

CWF REFERRAL FORM
IRS/SSA/HCFA DATA MATCH, IEQ and HMO WA RECORD

Notice To:
MEDICARE - Coordination of Benefits Contractor
Attn: MSP Claims Investigation Project
P.O. Box 5041
New York, NY 10274-5041

Referring Contractor/Managed Care:
Name _____
Address _____

Contact Person: _____
Telephone# _____
Referring Managed Care ID# _____

☐ **CHECK IF SECOND REQUEST**

CHECK ONE BELOW:

- ☐ **IEQ related** (Originating Contractor # 99999 or 11101)
☐ **Data Match related** (Originating Contractor# 77777 or 11102)
☐ **HMO Working Aged Related**

PLEASE RESPOND WITHIN 45 DAYS OF DATE OF RECEIPT
DATE OF RECEIPT

Date: _____
Beneficiary: _____ HICN: _____ DOB: _____
SEX: _____ Address: _____

Insurance Group Name (HUSP Field #41) _____
(*NOTE for HUSP Field #41: For Originating Contractor 99999 and 11101 this field may be left blank, but for Originating Cont 77777 and 11102 this field will contain a number. For those records with Originating Cont 77777 or 11102, please provide that 9-digit number.-This HUSP field may be different on the HIHO-MSPA screen.)

Subscriber Last Name : _____
Subscriber First Name : _____
Employee ID Number : _____

Please refer to the MSP data contained on HIMR-MSPA/HIHO-MSPA for the above-named beneficiary. The Originating Contractor for the MSP occurrence(s) is _____.
Date of Accretion (DOA): _____.

Action is required for the items indicated and checked below. (**Attach supporting documents for each change requested and provide CWF SP edit received when attempting to update a record, if applicable.**)

- _____ Delete auxiliary record. **SP edit** _____
_____ Please change termination date to _____ **SP edit** _____
_____ Update record with _____ as termination date. **SP edit** _____
_____ Change in Medicare entitlement (from Disabled to Aged). **SP edit** _____
_____ **(PLEASE SPECIFY IN COMMENTS FIELD BELOW.)**
_____ Family coverage error. Policy is worker only since _____ .
_____ Invalid data provided by employer.
_____ **(PLEASE SPECIFY IN COMMENTS FIELD BELOW.)**
_____ Identified worker has taken a Vow of Poverty. By law, in Vow of Poverty Cases, Medicare is primary beginning 1/1/83.
_____ Other. **PLEASE SPECIFY IN COMMENTS FIELD BELOW.**

Comments: _____
