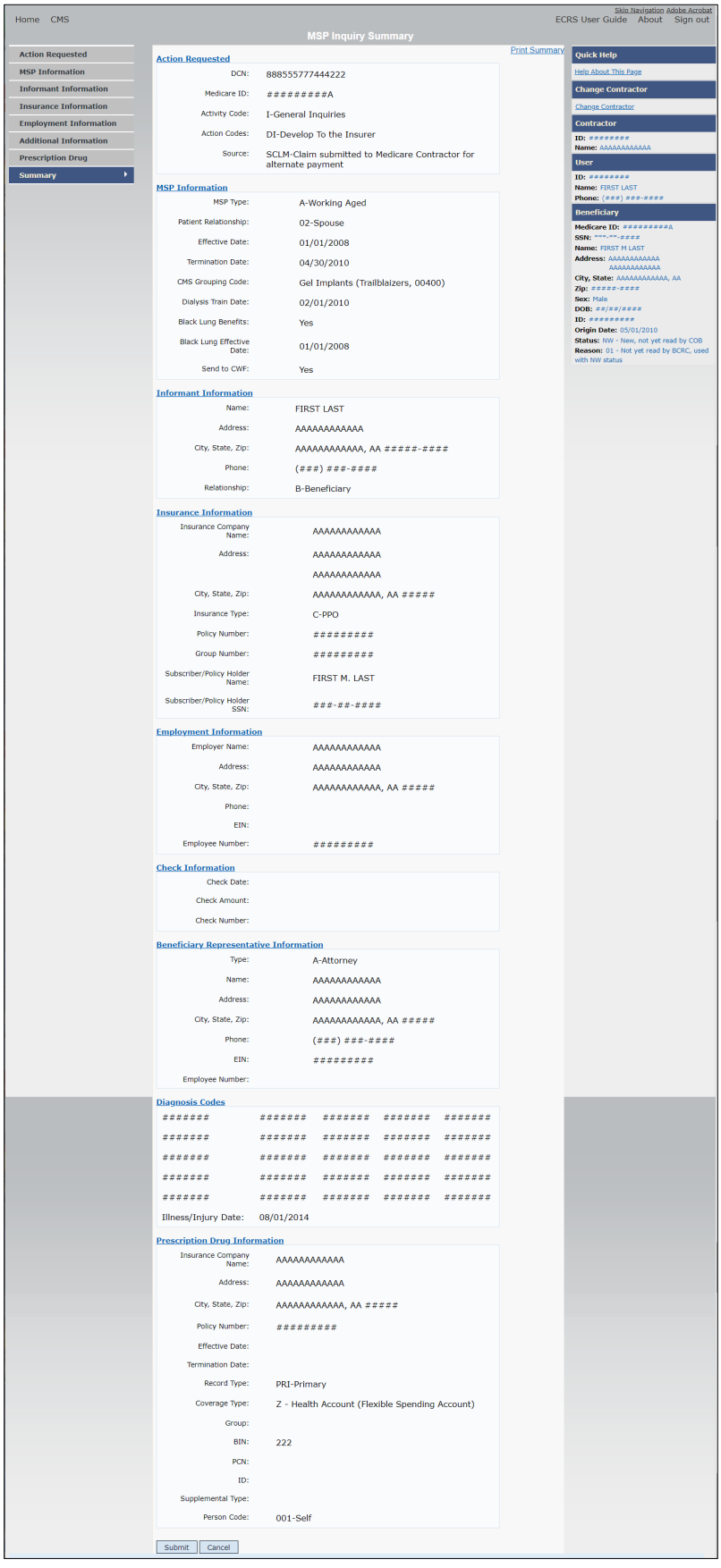
Field	Description
Current Display Range	Defined display range for the records found. **Note:** This field defaults to 1-500.
Delete	Click the delete [**X**] link to mark a transaction for deletion.
Medicare ID	Medicare ID (HICN or MBI) for the MSP Inquiry transaction (*protected field*). Click the link to view the *Summary* page.
Contractor	Contractor number (*protected field*).
DCN	DCN assigned to the MSP Inquiry transaction by the Medicare contractor (*protected field*).
Action Code	Action code for the MSP Inquiry transaction (*protected field*).
Status	Status of the MSP Inquiry transaction (*protected field*).
Reason	Reason for the MSP Inquiry transaction (*protected field*). **Note:** See Appendix E for a complete list of reason codes and definitions.
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*).
Export options	Click the link to export search results in the given format. **Note:** You may export all results returned, up to 500 records at a time, based on the records currently shown.

4.10.2 Update Transactions

1. To update information on an MSP Inquiry transaction, click the Medicare ID link for the transaction and the system shows the *Summary* page for the selected transaction, along with page links to the information, to allow for updates (Figure 4-12).
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*.

Figure 4-12: MSP Inquiry Summary



4.10.3 Delete Transactions

1. To mark an MSP Inquiry transaction for deletion, click the delete [X] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm, or click **Cancel** to decline.
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. This chapter also includes a discussion regarding the hierarchy rules and logic for processing primary and supplemental Part D prescription drug records (effective April 2023).

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.

5.1 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.

5.1.1 Retrieving Beneficiary Information

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

5.2 Prescription Drug Hierarchy Requirements

Hierarchy rules and processing logic, similar to those governing MSP occurrences (Section 3.2), are applied when processing primary and supplemental Part D prescription drug records.

5.2.1 Prescription Drug Hierarchy Background

Because of the large volume of duplicate reporting of prescription drug records by various contractors, hierarchy business rules are applied to Part D primary and supplemental prescription drug transactions. Previously, updating drug transactions was limited to the reporter, to reduce conflicting information or flip-flopping of drug record information. Unfortunately, this resulted in a high volume of duplicate drug records. To prevent further duplicates, updating is no longer limited to the reporter. Instead, hierarchy rules will be applied to drug records. This will allow higher hierarchy levels to update drug records based on the new matching criteria.

5.2.2 Prescription Drug Hierarchy Requirements

Table 5-1 describes the hierarchy rules for Part D primary and supplemental drug records. The main differences between the drug and the MSP hierarchy rules are as follows:

Primary Drug Records

- Section 111 NGHP RREs, CRC GHP or ORM Recovery, and MACs will not be included (not a source for drug records).
- The third tier will include automated ECRS PDAR/ARs (11143).
- The fourth tier will include ECRS PDIs (11109) and all other contractor IDs
- The fifth tier will only include VDSAs.

Supplemental Drug Records

The hierarchy rules for supplemental are the same as for primary drug records except for the following:

- PAPs, SPAPs, ADAPs, Tricare, and Medicaid can only update their own records.
- Records from these contractors cannot be updated by any other source except the BCRC Analyst.
- The third tier will include the COBA contractor (11120).

Table 5-1: Primary and Supplemental Drug Record Hierarchy Requirements

Hierarchy Ranking	Source of Update/Delete Request
First	BCRC Analyst (11100) **Note:** The BCRC Analyst will have the authority to manually lock a drug occurrence from any subsequent changes except those made by the BCRC.
Second	• BCRC Call Center/BCRC CSR (11110) • Beneficiary Call Center (1-800-Medicare) (11140) • SPD/PDC questionnaires (11110)
Third	• Section 111 GHP RREs (11121) • Part C/D Plans – PDP Medicare Advantage (MAPD) (11143) automated PDARs • Part D Plan – PDP automated PDARs • COBA Contractor (11120) – Supplemental only
Fourth	• PDIs (11109) • WCMSA Contractor (11119) • All other contractor IDs
Fifth	• VDSAs (11105)

5.3 Action Requested Page

From the *Main Menu* page, click **Prescription Drug Assistance Request** under Create Requests or Inquiries. The system shows the *Action Requested* page (Figure 5-1).

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

5.3.1 Navigation Links

Several basic navigation links are shown on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

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
- MEDICARE ID
- ACTIVITY CODE
- ACTION
- SOURCE
- RECORD TYPE
- PATIENT RELATIONSHIP
- PERSON CODE
- ORIGINATING CONTRACTOR
- EFFECTIVE DATE

Note: If beneficiary information is not found for the Medicare ID 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.

Figure 5-1: Prescription Drug Assistance Request Action Requested

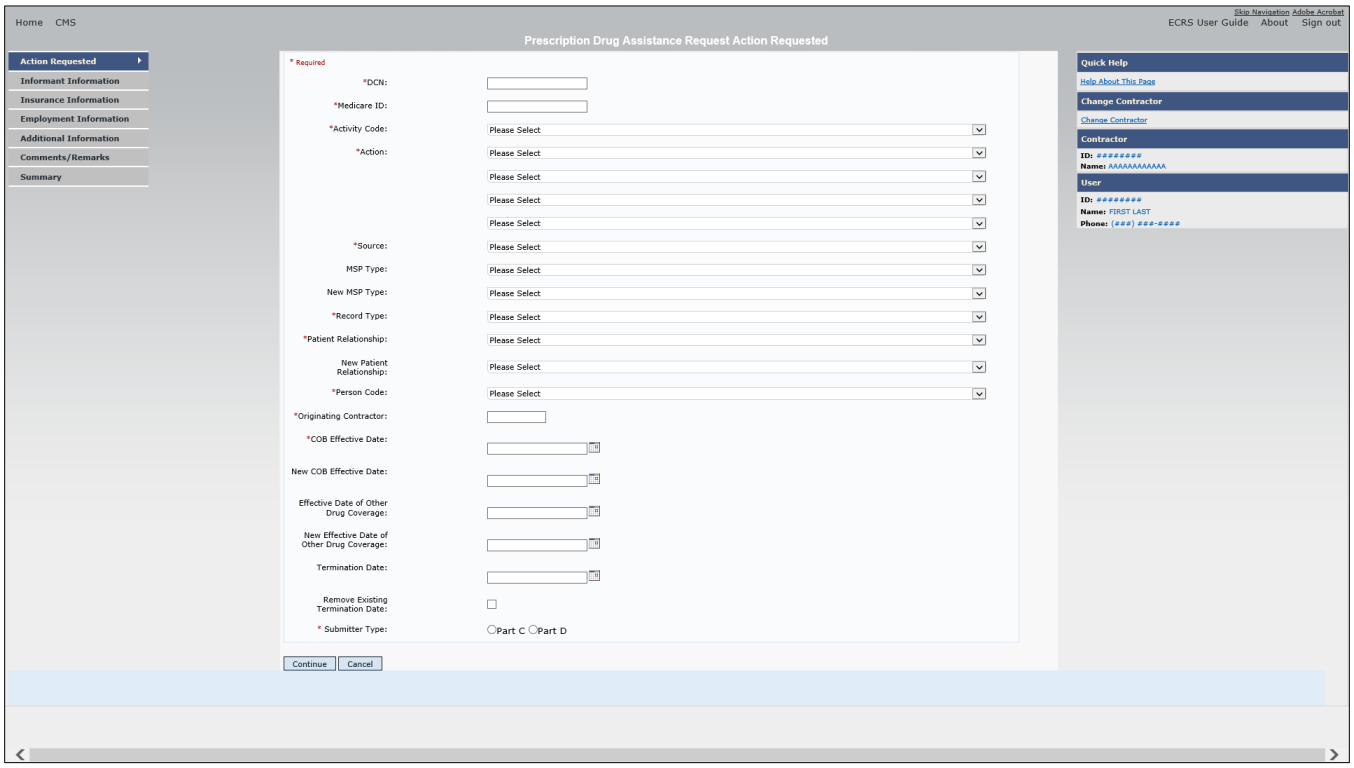


Table 5-2: Prescription Drug Assistance Request Action Requested

Field	Description
DCN	DCN 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.
MEDICARE ID	Medicare ID (HICN or MBI) of the beneficiary. *Required field*. Enter the ID without dashes, spaces, or other special characters.
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*. See Appendix E for a complete list of action codes and definitions. Valid values are: 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 Insurance Type MT Change MSP Type OH Change Effective Date of Other Drug Coverage PC Update Prescription Person Code PN Develop for/add PCN PR Change Patient Relationship TD Add Termination Date **Notes:** Action code II cannot be used with action code DO. The following Actions can be combined together, but not with any other Actions: BN Develop for Prescription BIN GR Develop for Group Number PN Develop for/add PCN The BIN field is not required when the action code is "BN."

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 appears 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 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 appears 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.
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary (*required field*). Description of code appears next to value. Valid values are: 01 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner If MSP Type is A, B or G, or Record Type is Primary, Patient Relationship is required. ***Note:*** *All patient relationship values accepted for MSP Types B and G.* *MSP Type A will accept 01 and 02.* *MSP Types D, E, L, H, S, and T will only accept 01.* *MSP Type W is not allowed in PDAR transactions.*

Field	Description
NEW PATIENT RELATIONSHIP	New patient relationship between policyholder and beneficiary. Description of code appears next to value *Required field* when ACTION is PR. Valid values are: 01 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner ***Note:*** *All patient relationship values accepted for MSP Types B and G.* *MSP Type A will accept 01 and 02.* *MSP Types D, E, L, H, S, and T will only accept 01.* *MSP Type W is not allowed in PDAR transactions.*
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 CONTRACTOR	Contractor number of the contractor that created the original Prescription Drug record at MBD. *Required field*.
COB EFFECTIVE DATE	COB effective date of drug coverage in MMDDCCYY format. *Required field*. **Notes:** For GHP MSP records (MSP Types A, B, and G) it identifies the start date. For non-GHP MSP records (MSP Types D, E, L, H, and W) it identifies the date of the accident, illness, or injury; or it identifies the Medicare entitlement date, whichever is earlier. This field accepts dates up to three months from the current date for primary coverage: For GHP records (MSP Types A, B, and G): The COB Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The COB Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future COB Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)

Field	Description
NEW COB EFFECTIVE DATE	New COB effective date of drug coverage in MMDDCCYY format. *Required field* when ACTION is ED. **Notes:** This field accepts dates up to three months from the current date for primary coverage: For GHP records (MSP Types A, B, and G): The New COB Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The New COB Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future New COB Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)
EFFECTIVE DATE OF OTHER DRUG COVERAGE	Effective date of the other drug insurance coverage provided by the other insurance (Other Health Information) in MMDDCCYY format. **Note:** Use this date for coordination of benefits. The Part D sponsor should compare this Date of Service (DOS) to both the Part D effective period and the other coverage effective period to determine if coordination of benefits is necessary.
NEW EFFECTIVE DATE OF OTHER DRUG COVERAGE	New effective date of the other drug coverage provided by the other insurance (Other Health Information) in MMDDCCYY format.
TERMINATION DATE	Medicare Secondary Payer (MSP) termination date of drug coverage in MMDDCCYY format. This is the MSP end date, which identifies whether or not the primary insurance is terminated. For non-GHP MSP (MSP Types D, E, L, H, and W), it identifies the date of settlement, judgment, or award, or other payment. If the insurance is open, the field is populated with all zeroes. *Required field* when ACTION is TD or CT.
SUBMITTER TYPE	Indicates the submitter type. Select either Part C or Part D.
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*.

5.3.2 Automated Action Code Impacts

Automated action codes are codes that are processed automatically when entered. See Appendix E for a complete list. Your updates to current records on the Prescription Drug Assistance Request Detail page will be denied if these conditions are found or when you use automated action codes.

- Submitting contractor's hierarchy permission level is lower than that of the updating contractor of the existing record
- Record not found
- Same Policy Number or Group Number entered (AP: Add Policy and/or Group Number)
- Record previously termed, termed but same Term Date entered (TD: Add Termination Date)
- Record not previously termed (CT: Change Termination Date)
- Same BIN, Group, or PCN entered (CX: Change Prescription Values (BIN, Group, PCN))

- Same patient relationship entered (PR: Change Patient Relationship)
- Record is deleted (DO: Mark for deletion)
- Insurer information not provided (II: Change Insurer Information)
  (**Note:** Partially automated for BCRC and CRC recovery users only.)

Notes: For the automated action codes indicated, ECRS will also deny an update if it conflicts with a current supplemental drug record (PAP, ADAP, SPAP, Medicaid, or Tricare).

Additionally, when processing valid PDARs submitted with automated action codes, the system will search for matching existing drug coverage records using either the MSP Effective Date provided on the input file or the Other Health Information (OHI) Effective Date submitted when the drug record was created.

5.4 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.
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.

Figure 5-2: Prescription Drug Assistance Request Informant Information

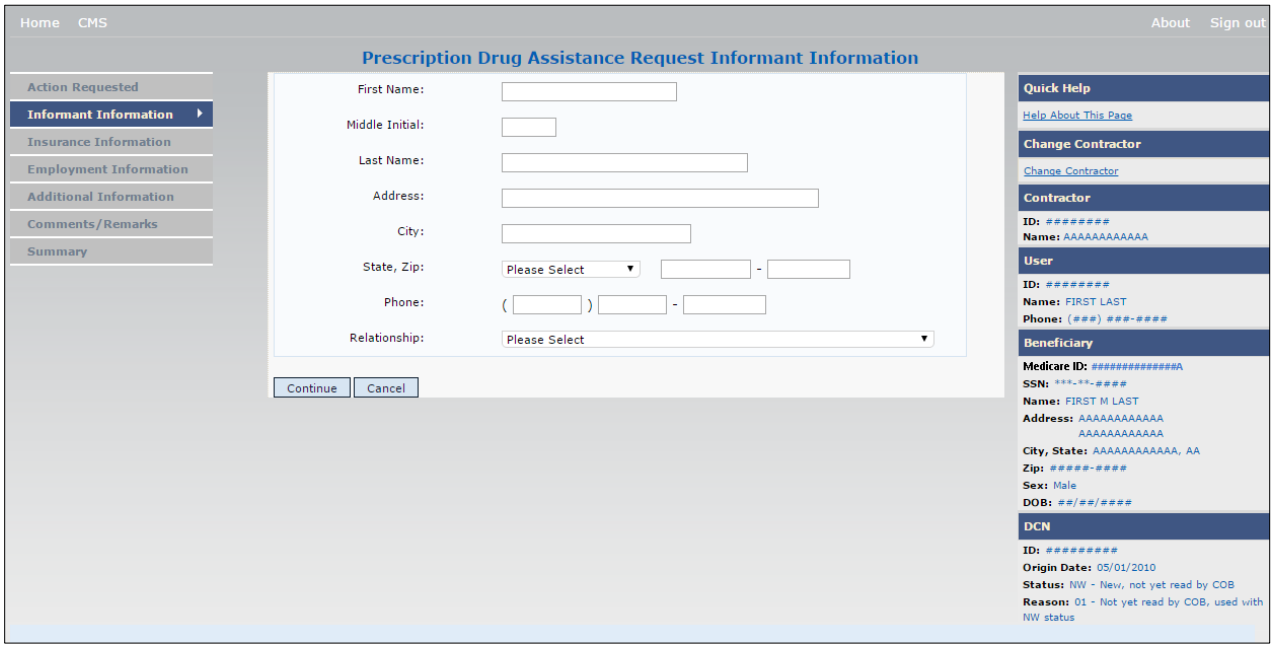


Table 5-3: Prescription Drug Assistance Request Informant Information

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.

Field	Description
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.
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*.

5.5 Insurance Information Page

1. Enter information on the *Insurance Information* page about the insurance type associated with the Part D record.
2. Type data in all fields that need to be revised.

   Note: Action II can be used by BCRC and CRC recovery users to automatically update insurer information.

Figure 5-3: Prescription Drug Assistance Request Insurance Information

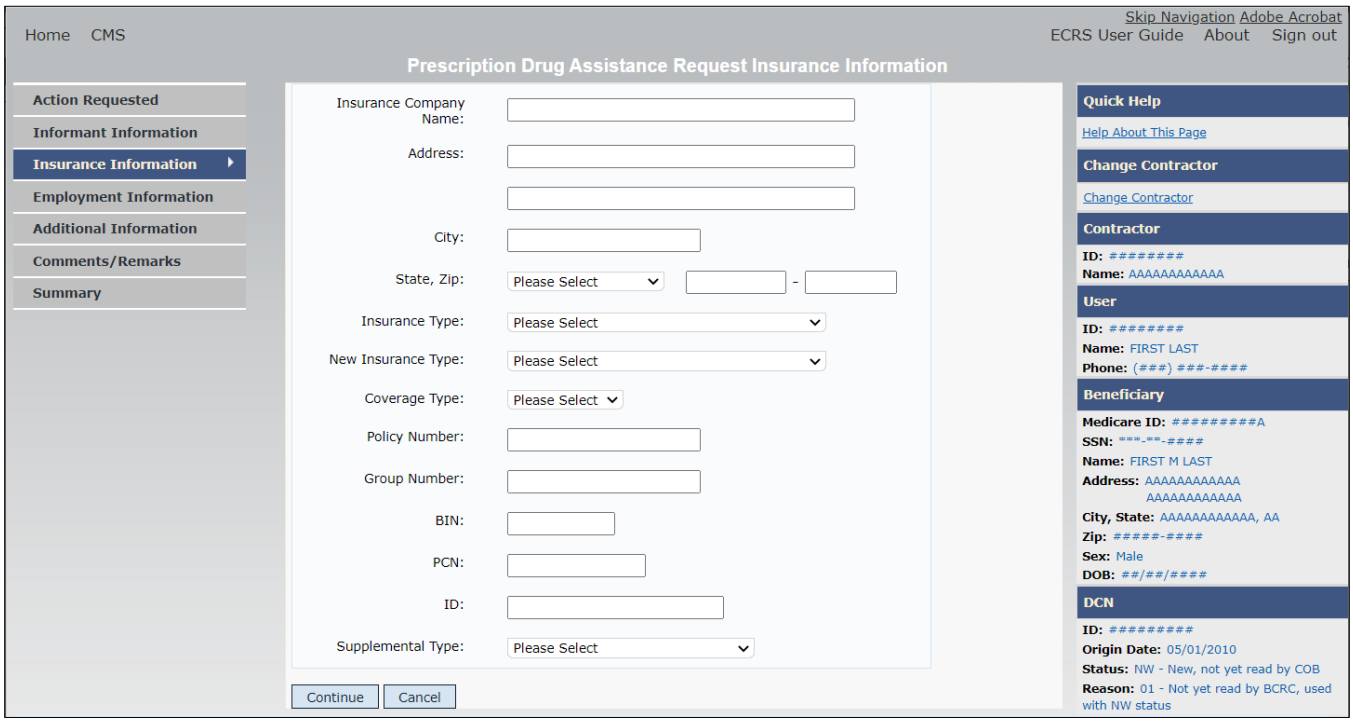


Table 5-4: Prescription Drug Assistance Request Insurance Information

Field	Description
INSURANCE COMPANY NAME	Name of prescription drug insurance carrier. *Required field* when ACTION CODE is II. **Notes:** Action code II cannot be used with action code DO. When action code II is included, a valid insurance company name must be provided. The following are invalid entries: *ADAP, ASSISTANCE PROGRAM,* ATTORNEY, BC, BCBS, BCBX, *BCRC, BENEFITS COORDINATION & RECOVERY, BENEFITS COORDINATION & RECOVERY CENTER, BENEFITS COORDINATION AND RECOVE, BENEFITS COORDINATION AND RECOVERY CENTER,* BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, *COBC, COORDINATION OF BENEFITS CONTRAC, COORDINATION OF BENEFITS CONTRACTOR,* HCFA, INSURER, *MEDICAID,* MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, *NO FAULT, NO-FAULT,* NONE, *PAP, QSP, QUALIFIED STATE PROGRAM, SPAP,* SUPPLEMENT, SUPPLEMENTAL, *TRICARE, UN,* UNK, UNKNOWN, and XX.
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.
INSURANCE TYPE	One-character code for the type of insurance. Not used for Prescription Drug records.
NEW INSURANCE TYPE	Select a one-character code for the new type of insurance. Not used for Prescription Drug records.

Field	Description
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* for all ACTION types (primary and supplemental).
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, BIN, *or* PCN is required with Action Code CX.
BIN	Prescription Drug BIN number. Must be six digits and cannot be all the same number if COVERAGE TYPE is U.. *Required field* if COVERAGE TYPE is U and ACTION CODE is NOT BN. Group, BIN, *or* PCN is required with Action Code CX.
PCN	Prescription Drug PCN number. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, *or* PCN is required with Action Code CX.
ID	Prescription Drug ID number. Must not contain special characters. *Required field* if COVERAGE TYPE is U. Cannot be blank or all zeros 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*.

5.6 Employment Information Page

1. Enter employment information associated with the Part D record on the *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.

Figure 5-4: Prescription Drug Assistance Request Employment Information

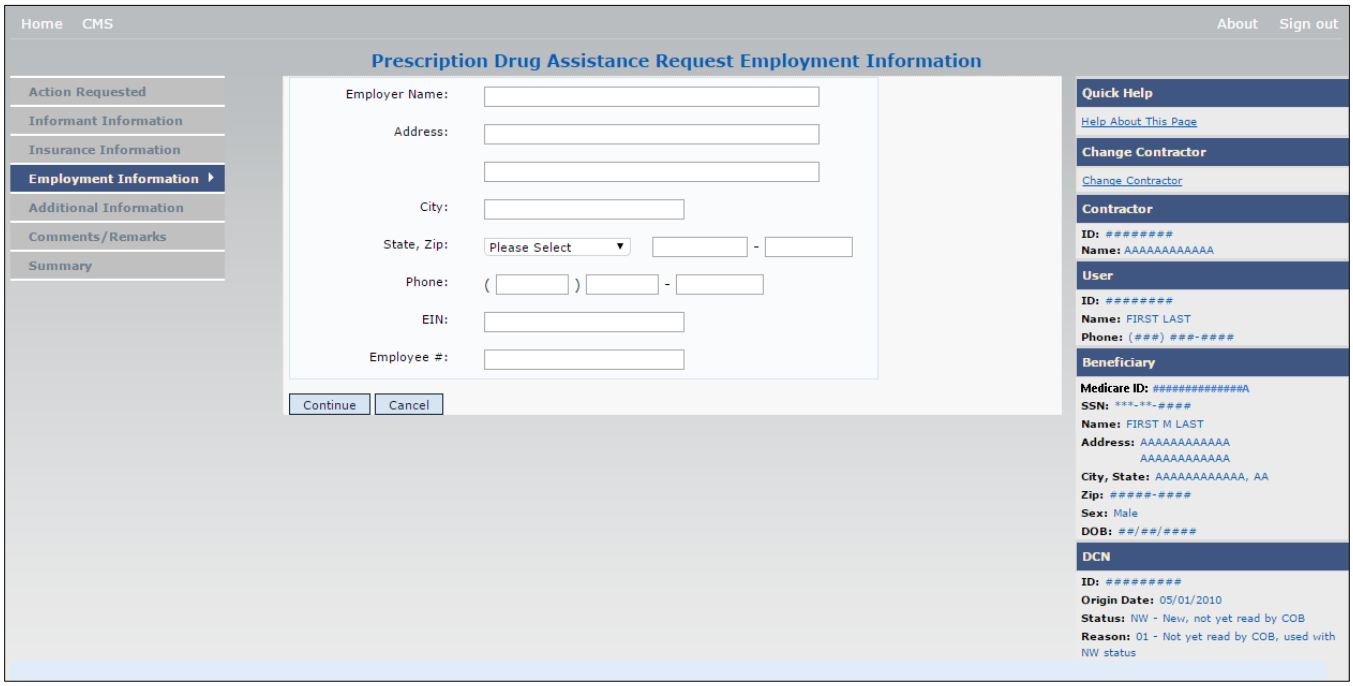


Table 5-5: Prescription Drug Assistance Request Employment Information

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.
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 policyholder.

Field	Description
CONTINUE	Command button. Click to go to the *Additional Information* page.
CANCEL	Command button. Click to return to the *Main Menu*.

5.7 Additional Information Page

1. Enter check information on this page.
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.

Figure 5-5: Prescription Drug Assistance Request Additional Information

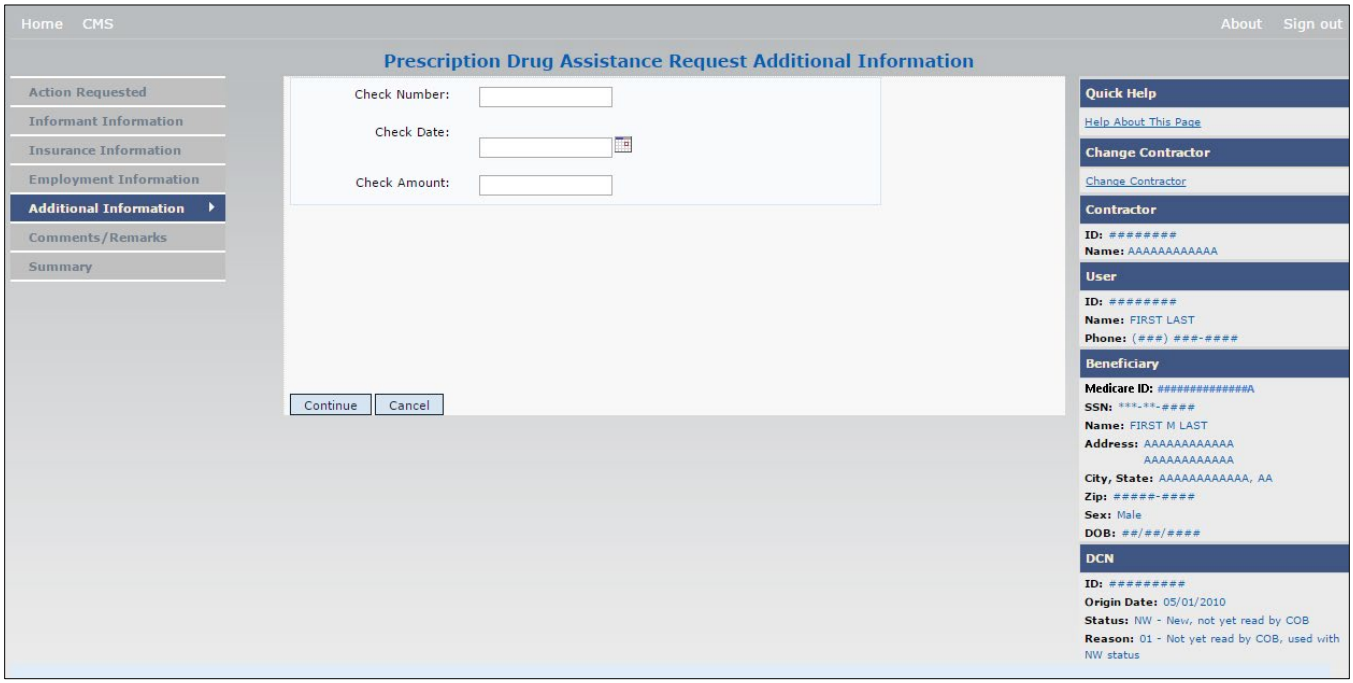


Table 5-6: Prescription Drug Assistance Request Additional Information

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.
CHECK AMOUNT	Amount of check received. *Required field* if SOURCE is CHEK. Note: The amount will always appear with two decimal places.
CONTINUE	Command button. Click to go to the *Comments/Remarks* page.
CANCEL	Command button. Click to return to the *Main Menu*.

5.8 Comments and Remarks Page

1. Enter comments on the *Comments and Remarks* page. All comments entered are viewable by the BCRC. Refer to Appendix F for the complete list of remark codes.

   Note: Remarks are only shown on the *Comments/Remarks* page when the ACTION is AR.

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.

Figure 5-6: Prescription Drug Assistance Request Comments and Remarks

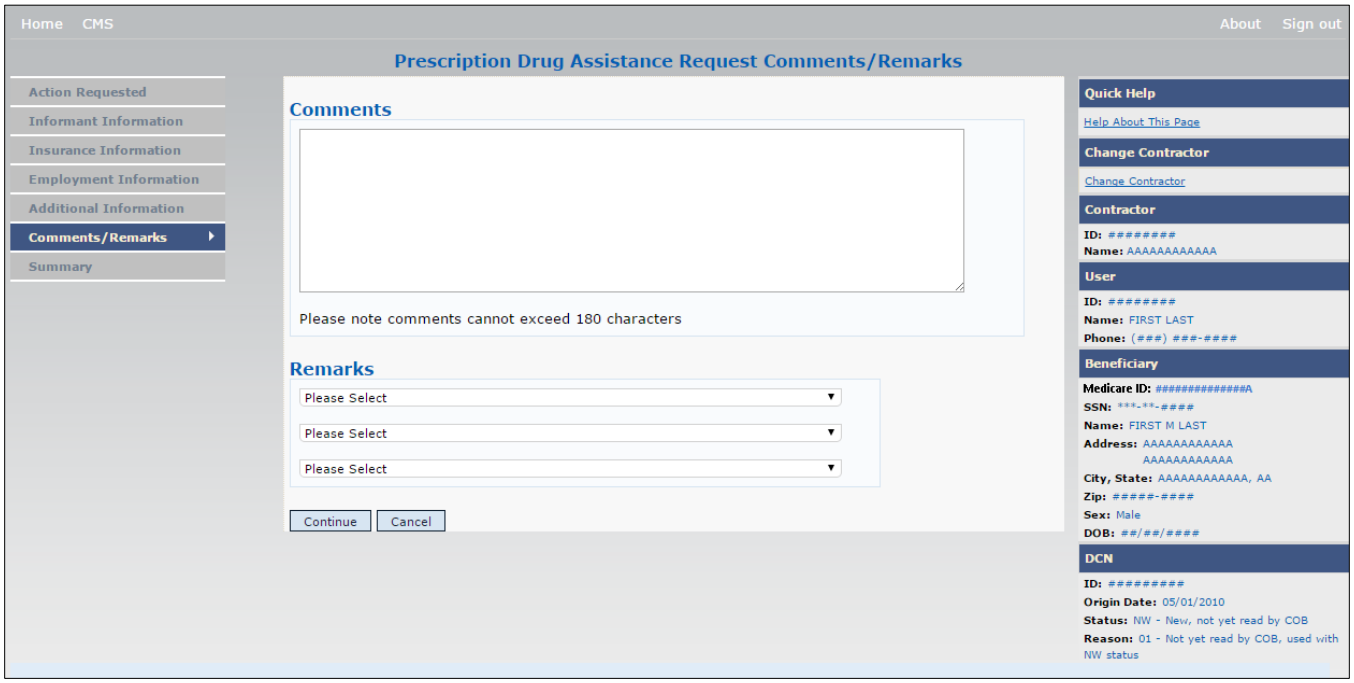


Table 5-7: Prescription Drug Assistance Request Comments and Remarks

Field	Description
COMMENTS	Free-form, optional, text field, where Medicare contractors type data to send notes to the BCRC. Protected field when the BCRC adds a comment. **Notes:** Use this field to provide additional context or details that cannot be provided in other fields. There is no need, for example, to repeat action code descriptions. The BCRC does not provide comments on auto-processed requests as the action requested has been completed.
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*.

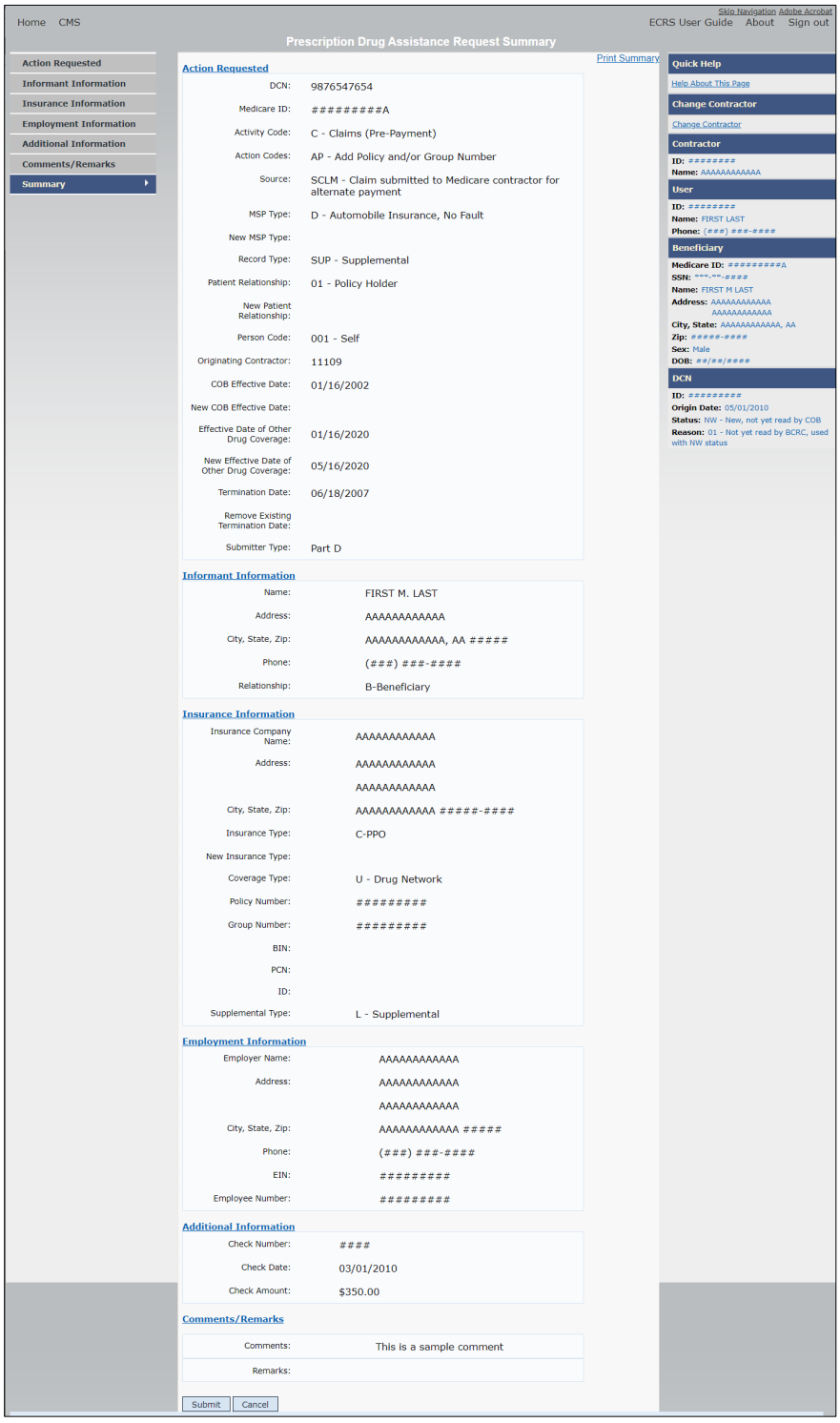
5.9 Summary Page

The *Summary* page shows a summary of all information entered for the assistance request before submission (Figure 5-7).

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 shows the *Submit Confirmation* page. At this point the assistance request is submitted and you can print the confirmation page.

Figure 5-7: Prescription Drug Assistance Request Summary



5.10 Viewing, Updating, and Deleting Prescription Drug Assistance Request Transactions

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

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

From the *Main Menu* page, click the *Prescription Drug Assistance Requests* link under Search for Requests or Inquiries. The *Prescription Drug Assistance Request Search* page appears.

Figure 5-8: Prescription Drug Assistance Request Search

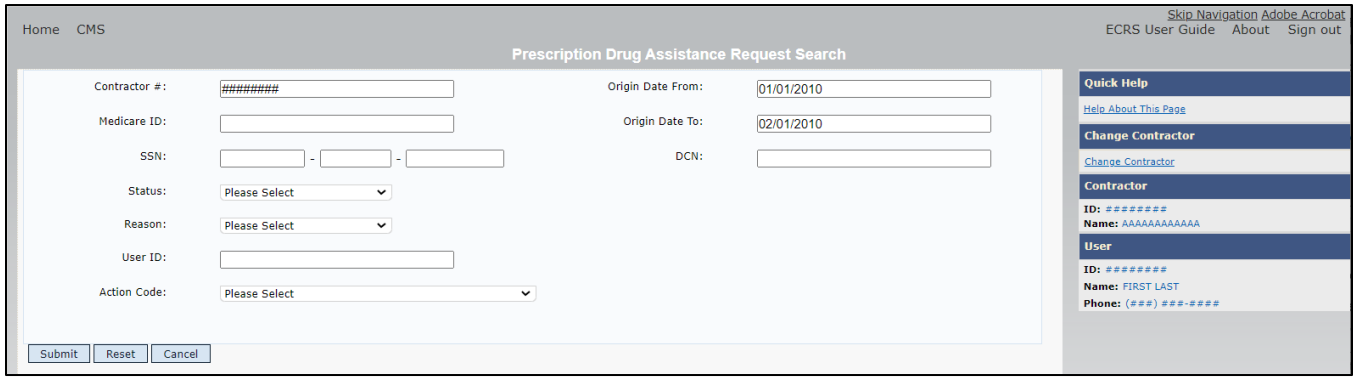


Table 5-8: Prescription Drug Assistance Request Search

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.
MEDICARE ID	Enter a Medicare ID. **Note**: If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number. **Note:** If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code. 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.
ACTION CODE	Select an action code, if applicable. Action codes appear according to the action type. (See 9.7.2Appendix E for a list of action codes.)
ORIGIN DATE FROM	Enter a starting date for the date range you wish to search for, if applicable. **Note:** MMDDCCYY format.

Field	Description
ORIGIN DATE TO	Enter an ending date for the date range. **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 6 months.
DCN	Enter a DCN. **Note**: If searching by DCN, do not enter a Medicare ID or SSN.
SEARCH	Command button. Click to show search results.
RESET	Command button. Click to clear search results.
CANCEL	Click to return to the *Main Menu*.

5.10.1 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 Medicare ID, enter the Medicare ID 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, Medicare ID, SSN, or contractor number.

   The system shows a list of Prescription Drug Assistance Requests. There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.
2. Change or delete search criteria to initiate a new search.

Figure 5-9: Prescription Drug Assistance Requests Search Listing

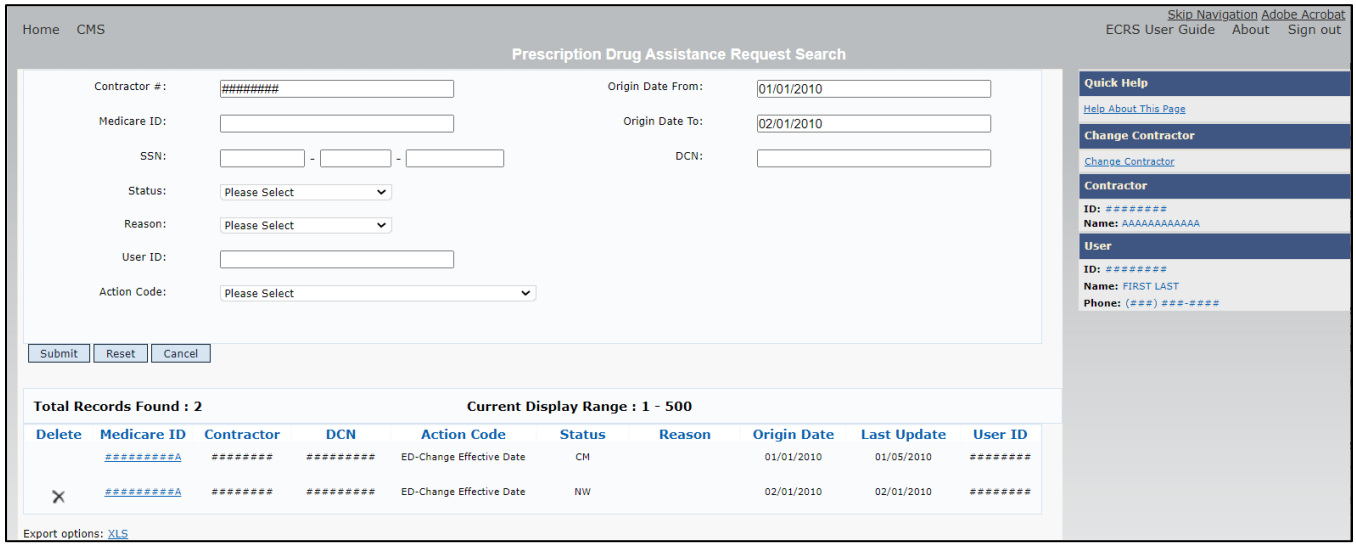


Table 5-9: Prescription Drug Assistance Requests Search Listing

Field	Description
DISPLAY RANGE	Select a range to filter the records in the search results by a defined range. **Note:** This field is only visible if a search has been completed. The range defaults to 1-500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. **Note:** This field defaults to 1-500.
Delete	Click the delete [**X**] icon to mark a transaction for deletion.
MEDICARE ID	Medicare ID (HICN or MBI) for the Prescription Drug Assistance Request transaction (*protected field*). Click the Medicare ID link to view the *Summary* page.
CONTRACTOR	Contractor number (*protected field*).
DCN	DCN assigned to the Prescription Drug Assistance Request transaction by Medicare contractor (*protected field*).
ACTION CODE	Action code for the Prescription Drug Assistance Request transaction (*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 (*protected field*). (See Appendix E for the complete list of codes.)
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*).
Export options	Click the link to export search results in the given format. **Note:** You may export all results returned, up to 500 records at a time, based on the records currently shown.

5.10.2 Update Transactions

1. To update information on a Prescription Drug Assistance Request transaction, click the Medicare ID link for the transaction and the system shows the *Summary* page for the selected transaction, along with page links to the information, to allow for updates (Figure 5-10).
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*.

Figure 5-10: Prescription Drug Assistance Request Summary

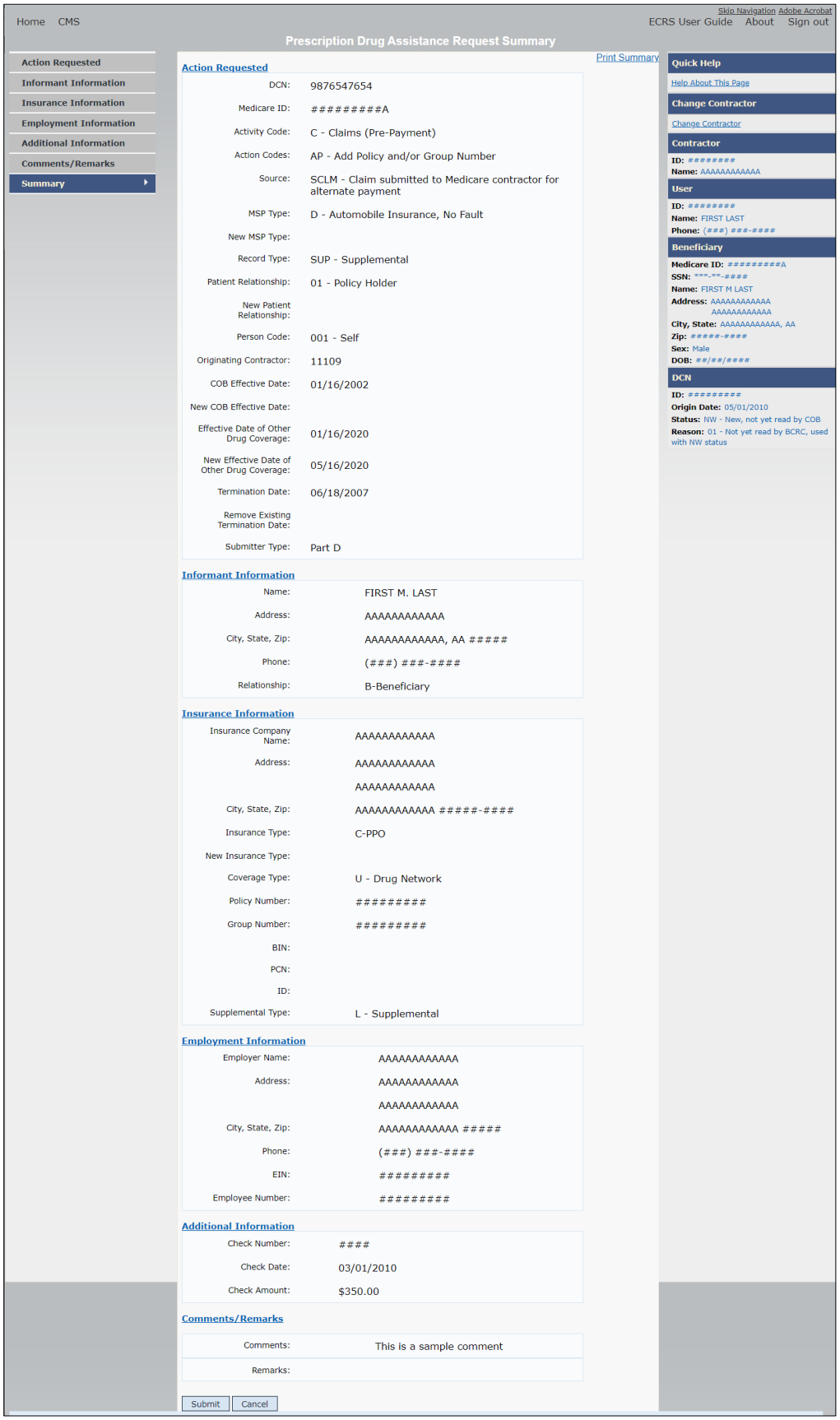


Table 5-10: Prescription Drug Assistance Request Summary

Field	Description
ACTION REQUESTED	Shows information that was previously entered on the *Action Requested* page.
INFORMANT INFORMATION	Shows information that was previously entered on the *Informant Information* page.
INSURANCE INFORMATION	Shows information that was previously entered on the *Insurance Information* page.
EMPLOYMENT INFORMATION	Shows information that was previously entered on the *Employment Information* page.
ADDITIONAL INFORMATION	Shows information that was previously entered on the *Additional Information* page.
COMMENTS/REMARKS	Shows information that was previously entered on the *Comments/Remarks* page.
COB RESPONSE INFORMATION	Appears for records that are not in NW status. See below for more information.
COB COMMENTS	Free-form text field, where the BCRC's comments appear.
USER ID	User ID of the person who entered the BCRC 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)

Field	Description
RETURN	Command button. Click to return to the *Prescription Drug Assistance Request Search Page Listing* without making any updates to the transaction. Appears for records in all statuses except NW.
SUBMIT	Command button. Click to save updates. Appears for records in NW status.
CANCEL	Command button. Click to return to the *Search Page Listing* without making any updates to the transaction. Appears for records in NW status.

5.10.3 Delete Transactions

1. To mark a Prescription Drug Assistance Request transaction for deletion, click the delete [X] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm, or click **Cancel** to decline.
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.

6.1 Adding a Prescription Drug Inquiry Transaction

There are two ways to enter a Prescription Drug Inquiry:

From an MSP Inquiry

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

- From the *Main Menu*, click **MSP Inquiry** under the heading Create Requests or Inquiries. The system shows the first page of the MSP Inquiry.
- Follow instructions for Adding an MSP Inquiry and enter Prescription Drug information on the *Prescription Coverage* page.

From the Main Menu

This option allows you to enter a Prescription Drug inquiry independent of an MSP inquiry. Follow the steps in Section 6.4. See Section 5.2 for information on CMS' Prescription Drug Hierarchy rules.

6.1.1 Retrieving Beneficiary Information

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

6.1.2 Common Prescription Drug Sources

The following are common sources that provide contractors with prescription drug information, followed by the associated source code:

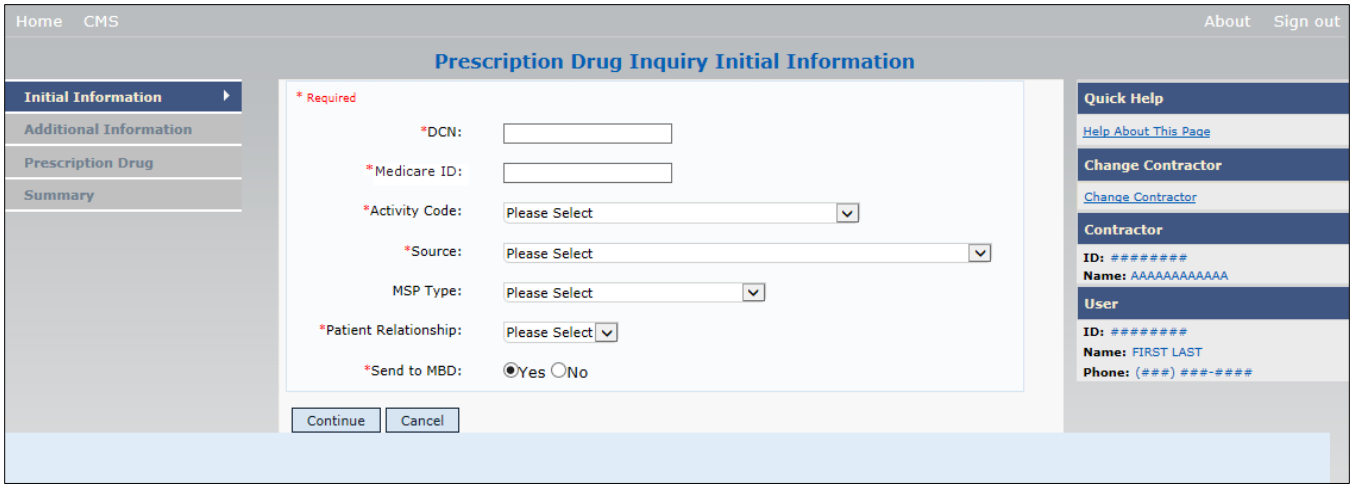
- Survey (SRVY)
- Letters from beneficiaries or other informants (LTTR)
- Phone calls (PHON)
- Checks (CHEK)
- Secondary claims (SCLM)

6.2 Initial Information Page

From the *Main Menu*, click **Prescription Drug Inquiry** under Create Requests or Inquiries.

The *Initial Information* page appears. 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



6.2.1 Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

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 Medicare ID (HICN or MBI) 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 6-1: Prescription Drug Inquiry Initial Information

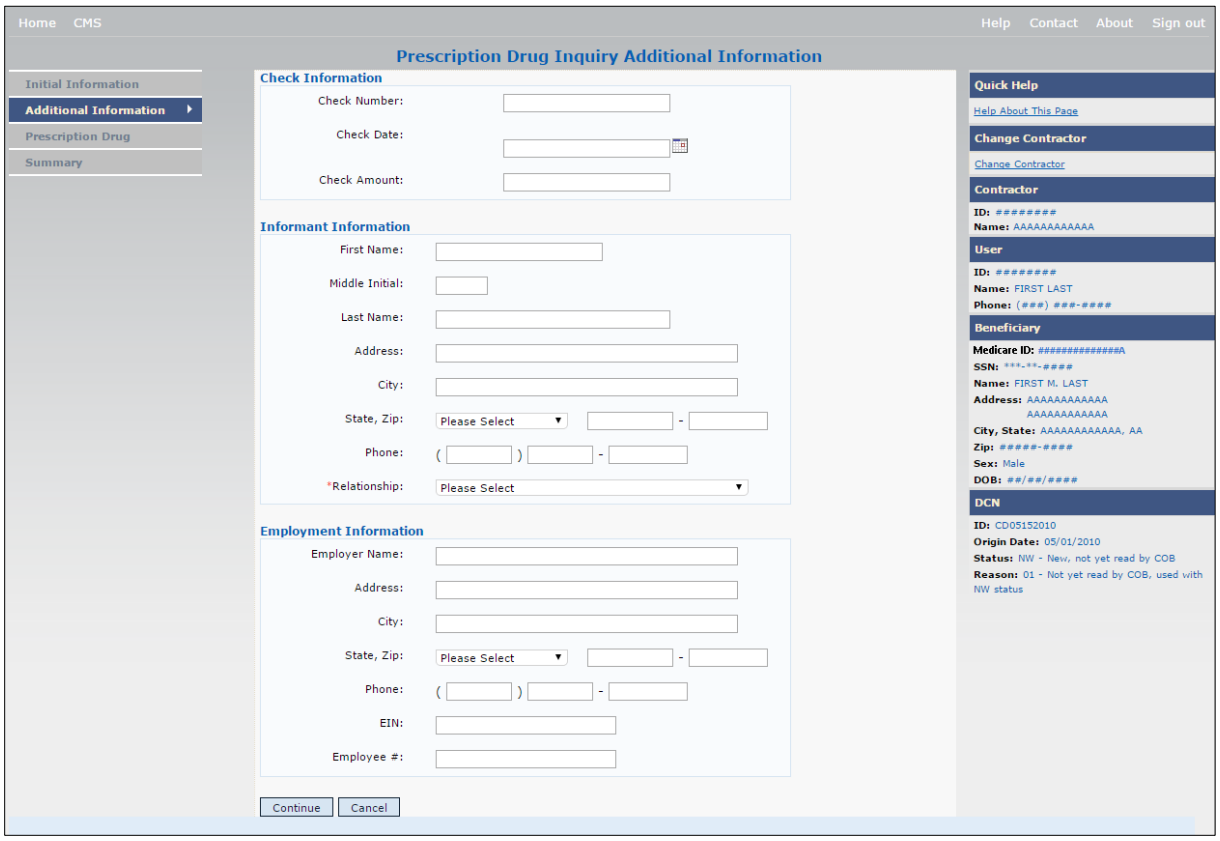
Field	Description
DCN	DCN assigned by the contractor to correspondence and/or paperwork associated with the transaction. *Required field*. The system auto-generates the DCN, but it can be changed by the user.
MEDICARE ID	Medicare ID (HICN or MBI) of the beneficiary. Enter the ID without dashes, spaces, or other special characters. *Required field*.
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

Field	Description
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 L Liability **Note:** The MSP Type cannot be selected when Prescription Drug Record Type is supplemental.
PATIENT RELATIONSHIP	Patient relationship between the policyholder and the beneficiary. Required field. Valid values are: 01 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner **Note:** All patient relationship values accepted for MSP Types B and G. *MSP Type A will accept 01 and 02.* MSP Types D, E, L*, H, S, and T will only accept* 01. *MSP Type W is not allowed in PDI transactions.*
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. You must enter data in required fields before clicking **Continue**.
CANCEL	Command button. Click to return to the *Main Menu*.

6.3 Additional Information Page

On this page, enter additional information needed for the prescription drug inquiry.

Figure 6-2: Prescription Drug Inquiry Additional Information



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 6-2: Prescription Drug Inquiry Additional Information

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.

Field	Description
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
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 policyholder.
CONTINUE	Command button. Click to go to the *Prescription Coverage* page.
CANCEL	Command button. Click to return to the *Main Menu*.

6.4 Prescription Drug Inquiry Prescription Drug Page

Type/select Prescription Drug information associated with the Part D coverage on this page.

- 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 6-3 you will you will receive the following error message: "Insurance Company Name not a valid name."

Figure 6-3: Prescription Drug Inquiry Prescription Drug

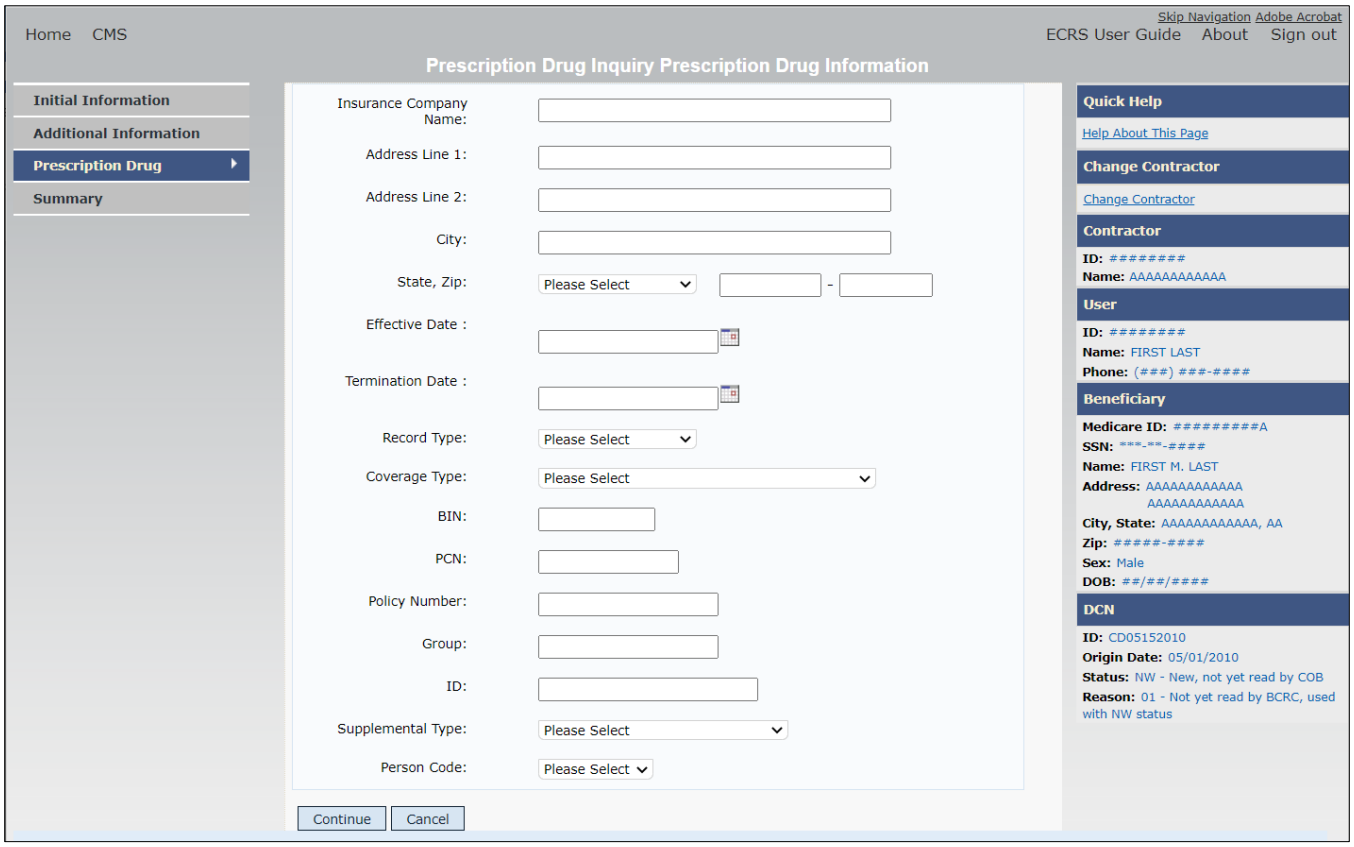


Table 6-3: Prescription Drug Inquiry Prescription Drug

Field	Description
INSURANCE COMPANY NAME	Name of the insurance carrier for prescription drug coverage. *Required field.* ***Note:*** *If the Insurance Company Name entered is less than two characters or contains one of the following values, then it is considered an error:* *ADAP, ASSISTANCE PROGRAM, ATTORNEY, BC, BCBS, BCBX, BCRC, BENEFITS COORDINATION & RECOVERY, BENEFITS COORDINATION & RECOVERY CENTER, BENEFITS COORDINATION AND RECOVE, BENEFITS COORDINATION AND RECOVERY CENTER, BLUE CROSS, BLUE SHIELD, BS, BX, CMS, COB, COBC, COORDINATION OF BENEFITS CONTRAC, COORDINATION OF BENEFITS CONTRACTOR, HCFA, INSURER, MEDICAID, MEDICARE, MISC, MISCELLANEOUS, N/A, NA, NO, NO FAULT, NO-FAULT, NONE, PAP, QSP, QUALIFIED STATE PROGRAM, SPAP, SUPPLEMENT, SUPPLEMENTAL, TRICARE, UN, UNK, UNKNOWN, and XX.*
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.
EFFECTIVE DATE	Effective date of the drug coverage. *Required field.* **Notes:** The EFFECTIVE DATE cannot be the same as the TERMINATION DATE. This field accepts dates up to three months from the current date for primary coverage: For GHP records (MSP Types A, B, and G): The Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)
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.

Field	Description
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 digits and cannot be all the same number if COVERAGE TYPE is U. *Required field* if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN. Group, BIN, *or* PCN is required with Action Code CX.
PCN	Prescription Drug PCN number. Must not contain special characters. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, *or* PCN is required with Action Code CX.
POLICY NUMBER	Policy number of insurance coverage.
GROUP	Prescription Drug group number. Must not contain special characters. Group, BIN, *or* PCN is required with Action Code CX.
ID	Prescription Drug ID number. Must not contain special characters. *Required field* if COVERAGE TYPE is U. Cannot be blank or all zeros if COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	Prescription Drug Coverage policy type. Valid values are: L - Supplemental M - Medigap N - Non-qualified State Program O – Other R – Charity T – Federal Government Programs 3 – Major Medical
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*.

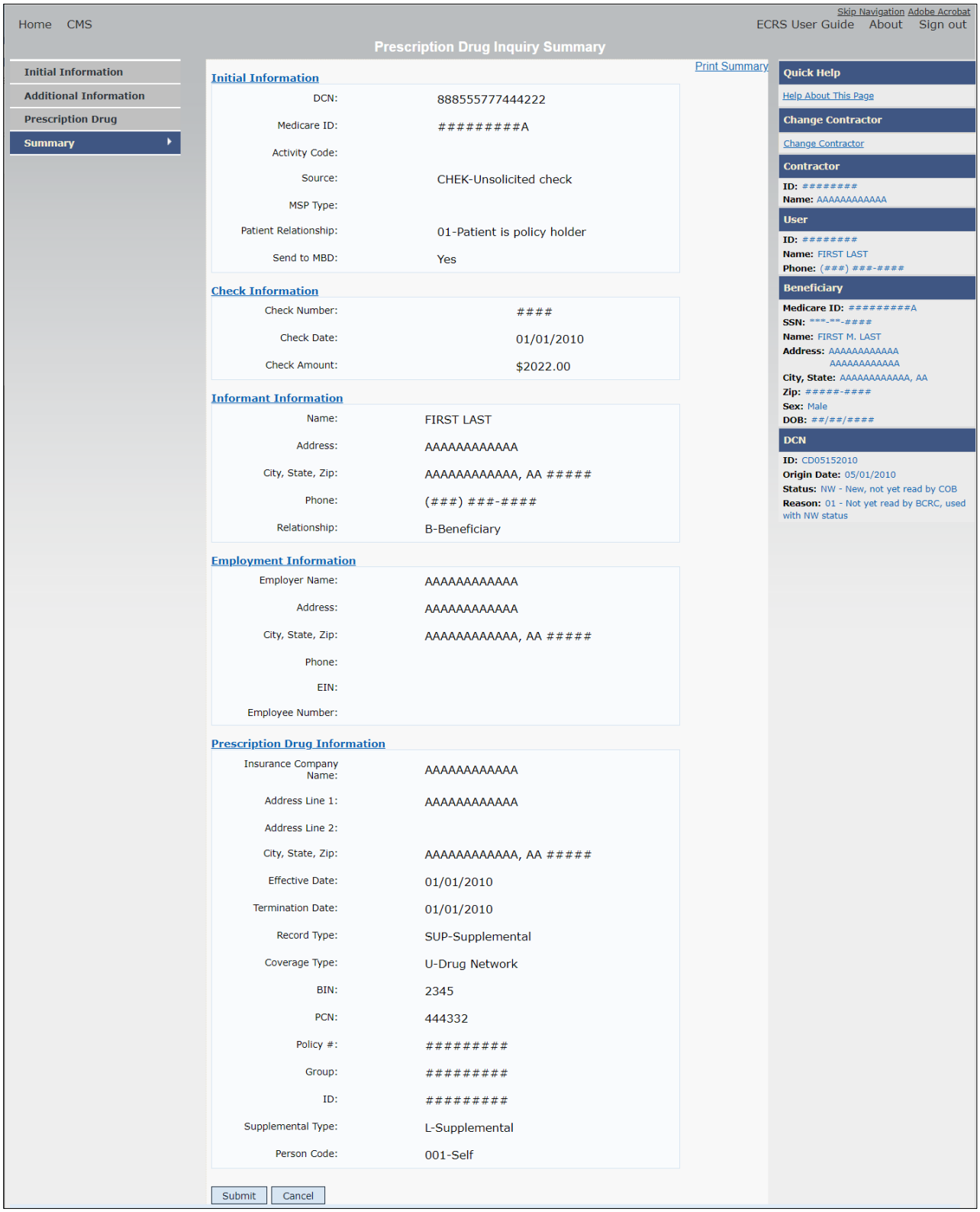
6.5 Summary Page

The *Prescription Drug Inquiry Summary* page (Figure 6-4) shows a summary of all information entered for the Prescription Drug inquiry before submission.

After typing/selecting data in all relevant fields on the previous Prescription Drug Inquiry pages, review the *Summary* page and click **Submit**. The *Submit Confirmation* page appears. 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



6.6 Viewing, Updating, and Deleting Prescription Drug Inquiries

Follow the steps below to search for and view 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.

There are two ways to access Prescription Drug Inquiries:

From an MSP Inquiry

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

From the COB ECRS *Main Menu* web page:

1. Click **MSP Inquiries** under the heading Search for Requests or Inquiries.
2. Enter the search criteria in the appropriate fields.
3. Click **Search**.

From a Stand-Alone ECRS Prescription Drug Coverage Inquiry

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

From the COB ECRS *Main Menu* web page:

1. Click **Prescription Drug Inquiries** under the heading Search for Requests or Inquiries.
2. Enter the search criteria in the appropriate fields.
3. Click **Search**.

6.6.1 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 Medicare ID
- 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.

Figure 6-5: Prescription Drug Inquiry Search

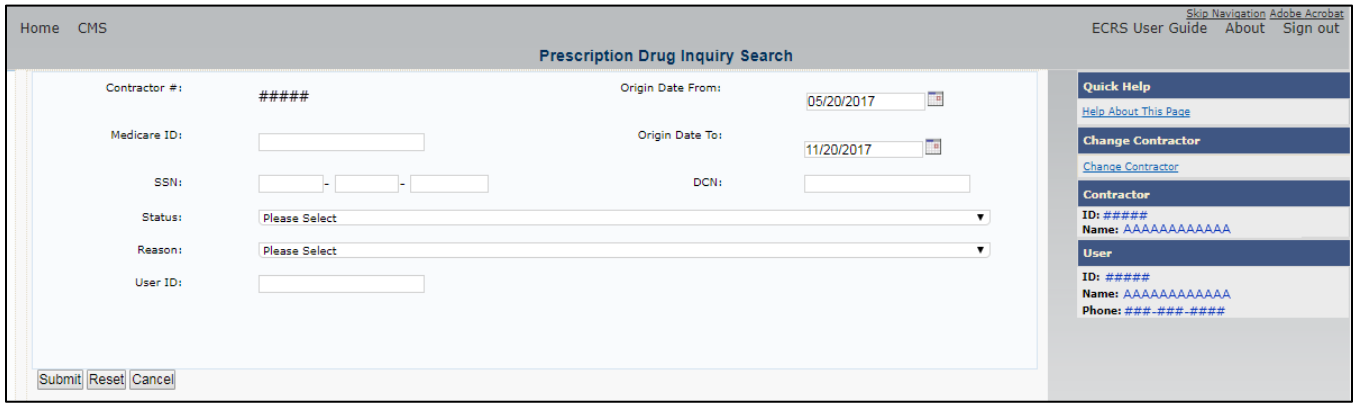


Table 6-4: Prescription Drug Inquiry Search Criteria

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.
MEDICARE ID	Enter a Medicare ID (HICN or MBI). **Note:** If searching by Medicare ID, do not enter an SSN or DCN.
SSN	Enter a Social Security Number. **Note:** If searching by SSN, do not enter a Medicare ID or DCN.
STATUS	Enter a status code. To view all in-process Prescription Drug Inquiry transactions, select IP in the STATUS field.
REASON	Select a reason code. (See Appendix E for the complete list of codes.)
USER ID	Enter a user ID.
ORIGIN DATE FROM	Enter a starting date for the date range, if applicable. **Note:** MMDDCCYY format.
ORIGIN DATE TO	Enter an ending date for the date range. **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 6 months.
DCN	Enter a DCN. **Note:** If searching by DCN, do not enter a Medicare ID or SSN.
SUBMIT	Click **Submit** to view search results.
RESET	Click **Reset** to clear search results.
CANCEL	Click **Cancel** to return to the *Main Menu*.

6.6.2 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 Medicare ID, enter the Medicare ID 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, Medicare ID, SSN, or contractor number.

   A list of Prescription Drug Inquiries appears. There are up to 500 items per page; scroll through the records or use the **First**, **Previous**, **Next**, and **Last** navigation at the top of the list to view other transactions on other pages.
2. Change or delete search criteria to initiate a new search.

Figure 6-6: Prescription Drug Inquiry Search Listing

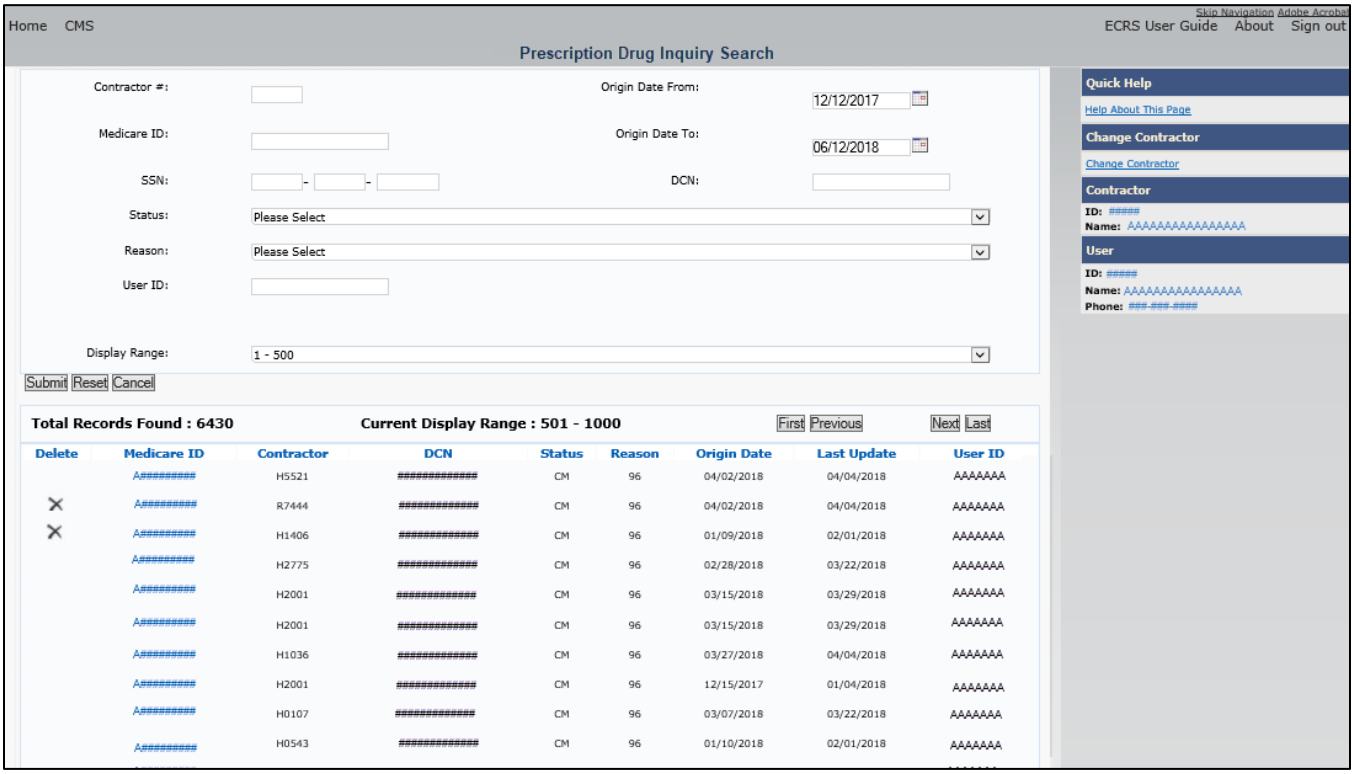


Table 6-5: Prescription Drug Inquiry Search Listing

Field	Description
DISPLAY RANGE	Select a range to filter the records in the search results by a defined range. **Note:** This field is only visible if a search has been completed. The range in the *Display Range* field defaults to 1–500.
Total Records Found	Total number of records found.
Current Display Range	Defined display range for the records found. **Note:** This field defaults to 1–500.
DELETE	Click the delete [**X**] link to mark a transaction for deletion

Field	Description
MEDICARE ID	Medicare ID (HICN or MBI) for Prescription Drug Inquiry transaction (*protected field*). Click the **Medicare ID** link to view the *Summary* page
CONTRACTOR	Contractor number (*protected field*).
DCN	DCN 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 (*protected field*). (See Appendix E for the complete list of codes.)
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*).
Export options	Click the link to export search results. **Note:** You may export all results returned, up to 500 records at a time, based on the records currently shown.

6.6.3 Update Transactions

1. To update information on a Prescription Drug Inquiry transaction, click the Medicare ID link for the transaction. The *Summary* page for the selected transaction appears, along with page links to the information, to allow for updates (Figure 6-7).
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*.

Figure 6-7: Prescription Drug Inquiry Summary

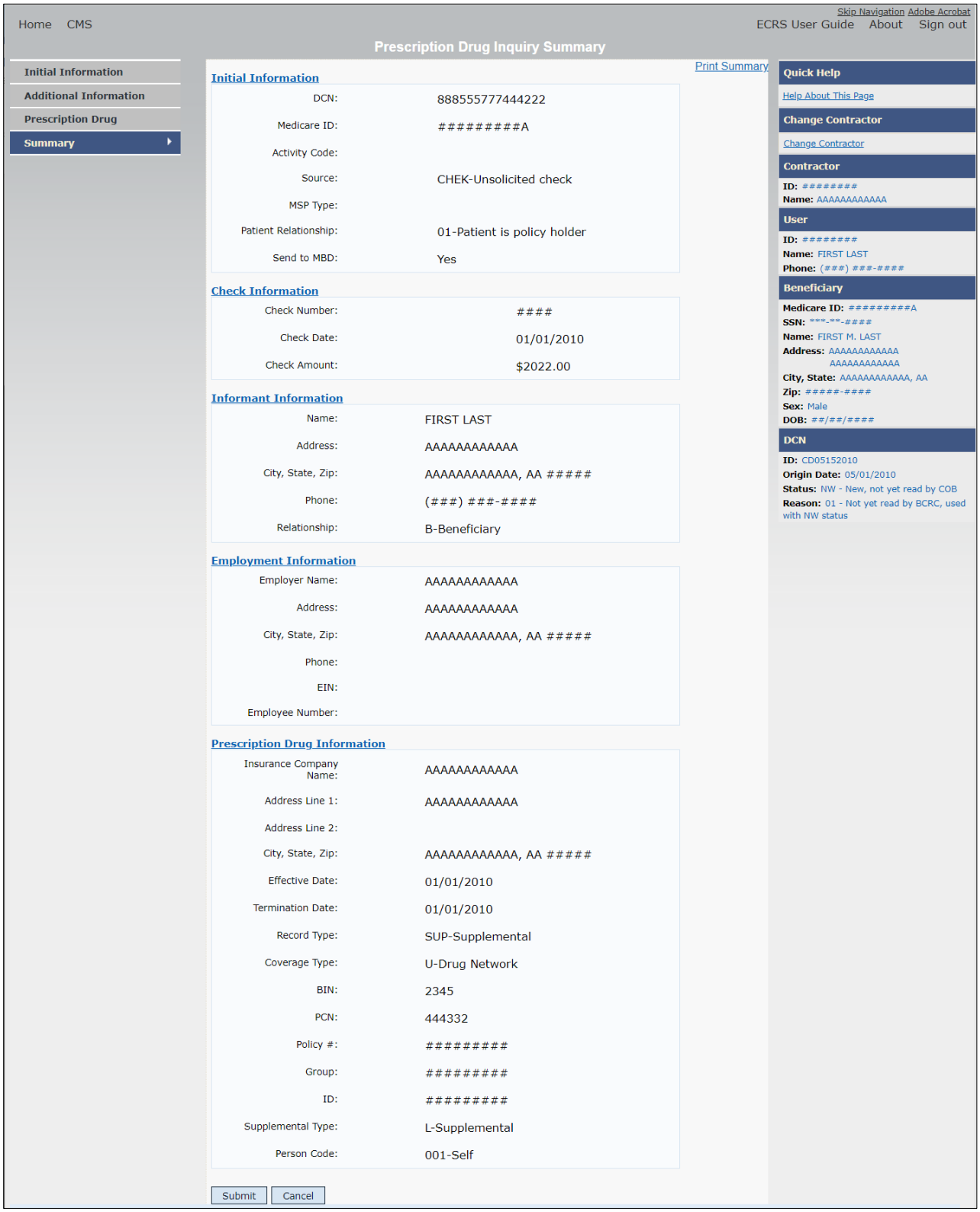


Table 6-6: Prescription Drug Inquiry Summary

Field	Description
INITIAL INFORMATION	Shows information that was previously entered on the *Initial Information* page.
ADDITIONAL INFORMATION	Shows information that was previously entered on the *Additional Information* page.
PRESCRIPTION COVERAGE	Appears information that was previously entered on the *Prescription Coverage* page.
COB RESPONSE INFORMATION	Appears for records that are not in NW status. See below for more information.
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
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. Appears for records in all statuses except NW.
SUBMIT	Command button. Click to save updates. Appears for records in NW status.
CANCEL	Command button. Click to return to the *Search Page Listing* without making any updates to the transaction. Appears for records in NW status.

6.6.4 Delete Transactions

To mark a Prescription Drug Inquiry transaction for deletion, click the delete [**X**] icon next to the Medicare ID and when the *Confirmation* page appears, click **Continue** to confirm, or click **Cancel** to decline. To exit the *Prescription Drug Inquiry Search* page, click **Home** to return to the *Main Menu*. The system does not retain search criteria.

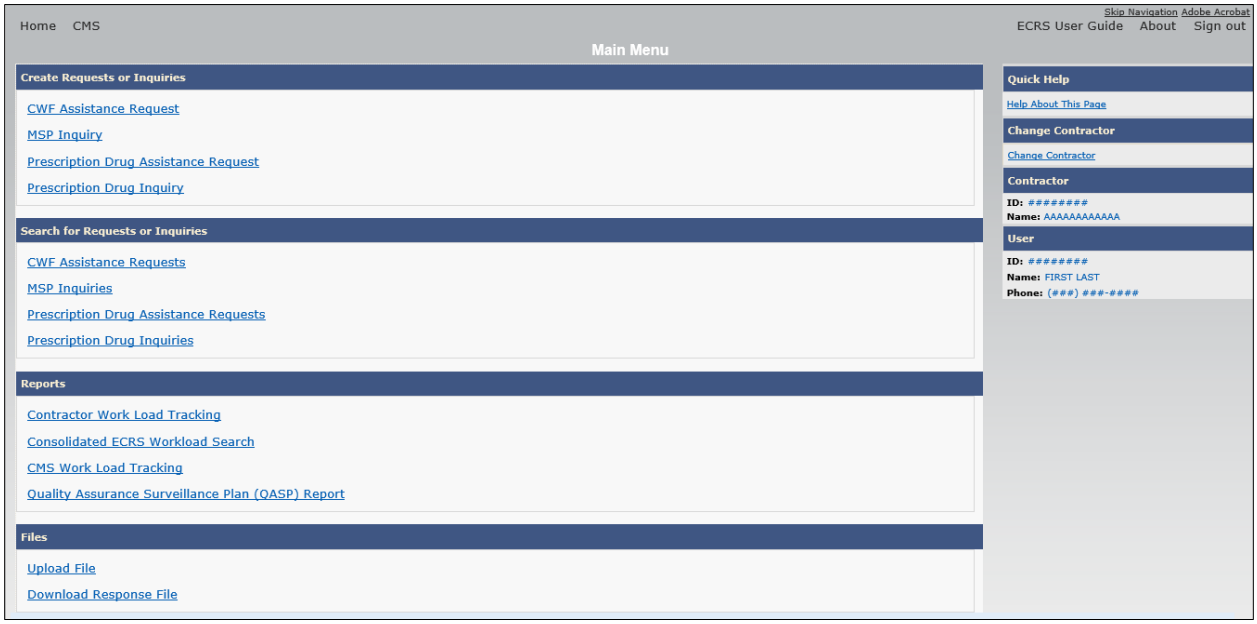
Chapter 7: Reports

This chapter provides details regarding the reporting functions that are available within the ECRS application. The following sections provide step-by-step instructions for generating and creating each report. It should be noted access to reports may be limited based on the user locations.

7.1 Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

Figure 7-1: Main Menu (Contractor View)



7.2 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.

To create a workload tracking report:

1. From the *Main Menu*, click the **Contractor Workload Tracking** link in the Reports section.

   The *Contractor Workload Tracking* page appears (Figure 7-2).

2. Enter the desired criteria in the search fields and click **Search**.

   The search page reappears with the results shown.

3. To change the search criteria, click **Reset** to clear all search criteria and results. Then enter new search criteria and click **Search**.

4. Print the report by clicking the **Print This Page** link or export the report to a file by clicking the **Export Options** link.

5. To exit the *Contractor Workload Tracking* page, click the **Home** link in the upper navigation bar to return you to the *Main Menu*.

Figure 7-2: Contractor Workload Tracking

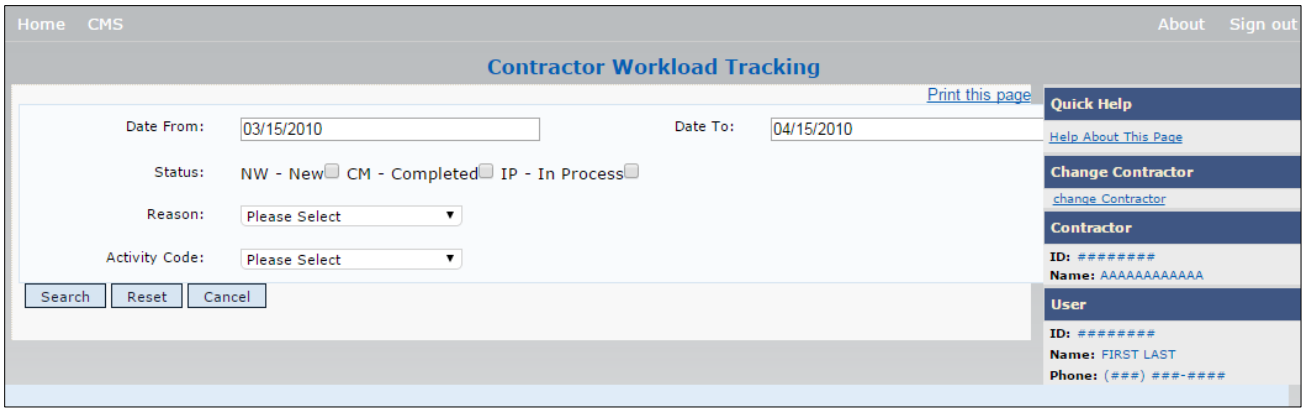


Figure 7-3: Contractor Workload Tracking Results

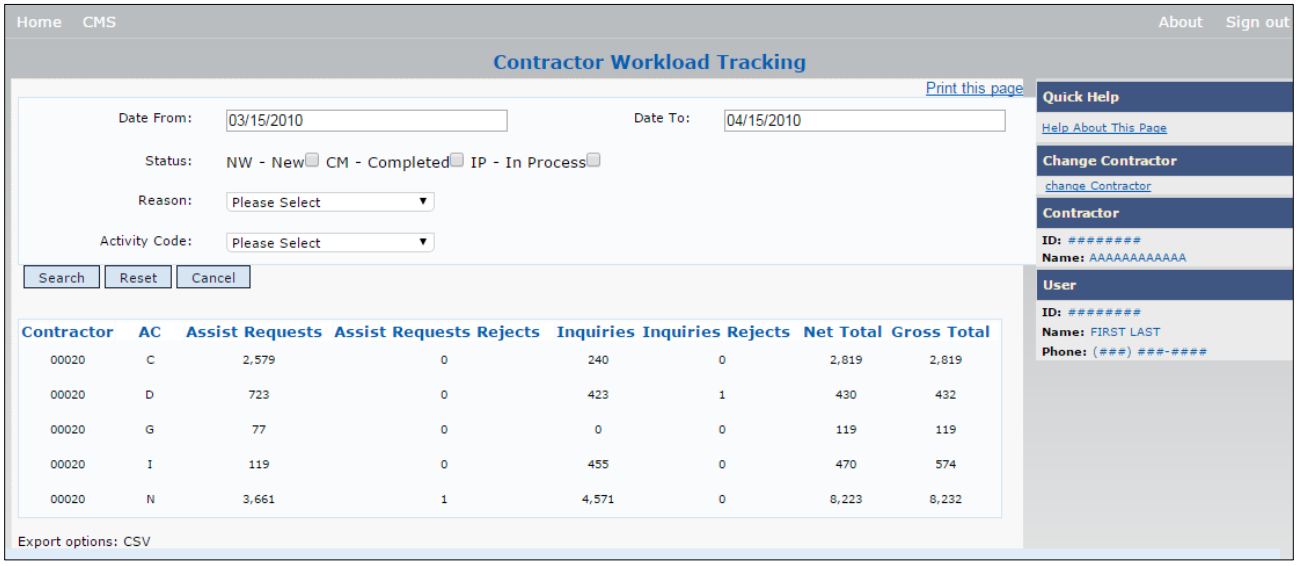


Table 7-1: Contractor Workload Tracking Criteria

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 two-character status code. Values include: NW – New CM – Completed IP – In Process Default is all statuses if none are selected.
Reason	Select a reason code from the drop-down menu. (See Appendix E for the complete list of codes.)
Activity Code	Select a single-character activity code from drop-down menu. Refer to the Appendix for a complete list of reason codes. 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 Blank – Prescription Drug Inquiries Default value is ALL if none are selected.
Search	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*.

Table 7-2: Contractor Workload Tracking Listing

Field	Description
Contractor	Five-digit contractor number sorted in ascending order.
Activity Code (AC)	Activity code counts sorted in ascending order.
Assistance Requests	Number of CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (*protected field*).
Assistance Requests Rejects	Number of duplicate CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (CM53) (*protected field*).
Inquiries	Number of MSP Inquiries and Prescription Drug Inquiries submitted by contractor for each activity code (*protected field*).
Inquiries Rejects	Number of duplicate MSP Inquiries and PD 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*).
Net Total	Net total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, excluding duplicates (*protected field*).

Field	Description
Gross Total	Gross total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, including duplicates (*protected field*).
Export Options	Click to launch the *File Save* dialog.
Print Report/Export Data	Click to launch the *Print* dialog.

7.3 Consolidated ECRS Workload Search

The **Consolidated ECRS Workload Search** feature allows Medicare contractors to select and verify the receipt and status of all submitted requests (MSP Inquiries, CWF Assistance Requests, Prescription Drug Inquiries, and Prescription Drug Assistance Requests). Up to 500 records will appear in the results.

Note: This feature is not available for RO and CMS users.

To conduct a search:

1. Click the **Consolidated ECRS Workload Search** link under the Reports section.

   The *Consolidated ECRS Workload Search* page appears.

2. Enter the desired criteria in the search fields and click **Search**.

   The search page reappears with the results shown at the bottom of the page (Figure 7-5).

3. To change the search criteria, click **Reset** to clear all search criteria and results. Then enter new search criteria and click **Search**.

4. Print the report by clicking the **Print This Page** link or export the report to a file by clicking the **Export Options** link.

5. To exit the *Consolidated ECRS Workload Search* page, click the **Home** link in the upper navigation bar.

   This returns you to the *Main Menu*.

Figure 7-4: Consolidated ECRS Workload Search

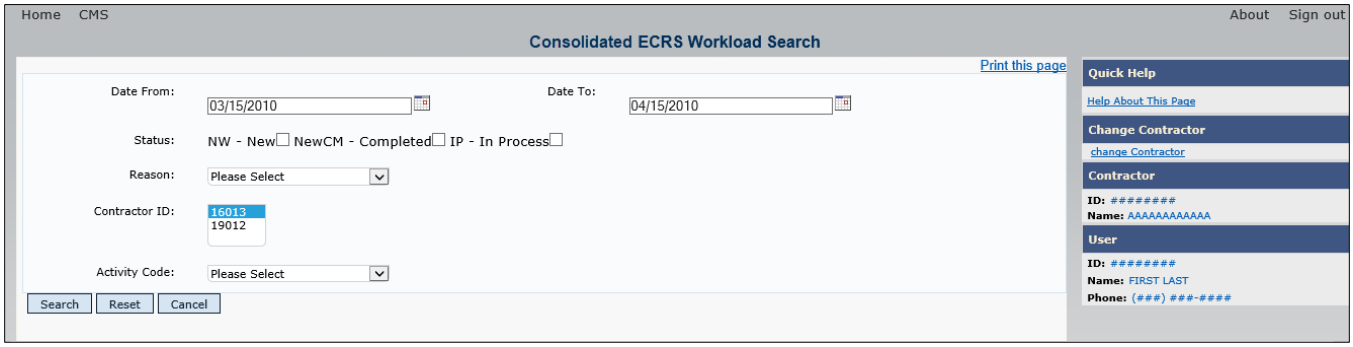


Figure 7-5: Consolidated ECRS Workload Search Results

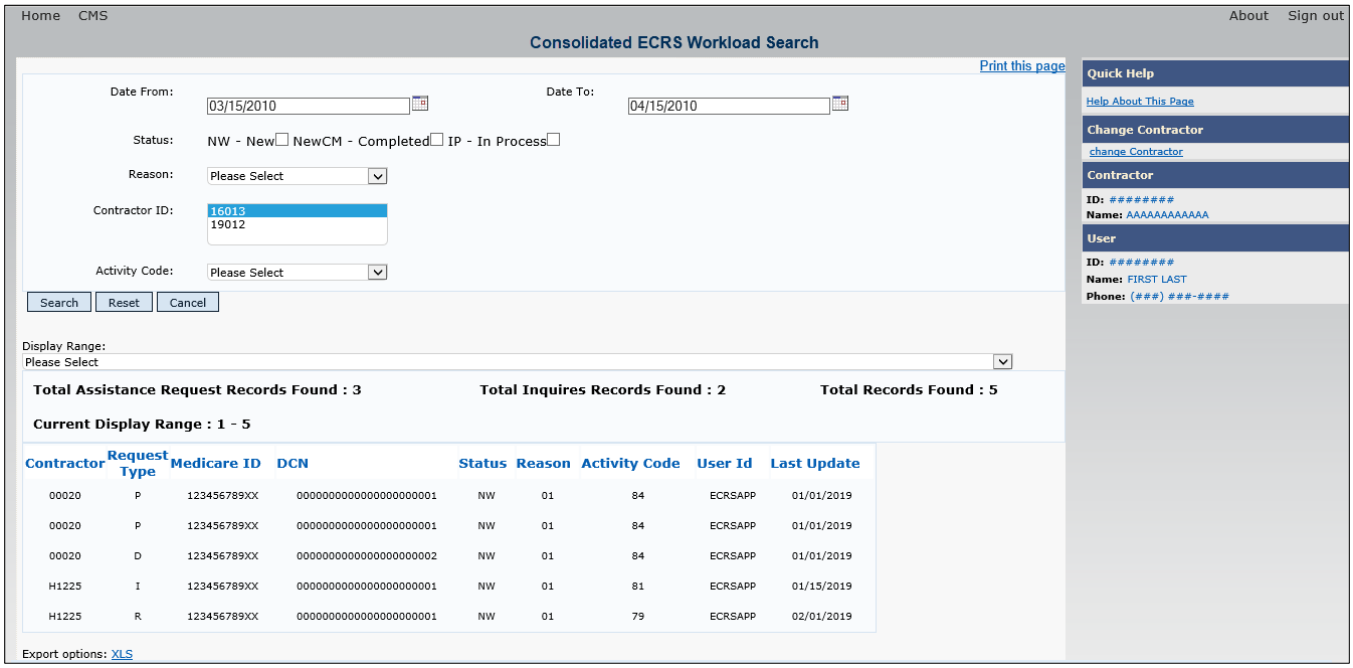


Table 7-3: Consolidated ECRS Workload Search

Field	Description
Date From	Enter a start date for the submission period (format: MM/DD/YYYY) (*required field*). **Note:** The date defaults to the last day of the previous month. The range is limited to 31 days.
Date To	Enter an end date for the submission (format: MM/DD/YYYY) (*required field*).
Status	Select a two-character code. Values include: NW – New CM – Completed IP – In Process Default is ALL statuses if none are selected.
Reason	Select a two-character numeric code from the drop-down menu. Note: See Appendix E for a complete list of reason codes and definitions.
Contractor ID	Select one or more contractor IDs from the drop-down menu (*required field*). **Note:** This menu lists all contractor IDs associated with your login. The default value is ALL if you have more than one contractor ID.
Activity Code	Select a single-character activity code from drop-down menu. Refer to the Appendix for a complete list of reason codes. 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 Blank – Prescription Drug Inquiries Default value is ALL if none are selected.

Field	Description
Search	Click **Search** to create the report with the selected criteria.
Reset	Click **Reset** to clear all search criteria and results.
Cancel	Click **Cancel** to return to the *Main Menu* without saving changes.

Table 7-4: Consolidated ECRS Workload Search Listing

Field	Description
Contractor	Shows the selected five-digit contractor IDs associated with the contractor who submitted the request.
Request Type	Shows the request type: MSP Inquiry, CWF Assistance Request, Prescription Drug Inquiry, or Prescription Drug Assistance Request (*protected field*).
Medicare ID	Shows the masked HICN or MBI associated with the request (*protected field*).
DCN	Shows the Medicare contractor-assigned DCN associated with the request (*protected field*).
Status	Shows either NW, CM, or IP (*protected field*).
Reason	Shows the reason code associated with the request (*protected field*). See Appendix E for the complete list of codes.
Activity Code	Activity of the contractor (*protected field*). Valid values include: 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 Blank Prescription Drug Inquiries
User ID	Shows the user ID associated with the contractor that submitted the request (*protected field*).
Last Update Date	Shows the date the request was last updated (*protected field*).
Total Inquiries	Shows the total number of MSP Inquiries and Prescription Drug Inquiries (*protected field*).
Total Assistance Requests	Shows the total number of CWF Assistance Requests and Prescription Drug Assistance Requests (*protected field*).
Export Data/Export Options	Click to launch the *File Save* dialog.
Print Report/Export Data	Click to launch the *Print* dialog.

7.4 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 *CMS Workload Tracking* page appears.

2. Enter the desired criteria in the search fields and click **Search**.

   The *CMS Workload Tracking* page appears, with report details shown at the bottom of the page (Figure 7-7).

3. Print the report by clicking the **Print This Page** link or export the report to a file by clicking the **Export Data** link.

4. Change the search criteria and click **Search** to re-create the report using the revised criteria. Click **Reset** to clear all search criteria.

5. To exit the *CMS Workload Tracking* web page, click the **Home** link in the upper navigation bar to return you to the *Main Menu*.

Figure 7-6: CMS Workload Tracking

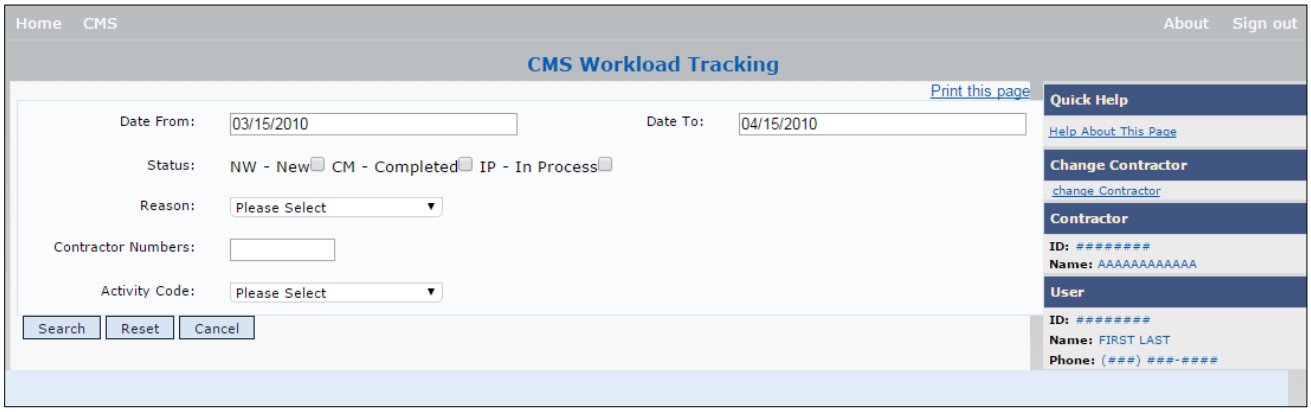


Table 7-5: CMS Workload Tracking Selection Criteria

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 two-character code. Values include: NW – New CM – Completed IP – In Process Default is all statuses if none are selected.
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 view its associated CMS workload statistics. Leave the field blank to show results for all contractors.
Activity Code	Select a single-character activity code from drop-down menu. Refer to the Appendix for a complete list of reason codes. 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 Blank – Prescription Drug Inquiries Default value is ALL if none are selected.
Search	Click **Search** to create the report with the selected criteria.
Reset	Click **Reset** to clear all search criteria and results.
Cancel	Click **Cancel** to return to the *Main Menu* without saving changes.

Figure 7-7: CMS Workload Tracking Sample

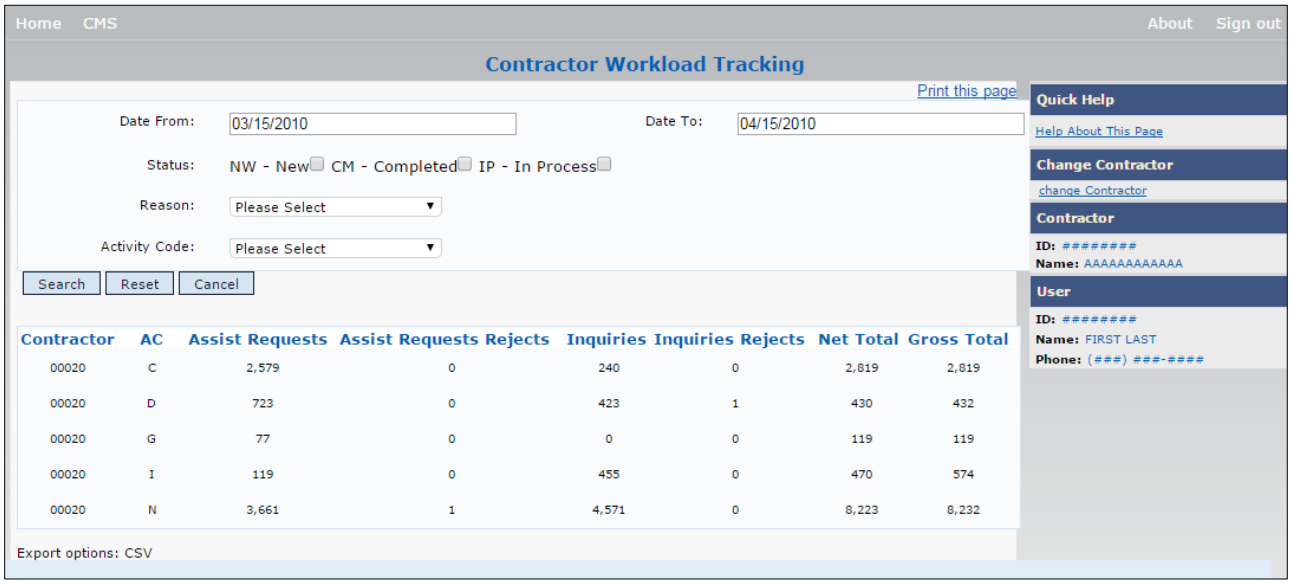


Table 7-6: Reports, Workload Tracking Report Detail

Field	Description
Contractor	Five-digit contractor number sorted in ascending order.
Activity Code (AC)	Activity code counts for each individual ECRS contractor, sorted in ascending order for each contractor.
Assistance Requests	Number of CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (*protected field*).
Assistance Requests Rejects	Number of duplicate CWF Assistance Requests and PD Assistance Requests submitted by contractor for each activity code (CM53) (*protected field*).
Inquiries	Number of MSP Inquiries Prescription Drug Inquiries submitted by contractor for each activity code (*protected field*).
Inquiries Rejects	Number of duplicate MSP Inquiries and PD 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*).
Net Total	Net total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, excluding duplicates (*protected field*).
Gross Totals	Gross total number of CWF Assistance Requests, MSP Inquiries, PD Assistance Requests, and PD Inquiries submitted by contractor for each activity code, including duplicates (*protected field*).
Export Data/Export Options	Click to launch the *File Save* dialog.
Print Report/Export Data	Click to launch the *Print* dialog.

7.5 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 *QASP Report* page appears.
2. Enter the desired criteria in the search fields and click **Submit**.

   The *QASP Report* page appears, with report details shown at the bottom of the page (Figure 7-9).
3. Export the report to a file by clicking the **Export Data** link.
4. Change the search criteria and click **Submit** to re-create the report using the revised criteria. Click **Reset** to clear all search criteria.
5. To exit the *QASP Report* page, click the **Home** link in the upper navigation bar to return you to the *Main Menu*.

Figure 7-8: QASP Report

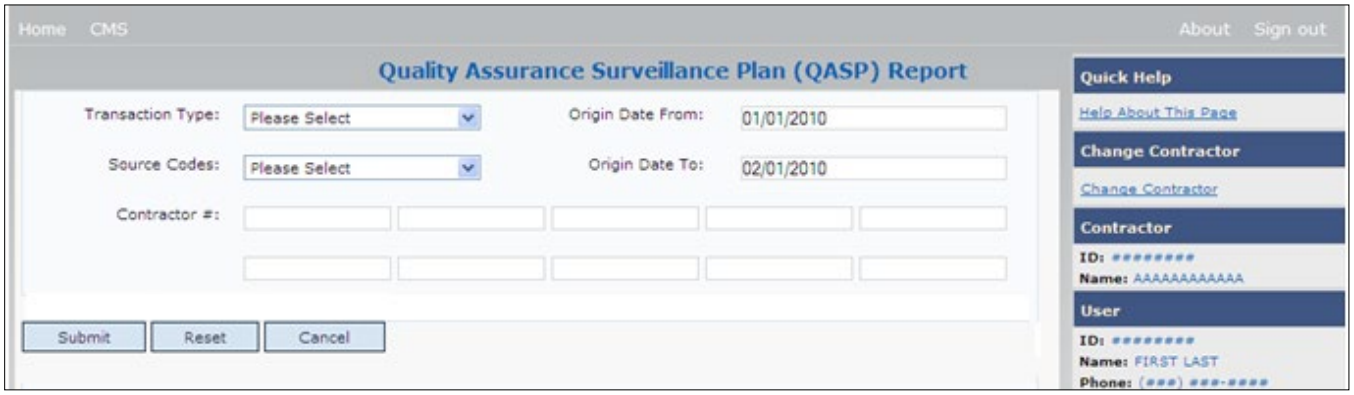


Table 7-7: QASP Report Selection Criteria

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 view its associated CMS workload statistics. Leave the field blank to view results for all contractors. Enter at least one, but no more than ten, contractor numbers.
Export Data	Link. Click to launch the *File Save* dialog.
Submit	Click **Submit** to create the report with the selected criteria.
Reset	Click **Reset** to clear all search criteria and results.
Cancel	Click **Cancel** to return to the *Main Menu* without saving changes.

Figure 7-9: QASP Report Listing

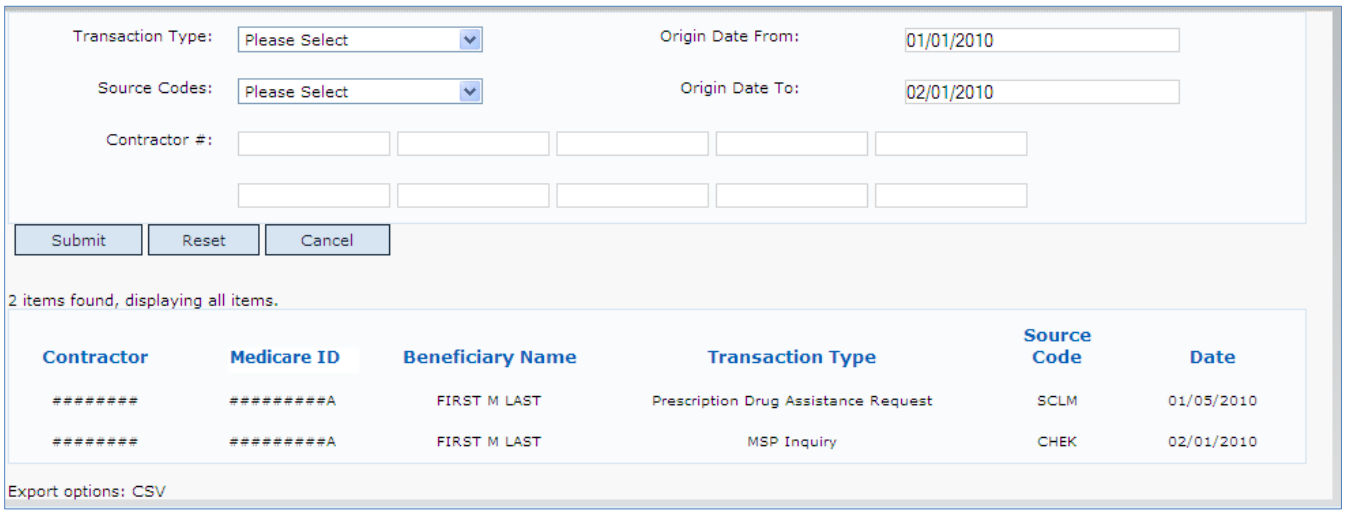


Table 7-8: QASP Report Listing

Field	Description
Contractor	Unique five-digit contractor numbers assigned to Medicare contractors by CMS. Used to identify Medicare contractors.
Medicare ID	Medicare ID (HICN or MBI) 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.

Chapter 8: Uploading and 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 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 EDI Department at 646-458-6740.

8.1 Navigation Links

Several basic navigation links appear on every *Main Menu* page. See Section 2.6.4 for descriptions of the heading bar links and the right side bar links and fields.

8.2 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 shows a listing of the ten most recently uploaded files.

Note: *You can upload multiple files separately or upload a single file containing a combination of all requests and inquiries (i.e., a single file with CWF Assistance Requests, MSP Inquiries, Prescription Drug Inquiries, and Prescription Drug Assistance Requests). The combined file must be separated by header and trailer records and grouped by Transaction Type and Contractor Number.*

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.

   The *File Upload* page appears (Figure 8-1).

2. Enter the file path in the FILE TO UPLOAD field; or click the **Browse** button and select the file to upload.

3. Click **Continue**.

   The system uploads the file and the *Upload File Confirmation* page appears. 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.

Figure 8-1: ECRS File Upload

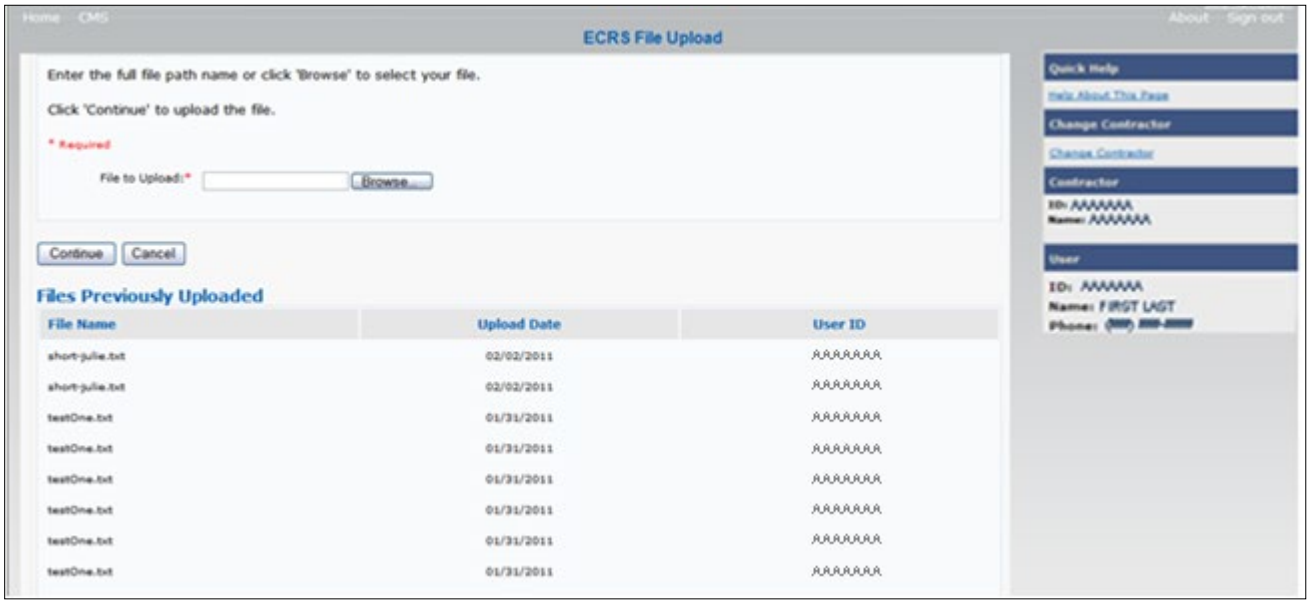


Table 8-1: ECRS File Upload

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.
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.

8.3 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 shows a list of response files available for download. Users with upload/download authority for several contractors can *view a list of all response file types for any contractor they have the authority for, regardless of which contractor ID they signed in with. They can also filter this list by contractor ID*.

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

Follow these steps to download Assistance Request and Inquiry Response files.

1. From the *Main Menu*, click the **Download Response File** link in the Files section.

   The *Download Response Files* page appears.

2. Click a file name link to download the file.

   The system downloads and shows the detail records from the selected response file (Figure 8-3).

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

Figure 8-2: Download Response Files

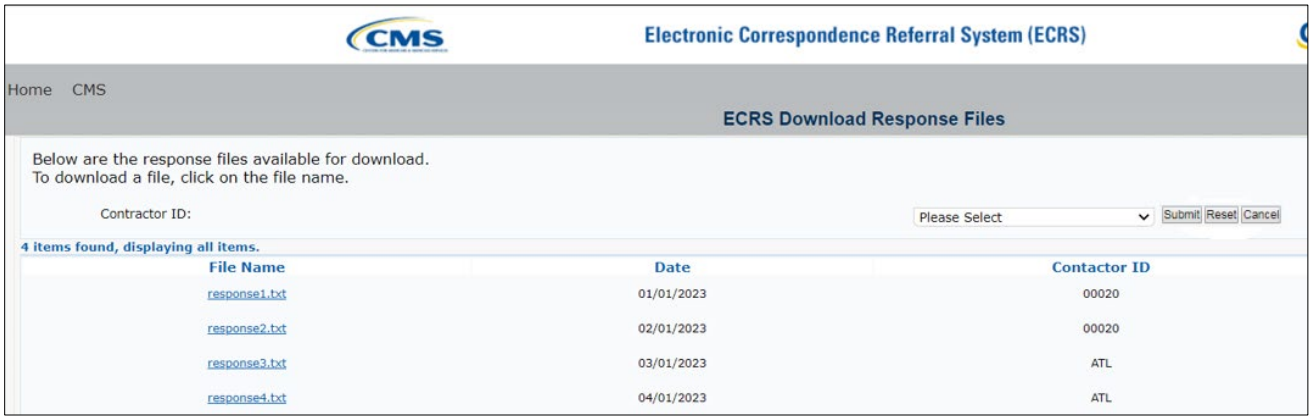
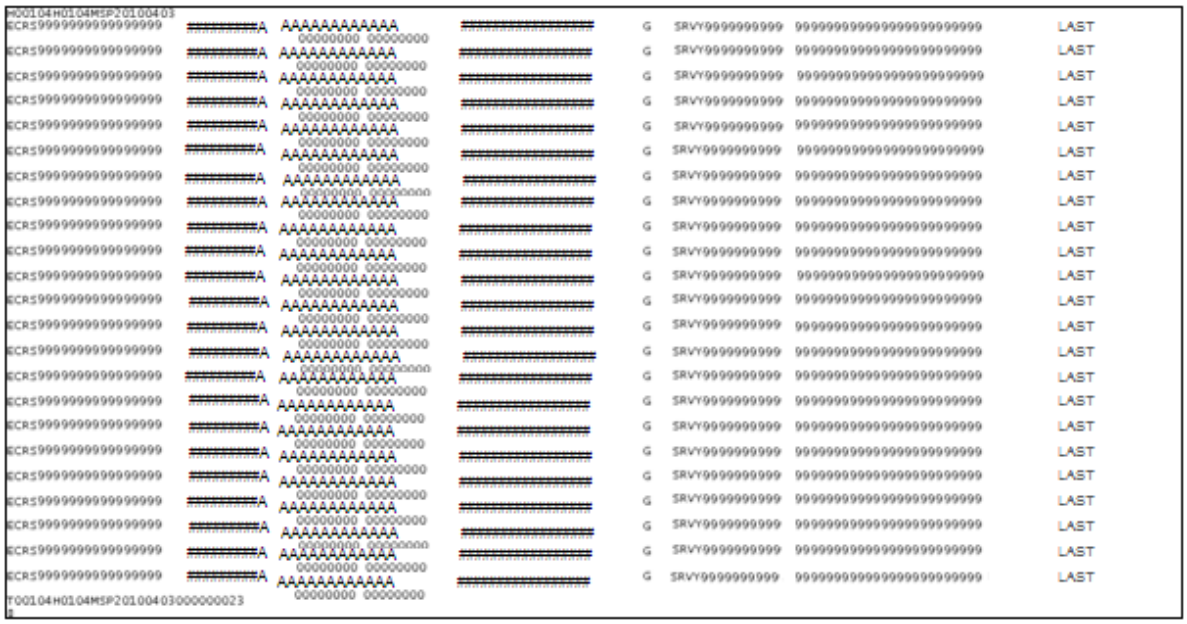


Table 8-2: Download Response Files

Field	Description
Contractor ID	*Select an ID from the drop-down menu to filter the list of response files shown by contractor ID.*
Submit	*Command button. Click to apply the contractor ID filter.*
Reset	*Command button. Click to clear the contractor ID filter.*
Cancel	*Command button. Click to return to the Main Menu.*
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.
Contractor ID	*ID of the contractor associated with the listed response file.*

Figure 8-3: Response File Example



8.4 Alternative File Submission Options

We highly recommend that ECRS users use 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 the CMS Electronic File Transfer (EFT) protocol, or you can choose to send these files using a Secure FTP/Gentran Mailbox already established with CMS.

The file naming conventions are different for the CMS EFT than they are for the Gentran Mailbox. For the CMS EFT, the naming conventions are as follows:

Production or Test Files

Input Files: P#/T#EFT.ON.NDM.ECRS.INPUT.Dyymmdd.Thhmmsst

Response Files (sent ECRS Plans)

Response Files: HLQ.RXnnnn.ECRS.RESP.Dyymmdd.Thhmmsst

Notes:

- P/T = Production or Test
- HLQ = Customer-defined high-level qualifier, one for production and one for test
- RXnnnn = “R” plus five-digit ECRS Plan ID (one alpha + four numeric)
- Dyymmdd.Thhmmsst = Current date and time

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

Note: You may not submit files in .zip format with the Gentran Mailbox.

8.5 File Submission Errors

If you upload a file with an error in the Header or Trailer, that contains incorrect or invalid characters, or that has an incorrect record length, ECRS will show an error code and message (see Appendix H) on the *File Upload* page. When an upload error occurs, you will see the following message: “Please make corrections and resubmit your file.”

Chapter 9: Identification Management (IDM) Registration, Remote Identity Proofing (RIDP), and Multi-Factor Authentication (MFA)

9.1 Introduction

This section provides step-by-step instructions for active EIDM ECRS users whose accounts were migrated from the EIDM to the IDM process and for new users registering on the CMS Portal for the first time.

If you were a former EIDM ECRS user with an active account: valid login ID and password, and an application role, and who completed the Remote Identify Proofing (RIDP) verification process, you can now go to the Portal page and log in. When logging in for the first time, your initial (default) security authentication will be by email, and you will also be asked to set up one challenge question and answer. After you complete this step, should you ever forget your password, or if your account is locked, you can use the IDM self-service features to regain access (Section 9.5).

If you have never registered or created an account previously, you will need to complete the account registration process on the CMS Portal (Section 9.5.3), and the RIDP verification process (Section 9.7). These steps are part of requesting access to the ECRS application and a user role.

Whether you are a former active EIDM user or a new user, the default multi-factor authentication (MFA) method assigned to your IDM account is email. However, once you log in to the CMS Portal, you can then set up other authentication devices (See Manage MFA Devices).

9.2 About RIDP and MFA

RIDP is an identity verification process that requires you to provide information to Experian® (an external credit service agency) that is sufficient to prove your identity. MFA is a security authentication process that requires you to enter a unique security code either through your email, or through another registered authentication device (such as a phone application) to complete your login.

You only need to complete the RIDP setup process **once**. You will not need to repeat this process when requesting access and roles for other applications managed through the IDM system. You can set up alternate MFA devices at any time.

9.3 EIDM Users

If you were an active EIDM ECRS user, your account information has been migrated to use the IDM process. Active accounts must have a valid login ID and password, and have current access to ECRS with an application role. You must also have completed the RIDP process. If this is your case, you can go directly to the CMS Portal and log in (Section 9.3.1). Otherwise, contact the ECRS Help Desk at 646-458-6740.

When logging in to the CMS Portal for the first time, your default security authentication will be by email. However, once logged in, you can set up additional authentication devices through your profile (Section 9.4.1).

Note: *You must log in to your account at least once every 60 days. If you do not log in within this timeframe, you will have to reset your password the next time you log in.*

9.3.1 Login Process

See Section 2.6.2 for login steps for current ECRS users, including migrated EIDM users.

9.4 New Users

Follow these steps to register and log in if you are a new user on the CMS Portal. All new registrations and requests for ECRS access and roles are done through the portal. See Section 9.5.3 for requesting access to ECRS.

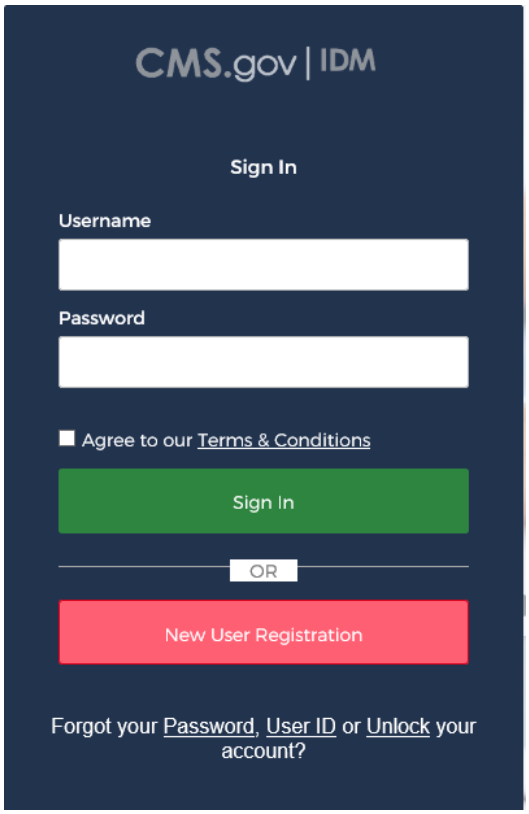
9.4.1 Login Process

1. Go to https://portal.cms.gov/.

   The CMS Portal login page appears.

2. Click **New User Registration**.

Figure 9-1: CMS Portal Login



3. Complete your personal and contact information. Check the box to indicate that you agree to the terms and conditions (Figure 9-2).

   If your address in not within the U.S., click **No** when you answer the question "Is Your Address US Based?"

   Note: If you live overseas, you will not be able to complete the RIDP process (see Section 9.7.2 for details regarding manual ID proofing).

Figure 9-2: Step #1: Enter Personal and Contact Information

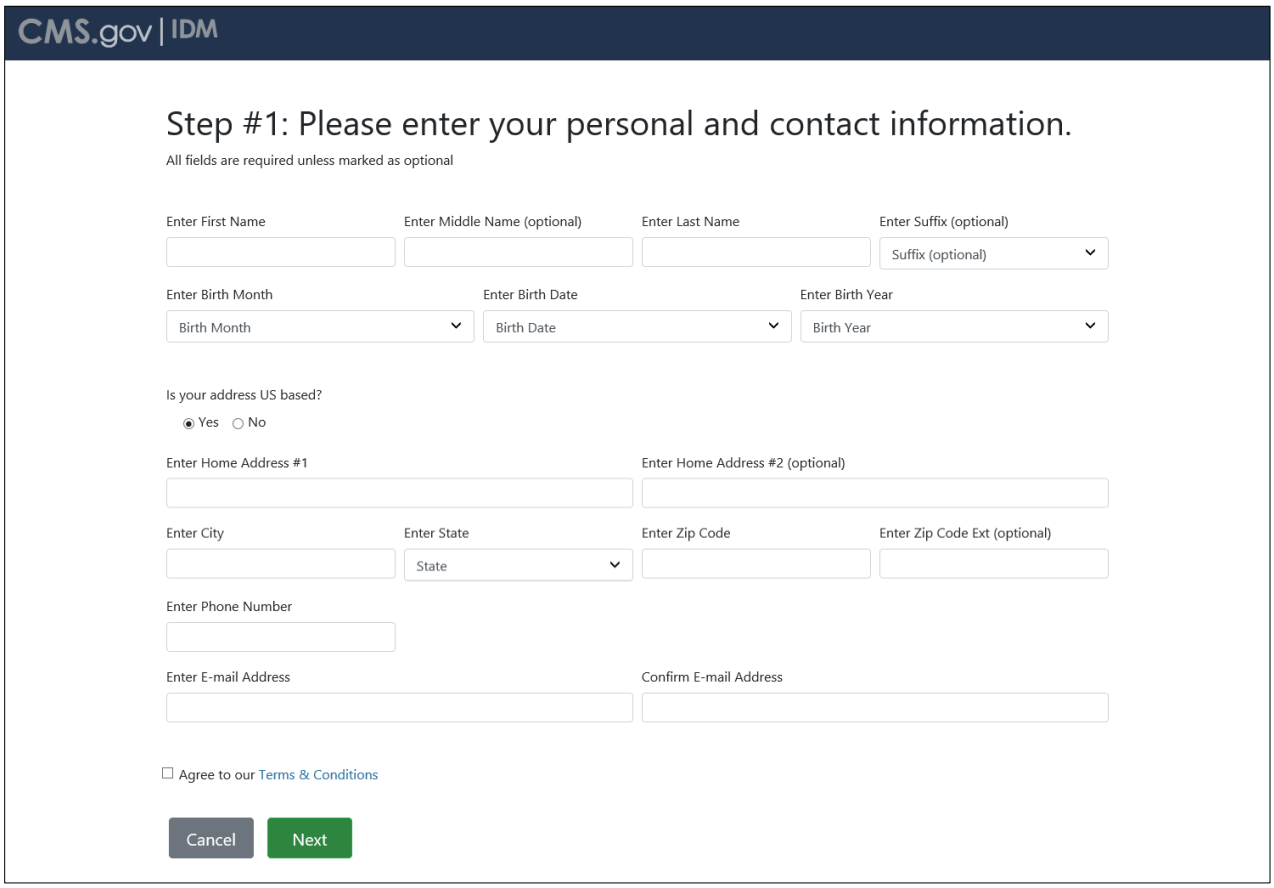
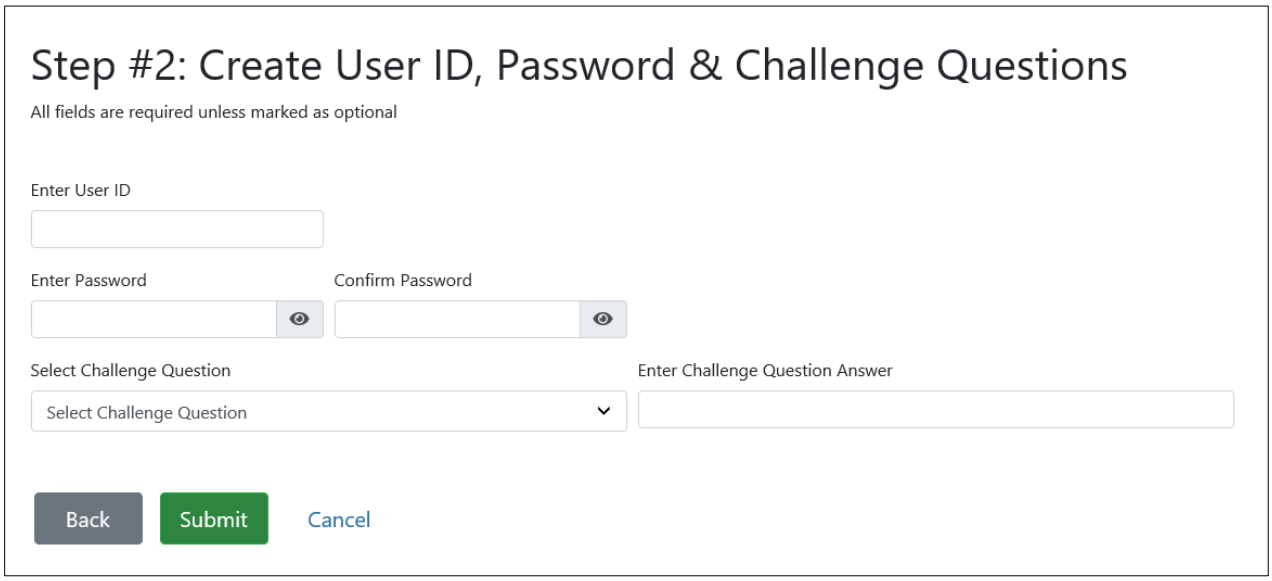


Figure 9-3: Step #2: Create User ID, Password, and Challenge Question



4. Create a user ID and password, and select your challenge question and answer. Then click **Submit**.

   A *Confirmation* appears. When successful, you will automatically be transferred to the IDM login page. Otherwise, correct your errors and then resubmit.

9.5 Self-Service Dashboard and Features

Once you log in, the self-service dashboard becomes your "home" page. Dashboard options include:

- Manage your profile information (My Profile)

  Click **My Profile** to manage your MFA devices.

- Request applications and roles (Role Request)

  This option will also initiate the RIDP process if have not already completed it.

- Manage existing roles (Manage My Roles)
- Manage role requests (My Requests)

Other self-service features include the **forgot password** and **unlock account**, which are links available on the CMS Portal login page (but not the ECRS login page). By default, the forgot password and unlock account features work by sending a security code to the email you set up during new user registration or, if you are a legacy EIDM user, the email that was included when your EIDM account was migrated to IDM. **Note:** The only recovery methods you can use to reset a forgotten password or to unlock your account are email, SMS (text message), and IVR (interactive voice response). You cannot use a phone application (i.e., Google Authenticator or OKTA Verify).

IDM also provides a way to retrieve a forgotten user ID (Section 9.5.8) and to update expired passwords (Section 9.6).

Figure 9-4: Self-Service Dashboard

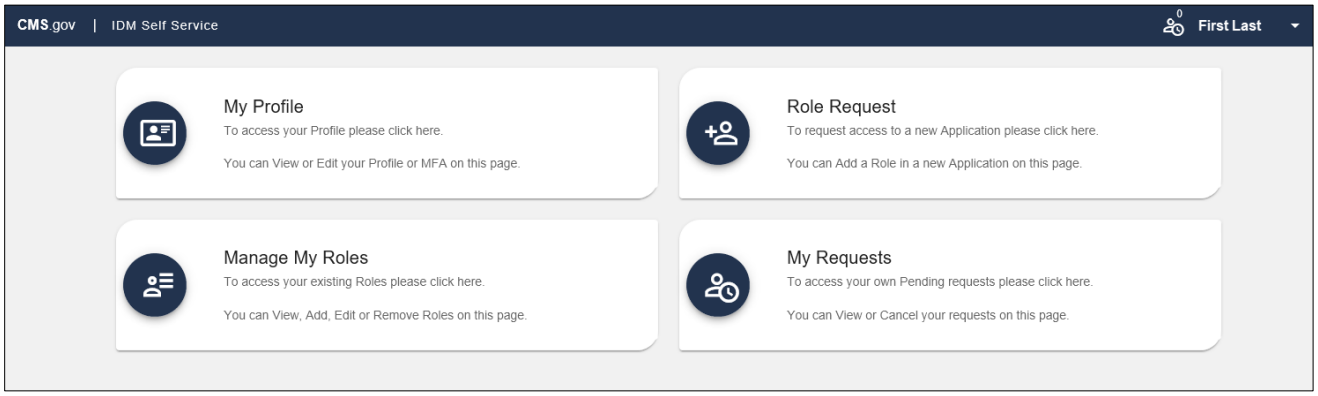


Table 9-1: Self-Service Options

Application	Description
My Profile	This application allows you to view and edit your profile, as well as add and manage your MFA devices.
Role Request	This application allows you to request access to a new application and role. You will also go through the RIDP process if you have not already done so for another application (Section 9.7).
Manage My Roles	This application allows you to access existing roles. You may view, add, edit, or remove those roles.
My Requests	This application allows you to access your pending requests. You may view or cancel requests.

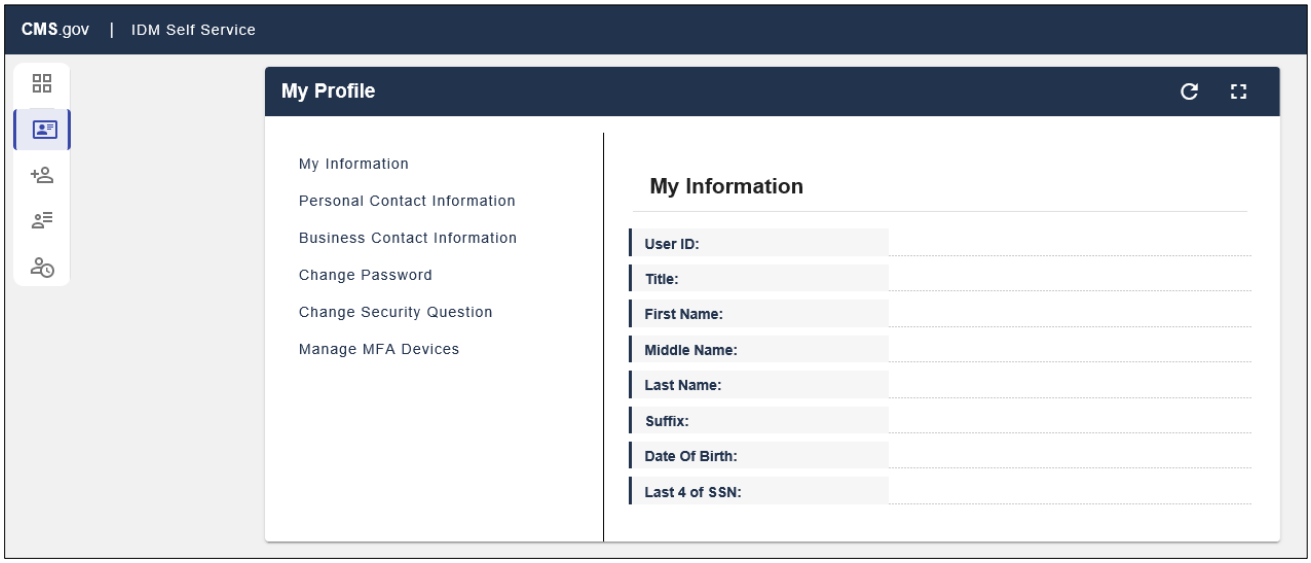
9.5.1 My Profile

My Profile allows you to change the following information through your account profile:

- My Information
- Personal Contact Information
- Business Contact Information
- Change Password
- Manage MFA Devices

Most options are self-explanatory, requiring you to update information in the shown fields. You will also receive an email confirmation after submitting any changes.

Figure 9-5: My Profile



9.5.2 Manage MFA Devices

Adding and managing MFA devices is done by clicking **Manage MFA Devices** under *My Profile*.

When you first log into ECRS, the default authentication option assigned to your account is email (which cannot be removed). However, you can add, or register, additional authentication devices. You are responsible for managing the MFA devices that are associated with their account. Help desk users can only view devices and cannot assist you directly with device management.

The supported MFA devices in IDM are listed in the following table.

Table 9-2: Supported MFA Devices

MFA Device	Actions
Email	Edit only
SMS (text message)	Activate, Edit, Remove
IVR (Interactive Voice Response)	Activate, Edit, Remove
Google Authenticator (phone app)	Add, Remove
OKTA Verify (phone app)	Add, Remove

How to Add an MFA Device

1. After login, select **My Profile** under your username.
2. Select **Manage MFA Devices** and click **Register a Device**.

   Note: You have two attempts to register a device. If you are unable to do so, log out and log back in to try again.
3. From the drop-down menu, select a device.
4. Follow the screen prompts to set up the device.

   Once you select and set up a device, you will be prompted to send a security code. When you receive the verification code on your mobile device, enter the verification code in the *Code* field and click **Send MFA Code** (or like button). The device will appear in the device table.

Note: If you add all the device options to your account, the table will display the devices, and the *Register a Device* button will disappear. You can only have one of each type of device.

Figure 9-6: Manage MFA Devices

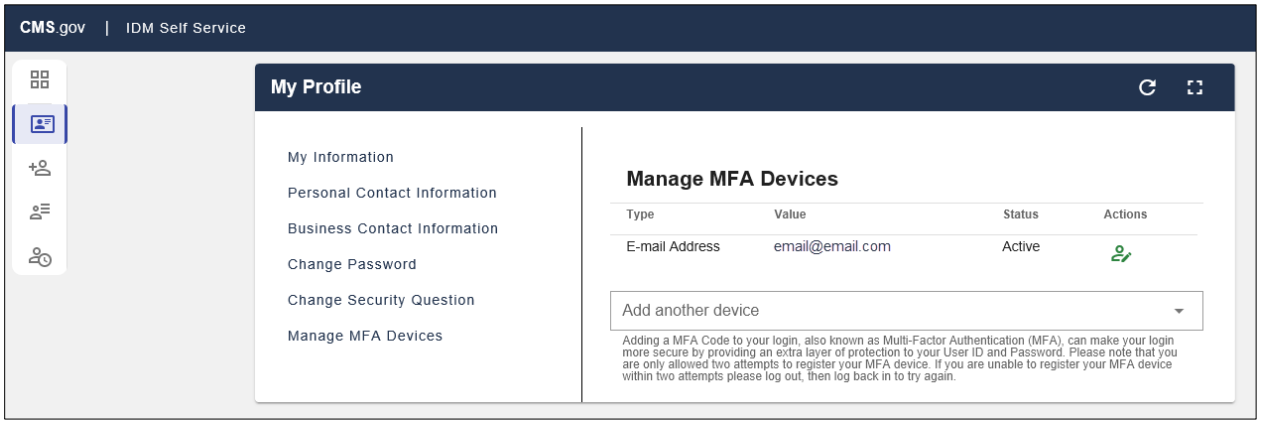


Figure 9-7: Example Text Message (SMS) Selected



Figure 9-8: List of MFA Devices



9.5.3 (Application and) Role Requests

Role Request allows you to request access to a new application and role for which you do not currently have access.

1. Select an application from the drop-down menu (Figure 9-9).
2. Review the role details and enter a reason for the request (Figure 9-10).
3. Click **Submit Role Request**.

   A page appears showing your Request ID (Figure 9-11).

Once submitted, the role request is forwarded to the your approver of record who will make the final approval determination.

Figure 9-9: Role Request: Application and Role

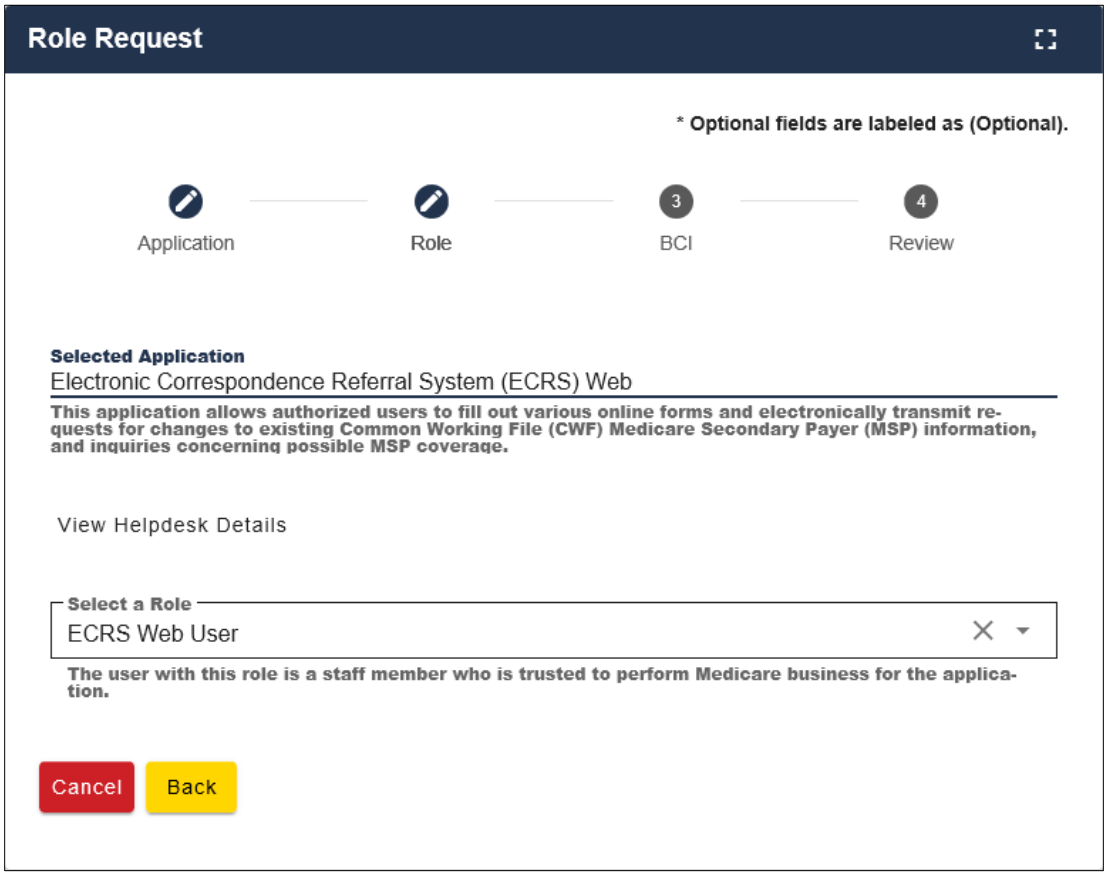


Figure 9-10: Role Request: Review

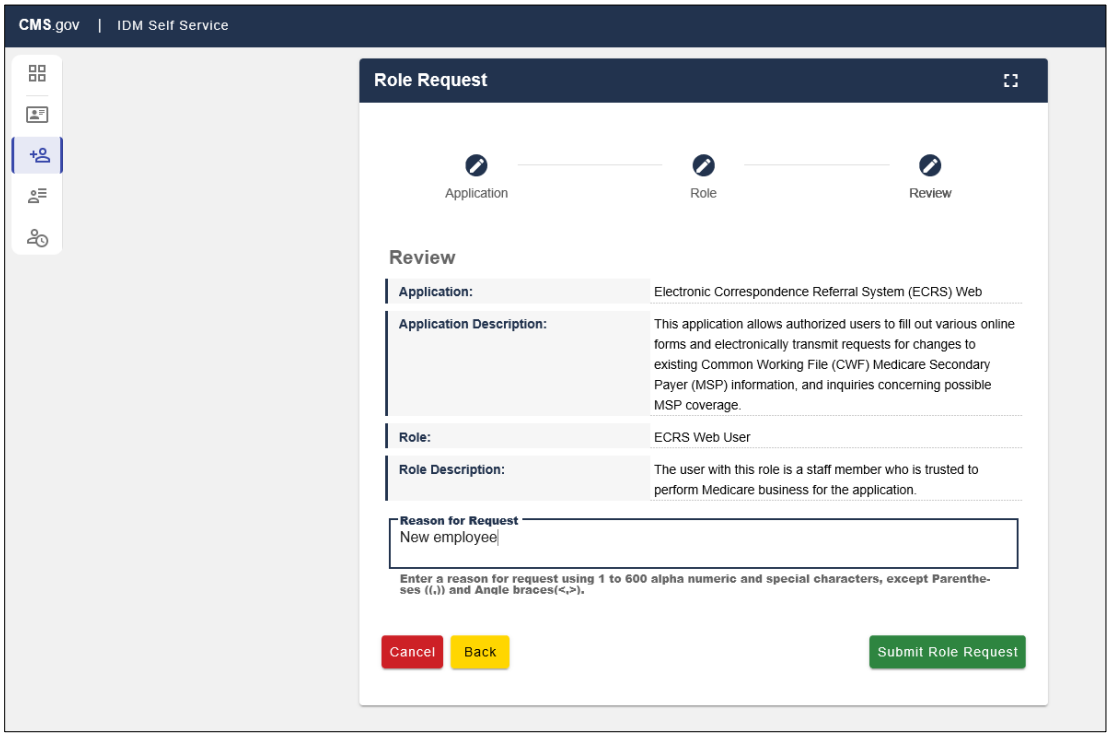
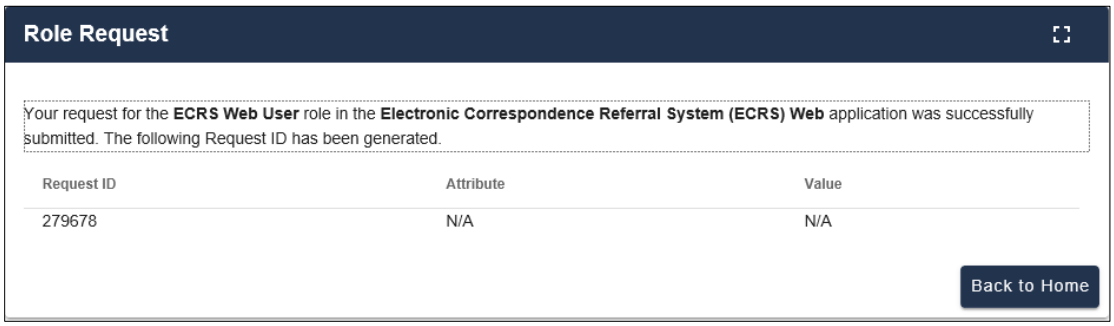


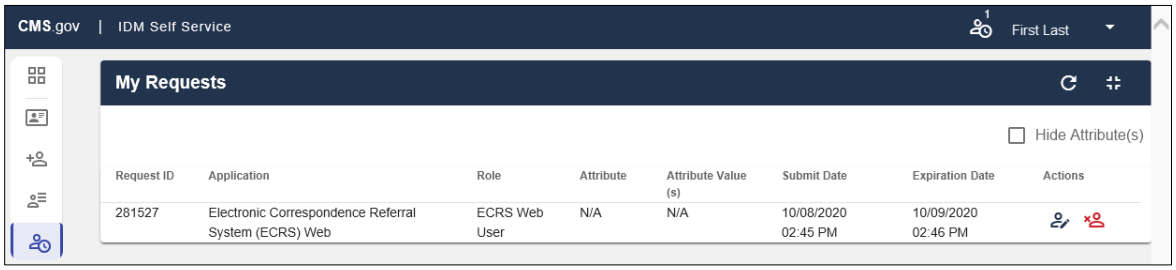
Figure 9-11: Role Request: Request ID



9.5.4 My Requests

My Requests allows you to view or cancel pending application and role requests. Once approved, these are no longer be shown.

Figure 9-12: My Requests



9.5.5 Manage My Roles

Manage My Roles allows you to manage roles for an application to which you currently have access, including viewing, adding, and removing roles. Hover over the icons to select an action.

Note: Removing a role does not require approval from the ECRS Help Desk. Role removal takes place the moment that the IDM system accepts the request.

Figure 9-13: Manage My Roles



9.5.6 Forgot Password

Follow these steps if you have forgotten your password.

1. Go to https://portal.cms.gov/.

   The CMS Portal login page appears (Figure 9-14).

2. On the CMS Portal login page click the **Forgot your Password** link.

   The *Reset Password* page appears (Figure 9-15).

3. Enter your user ID and select a recovery method (email, SMS, or IVR) (Figure 9-15).

   You can only select those recovery methods that have been added as MFA devices. You will receive instructions from the system. If using email, click the **Reset Password** link in the email.

4. When the screen appears, enter the answer to your challenge question and click **Reset Password** (Figure 9-16).

5. Enter, and confirm, the new password and click **Reset Password** (Figure 9-17).

   A *Confirmation* page appears confirming your password change (Figure 9-18). Click **Back to Sign In** to return to the login page.

Figure 9-14: CMS Portal Login Page

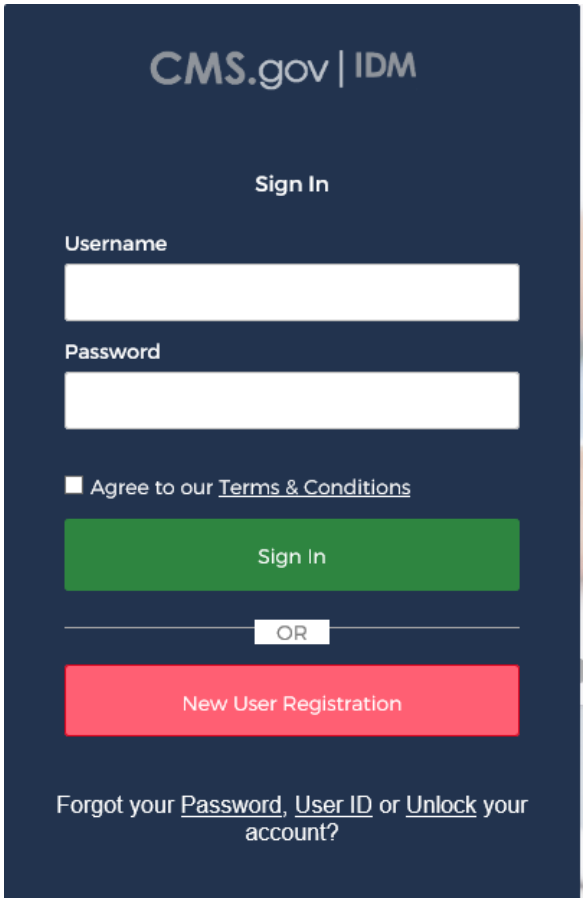


Figure 9-15: Forgot Password: User ID

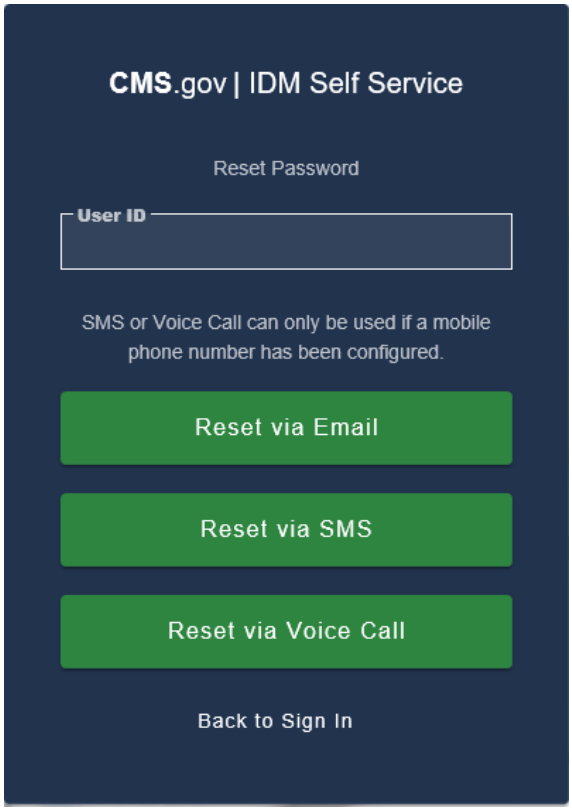


Figure 9-16: Forgot Password: Challenge Question

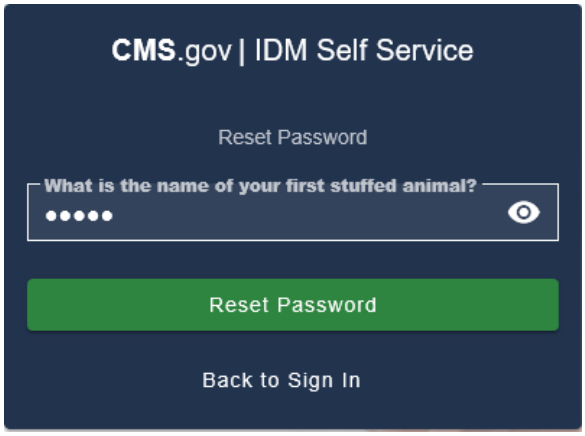


Figure 9-17: Forgot Password: Reset and Confirmation

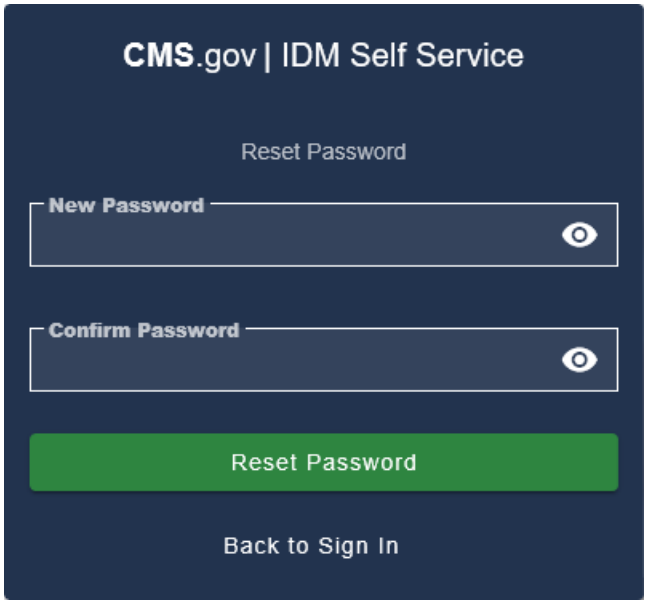
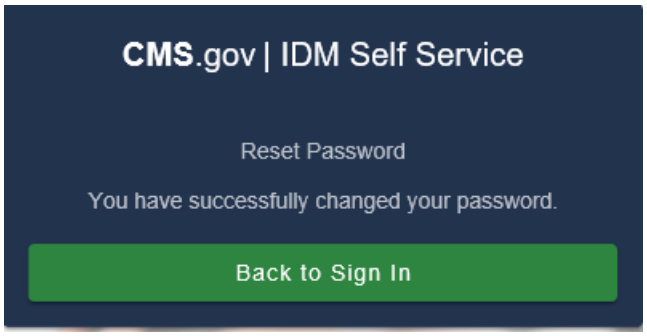


Figure 9-18: Forgot Password: Confirmed



9.5.7 Unlock Account

For security purposes, the IDM will lock your account after three failed login attempts, and you will get an email notice confirming the lock. If your account is locked and you attempt to log in, you will be redirected to the *Unlock Account* page.

1. Enter your user ID in the *Unlock Account* page and select a recovery method (email, SMS, or IVR) (Figure 9-19).

   You can only select those recovery methods that have been added as MFA devices. You will receive instructions from the system. If using email, click the **Unlock Account** link in your email.

2. Enter the answer to your challenge question click **Unlock Account** (Figure 9-21).

   A confirmation page appears onscreen stating that your account is now unlocked (Figure 9-22). Click **Back to Sign In** to return to the login page.

Figure 9-19: Unlock Account: User ID

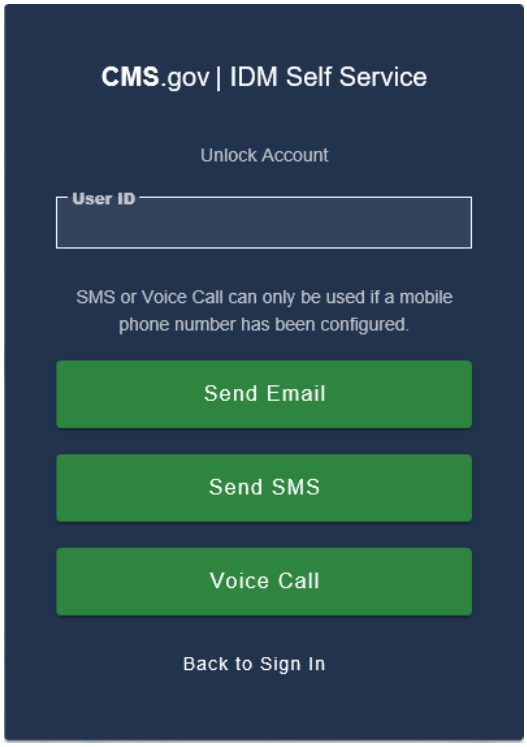


Figure 9-20: Unlock Account: Recovery Method

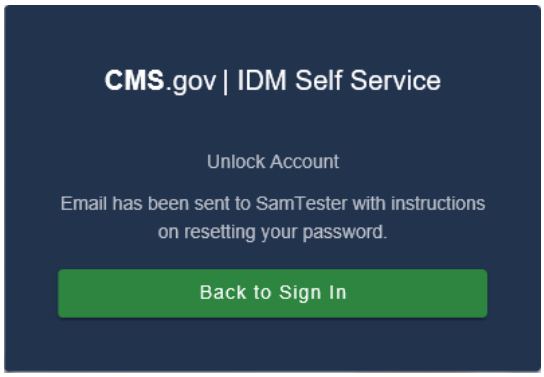


Figure 9-21: Unlock Account: Challenge Question

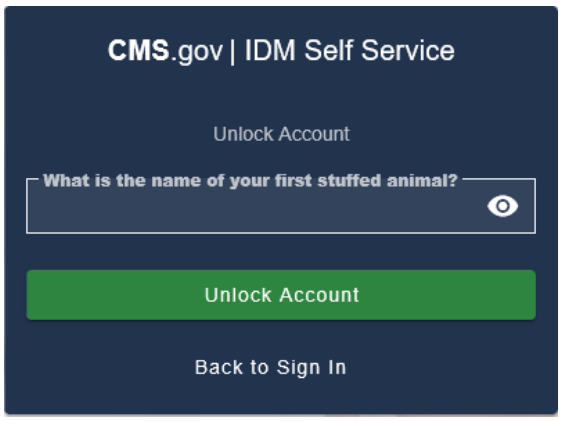
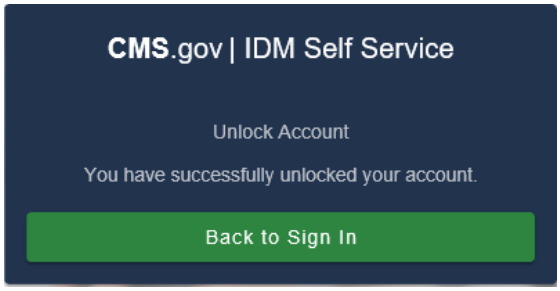


Figure 9-22: Unlock Account: Confirmation



9.5.8 Forgot User ID

1. Follow these steps if you have forgotten your user ID.
2. Go to https://portal.cms.gov/.
   The CMS Portal login page appears.
3. On the CMS Portal login page click the **Forgot your User ID** link.
   The *Forgot User ID* page appears (Figure 9-24).
4. Enter the requested information and click **Submit**.
   You will receive an email from the system.
5. Click the link in the email or the **Back to Sign In** button to return to the login page (Figure 9-25).

Figure 9-23: CMS Portal Login Page

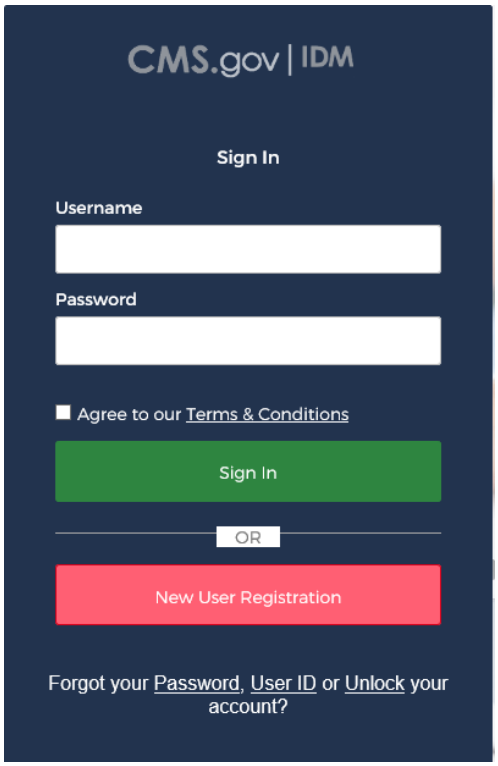


Figure 9-24: Forgot User ID: Identification

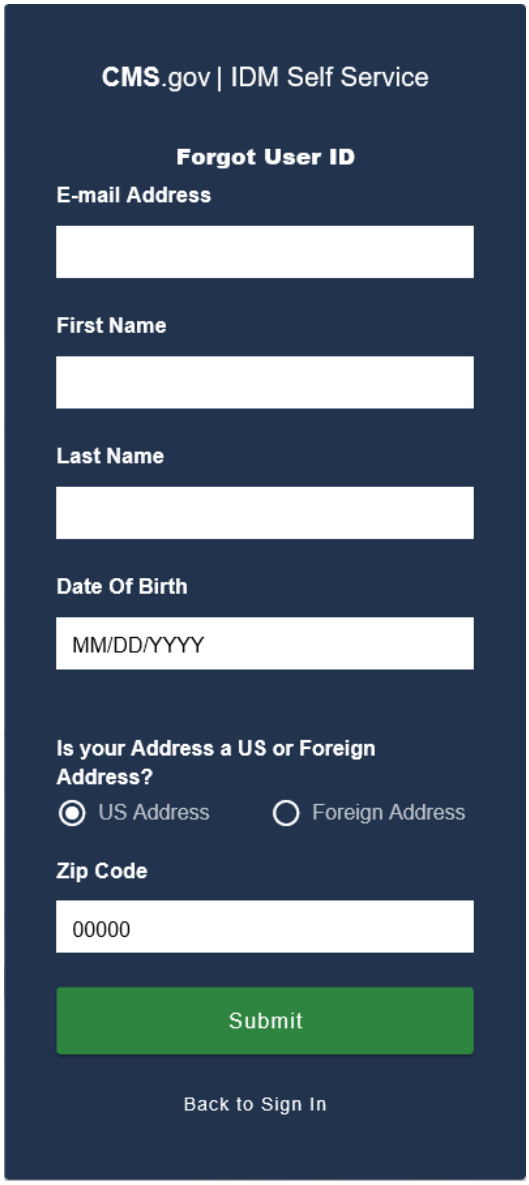
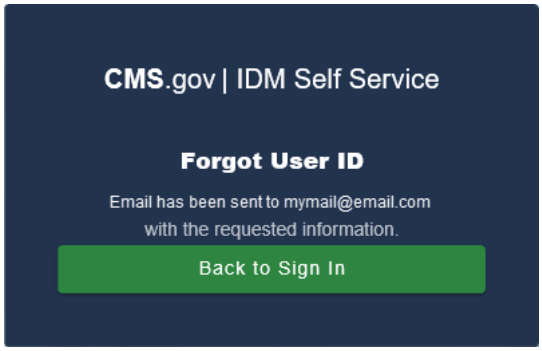


Figure 9-25: Forgot User ID: Email Recovery



9.6 Expired Passwords

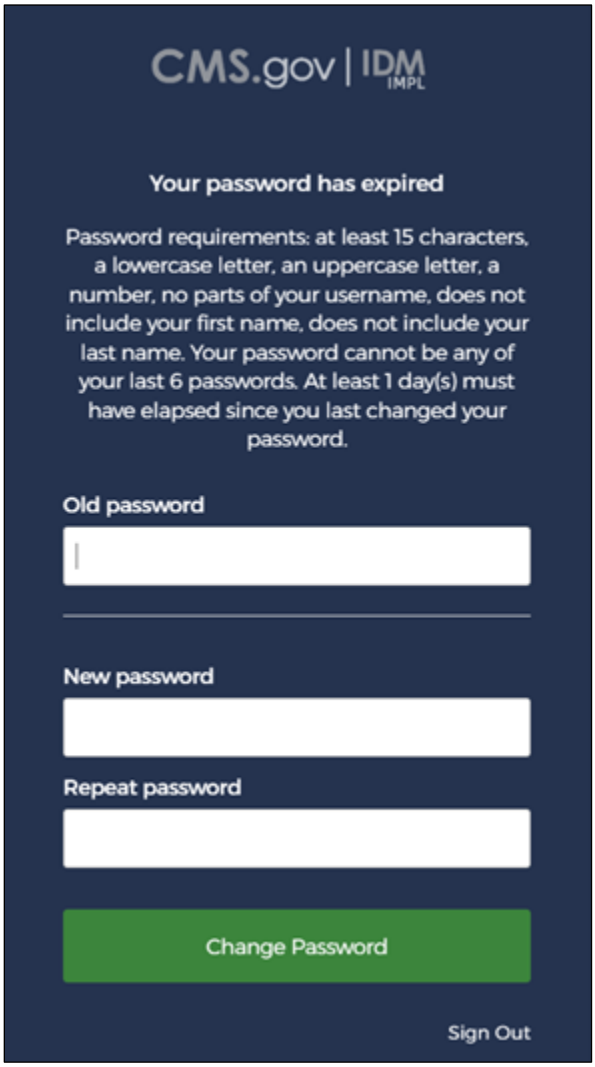
Passwords in IDM are *permanent as long as you log in at least once every* 60 days. If *you do not log in within 60 days,* your password *will* expire*. O*n your next login attempt, you will be notified that your password has expired and be redirected to an *Expired Password* page so you can change it.

Follow these steps to set an expired password:

1. On the *Expired Password* page, enter your old password.
2. Enter, then re-enter, your new password.
3. Click **Change Password**.

   You will see a confirmation message that your password has been updated, and you will receive an email confirmation.

Figure 9-26: Expired Password Page



9.7 Completing Remote Identity Proofing (RIDP)

The RIDP process is part of the IDM *Role Request* process for requesting access to an application and role (Section 9.5.3). This process is an important component of the CMS IDM system. It provides

application owners with a basis to establish a high Level of Assurance (LOA) that a user is, in fact, who they claim to be. If you have already completed the RIDP process successfully through another CMS Portal application, you will not be required to complete it again for ECRS.

For new users requesting access to ECRS the system will automatically take you through the RIDP process to verify your identity. RIDP makes use of a web service and data provided by Experian®, a consumer credit reporting company. Experian® uses information from your credit history to remotely confirm your identity by requiring you to answer questions related to your personal credit history that only you would know.

To complete the identity verification process, you will be required to enter personal information, such as your name, date of birth, and home address, as it is recorded on either your driver's license or on a government ID. As part of the process, you will complete an online form with questions that are derived from personal and credit-related information. The questions are designed such that the answers should be known only to you. You may want to have your records of such information readily accessible before attempting the session.

RIDP is used by CMS only to verify your identity. Since verification is done through Experian®, you may see an entry on your credit report called a "soft" inquiry that is only visible to you.

Completing RIDP does not affect your credit score, and the inquiry will not incur any charges.

Follow these steps to complete the RIDP process:

1. Once you select the ECRS application and a role, click **Next**.

   The *Remote Identity Proofing* overview page appears, along with the terms and conditions (Figure 9-27).

2. After reading, check the **I agree to the terms and conditions** checkbox.
3. Click **Next**. (**Note:** This button is enabled only after you check the **I Agree** checkbox.)

   The *Remote Identity Proofing* verification form appears (Figure 9-28).

4. Complete the ID verification form.

   For many users, all fields are required except for the SSN and *Zip Code Extension*. However, if your LOA requires it, the SSN field will also be required (which it is for ECRS).

   If you make a mistake entering your personal information, the system will respond requesting a correction. If the correction is valid, you can proceed with the process; otherwise, you will be directed to contact Experian® (See Section 9.7.1 for details).

   Tips for Completing Personal Information

   - Use your full legal name. Refer to your driver's license or financial account information to ensure it matches the information you supply in the RIDP process.
   - Enter your current **residential** address.

     Note: If you reside at a foreign address you will not be able to complete the identity verification process online using this form. In this case, write down the Review Reference Code and contact the EDI Help Desk at (646) 458-6740.

   - Enter a personal landline phone number (if you have one). (A cell phone can be used, but a residential landline is preferred.)

5. Click **Next.**

The *Remote Identity Proofing* questionnaire from Experian® appears (Figure 9-29).

Got an error instead? Contact the EDI Help Desk at 646-458-6740.

Figure 9-27: RIDP: Process Overview and Terms and Conditions

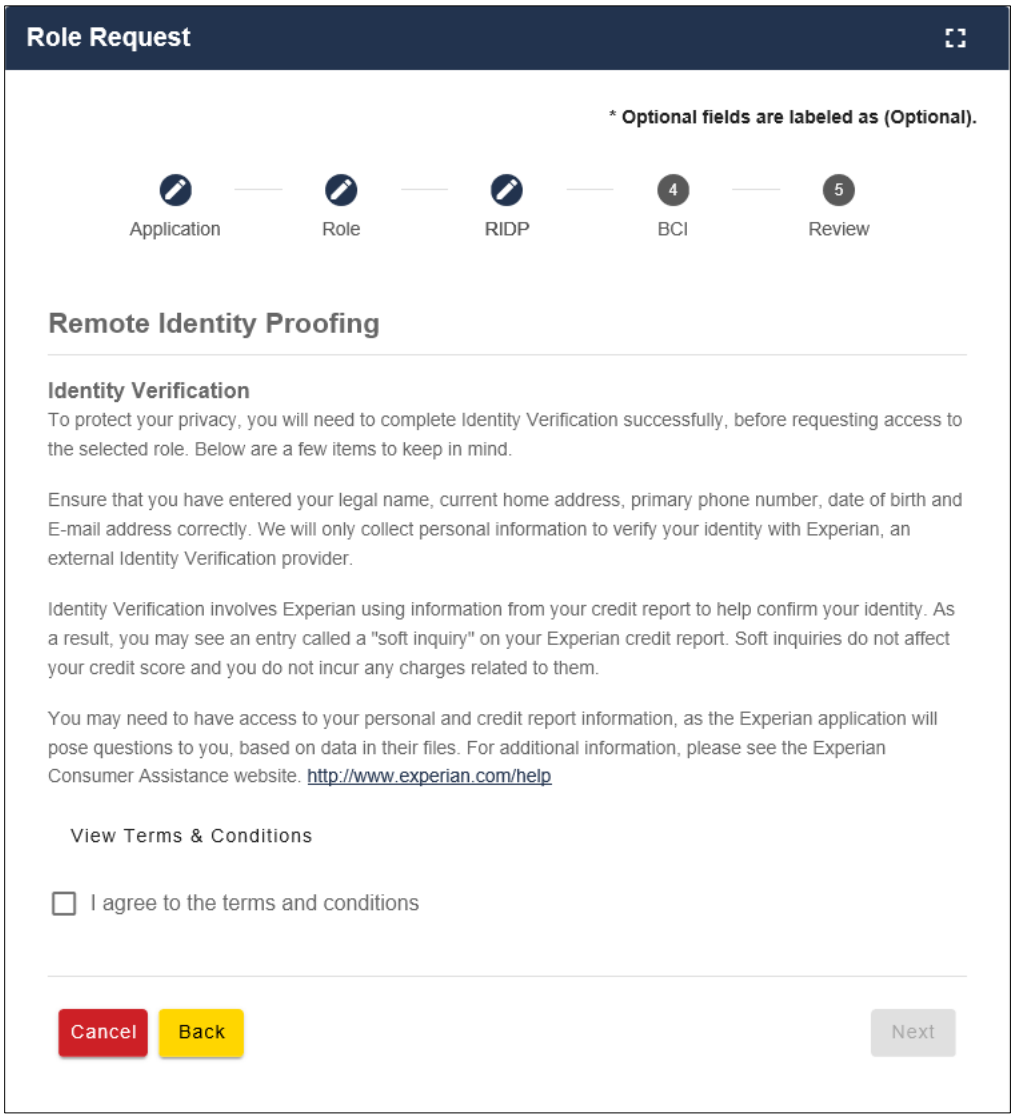


Figure 9-28: RIDP: Verification Form

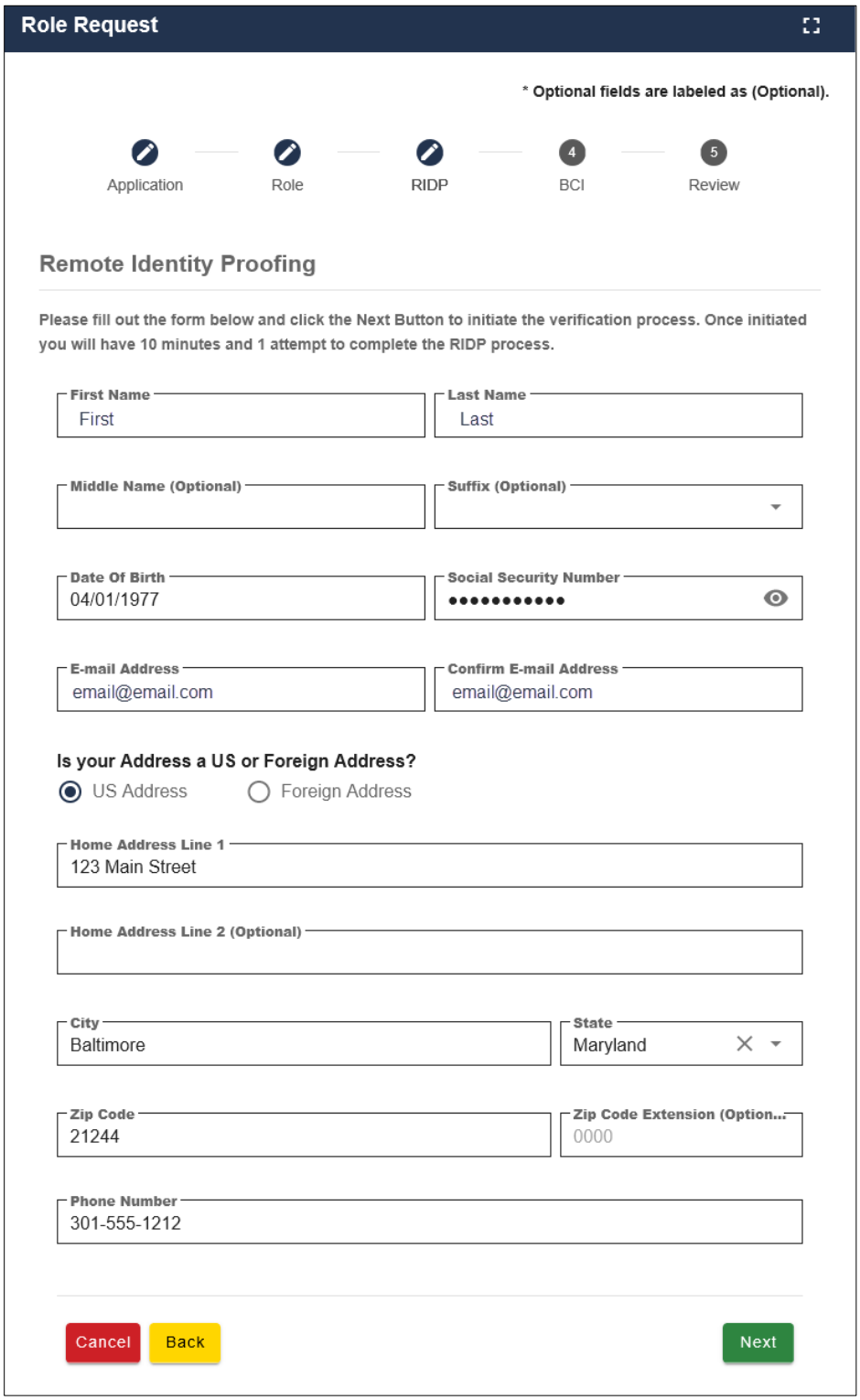
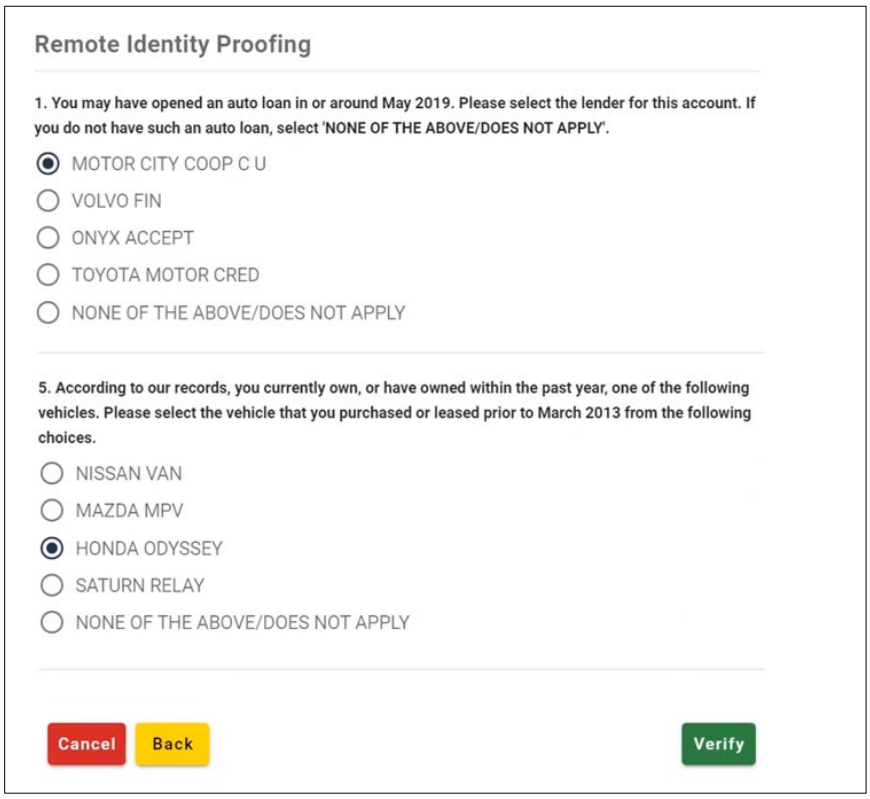


Figure 9-29: RIDP: Example Experian® Questionnaire



6. Complete the Experian® questionnaire.

   Carefully read each question and click the radio button for the most correct response to the question. The *Verify* button will become active when responses have been selected for all questions.

   Important Note: Once you access the questionnaire, you **have 10 minutes** to complete the this form. Should you time out, you will need to start the RIDP process from the beginning. You are allowed six attempts to complete the entire process.

   Tips for Completing the Experian® Questionnaire and Giving Consent

   - You will be asked a series of questions regarding your personal financial transactions or other credit information.
     - You may want to have your records of such information readily accessible before attempting the session.
     - You can download a free copy of your credit report at https://www.annualcreditreport.com/.
   - You will be asked to give consent to verify your identity information from your credit report.
     - The information is used for purposes of **identity proofing only**.
     - The consent for using the information **does** post as a **soft** inquiry on your credit report. The soft inquiry is **visible only to you**.
     - The consent/soft inquiry **does not** affect your credit score or incur any charges or fees.

7. When done, click **Verify**.

   If no error message is displayed, then you answered all of the identity proofing questions according to your credit report. You will see the message, "Remote Identity Proofing has been completed successfully." Then click (green) **OK**. You will return to the self-service dashboard.

If an error message is displayed, write down the error message and the **Review Reference Number** that is displayed. Click the (red) **OK** and then contact the EDI Help Desk at 646-458-6740.

9.7.1 Problems with Verification?

If Experian® was unable to verify your identity, or if you timed out with the questions, contact the EDI Help Desk at 646-458-6740 for assistance. Likely, they will ask you to contact the Experian® Verification Support Services Help Desk. This call center is focused on supporting individuals who have failed online identity proofing while attempting to obtain a role through IDM.

The system will provide you with an **Review Reference Number** to track your case. The Experian® Verification Support Services Help Desk cannot assist you if you do not have the reference number. **To contact the Experian® Verification Support Services Help Desk**, call 1-866-578-5409 and provide them with the case reference code. The help desk is open Monday through Friday from 8:30 a.m. to 10:00 p.m., Saturday from 10:00 a.m. to 8:00 p.m., and Sunday from 11:00 a.m. to 8:00 p.m., Eastern Standard Time.

9.7.2 Manual Identity Proofing

If Experian® is unsuccessful with verifying your identity by phone, or you live overseas, please contact the EDI hotline either by email at ECRSHELP@ehmedicare.com, or by phone at 646-458-6740, to get instructions for completing the identity-proofing process manually.

Appendix A: CWF Assistance Request Required Data Reference

For information on how to use these tables, please see Section 2.4 of the user guide.

Table A-1: CWF Assistance Request Required Data: Action Requested

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

Table A-2: CWF Assistance Request Required Data: CWF Auxiliary Record Data

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. Must contain 3 digits.
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 A-3: CWF Assistance Request Required Data: Informant Information

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 A-4: CWF Assistance Request Required Data: Insurance Information

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.

Field	Required?	Notes
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 A-5: CWF Assistance Request Required Data: Employment Information

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 A-6: CWF Assistance Request Required Data: Additional Information

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 A-7: CWF Assistance Request Required Data: Comments/Remarks

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

Appendix B: MSP Inquiry Required Data Reference

Table B-1: MSP Inquiry Required Data: Action Requested

Field	Required?
DCN	Y
MEDICARE ID	Y
ACTIVITY CODE	Y
ACTION	N
SOURCE	Y

Table B-2: MSP Inquiry Required Data: MSP Information

Field	Required?	Notes
MSP TYPE	Y	• 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 B-3: MSP Inquiry Required Data: Informant Information

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 B-4: MSP Inquiry Required Data: Insurance Information

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Required **unless** the ACTION is blank.
ADDRESS LINE 1	Y	• Required when an Insurance Company Name is entered. • 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 CA or CL, unless Informant information was entered.
STATE	Y	• Required when an Insurance Company Name is entered. • 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 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 B-5: MSP Inquiry Required Data: Employment Information

Field	Required?	Notes
EMPLOYER NAME	Y	• Required when MSP TYPE is F and SEND TO CWF is Yes
ADDRESS	Y	• Required when MSP TYPE is F and SEND TO CWF is Yes
ADDRESS 2	N	N/A
CITY	Y	• Required when MSP TYPE is F and SEND TO CWF is Yes
STATE	Y	• Required when MSP TYPE is F and SEND TO CWF is Yes
ZIP	Y	• 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 B-6: MSP Inquiry Required Data: Additional Information

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 B-7: MSP Inquiry Required Data: Prescription Coverage

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

Table C-1: Prescription Drug Assistance Request Required Data: Action Requested

Field	Required?	Notes
DCN	Y	N/A
MEDICARE ID	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
COB EFFECTIVE DATE	Y	N/A
NEW COB EFFECTIVE DATE	Y	Required when ACTION is ED.
TERMINATION DATE	Conditional	• Required when ACTION is CT • Required when ACTION is TD
SUBMITTER TYPE	N	N/A
REMOVE EXISTING TERMINATION DATE	N	N/A

Table C-2: Prescription Drug Assistance Request Required Data: Informant Information

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 C-3: Prescription Drug Assistance Request Required Data: Insurance Information

Field	Required?	Notes
INSURANCE COMPANY NAME	Y	Name of insurance carrier. Required for all SOURCEs when ACTION is II. **Note:** Action code II cannot be used with action code DO.
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	N	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.
GROUP NUMBER	N	Group, BIN, *or* PCN is required with Action Code CX.

Field	Required?	Notes
BIN	Y	Required when COVERAGE TYPE is U. Must be sixdigits and cannot be all the same number if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN. Group, BIN, *or* PCN is required with Action Code CX.
PCN	Y	Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, *or* PCN is required with Action Code CX.
ID	Y	Required when COVERAGE TYPE is U. Cannot be blank or all zeros if COVERAGE TYPE is U.
SUPPLEMENTAL TYPE	N	N/A

Table C-4: Prescription Drug Assistance Request Required Data: Employment Information

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 C-5: Prescription Drug Assistance Request Required Data: Additional Information

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 C-6: Prescription Drug Assistance Request Required Data: Comments/Remarks

Field	Required?
COMMENTS	N
REMARKS	N

Appendix D: Prescription Drug Inquiry Required Data Reference

Table D-1: Prescription Drug Inquiry Required Data: Initial Information

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

Table D-2: Prescription Drug Inquiry Required Data: Additional Information

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
EMPLOYER EIN	N	N/A

Field	Required?	Notes
EMPLOYER EMPLOYEE #	N	N/A

Table D-3: Prescription Drug Inquiry Required Data: Prescription Coverage

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 and Action Codes

Table E-1: Reason Codes

Reason Code	Definition
01	Not yet read by BCRC, used with NW status
02	Being processed by BCRC, used with IP status
03	Under development by BCRC, used with IP status
04	Update sent to CWF, used with IP status
05	Error received from CWF, being resolved by BCRC, used with IP status
06	Sent to the Enrollment Data Base (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	Requested Prescription Drug action(s) accepted - Posted to MBD
30	No action taken per SEE approval - 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	Policyholder Retired (G record)
37	Beneficiary verified existing record, no update needed
38	Outreach development already 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	Requested action(s) accepted - Posted to CWF Note: When Action 'ID' is submitted on a CWF Assistance Request and the BCRC 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; conflicting information, used with CM status
53	Returned–duplicate ECRS request, used with CM status
54	100 or more threshold met, Disability

Reason Code	Definition
55	20 or more threshold met, Working Aged
56	OBRA does not apply, no update
57	No action taken; Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid MEDICARE ID
61	No Part A entitlement
62	Development letter sent; closed, no response to development
63	Development complete, no MSP
64	Development 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 BCRC in the form of a self-report.)
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary; closed, no response received
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 (No MSP)
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees (No MSP)
81	Medicare is primary due to ESRD coordination period being met
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 BCRC 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	Missing information; unable to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistance requests only)
87	MSP record exists, used with CM status (check HIMR or resubmit as assistance request)

Reason Code	Definition
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
94	Closed, no response/no update
96	Per Hierarchy guidelines, request cannot be honored. **Note:** Applies to MSP and drug coverage records (drug coverage effective April 2023).
97	Existing record is invalid and has been deleted. New record created to include changes requested.

Table E-2: Action Codes (All Transaction Types)

Action Code	Description
AI	Change Attorney Information
AP	Add Policy and/or Group Number
AR	Add CWF Remark Codes
BN	Develop for Prescription BIN
CA	CMS Grouping Code (Class Action Case)
CD	Change Date of Injury/Date of Loss
CL	Closed or Settled Case
CP	Investigate ESRD Coordination Period
CT	Change Termination Date
CX	Change Prescription Values (BIN, Group, PCN)
DA	Develop for Attorney Information
DD	Develop for the Diagnosis Code
DE	Develop for Employer Information (To the beneficiary only)
DI	Develop for Insurer Information (To the beneficiary only)
DO	Mark Occurrence for Deletion
DR	Investigate Closed or Deleted Record
DT	Develop For Termination Date (see **Note** end of table)
DX	Change Diagnosis Code
EA	Change Employer Address
ED	Change Effective Date
EF	Develop for Effective Date
EI	Change Employer Information
ES	Employer Size Below Minimum
GR	Develop for Group Number
ID	Investigate/Possible Duplicate for Deletion

Action Code	Description
II	Change Insurer Information
IT	Change Insurance Type
LR	Create Duplicate Liability Record
MT	Change MSP Type
MX	SSN/Medicare ID Mismatch
NR	Create Duplicate No-Fault Record
OH	Change Effective Date of Other Drug Coverage
PC	Update Prescription Person Code
PH	Add Pre-Paid Health Plan (PHP) Date
PN	Develop for/add PCN
PR	Change Patient Relationship
TD	Add Termination Date (see Note end of table)
VP	Update A Record For A Vow Of Poverty
WN	Notify BCRC Of Updates To WCMSA Cases

Note: DT and TD are distinct codes and cannot be used interchangeably.

Table E-3: Automated Action Codes

Action Code	Description
AP	Add Policy and/or Group Number
AR	Add CWF Remark Codes
CT	Change Termination Date
CX	Change Prescription Values (BIN, Group, PCN)
DO	Mark occurrence for deletion
II	Change insurer information Note: Partially automated for BCRC and CRC recovery users only.
PH	Add Pre-Paid Health Plan (PHP) date (Note: Applies to CWF requests only)
PR	Change Patient Relationship
TD	Add Termination Date

Appendix F: CWF Remark Codes

Table F-1: 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.

Remark Code	Definition
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.
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

G.1 CWF Assistance Request File Layouts

CWF Assistance Request Header Record

Table G-1: 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 the BCRC. 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 G-2: 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 the BCRC. 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. Must contain 9 digits. 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

This record layout **must be used** for **all** CWF Assistance Request file submissions.

Table G-3: CWF Assistance Request Detail Record Layout

Data Field	Length	Type	Displacement	Description
Transaction type	4	Alpha	1-4	Set to 'ECRS' **Required**
Contractor Number	5	Alpha-Numeric	5-9	Medicare contractor (MACs, MA/PD plans) number. **Required**
DCN	15	Text	10-24	DCN; 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
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 (Class Action Case) CD = Change Date of Injury/Date of Loss CL = Closed or Settled Case CP = Investigate ESRD Coordination Period CT = Change Termination Date CX = Change Prescription Values (BIN, Group, PCN)

Data Field	Length	Type	Displacement	Description
Trans Action Code 1 (Cont.)	2	Alpha	76-77	DA = Develop for attorney information DD = Develop for the diagnosis code DE = Develop for employer information DI = Develop for insurer information DO = Mark occurrence for deletion DR = Investigate closed or deleted record DT = Develop for termination date DX = Change diagnosis code 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 = Create duplicate liability record MT = Change MSP type MX = SSN/MEDICARE ID mismatch NR = Create duplicate no-fault record OH = Change Effective Date of Other Drug Coverage PH = Add Pre-Paid Health Plan (PHP) date PR = Change patient relationship TD = Add Termination Date VP = Update a record for a vow of poverty WN = Notify BCRC 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. **Note:** DE and DI Actions are developed to the beneficiary only.
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**
Medicare ID	12	Alpha-Numeric	91-102	Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) of beneficiary. Enter 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 Medicare ID 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**

Data Field	Length	Type	Displacement	Description
Beneficiary's Initial	1	Alpha	136	Middle initial of beneficiary
Beneficiary's Last Name	24	Text	137-160	Last name of beneficiary. **Required**
Patient Relationship	2	Numeric	161-162	Patient relationship between the policyholder and the beneficiary (*required field*). Description of code appears next to value. Valid values are: 01 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner ***Notes:*** *All patient relationship values accepted for MSP Types B and G.* *MSP Type A will accept 01 and 02.* *MSP Types D, E, L, H, W, S, and T will only accept 01.*
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**

Data Field	Length	Type	Displacement	Description
MSP Effective Date	8	Date	164-171	Effective date of MSP coverage in CCYYMMDD format. **Notes:** This field accepts dates up to three months from the current date, as follows: For GHP records (MSP Types A, B, and G): The MSP Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The MSP Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future MSP Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.) **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 policyholder Not required. Populate with spaces if not available.

Data Field	Length	Type	Displacement	Description
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. ***Note:*** *The record will be rejected and return error code PE42 on the response file if:* • *The action code is II; and* • *The Insurer's Name field (643-674) is blank, less than two characters, or contains one of the following invalid names: Attorney, BC, BCBS, BCBX,BCRC, Benefits Coordination & Recovery, Benefits Coordination & Recovery Center, Benefits Coordination and Recove, Benefits Coordination and Recovery Center, Blue Cross, Blue Shield, BS, BX, CMS, COB, COBC, Coordination of Benefits Contrac, Coordination of Benefits Contractor, HCFA, Insurer, Medicare, Misc, Miscellaneous, N/A, NA, NO, No Fault, No-Fault, None, Supplement, Supplemental, UN, UNK, Unknown, and XX.*
Insurer Type	1	Alpha	675	Type of insurance A = Insurance or Indemnity (Other Types) 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.

Data Field	Length	Type	Displacement	Description
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.
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	New patient relationship between the policyholder and the beneficiary. Description of code appears next to value. *Required field* when ACTION is PR. Valid values are: 01 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner ***Notes:*** *All patient relationship values accepted for MSP Types B and G.* *MSP Type A will accept 01 and 02.* *MSP Types D, E, L, H, W, S, and T will only accept 01.*
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.
New MSP Effective Date	8	Date	1091-1098	Effective date of MSP coverage in CCYYMMDD format. **Notes:** This field accepts dates up to three months from the current date, as follows: For GHP records (MSP Types A, B, and G): The New MSP Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The New MSP Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future New MSP Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.) **Required** when Action is ED.
New Insurer Type	1	Alpha	1099	New type of insurance **Required** when ACTION is IT

Data Field	Length	Type	Displacement	Description
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 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	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.

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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.
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.

Data Field	Length	Type	Displacement	Description
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.
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 G-4: 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

This record layout **must be returned** for **all** CWF Assistance Request file transmissions.

Table G-5: CWF 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	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
Medicare ID	12	Alpha-Numeric	91-102	PE09, PE2O
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
Beneficiary's Initial	1	Alpha	136	PE13

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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	None (field not in use)
Insurer Group Number	20	Text	776-795	PE62
Insurer Policy Number	17	Text	796-812	PE63
Subscriber First Name	15	Text	813-827	PE58
Subscriber Initial	1	Alpha	828	PE59
Subscriber Last Name	24	Text	829-852	PE60
PHP Date	8	Date	853-860	PE97
Remarks Code 1	2	Alpha-Numeric	861-862	PE89
Remarks Code 2	2	Alpha-Numeric	863-864	PE90
Remarks Code 3	2	Alpha-Numeric	865-866	PE91
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
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.

G.2 Prescription Drug Assistance Request File Layouts

Prescription Drug Assistance Request Header Record

Table G-6: 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 BCRC. 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 G-7: 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 BCRC. 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. Must contain 9 digits. 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 G-8: 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	DCN: 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
Action Code 1	2	Alpha	76-77	Two-character code defining action to take on Prescription Drug record (*required field*). Valid values are: II Change Insurer Information **Notes:** Action code II cannot be used with Action code DO.
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: **Required**
Trans Source Code	4	Alpha	85-88	Four-character code identifying source of RX DRUG assistance request information Valid values are: **Required**
Medicare ID	12	Alpha-Numeric	89-100	Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) of beneficiary. Enter 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
Beneficiary ZIP code	9	Numeric	231-239	Beneficiary's ZIP code
Beneficiary Phone	10	Numeric	240-249	Beneficiary's telephone number

Data Field	Length	Type	Displacement	Description
Patient Relationship	2	Numeric	250-251	Patient relationship between the policyholder and the beneficiary (*required field*). Description of code appears next to value. Valid values are: 01 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner ***Notes:*** *All patient relationship values accepted for MSP Types B and G.* *MSP Type A will accept 01 and 02.* *MSP Types D, E, L, H, S, and T will only accept 01.* *MSP Type W is not allowed in PDAR transactions.*
New Patient Relationship	2	Numeric	252-253	New patient relationship between policyholder and beneficiary. Description of code appears next to value. **Required** when ACTION is PR. 01 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner ***Notes:*** *All patient relationship values accepted for MSP Types B and G.* *MSP Type A will accept 01 and 02.* *MSP Types D, E, L, H, S, and T will only accept 01.* *MSP Type W is not allowed in PDAR transactions.*
Person Code	3	Numeric	254-256	Plan-specific Person Code. Values are: 001 Self 002 Spouse 003 Other **Required** when: RECORD TYPE is Supplemental ACTION is PC

Data Field	Length	Type	Displacement	Description
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**
Drug Coverage Effective Date	8	Date	262-269	COB effective date of drug coverage in CCYYMMDD format. **Notes:** This field accepts dates up to three months from the current date, as follows: For GHP records (MSP Types A, B, and G): The Drug Coverage Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The Drug Coverage Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future Drug Coverage Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)

Data Field	Length	Type	Displacement	Description
New Drug Coverage Effective Date	8	Date	270-277	New COB effective date of drug coverage in CCYYMMDD format. **Notes:** This field accepts dates up to three months from the current date, as follows: For GHP records (MSP Types A, B, and G): The New Drug Coverage Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The New Drug Coverage Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future New Drug Coverage Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)
Term Date	8	Date	278-285	MSP 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.
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.

Data Field	Length	Type	Displacement	Description
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: **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.
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 policyholder 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

Data Field	Length	Type	Displacement	Description
RX Drug Coverage Type	1	Alpha-Numeric	563	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) **Required**
Insurance Company Name	32	Text	564-595	Name of insurer providing supplemental prescription drug insurance under which beneficiary is covered. Action code II cannot be used with action code DO. ***Note:*** *The record will be rejected and return error code PE42 on the response file if:* • *The action code is II; and* • *The Insurer's Name field (564-595) is blank, less than two characters, or contains one of the following invalid names: ADAP, Assistance Program, Attorney, BC, BCBS, BCBX, BCRC, Benefits Coordination & Recovery, Benefits Coordination & Recovery Center, Benefits Coordination and Recove, Benefits Coordination and Recovery Center, Blue Cross, Blue Shield, BS, BX, CMS, COB, COBC, Coordination of Benefits Contrac, Coordination of Benefits Contractor, HCFA, Insurer, Medicaid, Medicare, Misc, Miscellaneous, N/A, NA, NO, No Fault, No-Fault, None, PAP, QSP, Qualified State Program, SPAP, Supplement, Supplemental, TRICARE, UN, UNK, Unknown, and XX.*
Insurance Company Address 1	32	Text	596-627	Address 1 of insurer providing supplemental prescription drug insurance under which beneficiary is covered.
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.

Data Field	Length	Type	Displacement	Description
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 **Required** if TYPE = U. Must be six digits and cannot be all the same number if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN. Group, BIN, *or* PCN is required with Action Code CX.
RX PCN	10	Text	711-720	Prescription Drug PCN Number Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space. Group, BIN, *or* PCN is required with Action Code CX.
RX Group	15	Text	721-735	Prescription Drug Group Number Populate with spaces if not available. Group, BIN, *or* PCN is required with Action Code CX.
RX ID	20	Text	736-755	Prescription Drug ID Number **Required** if TYPE = U. Populate with spaces if not available. Cannot be blank or all zeros if COVERAGE TYPE is U.

Data Field	Length	Type	Displacement	Description
RX Phone	10	Numeric	756-765	Prescription Drug Phone Number Not required. Populate with spaces if not available.
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.
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	188	Filler	998-1185	Unused field – fill with spaces
Effective Date of Other Drug Coverage	8	Date	1186-1193	Effective date of other drug insurance coverage provided by the other insurance (Other Health Information) in CCYYMMDD format.
New Effective Date of Other Drug Coverage	8	Date	1194-1201	New effective date of other drug insurance coverage provided by the other insurance in CCYYMMDD format.
Filler	66	Filler	1202-1267	Unused field – fill with spaces

Prescription Drug Assistance Request Response Header Record

Table G-9: 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 G-10: 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
Medicare ID	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
Beneficiary Last Name	24	Text	126-149	PE14
Beneficiary Address Line 1	32	Text	150-181	PE15

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
COB Effective Date	8	Date	262-269	PE48
New COB 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
Informant Phone	10	Numeric	389-398	PE28
Informant's Relationship Code	1	Alpha	399	None
Employers Name	32	Text	400-431	PE30

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
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
Effective Date of Other Drug Coverage	8	Date	1186-1193	PE2K
New Effective Date of Other Drug Coverage	8	Date	1194-1201	PE2L, PE2M, or PE2N
Filler	65	Filler	1202-1267	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

G.3 MSP Inquiry File Layouts

MSP Inquiry Header Record

Table G-11: 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 the BCRC. 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 G-12: 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 BCRC. 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. Must contain 9 digits. Required
Filler	1236	Filler	32-1267	Unused Field – Populate with spaces

MSP Inquiry Detail Record

This record layout **must be used** for **all** MSP Inquiry file submissions.

Note: If the beneficiary is deceased, and there is no representative payee on file, then the inquiry will be closed with Reason Code 65: Deceased, used with CM status.

Table G-13: MSP 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	Medicare contractor (MACs, MA/PD plans) number. **Required**
DCN	15	Text	10-24	DCN; 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 Class Action Suit (CMS Grouping Code) CL Closed or Settled Case 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: **Required**
First Development	1	Alpha	85	Development source code indicating where initial development letter was sent. Valid values are: Not required. Populate with spaces if not available.
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.

Data Field	Length	Type	Displacement	Description
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**
Medicare ID	12	Alpha-Numeric	92-103	Health Insurance Claim Number of beneficiary (HICN) or Medicare Beneficiary Identifier (MBI). Enter 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 Medicare ID not entered.
Beneficiary's Date of Birth	8	Date	113-120	Beneficiary's Date of Birth in CCYYMMDD format Required
Beneficiary's Sex Code	1	Alpha	121	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female **Required**. Default to U if unavailable.
Beneficiary's First Name	15	Text	122-136	Beneficiary's First Name **Required**
Beneficiary's Initial	1	Alpha	137	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	138-161	Beneficiary's Last Name **Required**

Data Field	Length	Type	Displacement	Description
Patient Relationship	2	Numeric	162-163	Patient Relationship between policyholder and patient. 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 Self; Patient is policyholder 02 Spouse 03 Child 04 Other 20 Domestic partner Populate with zeros if not available. ***Notes:*** *All patient relationship values accepted for MSP Types B and G.* *MSP Type A will accept 01 and 02.* *MSP Types D, E, L, H, W, S, and T will only accept 01.*
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**

Data Field	Length	Type	Displacement	Description
MSP Effective Date	8	Date	165-172	Effective date of MSP coverage in CCYYMMDD format, cannot equal termination date. Not required. Populate with zeros if not available. **Notes:** This field accepts dates up to three months from the current date, as follows: For GHP records (MSP Types A, B, and G): The MSP Effective Date can be in the future for currently entitled beneficiaries (i.e., enrolled in Medicare), or for beneficiaries who will be entitled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The MSP Effective Date can be in the future for beneficiaries as long as their entitlement start date is in the future. The future MSP Effective Date must be equal to the entitlement start date. (NGHP MSP occurrences for beneficiaries who are currently entitled cannot have future MSP Effective Dates.)
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 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.
CMS Grouping Code	2	Alpha	182-183	CMS Grouping Code 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

Data Field	Length	Type	Displacement	Description
Beneficiary's City	15	Text	248-262	Beneficiary's City Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	263-264	Beneficiary's State Not required. Populate with spaces if not available.
Beneficiary's ZIP Code	9	Numeric	265-273	Beneficiary's ZIP code Not required. Populate with spaces if not available
Beneficiary's Phone	10	Numeric	274-283	No edits other than data type edits. If not valid, drop the record with edit code 'PE20'.
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 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 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 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 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 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 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 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.
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.

Data Field	Length	Type	Displacement	Description
Employer's Phone	10	Numeric	577-586	Employer's phone number 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 city 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 state 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 ZIP code 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. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes. ***Note:*** *The record will be rejected and return error code PE42 on the response file if the insurer's name is blank, less than two characters, or contains one of the following invalid names:* *Attorney, BC, BCBS, BCBX,BCRC, Benefits Coordination & Recovery, Benefits Coordination & Recovery Center, Benefits Coordination and Recove, Benefits Coordination and Recovery Center, Blue Cross, Blue Shield, BS, BX, CMS, COB, COBC, Coordination of Benefits Contrac, Coordination of Benefits Contractor, HCFA, Insurer, Medicare, Misc, Miscellaneous, N/A, NA, NO, No Fault, No-Fault, None, Supplement, Supplemental, UN, UNK, Unknown, and XX.*

Data Field	Length	Type	Displacement	Description
Insurer Type	1	Alpha	657	Type of Insurance Valid values are: Populate with spaces if not available. * Refer to Appendix B 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. Populate with spaces if not available. * Refer to Appendix B 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. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Insurer's State	2	Alpha	737-738	State of insurance carrier for MSP coverage. Populate with spaces if not available. * Refer to Appendix B for complete set of required fields for various source codes.
Insurer's ZIP Code	9	Numeric	739-747	ZIP Code of insurance carrier for MSP coverage. Populate with spaces if not available. * Refer to Appendix B 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.

Data Field	Length	Type	Displacement	Description
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 policyholder/subscriber **Required**
Filler	25	Filler	844-868	Filler
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.

Data Field	Length	Type	Displacement	Description
Representative State	2	Alpha	1052-1053	Representative's Street address 2. Not required. Populate with spaces when not available.
Representative ZIP	9	Numeric	1054-1062	Representative's ZIP code. Not required. Populate with spaces when not available.
Representative Type	1	Alpha	1063	Type of relationship between beneficiary and his or her representative. Valid values are: 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 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	1186-1192	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 G-14: 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

This record layout **must be returned** for **all** MSP Inquiry file submissions.

Table G-15: MSP Inquiry Response Detail Record Layout

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
Medicare ID	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

Data Field	Length	Type	Displacement	Edit
Beneficiary's First Name	15	Text	122-136	PE12
Beneficiary's Initial	1	Alpha	137	PE13
Beneficiary's Last Name	24	Text	138-161	PE14
Patient Relationship	2	Numeric	162-163	PE0J
MSP Type	1	Alpha	164	PE39
MSP Effective Date	8	Date	165-172	PE67
MSP Term Date	8	Date	173-180	PE68
Send CWF	1	Alpha	181	None
CMS Grouping Code	2	Alpha	182-183	PE0E
Beneficiary's Address 1	32	Text	184-215	PE15
Beneficiary's Address 2	32	Text	216-247	PE16
Beneficiary's City	15	Text	248-262	PE17
Beneficiary's State	2	Alpha	263-264	PE18
Beneficiary's ZIP Code	9	Numeric	265-273	PE19
Beneficiary's Phone	10	Numeric	274-283	PE20
Check Date	8	Numeric	284-291	PE98
Check Amount	15	Alpha	292-306	PE99
Check Number	15	Alpha	307-321	PE0A
Informant's First Name	15	Text	322-336	PE21
Informant's Middle Initial	1	Alpha	337	PE22
Informant's Last Name	24	Text	338-361	PE23
Informant's Phone	10	Numeric	362-371	PE29
Informant's Address 1	32	Text	372-403	PE24
Informant's Address 2	32	Text	404-435	PE25
Informant's City	15	Text	436-450	PE26
Informant's State	2	Alpha	451-452	PE27
Informant's ZIP Code	9	Numeric	453-461	PE28
Informant's Relationship Code	1	Alpha	462	None
Employer's Name	32	Text	463-494	PE30
Employer EIN	18	Text	495-512	PE37

Data Field	Length	Type	Displacement	Edit
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
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	None (field not in use)
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

Data Field	Length	Type	Displacement	Edit
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	Text	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
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

Data Field	Length	Type	Displacement	Edit
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
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

G.4 Prescription Drug Inquiry File Layouts

Prescription Drug Inquiry Header Record

Table G-16: Prescription Drug Inquiry Header Record Layout

Data Field	Length	Type	Displacement	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 BCRC. 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 G-17: Prescription Drug Inquiry Trailer Record Layout

Data Field	Length	Type	Displacement	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 BCRC. 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	23-31	Number of Prescription Drug Inquiry Records in file. Must contain 9 digits. **Required**
Filler	1236	Filler	32-1267	Unused Field – Populate with spaces

Prescription Drug Inquiry Detail Record

Table G-18: 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	DCN; 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**
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
Medicare ID	12	Alpha-Numeric	80-91	Beneficiary Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) **Required** if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	92-100	Beneficiary's Social Security Number **Required** if Medicare ID not entered.

Data Field	Length	Type	Displacement	Description
Beneficiary's Date of Birth	8	Date	101-108	Beneficiary's Date of Birth in CCYYMMDD format **Required**
Beneficiary's Sex Code	1	Alpha	109	Sex of beneficiary Valid values are: U – Unknown M – Male F – Female Default to 'U' if not available **Required**
Beneficiary's First Name	15	Text	110-124	Beneficiary's First Name **Required**
Beneficiary's Initial	1	Alpha	125	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	126-149	Beneficiary's Last Name **Required**
Patient Relationship	2	Character	150-151	Patient Relationship between policyholder and patient. Valid values are: *0*1 Self; Patient is policyholder *0*2 Spouse *0*3 Child *0*4 Other 20 Domestic partner **Required** **Notes:** All patient relationship values accepted for MSP Types B and G. *MSP Type A will accept 01 and 02.* MSP Types D, E, L*, H, S, and T will only accept* 01. *MSP Type W is not allowed in PDI transactions.*
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.

Data Field	Length	Type	Displacement	Description
Beneficiary's Address 2	32	Text	222-253	Beneficiary's Address 2 Not required. Populate with spaces if not available
Beneficiary's City	15	Text	254-268	Beneficiary's City Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	269-270	Beneficiary's State Not required. Populate with spaces if not available.
Beneficiary's ZIP Code	9	Numeric	271-279	Beneficiary's ZIP code Not required. Populate with spaces if not available
Beneficiary's Phone	10	Numeric	280-289	Beneficiary's Phone Not required. Populate with zeros if not available
Informant's First Name	15	Text	290-304	Informant's First Name **Required**
Informant's Middle Initial	1	Alpha	305	Informant's Middle Initial Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	306-329	Informant's Last Name **Required**
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**

Data Field	Length	Type	Displacement	Description
Informant's Address 2	32	Text	363-394	Informant's Address 2 Not required. Populate with spaces if not available.
Informant's City	15	Text	395-409	Informant's City **Required**
Informant's State	2	Alpha	410-411	Informant's State **Required**
Informant's ZIP Code	9	Numeric	412-420	Informant's ZIP **Required**
Informant's Phone	10	Numeric	421-430	Informant's Phone Number Not required. Populate with zeros if not available.
Employer's Name	32	Text	431-462	Name of employer providing group health insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
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 Coverage Type Valid values are: L = Supplemental M = Medigap N = Non-qualified SPAP O = Other 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. ***Note:*** *The record will be rejected and return error code PE42 on the response file if the insurer's name is blank, less than two characters, or contains one of the following invalid names:* *ADAP, Assistance Program, Attorney, BC, BCBS, BCBX,BCRC, Benefits Coordination & Recovery, Benefits Coordination & Recovery Center, Benefits Coordination and Recove, Benefits Coordination and Recovery Center, Blue Cross, Blue Shield, BS, BX, CMS, COB, COBC, Coordination of Benefits Contrac, Coordination of Benefits Contractor, HCFA, Insurer, Medicaid, Medicare, Misc, Miscellaneous, N/A, NA, NO, No Fault, No-Fault, None, PAP, QSP, Qualified State Program, SPAP, Supplement, Supplemental, TRICARE, UN, UNK, Unknown, and XX.* **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.
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.

Data Field	Length	Type	Displacement	Description
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** **Notes:** This field accepts dates up to three months from the current date for primary coverage, as follows: For GHP records (MSP Types A, B, and G): The Drug Coverage Effective Date can be in the future for beneficiaries who are currently enrolled in Part D, or for beneficiaries who will be enrolled starting up to three months in the future. For NGHP records (MSP Types D, E, L, H, and W): The Drug Coverage Effective Date can be in the future for beneficiaries as long as their Part D enrollment start date is in the future. The future Drug Coverage Effective Date must be equal to the Part D start date. (NGHP drug coverage occurrences for beneficiaries who are currently enrolled in Part D cannot have future Effective Dates.)
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 and cannot be all the same number if COVERAGE TYPE is U. BIN will not be edited for formats when the ACTION CODE is BN.
RX PCN	10	Text	763-772	Prescription Drug PCN Number Populate with spaces if not available. Cannot have special characters, except for a non-leading dash, and no leading space.

Data Field	Length	Type	Displacement	Description
RX Group	15	Text	773-787	Prescription Drug Group Number Populate with spaces if not available.
RX ID	20	Text	788-807	Prescription Drug ID Number **Required** if TYPE = U. Cannot be blank or all zeros if COVERAGE TYPE is U.
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 G-19: 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 G-20: 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
Medicare ID	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

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

Data Field	Length	Type	Displacement	Error Code if Invalid Data
Insurer's State	2	Alpha	713-714	PE46
Insurer's ZIP Code	9	Numeric	715-723	PE47
COB Effective Date	8	Date	724-731	PE48
Term Date	8	Date	732-739	PE0G
Policy Number	17	Text	740-756	PE49
RX BIN	6	Text	757-762	PE50
RX PCN	10	Text	763-772	PE51
RX Group	15	Text	773-787	PE52
RX ID	20	Text	788-807	PE53
RX Phone	18	Text plus '(' and ')'	808-825	PE54
Filler	442	Filler	826-1267	Unused Field – fill with spaces
Error Code 1	4	Alpha-Numeric	1268-1271	Error code describing reason why file was rejected.
Error Code 2	4	Alpha-Numeric	1272-1275	Error code describing reason why file was rejected.
Error Code 3	4	Alpha-Numeric	1276-1279	Error code describing reason why file was rejected.
Error Code 4	4	Alpha-Numeric	1280-1283	Error code describing reason why file was rejected.

Appendix H: Error Codes

Table H-1: 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 H-2: 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 H-3: Detail Record and File Structure Errors

Error Code	Description
DE01	Invalid Character
FS01	Invalid File Structure
FS02	Invalid Record Length

Table H-4: 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

Error Code	Description
PE07	Invalid Contractor Name
PE08	Invalid Contractor Phone Number
PE09	Invalid Medicare ID
PE10	Invalid Beneficiary's Social Security Number
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

Error Code	Description
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 or COB Effective Date **Note**: For descriptions of the acceptance criteria for the *COB Effective Date* (PDAR) or *Effective Date* (PDI) fields for GHP and NGHP records, see Appendix G.
PE49	Invalid Policy Number
PE50	Invalid Rx BIN
PE51	Invalid Rx PCN
PE52	Invalid Rx Group
PE53	Invalid Rx ID
PE54	Invalid Rx Phone
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 Effective Date or MSP Effective Date **Note**: For descriptions of the acceptance criteria for the *Effective Date* (MSP Inquiry) or *MSP Effecive Date* (CWF AR) fields for GHP and NGHP records, see Appendix G.
PE68	Invalid MSP Term Date Term Date was not provided for action TD or CT Term Date is less than Effective Date Matching record is already termed Matching record has the same Term Date as the one provided
PE69	Invalid Diagnosis Code 1
PE70	Invalid Diagnosis Code 2
PE71	Invalid Diagnosis Code 3

Error Code	Description
PE72	Invalid Diagnosis Code 4
PE73	Invalid Diagnosis Code 5
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
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
PE0C	Invalid Develop To
PE0D	Invalid Change Lead To
PE0E	Invalid CMS Grouping Code
PE0F	RX BIN when PDI Coverage Type is “U.” Cannot be blank or if values are: 000000, 111111, 222222 through 999999 (see PE50).

Error Code	Description
PE0G	Invalid Term Date Term Date was not provided for action TD or CT Term Date is less than Effective Date Matching record is already termed Matching record has the same Term Date as the one provided
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, 20 Type G Valid Relationship Codes 01, 02, 03, 04, 20 *Type D, E, L, H, W, S, and T Valid Relationship Codes 01* ***Note:** Type W is not allowed in PDI or PDAR transactions.*
PE0K	Invalid or Missing Person Code
PE0L	Invalid New Effective Date or New COB Effective Date **Note**: For descriptions of the acceptance criteria for the *New Effective Date* or *New COB Effective Date* fields for GHP and NGHP records, see Appendix G.
PE0M	Invalid New Insurer Type
PE0N	Invalid New MSP Type
PE0O	Invalid New Patient Relationship A matching record already exists with the 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
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

Error Code	Description
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
PE2J	Matching record not found for update
PE2K	Effective Date of Other Drug Coverage is not in MMDDCCYY format
PE2L	New Effective Date of Other Drug Coverage is not in MMDDCCYY format
PE2M	New Effective Date of Other Drug Coverage submitted is equal to the Effective Date submitted
PE2N	New Effective Date of Other Drug Coverage submitted is equal to the current Effective Date of Other Drug Coverage for the matching record
PE2O	Updates To Matching Record Are In Process, Resubmit Request

Appendix I: Frequently Asked Questions (FAQs)

Table I-1: 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	Consolidated ECRS Workload Search	Verify the receipt and status of all submitted requests (for Medicare contractors, not including ROs and COs)
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.*)

I.1 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 a.m. until 5 p.m. 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 Medicare ID.

Can users print ECRS Web pages?

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

I.2 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
- Medicare ID
- SSN
- DCN
- Status
- Reason
- User ID
- Origin Date range

When searching by Medicare ID, 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 the BCRC.

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 BCRC view the Comments fields on the Assistance Request Detail pages and the MSP Inquiry Detail page?

On the *Assistance Request Detail* pages, the BCRC views the comments as necessary for each ECRS type. On the *MSP Inquiry Detail* page, the Comments field has been removed and replaced with additional Action and reason codes.

Appendix J: Acronyms

Table J-1: Acronyms

Term/Acronym	Definition
ADAP	AIDS Drug Assistance Program
BCRC	Benefits Coordination & Recovery Center
CMS	Centers for Medicare & Medicaid Services
COB	Coordination of Benefits
CWF	Common Working File
DOS	Date of Service
DCN	Document Control Number
ECRS	Electronic Correspondence Referral System
EFT	Electronic File Transfer
EGHP	*Employer Group Health Plan*
EIDM	CMS Enterprise Identity Management
EIN	Employer Identification Number
GHP	*Group Health Plan*
HICN	Health Insurance Claim Number
HIMR	Health Insurance Master Record
HUSP	Health Utilization Secondary Payer
IVR	Interactive Voice Response
LOA	Level of Assurance
MBD	Medicare Beneficiary Database
MBI	Medicare Beneficiary Identifier
MFA	Multi-Factor Authentication
MSP	Medicare Secondary Payer
NGHP	*Non-Group Health Plan*
PAP	Patient Assistance Program
PDAR	Prescription Drug Assistance Request
RIDP	Remote Identity Proofing
RO	Regional Office
SPAP	State Pharmaceutical Assistance Program
SSN	Social Security Number

Appendix K: Previous Version Updates

Version 7.2

Because of the large volume of duplicate reporting of prescription drug records by various contractors, hierarchy business rules are now applied to Part D primary and supplemental prescription drug record transactions (Sections 3.2, 5.2, and 5.3.2).

To help users track transactions and monitor recently completed transactions, an Alert (Notifications) – Closed Requests and Inquiries *block has been added to the right side bar on the* Main Menu *page and on the new* Completed ECRS Requests and Inquiries *page. The* Alert *block shows numbers of transactions by type that have been closed in the last 30 calendar days, for transactions submitted on ECRS, for that user's user ID and contractor ID. The new page lists those transactions per type, with details and links to the individual transactions (Sections 2.6.4 and 2.6.5).*

To improve search efficiency and better target results, Action Code *has been added as an option on the following search pages:* CWF Assistance Request Search, Prescription Drug Assistance Request Search, *and* MSP Inquiry Search *(Sections 3.12, 4.10, and 5.10).*

This guide has been updated to clarify that files in .zip format are not accepted (Section 8.4).

Version 7.1

Online ECRS edits that check for entitlement for MSP records and check for Part D enrollment for Prescription drug records will be added for GHP (MSP Types A, B, and G) corresponding to the batch edits that are currently in place (Sections 4.8, 5.3, and 6.4).

The following changes will become effective April 2023:

Because of the large volume of duplicate reporting of prescription drug records by various contractors, hierarchy business rules will be applied to Part D primary and supplemental prescription drug record transactions (Sections 3.2 and 5.2).

Version 7.0

The Check Amount field on several ECRS screens has been updated to consistently show the amount with two decimal places for cents, even if not entered. Additionally, to make ECRS consistent with fields in the Common Working File/Medicare Beneficiary Database (CWF/MBD), several screens have been updated to remove the insurer phone number since it does not exist in the CWF (changes throughout).

As part of an ongoing effort to ensure that batch and online edits match, the batch process error codes for each transaction type (CWF AR, PD AR, MSPI, and PDI) have been updated (Appendix H).

The excluded ICD-10 diagnosis codes for No-Fault Plan Insurance Type D have been removed from this guide (previously Appendix J). Excel spreadsheets of the ICD-9/ICD-10 excluded codes for FY 2023 are now available for download on CMS.gov at:

https://www.cms.gov/medicare/coordination-benefits-recovery-overview/icd-code-lists.

Action code "II" (Change insurer information) has been clarified (Sections 3.3.1, 5.2.2, and Appendix E).