

Chapter 4: Prescription Drug Assistance Request Transactions

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

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

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

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

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

For information about this web page...	See this page...
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PRESCRIPTION DRUG ASSISTANCE REQUEST	
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Search for Requests or Inquiries	
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Adding a Prescription Drug Assistance Request Transaction

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

Retrieving Beneficiary Information

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

Action Requested Page

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

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

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The screenshot displays the ECRS Web User Interface. At the top, there's a blue header with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below the header, there's a navigation bar with 'Home' and 'CMS' links. The main content area is titled 'Prescription Drug Assistance Request Action Requested'. It contains a form with various fields, some marked as '* Required'. The fields include: *DCN (text box), *HICN (text box), *Activity Code (dropdown), *Action (dropdown), *Source (dropdown), *MSP Type (dropdown), New MSP Type (dropdown), *Record Type (dropdown), *Patient Relationship (dropdown), New Patient Relationship (dropdown), *Person Code (dropdown), *Originating Contractor (text box), *Effective Date (text box), New Effective Date (text box), Termination Date (text box), Remove Existing Termination Date (checkbox), and *Submitter Type (radio buttons for Part C and Part D). At the bottom of the form are 'Continue' and 'Cancel' buttons. On the left side, there's a sidebar with a menu titled 'Action Requested' containing links for Informant Information, Insurance Information, Employment Information, Additional Information, Comments/Remarks, and Summary. On the right side, there's a sidebar with 'Quick Help' (link: Help About This Page), 'Change Contractor' (link: Change Contractor), 'Contractor' information (ID: *****, Name: AAAAAAAAAA), and 'User' information (ID: *****, Name: FIRST LAST, Phone: (###) ###-####).

Navigation Links

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

Prescription Drug Assistance Request	
Location	Description
Heading Bar Navigation	
HOME	Click [Home] to return to Main Menu page.
CMS	Click [CMS] to link to CMS website www.cms.gov.
HELP	Click [Help] to display information about ECRS menu options.
SIGN OUT	Click [Sign Out] to leave the ECRS application.
Left Side Bar Navigation	

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

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

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

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

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

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

Prescription Drug Assistance Request, Action Requested Page Description

Prescription Drug Assistance Request, Action Requested	
Field Name	Description
DCN	Document Control Number assigned by contractor to correspondence and/or paperwork associated with transaction (required field) The system auto-generates the DCN, but it can be changed.
HICN	Health Insurance Claim Number of beneficiary (required field). Type HICN without dashes, spaces, or other special characters. Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered the system replaces the entered HICN with the most current HICN.
ACTIVITY CODE	Activity of contractor (required field). Valid values are: <div style="margin-left: 20px;"> C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquires N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act </div>
ACTION	Two-character code defining action to take on Prescription Drug record (required field). Valid values are: <div style="margin-left: 20px;"> AP Add Policy Number/Group Number BN Develop for RX Bin CT Change Termination Date CX Change RX Values (BIN, Group, PCN) DO Delete Occurrence EA Change Employer Address ED Change Effective Date EI Change Employer Info GR Develop for Group Number IT Change Insurance Type MT Change MSP Type PC Update RX Person Code PN Develop for PCN PR Change Patient Relationship TD Add Termination Date </div>

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Prescription Drug Assistance Request, Action Requested	
Field Name	Description
	<p><i>Notes:</i></p> <p><i>The following action codes can be combined together, but not with any other action codes:</i></p> <p> <i>BN Develop for RX Bin</i> <i>GR Develop for Group Number</i> <i>PN Develop for PCN</i> </p> <p><i>Prescription Drug Assistance Request with the following action codes will be automatically processed, given they have no reject errors:</i></p> <p> <i>AP Add Policy Number/Group Number</i> <i>CX Change RX Values (BIN, Group, PCN)</i> <i>DO Delete Occurrence</i> <i>TD Add Termination Date</i> </p>
SOURCE	<p><i>Four-character code identifying source of CWF Assistance Request information (required field). Valid values are:</i></p> <p> <i>CHEK Unsolicited check</i> <i>LTTR Letter</i> <i>PHON Phone call</i> <i>SCLM Claim submitted to Medicare contractor for secondary payment</i> <i>SRVY Survey</i> </p>
MSP TYPE	<p><i>One-character code identifying type of MSP coverage. Description of code displays next to value. Valid values are:</i></p> <p> <i>A Working Aged</i> <i>B ESRD</i> <i>C Conditional Payment</i> <i>D Automobile Insurance, No Fault</i> <i>E Workers' Compensation</i> <i>F Federal (Public)</i> <i>G Disabled</i> <i>H Black Lung</i> <i>I Veterans</i> <i>L Liability</i> <i>W Workers' Compensation Medicare Set Aside</i> </p> <p><i>Required field when ACTION CODE is MT.</i></p>
NEW MSP TYPE	<p><i>One-character code identifying type of new MSP coverage. Description of code displays next to value.</i></p> <p><i>Required field when ACTION CODE is MT.</i></p>

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Prescription Drug Assistance Request, Action Requested											
Field Name	Description										
RECORD TYPE	<p>Prescription Coverage Record Type (required field). Valid values are:</p> <p>PRI Primary SUP Supplemental</p> <p>Note: Record Type must be PRI when ACTION CODE is MT.</p>										
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary (required field). Description of code displays next to value. Valid values are:</p> <p>01 Patient is policy holder 02 Spouse 03 Natural child, insured has financial responsibility 04 Natural child, insured does not have financial responsibility 05 Stepchild 06 Foster child 07 Ward of the Court 08 Employee 09 Unknown 10 Handicapped dependent 11 Organ donor 12 Cadaver donor 13 Grandchild 14 Niece/nephew 15 Injured plaintiff 16 Sponsored dependent 17 Minor dependent of a minor dependent 18 Parent 19 Grandparent dependent 20 Domestic partner (Effective April, 2004.)</p> <p>For the following MSP Types, the patient relationship codes listed to the right are the only valid values that can be used:</p> <table> <tr> <th>MSP Type</th><th>Patient Relationship Code</th></tr> <tr> <td>-----</td><td>-----</td></tr> <tr> <td>A</td><td>01, 02</td></tr> <tr> <td>B</td><td>01, 02, 03, 04, 05, 18, 20</td></tr> <tr> <td>G</td><td>01, 02, 03, 04, 05, 18, 20</td></tr> </table>	MSP Type	Patient Relationship Code	-----	-----	A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code										
-----	-----										
A	01, 02										
B	01, 02, 03, 04, 05, 18, 20										
G	01, 02, 03, 04, 05, 18, 20										
NEW PATIENT RELATIONSHIP	<p>New patient relationship between policyholder and beneficiary. Description of code displays next to value</p> <p>Required field when ACTION CODE is PR.</p>										

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Prescription Drug Assistance Request, Action Requested	
Field Name	Description
<i>PERSON CODE</i>	<p>Plan-specific Person Code.</p> <p>Values are:</p> <p>001 Self</p> <p>002 Spouse</p> <p>003 Other</p> <p>Required field when:</p> <ul style="list-style-type: none"> • <i>ECORD TYPE</i> is Supplemental • <i>CTION CODE</i> is PC
<i>ORIGINATING CONTRATOR</i>	Contractor number of contractor that created the original Prescription Drug record at CWF (required field).
<i>EFFECTIVE DATE</i>	Effective date of MSP coverage in MMDDCCYY format (required field.)
<i>NEW EFFECTIVE DATE</i>	<p>New effective date of MSP coverage in MMDDCCYY format.</p> <p>Required field when <i>ACTION CODE</i> is ED.</p>
<i>TERMINATION DATE</i>	<p>Termination date of MSP coverage in MMDDCCYY format.</p> <p>Required field when <i>ACTION CODE</i> is TD or CT.</p>
<i>REMOVE EXISTING TERMINATION DATE</i> checkbox	Check to remove an existing termination date.
<i>SUBMITTER TYPE</i>	<p>Type of submitter (required field).</p> <p>Select "Part C" or "Part D."</p>
Page Navigation	Description
<i>CONTINUE</i>	<p>Click [Continue] to go to the Informant Information page.</p> <p>Note: All required fields must be populated before clicking [Continue].</p>
<i>CANCEL</i>	Click [Cancel] to return to the Main Menu.

Informant Information Page

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

The screenshot displays the 'Prescription Drug Assistance Request Informant Information' page within the ECRS system. The interface features a blue header with the CMS logo and 'Electronic Correspondence Referral System (ECRS)'. A left sidebar contains a menu with 'Informant Information' selected. The main form area contains the following fields: First Name, Middle Initial, Last Name, Address, City, State (a dropdown menu), Zip, Phone (with area code and number fields), and Relationship (a dropdown menu). 'Continue' and 'Cancel' buttons are at the bottom of the form. The right sidebar shows user and beneficiary details, including IDs, names, addresses, and contact information.

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

Prescription Drug Assistance Request, Informant Information Page Description

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

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Prescription Drug Assistance Request, Informant Information Page	
Field Name	Description
CITY	Informant's city. Required field for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.
STATE	Informant's state. Required field for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.
ZIP	Informant's ZIP code. Required field for all ACTION CODES when SOURCE Code is Check, Letter, or Phone.
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 ACTION CODES when SOURCE Code is Check, Letter, or Phone.
Page Navigation	Description
CONTINUE	Click [Continue] to go to Insurance Information page.
CANCEL	Click [Cancel] to return to the Main Menu.

Insurance Information Page

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

The screenshot displays the 'Prescription Drug Assistance Request Insurance Information' page within the ECRS system. The interface includes a top navigation bar with the CMS logo and 'Electronic Correspondence Referral System (ECRS)' title. A left sidebar provides navigation options, with 'Insurance Information' currently selected. The central form area is populated with various input fields for insurance details, including company name, address, contact information, and insurance type selections. A 'Continue' button is positioned at the bottom of the form. On the right side, a 'Quick Help' section offers additional resources, and a user/beneficiary information panel displays details such as ID, name, address, and status.

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

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

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

Prescription Drug Assistance Request, Insurance Information Page Description

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

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

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

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

Employment Information Page

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

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

Prescription Drug Assistance Request, Employment Information Page Description

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

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

Additional Information Page

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

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

Prescription Drug Assistance Request, Additional Information Page Description

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

Comments and Remarks Page

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

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

Prescription Drug Assistance Request, Comments and Remarks Page Description

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

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

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

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

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

Summary Page

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

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

Prescription Drug Assistance Request Summary

Action Requested

DCN: 9876547894
HCN: *****
Activity Code: C - Claims [Pre-Payment]
Action Code: AP - Add Policy Number/Group Number
Source: SCLM - Claim submitted to Medicare contractor for alternate payment
RSP Type: D - Automobile Insurance, No Fault
Record Type: SUP - Supplemental
Patient Relationship: 01 - Policy Holder
New Patient Relationship:
Person Code: 001 - Self
Originating Contractor: 11129
Effective Date: 01/16/2002
New Effective Date:
Termination Date: 06/18/2007
Remove Existing Termination Date:
Submitter Type: Part D

Informant Information

Name: FIRST M. LAST
Address: AAAAAAAAAAAAAA
City, State, Zip: Whyville, AL 66543
Phone: (323) 555-6666
Relationship: B-Beneficiary

Insurance Information

Insurance Company Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
Building: 202
City, State, Zip: Baltimore, MD 32323-3432
Phone: (323) 444-3232
Insurance Type: C-PPO
Coverage Type: U - Drug Network
Policy Number: 8234234
Group Number: F444443
SSN: *****
PCN: *****
ID: *****
Supplemental Type: L - Supplemental

Employment Information

Employer Name: AAAAAAAAAAAAAA
Address: AAAAAAAAAAAAAA
Suite: 202
City, State, Zip: Baltimore, MD 21232
Phone: (410) 323-3333
SSN: *****
Employee Number: W23401

Additional Information

Check Number: 12345
Check Date: 03/01/2010
Check Amount: \$350.00

Comments/Remarks

Comments: This is a sample comment
Remarks:

Quick Help

[Info About This Page](#)
[Change Contractor](#)
[Change Contractor](#)
[Contractor](#)
[User](#)
[Beneficiary](#)
[DCN](#)

Submit **Cancel**

Prescription Drug Assistance Request, Summary Page Description

<i>Prescription Drug Assistance Request Summary Page</i>	
<i>For information about this section...</i>	<i>See this page...</i>
<i>ACTION REQUESTED</i>	<i>83</i>
<i>INFORMANT INFORMATION</i>	<i>91</i>
<i>INSURANCE INFORMATION</i>	<i>93</i>
<i>EMPLOYMENT INFORMATION</i>	<i>98</i>
<i>ADDITIONAL INFORMATION</i>	<i>100</i>
<i>COMMENTS/REMARKS</i>	<i>101</i>
<i>Page Navigation</i>	<i>Description</i>
<i>SUBMIT</i>	<i>Click [Submit] to go to the Summary Confirmation Page.</i>
<i>CANCEL</i>	<i>Click [Cancel] to return to the Main Menu.</i>

Viewing, Updating, and Deleting Prescription Drug Assistance Request Transactions

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

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

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

Prescription Drug Assistance Request, Search Page Description

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

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

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<i>Prescription Drug Assistance Request, Search Page Criteria</i>	
<i>Field Name</i>	<i>Description</i>
<i>CANCEL</i>	<i>Click [Cancel] to return to the Main Menu.</i>

View Transactions

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

Notes:

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

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

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	#####A	00131	#####	Completed		01/01/2010	01/05/2010	AAAAAAA
X	#####A	00131	#####	New		05/01/2010	05/01/2010	AAAAAAA

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

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

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transactions on other pages.

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

Update Transactions

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

Prescription Drug Assistance Request, Summary Page Description

Prescription Drug Assistance Request, Summary Page	
For information about this section...	See this page...
ACTION REQUESTED	83
INFORMANT INFORMATION	91
INSURANCE INFORMATION	93
EMPLOYMENT INFORMATION	98
ADDITIONAL INFORMATION	100
COMMENTS/REMARKS	101

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Prescription Drug Assistance Request, Summary Page	
For information about this section...	See this page...
COB RESPONSE INFORMATION	<i>Displays for records that are not in NW status. See below for more information.</i>
Field Name	Description
COB COMMENTS	<i>Free-form text field, where the COB contractor's comments on the Medicare contractor or the last comment added in CARS appear.</i>
USER ID	<i>User ID of person who entered the COB contractor comment.</i>
DEVELOPMENT RESPONSE INDICATOR	<i>Development response indicator.</i> <i>Values are:</i> <i>A Attorney</i> <i>B Beneficiary</i> <i>E Employer</i> <i>I Insurer</i> <i>P Provider</i> <i>R Beneficiary Representative</i> <i>N No Response</i>
DEVELOPED TO (INITIAL)	<i>Development Source Code indicating where initial development letter was sent. Valid values are:</i> <i>A Attorney</i> <i>B Beneficiary</i> <i>E Employer</i> <i>I Insurer</i> <i>P Provider</i> <i>R Beneficiary Representative (other than attorney)</i>
DEVELOPED TO (SUBSEQUENT)	<i>Development Source Code indicating where subsequent development letter was sent. Valid values are:</i> <i>A Attorney</i> <i>B Beneficiary</i> <i>E Employer</i> <i>I Insurer</i> <i>P Provider</i> <i>R Beneficiary Representative (other than attorney)</i>
Page Navigation	Description
RETURN	<i>Click [Return] to return to the Prescription Drug Assistance Request Search Page Listing without making any updates to the transaction.</i> <i>Displays for records in all statuses except NW.</i>
SUBMIT	<i>Click [Submit] to save updates.</i> <i>Displays for records in NW status.</i>

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<i>Prescription Drug Assistance Request, Summary Page</i>	
<i>For information about this section...</i>	<i>See this page...</i>
<i>CANCEL</i>	<i>Click [Cancel] to return to the Search Page Listing without making any updates to the transaction.</i> <i>Displays for records in NW status.</i>

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

Delete Transactions

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

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

Chapter 5: Prescription Drug Inquiry Transactions

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

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

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

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

For information about this task...	See this page...
Adding Prescription Drug Inquiry Transactions	114
Viewing a List of Prescription Drug Inquiry Transactions	128
Viewing, Updating, and Deleting Prescription Drug Inquiry Transactions	128

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

For information about this web page...	See this page...
Create Requests or Inquiries	
PRESCRIPTION DRUG INQUIRY	
Initial Information	118
Additional Information	120
Prescription Drug	124
Summary	126
Search for Requests or Inquiries	
Prescription Drug Inquiries	128

Adding a Prescription Drug Inquiry Transaction

There are two ways to enter a Prescription Drug Inquiry:

From an MSP Inquiry

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

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

From the Main Menu

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

Retrieving Beneficiary Information

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

Common Prescription Drug Sources

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

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

Initial Information Page

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

Navigation Links

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

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

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

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

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

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

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

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Prescription Drug Inquiry, Initial Information Page Description

<i>Prescription Drug Inquiry, Initial Information Page</i>	
Field Name	Description
DCN	<p>Document Control Number assigned by contractor to correspondence and/or paperwork associated with the transaction <i>Required field</i>.</p> <p>The system auto-generates the DCN, but it can be changed.</p>
HICN	<p>Health Insurance Claim Number of the beneficiary. Enter without dashes, spaces, or other special characters. <i>Required field</i>.</p> <p>Note: The system looks up the HICN to ensure the most current HICN has been entered. If the most current HICN has not been entered, the system replaces it with the most current HICN.</p>
ACTIVITY CODE	<p>Activity of contractor. <i>Required field</i>.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquires N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
SOURCE	<p>Four-character code identifying source of the MSP Inquiry information. <i>Required field</i>.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> CHEK Unsolicited check LTTR Letter PHON Phone call SCLM Claim submitted to Medicare contractor for secondary payment SRVY Survey
MSP TYPE	<p>One-character code identifying type of MSP coverage. <i>Required field</i>.</p> <p>Valid values are:</p> <ul style="list-style-type: none"> A Working Aged B ESRD C Conditional Payment D Automobile Insurance, No Fault E Workers' Compensation F Federal (Public) G Disabled H Black Lung I Veterans L Liability

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<i>Prescription Drug Inquiry, Initial Information Page</i>	
Field Name	Description
PATIENT RELATIONSHIP	<p>Patient relationship between policyholder and beneficiary. Valid values are:</p> <p>01 POLICY HOLDER</p> <p>02 SPOUSE</p> <p>03 CHILD</p> <p>04 OTHER</p>
SUBMITTER TYPE	<p>Select Part C or Part D.</p> <p>Note: This option is only available to users who can enter Part C and/or Part D data.</p>
SEND TO MDB	<p>Indicates whether to send MSP inquiry to MBD. <i>Required field.</i></p> <p>Valid values are:</p> <p>YES Send to MBD (default)</p> <p>NO Do not send to MBD</p>
Page Navigation	Description
CONTINUE	<p>Required fields must be entered before clicking [Continue].</p> <p>Click [Continue] to go to the Additional Information page.</p>
CANCEL	<p>Click [Cancel] to return to the Main Menu.</p>

Additional Information Page

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

The screenshot displays the 'Electronic Correspondence Referral System (ECRS)' interface. The main title is 'Prescription Drug Inquiry Additional Information'. The page is divided into three main sections:

- Check Information:** Includes fields for 'Check Number', 'Check Date', and 'Check Amount'.
- Informant Information:** Includes fields for 'First Name', 'Middle Initial', 'Last Name', 'Address', 'City', 'State, Zip' (with a dropdown menu), 'Phone', and 'Relationship' (with a dropdown menu).
- Employment Information:** Includes fields for 'Employer Name', 'Address', 'Address 2', 'City', 'State, Zip' (with a dropdown menu), 'Phone', 'EIN', and 'Employee #'.

At the bottom of the form, there are 'Continue' and 'Cancel' buttons. On the right side, there is a 'Quick Help' section with links like 'Index About This Page', 'Change Contractor', and 'Choose Contractor'. Below this, there are sections for 'Contractor', 'User', and 'Beneficiary' information, each with a list of details like ID#, Name, Address, City, State, Zip, Sex, and DOB.

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

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Prescription Drug Inquiry, Additional Information Page Description

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

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

Prescription Drug Information Page

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

ECRS
Electronic Correspondence Referral System (ECRS)

Home CMS

Prescription Drug Inquiry Prescription Coverage

*** Required**

Insurance Company Name:

Address Line 1:

Address Line 2:

City:

State, Zip:

Phone: () -

*Effective Date:

Termination Date:

Record Type:

Coverage Type:

BIN:

PCN:

Policy Number:

Group:

ID:

Supplemental Type:

Person Code:

Quick Help
[Help About This Page](#)
[Change Contractor](#)
[Change Contractor](#)
Contractor
 ID: AAAAA
 Name: AAAAAAAAAAAAA
User
 ID: AAAAA
 Name: AAAAAAAAAAAAA
 Phone: 800-800-8000
Beneficiary
 HICN: AAAAAAAAAA
 SSN: 800-80-8000
 Name: FIRST LAST
 Address: AAAAAAAAAAAAA
 City, State: AAAAAAAAAA
 Zip: 8000-8000
 Sex:
 DOB: 80-80-8000
DCN
 ID: AAAAAAAAAA
 Origin Date: 80-80-8000
 Status: NW - New, not yet read by COB
 Reason: 01 - Not yet read by COB, used with NW status

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

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Prescription Drug Inquiry, Prescription Coverage Information Page Description

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

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

Summary Page

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

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

Prescription Drug Inquiry, Summary Page Description

<i>Prescription Drug Inquiry, Summary Page</i>	
For information about this section...	See this page...
INITIAL INFORMATION	118
INFORMANT INFORMATION	120
EMPLOYMENT INFORMATION	120
CHECK INFORMATION	120
PRESCRIPTION COVERAGE INFORMATION	124
Page Navigation	Description
SUBMIT	Click [Submit] to go to the Submit Confirmation page.

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CANCEL	Click [Cancel] to return to the Main Menu.
--------	---

Viewing, Updating, and Deleting Prescription Drug Inquiries

There are two ways to access Prescription Drug Inquiries:

From an MSP Inquiry

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

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

From the Main Menu

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

Tracking Prescription Drug Inquiries

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

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

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

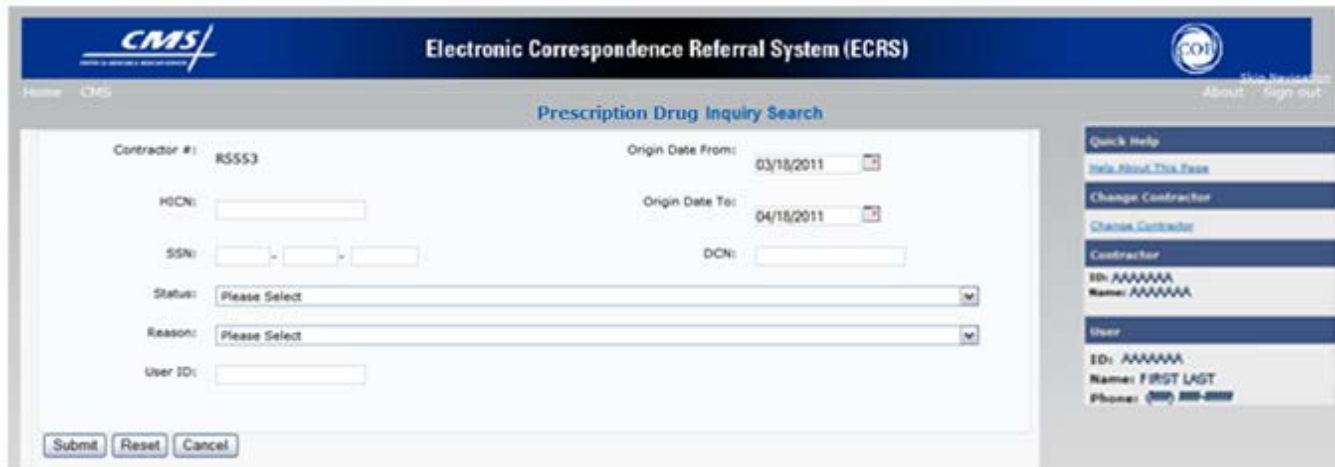
Note: CM92 refers to a request to change the lead contractor more than 90 days after the initial assignment; this request will be rejected.

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

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


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



Prescription Drug Inquiry, Search Page Description

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

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

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

View Transactions

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

Notes:

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

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

Delete	HICN	Contractor	DCN	Status	Reason	Origin Date	Last Update	User ID
	#####A	####	#####	Completed		01/01/2010	01/05/2010	AAAAAAA
X	#####A	####	#####	New		05/01/2010	05/01/2010	AAAAAAA

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

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Update Transactions

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

The screenshot shows the 'Prescription Drug Inquiry Summary' page in the ECRS system. The page is divided into two main sections: 'Initial Information' and 'Informant Information'. The 'Initial Information' section includes fields for DCN, HICN, Source (CHECK-Unsolicited check), Patient Relationship (01-Patient is policy holder), Send to HSD (Yes), and MSP Type. The 'Informant Information' section includes fields for Name (FIRST LAST), Address (AAAAAAAAAAAA), City, State, Zip (AAAAAAAAAAAA), and Phone ((###) ###-####). A sidebar on the right contains links for Quick Help, Info About This Page, Change Contractor, Contractor, User, and Beneficiary. The top navigation bar includes Home, CMS, Help, Contact, About, and Sign out.

Prescription Drug Inquiry, Summary Page Description


Prescription Drug Inquiry, Search Summary Page	
Field Name	Description
INITIAL INFORMATION	See page 118
INFORMANT INFORMATION	See page 120
EMPLOYMENT INFORMATION	See page 120
CHECK INFORMATION	See page 120
PRESCRIPTION COVERAGE INFORMATION	See page 124
COB RESPONSE INFORMATION	Displays for records that are not in NW status. See below for more information.

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<i>Prescription Drug Inquiry, Search Summary Page</i>	
Field Name	Description
DEVELOPMENT RESPONSE INDICATOR	Development response indicator. Values are: A Attorney B Beneficiary E Employer I Insurer P Provider R Beneficiary Representative N No Response
DEVELOPED TO (INITIAL)	Development Source indicating where initial development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
DEVELOPED TO (SUBSEQUENT)	Development Source indicating where subsequent development letter was sent. Valid values are: Attorney Beneficiary Employer Insurer Provider Beneficiary Representative (other than attorney)
Transaction Navigation	Description
RETURN	Click [Return] to return to CWF Assistance Request Search Page Listing without making any updates to the transaction. Displays for records in all statuses except NW.
SUBMIT	Click [Submit] to save updates. Displays for records in NW status.
CANCEL	Click [Cancel] to return to the Search Page Listing without making any updates to the transaction. Displays for records in NW status.

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

Delete Transactions

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

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

Chapter 6: Reports

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

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

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

For information about this task...	See this page...
Review Contractor Workload Tracking Report	135
Review CMS Workload Tracking Report	141
<i>Review QASP Report</i>	<i>145</i>

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

For information about this web page...	See this page...
Reports	
Workload Tracking (for Medicare Contractors)	135
Workload Tracking (for CMS and RO Users)	141
<i>Quality Assurance Surveillance (QASP) Report for CMS and RO Users</i>	<i>145</i>

Navigation Links

The following links display on *all reports*:

<i>Reports</i>	
Location	Description
Heading Bar Navigation	

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

Contractor Workload Tracking Report

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

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

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

Contractor Workload Tracking Report Description

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

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Contractor Workload Tracking Report	
Field Name	Description
AC	Activity code (<i>protected field</i>) Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquires N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
CWF ASSISTANCE REQUESTS	Number of CWF Assistance Requests submitted by contractor for each activity code (<i>protected field</i>)
MSP INQUIRIES	Number of MSP inquires submitted by contractor for each activity code (<i>protected field</i>)
<i>PC ASSIST REQUESTS</i>	<i>Number of Prescription Drug Assistance Requests submitted by contractor for each activity code (protected field)</i>
PC INQUIRIES	Number of Prescription Drug inquires submitted by contractor for each activity code (<i>protected field</i>)
<i>GROSS TOTAL</i>	<i>Total number of CWF Assistance Requests, MSP inquires, Prescription Drug Assistance Requests, and Prescription Drug inquires submitted by contractor for each activity code, including duplicates (protected field)</i>
CWF REJECTS	Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) (<i>protected field</i>)
MSP REJECTS	Number of duplicate MSP inquires submitted by contractor for each activity code (CM53), combined with number of MSP inquires submitted by contractor that should have been a CWF Assistance Request (CM87) (<i>protected field</i>)
<i>PC ASSIST REJECTS</i>	<i>Number of duplicate Prescription Drug Assistance Requests submitted by contractor for each activity code (CM53) (protected field)</i>
PC REJECTS	Number of duplicate Prescription Drug inquiries submitted by contractor for each activity code (<i>protected field</i>)
<i>NET TOTAL</i>	<i>Total number of CWF Assistance Requests, MSP inquires, Prescription Drug Assistance Requests, and Prescription Drug inquires submitted by contractor for each activity code, excluding duplicates (protected field)</i>

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Contractor Workload Tracking Report	
Field Name	Description
Grand Totals	<p>Ten grand totals, at the bottom of the report, consisting of the following:</p> <ul style="list-style-type: none"> • Grand total of CWF Assistance Requests submitted by contractor for all activity codes • Grand total of all MSP inquiries submitted by contractor for all activity codes • <i>Grand total of Prescription Drug Assistance Requests submitted by contractor for all activity codes</i> • Grand total of all Prescription Drug inquiries submitted by contractor for all activity codes • <i>Grand total of Gross Totals for CWF Assistance Requests, MSP inquiries, Prescription Drug Assistance Requests, and Prescription Drug inquiries submitted by contractor for all activity codes, including duplicates</i> • Grand total of all duplicate/rejected CWF Assistance Requests submitted by contractor for all activity codes • Grand total of all duplicate/rejected MSP inquiries submitted by contractor for all activity codes • <i>Grand total of all duplicate/rejected Prescription Drug Assistance Requests submitted by contractor for all activity codes</i> • Grand total of all duplicate/rejected Prescription Drug inquiries submitted by contractor for all activity codes • <i>Grand total of Net Totals for CWF Assistance Requests, MSP inquiries, Prescription Drug Assistance Requests, and Prescription Drug inquiries submitted by the contractor for all activity codes, excluding duplicates</i>
Page Navigation	Description
PRINT REPORT/PRINT THIS PAGE	Click to launch the Print dialog box.
EXPORT DATA/EXPORT OPTIONS	Click to launch the File Save dialog box.
SEARCH	Click [Submit] to create the report using the selected criteria.
RESET	Click [Reset] clear search criteria and results.
CANCEL	Click [Cancel] to go to the Main Menu.

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

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Date From: 03/15/2010 Date To: 04/15/2010 [Print Report](#) [Export Data](#)

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

Reason: Please Select

Contractor	AC	CWF Assist Requests	MSP Inquiries	PC Assist Requests	PC Inquiries	Gross Total	CWF Rejects	MSP Rejects	PC Assist Rejects	PC Rejects	Net Total
*****	C	2,579	240	0	0	2,819	0	0	0	0	2,819
*****	D	415	723	0	0	432	1	1	0	0	430
*****	G	77	17	0	0	119	0	0	0	0	119
*****	I	119	455	0	0	574	52	52	0	0	470
*****	N	3,661	4,571	0	0	8,232	1	8	0	0	8,223
Grand Total		6,851	5,325	0	0	12,176	54	61	0	0	12,061

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

CMS Workload Tracking Report

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

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

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

CMS Workload Tracking Report Description

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

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CMS Workload Tracking Report	
Field Name	Description
ACTIVITY CODE	Activity code (<i>protected field</i>) Valid values are: C Claims (Pre-Payment) D Debt Collection/Referral G Group Health Plan I General Inquires N Liability, No Fault, Workers' Compensation, and Federal Tort Claim Act
CWF ASSISTANCE REQUESTS	Number of CWF Assistance Requests submitted by contractor for each activity code (<i>protected field</i>)
MSP INQUIRIES	Number of MSP inquires submitted by contractor for each activity code (<i>protected field</i>)
<i>PC ASSIST REQUESTS</i>	<i>Number of Prescription Drug Assistance Requests submitted by contractor for each activity code (protected field)</i>
PC INQUIRIES	Number of Prescription Drug inquires submitted by contractor for each activity code (<i>protected field</i>)
GROSS TOTAL	Total number of CWF Assistance Requests, MSP inquires, <i>Prescription Drug Assistance Requests</i> , and Prescription Drug inquires submitted by contractor for each activity code, including duplicates (<i>protected field</i>)
CWF REJECTS	Number of duplicate CWF Assistance Requests submitted by contractor for each activity code (CM53) (<i>protected field</i>)
MSP REJECTS	Number of duplicate MSP inquires submitted by contractor for each activity code (CM53), combined with number of MSP inquires submitted by contractor that should have been a CWF Assistance Request (CM87) (<i>protected field</i>)
<i>PC ASSIST REJECTS</i>	<i>Number of duplicate Prescription Drug Assistance Requests submitted by contractor for each activity code (CM53) (protected field)</i>
PC REJECTS	Number of duplicate Prescription Drug inquiries submitted by contractor for each activity code (<i>protected field</i>)
NET TOTAL	Total number of CWF Assistance Requests, MSP inquires, <i>Prescription Drug Assistance Requests</i> , and Prescription Drug inquires submitted by contractor for each activity code, excluding duplicates (<i>protected field</i>)

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CMS Workload Tracking Report	
Field Name	Description
Grand Totals	<p>Ten grand totals, at the bottom of the report, consisting of the following:</p> <ul style="list-style-type: none"> • Grand total of CWF Assistance Requests submitted by contractor for all activity codes • Grand total of all MSP inquiries submitted by contractor for all activity codes • <i>Grand total of Prescription Drug Assistance Requests submitted by contractor for all activity codes</i> • Grand total of all Prescription Drug inquiries submitted by contractor for all activity codes • Grand total of Gross Totals for CWF Assistance Requests, MSP inquiries, <i>Prescription Drug Assistance Requests</i>, and Prescription Drug inquiries submitted by contractor for all activity codes, including duplicates • Grand total of all duplicate/rejected CWF Assistance Requests submitted by contractor for all activity codes • Grand total of all duplicate/rejected MSP inquiries submitted by contractor for all activity codes • <i>Grand total of all duplicate/rejected Prescription Drug Assistance Requests submitted by contractor for all activity codes</i> • Grand total of all duplicate/rejected Prescription Drug inquiries submitted by contractor for all activity codes • Grand total of Net Totals for CWF Assistance Requests, MSP inquiries, <i>Prescription Drug Assistance Requests</i>, and Prescription Drug inquiries submitted by the contractor for all activity codes, excluding duplicates
Page Navigation	Description
PRINT REPORT/PRINT THIS PAGE	Click to launch the Print dialog box.
EXPORT DATA/EXPORT OPTIONS	Click to launch the File Save dialog box.
SUBMIT	Click [Submit] to create the report using the selected criteria.
RESET	Click [Reset] clear search criteria and results.
CANCEL	Click [Cancel] to return to the Main Menu.

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

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[Print Report](#) [Export Data](#)

Date From: Date To:

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

Reason:

Contractor Number:

Contractor	AC	CWF Assist Requests	MSP Inquiries	PC Assist Requests	PC Inquiries	Gross Total	CWF Rejects	MSP Rejects	PC Assist Rejects	PC Rejects	Net Total
####	N	0	0	0	2	2	0	0	0	0	2
####	G	0	723	0	0	723	630	630	0	0	537
####	G	0	1	0	0	1	0	0	0	0	1
####	G	29	0	0	0	29	0	0	0	0	29
####	I	1	0	0	0	1	0	0	0	0	1
####	G	47	0	0	0	47	0	0	0	0	47
####	G	418	0	0	0	418	0	0	0	0	418
####	C	3	0	0	0	3	0	0	0	0	3
####	I	4	0	0	0	4	0	0	0	0	4
####	I	5	0	0	0	5	0	0	0	0	5
Grand Total		32,565	9,116	2	0	41,681	632	906	0	0	40,123

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

QASP Report

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

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

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

QASP Report Description

QASP Report	
Field Name	Description
QASP Report Selection Criteria	
TRANSACTION TYPE	<p>Select a transaction type. Options are:</p> <p>M MSP Inquiry</p> <p>R CWF Assistance Request</p> <p>P Prescription Drug Inquiries</p> <p>D Prescription Drug Assistance Requests</p> <p>To search by all transaction types, leave this field blank.</p>
SOURCE CODES	<p>Select a source. Options are:</p> <p>CHEK</p> <p>LTTR</p> <p>SCLM</p> <p>SRVY</p> <p>To search by all source codes, leave this field blank.</p>
ORIGIN DATE FROM	<p>Enter a start date for the reporting period. Defaults to the first day the of</p>

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

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

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Transaction Type: Origin Date From:

Source Codes: Origin Date To:

Contractor #:

2 items found, displaying all items.

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

Export options: CSV

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

Chapter 7: Uploading & Downloading Files

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

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

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

For information about this task...	See this page...
Upload batch file transactions	148
Download Response Files	152

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

For information about this web page...	See this page...
Files	
Upload File	148
Download Response File	152

Navigation Links

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

<i>File Upload & Download Response Files Pages</i>	
Location	Description
Heading Bar Navigation	

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

Upload Assistance Request and Inquiry Files

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

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

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

The screenshot shows the 'ECRS File Upload' page. At the top, there's a blue banner with the CMS logo and the text 'Electronic Correspondence Referral System (ECRS)'. Below the banner, there's a section for uploading a file. It contains a text input field with the placeholder text 'Enter the full file path name or click "Browse" to select your file.' and a 'Browse' button. Below the input field, there's a 'Continue' button and a 'Cancel' button. Below the upload section, there's a table titled 'Files Previously Uploaded' with three columns: 'File Name', 'Upload Date', and 'User ID'. The table contains ten rows of data. On the right side of the page, there's a 'Quick Help' section with links like 'Help About This Page', 'Change Contractor', and 'Change Contractor'. Below that is a 'Contractor' section with fields for 'ID', 'Name', and 'Phone'.

File Upload Page Description

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

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

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

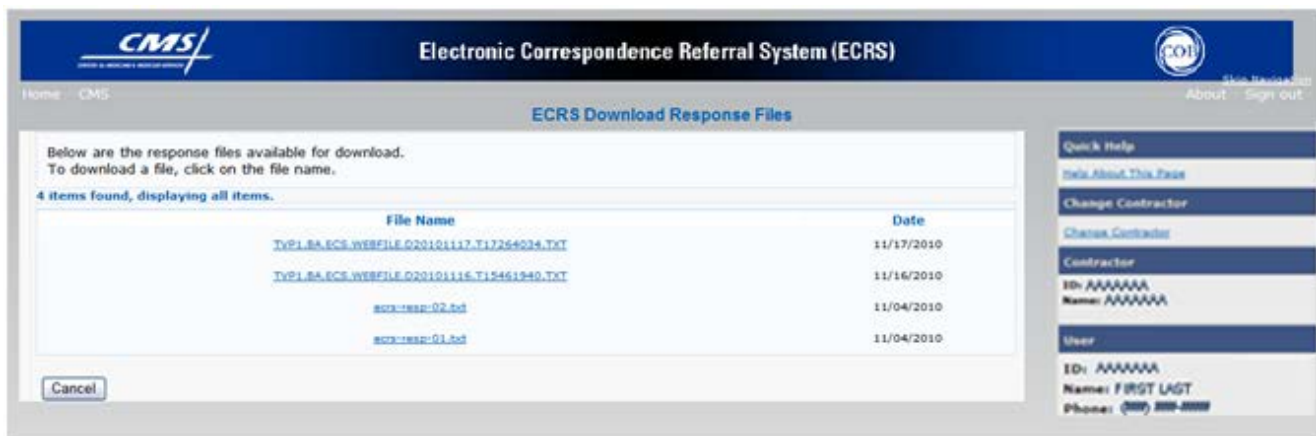
Download Assistance Request and Inquiry Response Files

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

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

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

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



Download Response Files Page Description

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

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

[illegible]

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

Appendix A: CWF Assistance Request Required Data Reference

For information on how to use the Required Data Reference tables, see page **Error! Bookmark not defined..**

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

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

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

Appendix B: MSP Inquiry Required Data Reference

For information on how to use the Required Data Reference tables, see page **Error! Bookmark not defined..**

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

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

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

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MSP Inquiry Required Data Table		
Field	Required?	Notes
CHECK NUMBER	Y	Required when Source code is Check.
CHECK AMOUNT	Y	Required when Source code is Check.
CHECK DATE	Y	Required when Source code is Check.
DIAGNOISIS CODES	Y	Required when Action Code is CA or CL.
ILLNESS/INJURY DATE	N	
BENEFICIARY REPRESENTATIVE TYPE	N	
BENEFICIARY REPRESENTATIVE NAME	N	
BENEFICIARY REPRESENTATIVE ADDRESS	N	
BENEFICIARY REPRESENTATIVE CITY	N	
BENEFICIARY REPRESENTATIVE STATE	N	
BENEFICIARY REPRESENTATIVE ZIP	N	
Prescription Coverage Page		
INSURANCE COMPANY NAME	N	
ADDRESS LINE 1	N	
ADDRESS LINE 2	N	
CITY	N	
STATE	N	
ZIP	N	
PHONE	N	
POLICY NUMBER	N	
EFFECTIVE DATE	N	
TERMINATION DATE	N	
RECORD TYPE	N	
COVERAGE TYPE	N	
BIN	Y	Required when Coverage Type is U.
PCN	Y	Required when Coverage Type is U.
GROUP	Y	Required when Coverage Type is U.
ID	Y	Required when Coverage Type is U.
SUPPLEMENTAL TYPE	Y	Must be L when RECORD TYPE is Supplemental
PERSON CODE	Y	<ul style="list-style-type: none"> Required when Record Type is Supplemental. Required when Supplemental Type is L.

Appendix C: Prescription Drug Assistance Request Required Data Reference

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

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

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Prescription Drug Assistance Request Required Data Table		
Field	Required?	Notes
<i>ADDRESS</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
<i>CITY</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
<i>STATE</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
<i>ZIP</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
<i>PHONE</i>	<i>N</i>	
<i>RELATIONSHIP</i>	<i>Y</i>	<i>Required for all Action Codes when Source Code is Check, Letter, or Phone.</i>
Insurance Information Page		
<i>INSURANCE COMPANY NAME</i>	<i>Y</i>	<i>Required for all Source Codes when Action Code is II.</i> <i>Note: ECRS Web deletes all information entered in subsequent fields if this field is left blank and the Action Code is II.</i>
<i>ADDRESS</i>	<i>N</i>	
<i>ADDRESS 2</i>	<i>N</i>	
<i>CITY</i>	<i>N</i>	
<i>STATE</i>	<i>N</i>	
<i>ZIP</i>	<i>N</i>	
<i>PHONE</i>	<i>N</i>	
<i>INSURANCE TYPE</i>	<i>Y</i>	<i>Required when ACTION CODE is IT</i>
<i>NEW INSURANCE TYPE</i>	<i>Y</i>	<i>Required when ACTION CODE is IT</i>
<i>COVERAGE TYPE</i>	<i>Y</i>	<i>Required when ACTION CODE is AP and any of the following fields are entered:</i> <ul style="list-style-type: none"> • <i>Policy Number</i> • <i>Record Type</i> • <i>BIN</i> • <i>PCN</i> • <i>ID</i> • <i>Supplemental Type</i> • <i>Person Code</i>

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

Appendix D: Prescription Drug Inquiry Required Data Reference

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

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

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

Appendix E: Reason Codes

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

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Reason Code	Definition
55	20 or more threshold met
56	OBRA does not apply, no update
57	Record already updated
58	Non-compliant GHP
59	Employer verified existing record, no update
60	Invalid HICN
61	No Part A entitlement
62	Closed, no response to development
63	Development complete, no MSP
64	Letter sent
65	Deceased, used with CM status
66	ESRD/DIB conflict
67	No response from CWF
68	Closed for Self-Report (More current information was received by the COB contractor in the form of a self-report. You will be notified of any changes in record status on the ECRS Changed Record Notification screen.)
69	Developed to GHP, no response
70	Developed to non-EGHP, no response
71	Developed to beneficiary, no response
72	Developed to informant, no response
73	Medicare beneficiary retired
74	Spouse retired
75	GHP lifetime of yearly benefits past maximum amount
76	No coverage with insurance company
77	Medicare Supplemental Plan
78	Employer has less than 20 employees
79	Per employer, Medicare beneficiary is not covered under spouse's GHP
80	Employer has less than 100 employees
81	Medicare is primary due to ESRD coordination period
82	Per insurance, seasonal employee and not eligible for the month
83	Incoming request conflicts with information on file
84	Insufficient information to update CWF
85	Venue changed
86	Unable to verify address, used with CM status (for CWF assistant requests only)
87	MSP record exists, used with CM status (check HIMR or resubmit as assistance request)

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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

Appendix F: CWF Remark Codes

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

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

Appendix G: File Layouts

CWF Assistance Request File Layouts

CWF Assistance Request Header and Trailer Record Layout

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

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

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CWF Assistance Request Record Layout

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

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				DO = Mark occurrence for deletion DR = Investigate/redevelop closed or deleted record DT = Develop for termination date DX = Change diagnosis codes EA = Change employer address ED = Change effective date EF = Develop for the effective date EI = Change employer information ES = Employer size below minimum (20 for working aged, 100 for disability) II = Change insurer information IT = Change insurer type LR = Add duplicate liability record MT = Change MSP type MX = SSN/HICN mismatch NR = Create duplicate no-fault record PH = Add PHP date PR = Change patient relationship RR = Generate right of recovery lead contractor letter TD = Terminate open EGHP record with date less than six months prior to date of accretion VP = Beneficiary has taken a vow of poverty WN = Notify COBC of Updates to WCMSA Cases Required. Enter up to four action codes unless CWF assistance request is to delete occurrence (DO), redevelop a deleted CWF record (DR), request a right of recovery lead contractor letter (RR), or note a vow of poverty (VP). You cannot combine these four action codes with any other action codes.
Trans Action Code 2	2	Alpha-Numeric	78-79	Action Code 2 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code 3	2	Alpha-Numeric	80-81	Action Code 3 Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Trans Action Code	2	Alpha-	82-83	Action Code 4

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
4		Numeric		Valid values same as Trans Action Code 1. Not required. Populate with spaces if not available.
Activity Code	1	Alpha	84	Activity of Contractor. Valid values are: C = Claims (Prepayment) - 22001 N = Liability, No-Fault, WC, and FTCA - 42002 G = Group Health Plan - 42003 I = General Inquiry - 42004 D = Debt Collection - 42021 Required.
Develop to	1	Alpha	85	Development source code indicating where development letter was sent. Not required. Populate with spaces if not available.
RSP	1	Alpha	86	Development response indicator. Not required. Populate with spaces if not available.
Trans Source Cd	4	Alpha	87-90	Four-character code identifying source of CWF assistance request information. Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim Required.
HIC Number	12	Alpha-Numeric	91-102	Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters. Required if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	103-111	Beneficiary's Social Security Number Required if HIC Number not entered.
Beneficiary's Date of Birth	8	Date	112-119	Beneficiary's Date of Birth in CCYYMMDD format Not required. Populate with zeros if not available.

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
Beneficiary's Sex Code	1	Numeric	120	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Not required. Populate with spaces if not available.
Beneficiary's First Name	15	Text	121-135	First name of beneficiary. Required
Beneficiary's Initial	1	Alpha	136	Middle initial of beneficiary
Beneficiary's Last Name	24	Text	137-160	Last name of beneficiary. Required
Patient Relationship	2	Numeric	161-162	Patient relationship between policyholder and beneficiary Valid values are: 01 = Patient is policy holder 02 = Spouse 03 = Natural child, insured has financial responsibility 04 = Natural child, insured does not have financial responsibility 05 = Stepchild 06 = Foster child 07 = Ward of the Court 08 = Employee 09 = Unknown 10 = Handicapped dependent 11 = Organ donor 12 = Cadaver donor 13 = Grandchild 14 = Niece/nephew 15 = Injured plaintiff 16 = Sponsored dependent 17 = Minor dependent of a minor dependent 18 = Parent 19 = Grandparent dependent 20 = Domestic partner (Effective April, 2004.) Required.

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				<p>Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</p> <p>MSP Type Patient Relationship Code</p> <p>-----</p> <p>A 01, 02</p> <p>B 01, 02, 03, 04, 05, 18, 20</p> <p>G 01, 02, 03, 04, 05, 18, 20</p>
MSP Type	1	Alpha	163	<p>One-character code identifying type of MSP coverage</p> <p>Valid values are:</p> <p>A = Working Aged</p> <p>B = ESRD</p> <p>C = Conditional Payment</p> <p>D = Automobile Insurance</p> <p>E = Workers Compensation</p> <p>F = Federal (Public)</p> <p>G = Disabled</p> <p>H = Black Lung</p> <p>I = Veterans</p> <p>L = Liability</p> <p>W = Workers Compensation Set-Aside Required</p>
MSP Effective Date	8	Date	164-171	<p>Effective date of MSP coverage in CCYYMMDD format.</p> <p>Required</p>
MSP Term Date	8	Date	172-179	<p>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.</p> <p>Not required. Populate with zeros if not available.</p>
AUX Row Number	3	Numeric	180-182	<p>AUX record number of MSP record at CWF.</p> <p>Required. Populate with zeros if not available.</p>
MSP Accretion Date	8	Date	183-190	<p>Accretion date of MSP coverage in CCYYMMDD format.</p> <p>Not required. Populate with zeros if not available.</p>
Originating	5	Alpha-	191-195	<p>Contractor number of contractor that created</p>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
Contractor		Numeric		original MSP occurrence at CWF Required.
Change Lead To	5	Alpha-Numeric	196-200	New lead contractor number. Note: The system allows one change of venue per beneficiary. If you try to request a second or subsequent change of venue, the system displays an error message and does not process your request. In this case, contact your COB consortia representative. Only the original lead contractor or a CMS RO user has the capability to make a lead contractor reassignment request.
Send Venue Letter	1	Alpha	201	Indicates whether to send Change of Venue letter informing of lead contractor change to original recipients of Right of Recovery letter. Valid values are: Y = Yes N = No
Beneficiary's Address 1	32	Text	202-233	First line of Beneficiary's street address. Not required. Populate with spaces if not available.
Beneficiary's Address 2	32	Text	234-265	Second line of Beneficiary's street address. Not required. Populate with spaces if not available.
Beneficiary's City	15	Text	266-280	Beneficiary's city Not required. Populate with spaces if not available.
Beneficiary's State	2	Alpha	281-282	Beneficiary's state Not required. Populate with spaces if not available.
Beneficiary's Zip Code	9	Numeric	283-291	Beneficiary's zip code Not required. Populate with spaces if not available.
Beneficiary's Phone	10	Numeric	292-301	Beneficiary's telephone number Not required. Populate with zeros if not available.
Check Date	8	Numeric	302-309	Date of check received in CCYYMMDD format. Required if value in SOURCE field = CHEK. You cannot future-date this field. Populate with zeros if SOURCE field not equal to CHEK.

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
Check Amount	15	Alpha	310-324	Amount of check received in \$999,999,999.99 format. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.
Check Number	15	Alpha	325-339	Number of check received. Required if value in SOURCE field = CHEK. Populate with zeros if SOURCE field not equal to CHEK.
Informant's First Name	15	Text	340-354	Name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Middle Initial	1	Alpha	355	Informants middle initial. Not required. Populate with spaces if not available.
Informant's Last Name	24	Text	356-379	Last name of person informing contractor of change in MSP coverage. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Phone	10	Numeric	380-389	Informant's telephone number Not required. Populate with zeros if not available.
Informant's Address 1	32	Text	390-421	Informant's street address 1 Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Address 2	32	Text	422-453	Name of person informing contractor of change in MSP coverage. Not required
Informant's City	15	Text	454-468	Informant's city. Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's State	2	Alpha	469-470	Informant's state Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Informant's Zip Code	9	Numeric	471-479	Informant's zip code Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				CHEK or LTTR.
Informant's Relationship Code	1	Alpha	480	Relationship of informant to beneficiary. Valid values are: A = Attorney representing beneficiary B = Beneficiary C = Child D = Defendant's attorney E = Employer F = Father I = Insurer M = Mother N = Non-relative O = Other relative P = Provider R = Beneficiary representative other than attorney S = Spouse U = Unknown Required when SOURCE is CHEK or LTTR. Populate with spaces if Source field not equal to CHEK or LTTR.
Employer's Name	32	Text	481-512	Name of employer providing group health insurance under which beneficiary is covered Not required. Populate with spaces if not available.
Employer EIN	18	Text	513-530	Employer's Identification Number 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

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				Not required. Populate with spaces if not available.
Employer's ZIP Code	9	Numeric	622-630	Employer's Zip Code Not required. Populate with spaces if not available.
Employee No	12	Text	631-642	Employee Number of Policy Holder Not required. Populate with spaces if not available.
Insurer's name	32	Text	643-674	Name of insurance carrier for MSP coverage Required for II action code. Populate with spaces if ACTION not equal to II.
Insurer Type	1	Alpha	675	Type of Insurance A = Insurance or Indemnity (Other Types) B = Group Health Organization (GHO) C = Preferred Provider Organization D = TPA/ASO E = Stop Loss TPA F = Self-insured/Self-Administered (Self-Insured) G = Collectively-bargained Health and Welfare Fund H = Multiple Employer Health Plan with more than 100 employees. I = Multiple Employer Health Plan with more than 10 employees. J = Hospitalization only plan covering inpatient hospital K = Medical Service only plan covering non-inpatient medical M = Medicare Supplement Plan U = Unknown Not required. Populate with A if not available.
Insurer's Address 1	32	Text	676-707	Insurer's street address 1 Not required. Populate with spaces if not available.
Insurer's Address 2	32	Text	708-739	Insurer's street address 2 Not required. Populate with spaces if not available.
Insurer's City	15	Text	740-754	Insurer's city Not required. Populate with spaces if not available.

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
Insurer's State	2	Alpha	755-756	Insurer's state Not required. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	757-765	Insurer's zip code Not required. Populate with spaces if not available.
Insurer's Phone	10	Numeric	766-775	Insurer's telephone number Not required. Populate with zeros if not available.
Insurer Group Number	20	Text	776-795	Group number of insurance coverage. Not required. Populate with spaces if not available.
Insurer Policy Number	17	Text	796-812	Policy number of insurance coverage. Not required. Populate with spaces if not available.
Subscriber First Name	15	Text	813-827	First name of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Initial	1	Alpha	828	Middle initial of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Last Name	24	Text	829-852	Last name of individual covered by this insurance. Not required. Populate with spaces if not available.
PHP Date	8	Date	853-860	Pre-paid Health Plan date in CCYYMMDD format. Not required. Populate with zeros if not available.
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-	865-866	Two-character CWF remark code explaining

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
		Numeric		reason for transaction. See Appendix F for a list of remark codes. Not required. Populate with spaces if not available.
Diagnosis Code 1	5	Text	867-871	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 2	5	Text	872-876	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 3	5	Text	877-881	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 4	5	Text	882-886	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Diagnosis Code 5	5	Text	887-891	Five-digit diagnosis code that applies to this MSP occurrence Not required. Populate with spaces if not available.
Comment ID	8	Alpha-Numeric	892-899	ID of operator entering trans comments. Not required. Populate with spaces if not available.
Trans Comments	180	Text	900-1079	Comments. Not required. Populate with spaces if not available
<i>Filler</i>	<i>8</i>	<i>Filler</i>	<i>1080-1087</i>	
<i>New Patient Relationship</i>	<i>2</i>	<i>Numeric</i>	<i>1088-1089</i>	<i>Patient relationship between policyholder and beneficiary</i> <i>Valid values are:</i> <i>01 = Patient is policy holder</i> <i>02 = Spouse</i> <i>03 = Natural child, insured has financial responsibility</i> <i>04 = Natural child, insured does not have financial responsibility</i> <i>05 = Stepchild</i> <i>06 = Foster child</i>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				<p>07 = Ward of the Court</p> <p>08 = Employee</p> <p>09 = Unknown</p> <p>10 = Handicapped dependent</p> <p>11 = Organ donor</p> <p>12 = Cadaver donor</p> <p>13 = Grandchild</p> <p>14 = Niece/nephew</p> <p>15 = Injured plaintiff</p> <p>16 = Sponsored dependent</p> <p>17 = Minor dependent of a minor dependent</p> <p>18 = Parent</p> <p>19 = Grandparent dependent</p> <p>20 = Domestic partner (Effective April, 2004.)</p> <p>Required when Action Code is PR.</p> <p>Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</p> <p>MSP Type Patient Relationship Code</p> <p>-----</p> <p>A 01, 02</p> <p>B 01, 02, 03, 04, 05, 18, 20</p> <p>G 01, 02, 03, 04, 05, 18, 20</p>
New MSP Type	1	Alpha	1090	<p>One-character code identifying type of MSP coverage</p> <p>Valid values are:</p> <p>A = Working Aged</p> <p>B = ESRD</p> <p>C = Conditional Payment</p> <p>D = Automobile Insurance</p> <p>E = Workers Compensation</p> <p>F = Federal (Public)</p> <p>G = Disabled</p> <p>H = Black Lung</p> <p>I = Veterans</p> <p>L = Liability</p> <p>W = Workers Compensation Set-Aside</p>

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CWF Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
				<i>Required when Action Code is MT.</i>
<i>New MSP Effective Date</i>	<i>8</i>	<i>Date</i>	<i>1091-1098</i>	<i>Effective date of MSP coverage in CCYYMMDD format. Required when Action Code is ED.</i>
<i>New Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>1099</i>	<i>Type of Insurance</i> <i>A = Insurance or Indemnity (Other Types)</i> <i>B = Group Health Organization (GHO)</i> <i>C = Preferred Provider Organization</i> <i>D = TPA/ASO</i> <i>E = Stop Loss TPA</i> <i>F = Self-insured/Self-Administered (Self-Insured)</i> <i>G = Collectively-bargained Health and Welfare Fund</i> <i>H = Multiple Employer Health Plan with more than 100 employees.</i> <i>I = Multiple Employer Health Plan with more than 10 employees.</i> <i>J = Hospitalization only plan covering inpatient hospital</i> <i>K = Medical Service only plan covering non-inpatient medical</i> <i>M = Medicare Supplement Plan</i> <i>U = Unknown</i> <i>Required when Action Code is IT</i>
<i>Filler</i>	<i>168</i>	<i>Filler</i>	<i>1100-1267</i>	<i>Populate with spaces</i>

CWF Assistance Request Header Response Record Layout

CWF Assistance Request Header Response 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

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<i>CWF Assistance Request Header Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
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 Record Layout

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

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<i>CWF Assistance Request Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Name				
Beneficiary's Initial	1	Alpha	136	PE13
Beneficiary's Last Name	24	Text	137-160	PE14
Patient Relationship	2	Numeric	161-162	PE0J
MSP Type	1	Alpha	163	PE39
MSP Effective Date	8	Date	164-171	PE67
MSP Term Date	8	Date	172-179	PE68
MSP Aux Number	3	Numeric	180-182	PE87
MSP Accretion Date	8	Date	183-190	PE88
Originating Contractor	5	Alpha-Numeric	191-195	PE96
Change Lead To	5	Alpha-Numeric	196-200	PE0D
Send Venue Letter	1	Alpha	201	None
Beneficiary's Address 1	32	Text	202-233	PE15
Beneficiary's Address 2	32	Text	234-265	PE16
Beneficiary's City	15	Text	266-280	PE17
Beneficiary's State	2	Alpha	281-282	PE18
Beneficiary's Zip Code	9	Numeric	283-291	PE19
Beneficiary's Phone	10	Numeric	292-301	PE20
Check Date	8	Numeric	302-309	PE98
Check Amount	15	Alpha	310-324	PE99
Check Number	15	Alpha	325-339	PE0A
Informant's First Name	15	Text	340-354	PE21
Informant's Middle Initial	1	Alpha	355	PE22
Informant's Last Name	24	Text	356-379	PE23

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<i>CWF Assistance Request Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Informant's Phone	10	Numeric	380-389	PE29
Informant's Address 1	32	Text	390-421	PE24
Informant's Address 2	32	Text	422-453	PE25
Informant's City	15	Text	454-468	PE26
Informant's State	2	Alpha	469-470	PE27
Informant's Zip Code	9	Numeric	471-479	PE28
Informant's Relationship Code	1	Alpha	480	None
Employer's Name	32	Text	481-512	PE30
Employer EIN	18	Text	513-530	PE37
Employer's Address 1	32	Text	531-562	PE31
Employer's Address 2	32	Text	563-594	PE32
Employer's Phone	10	Numeric	595-604	PE36
Employer's City	15	Text	605-619	PE33
Employer's State	2	Alpha	620-621	PE34
Employer's ZIP Code	9	Numeric	622-630	PE35
Employee No	12	Text	631-642	PE38
Insurer's name	32	Text	643-674	PE42
Insurer Type	1	Alpha	675	None
Insurer's Address 1	32	Text	676-707	PE43
Insurer's Address 2	32	Text	708-739	PE44
Insurer's City	15	Text	740-754	PE45
Insurer's State	2	Alpha	755-756	PE46
Insurer's ZIP Code	9	Numeric	757-765	PE47
Insurer's Phone	10	Numeric	766-775	PE0B
Insurer Group Number	20	Text	776-795	PE62
Insurer Policy	17	Text	796-812	PE63

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CWF Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Number				
Subscriber First Name	15	Text	813-827	PE58
Subscriber Initial	1	Alpha	828	PE59
Subscriber Last Name	24	Text	829-852	PE60
PHP Date	8	Date	853-860	PE97
Remarks Code 1	2	Alpha-Numeric	861-862	PE89
Remarks Code 2	2	Alpha-Numeric	863-864	PE90
Remarks Code 3	2	Alpha-Numeric	865-866	PE91
Diagnosis Code 1	5	Text	867-871	PE69
Diagnosis Code 2	5	Text	872-876	PE70
Diagnosis Code 3	5	Text	877-881	PE71
Diagnosis Code 4	5	Text	882-886	PE72
Diagnosis Code 5	5	Text	887-891	PE73
Submitter Type	1	Alpha	892	Severe Error will be created and entire file will be dropped. HE06 error will be returned on Header record of response file.
<i>Filler</i>	<i>7</i>	<i>Filler</i>	<i>893-899</i>	<i>Filler</i>
<i>New Patient Relationship</i>	<i>2</i>	<i>Numeric</i>	<i>900-901</i>	<i>PE0O</i>
<i>New MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>902</i>	<i>PE0N</i>
<i>New Effective Date</i>	<i>8</i>	<i>Date</i>	<i>903-910</i>	<i>PE0L</i>
<i>New Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>911</i>	<i>PE0M</i>
<i>Filler</i>	<i>168</i>	<i>Filler</i>	<i>912-1079</i>	<i>Filler</i>
COB Comment ID	8	Alpha-Numeric	1080-1087	PE57
COB Comment	180	Text	1088-1267	PE56
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-	1276-1279	Error code describing reason why file was rejected.

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<i>CWF Assistance Request Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
		Numeric		
Error Code 4	4	Alpha-Numeric	<i>1280-1283</i>	Error code describing reason why file was rejected.

Prescription Drug Assistance Request File Layouts

Prescription Drug Assistance Request Header and Trailer Record Layout

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

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<i>Prescription Drug Assistance Request Header and Trailer Record Layout</i>				
<i>Data Field</i>	<i>Length</i>	<i>Type</i>	<i>Displacement</i>	<i>Edits</i>
				<i>valid plan, drop file with error code of TE02</i>
<i>Contractor Number</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>7-11</i>	<i>If not valid contractor number, drop file with error code of TE03.</i>
<i>File Type</i>	<i>3</i>	<i>Alpha-Numeric</i>	<i>12-14</i>	<i>Valid value: ‘PDR’ – RX Drug Assistance Request File</i>
				<i>If not, drop file with error code of TE04.</i>
<i>File Date</i>	<i>8</i>	<i>Date</i>	<i>15-22</i>	<i>CCYYMMDD</i>
				<i>If not valid date, drop file with error code of TE05.</i>
<i>Record Count</i>	<i>9</i>	<i>Numeric</i>	<i>23-31</i>	<i>Number of records on file. If invalid number or number does not match number of records in file, drop file with error code of TE06.</i>
<i>Filler</i>	<i>1236</i>	<i>Filler</i>	<i>32-1267</i>	<i>Unused Field – fill with spaces</i>

Prescription Drug Assistance Request Record Layout

Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Transaction type</i>	<i>4</i>	<i>Alpha</i>	<i>1-4</i>	<i>Set to 'ECRS'</i>
<i>Contractor Number</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>5-9</i>	<i>Contractor</i>
<i>DCN</i>	<i>15</i>	<i>Alpha-Numeric</i>	<i>10-24</i>	<i>Document Control Number</i>
<i>Trans Type Code</i>	<i>1</i>	<i>Alpha</i>	<i>25</i>	<i>Transaction Type Indicator</i>
<i>Trans Seq. No</i>	<i>3</i>	<i>Numeric</i>	<i>26-28</i>	<i>Sequence Number assigned by COB.</i>
<i>Update Operator ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>29-36</i>	<i>ID of user making update.</i>
<i>Contractor Name</i>	<i>25</i>	<i>Alpha-Numeric</i>	<i>37-61</i>	<i>Contractor name</i>
<i>Contractor Phone</i>	<i>10</i>	<i>Numeric</i>	<i>62-71</i>	<i>Contractor phone number</i>
<i>Trans Status Code</i>	<i>2</i>	<i>Alpha</i>	<i>72-73</i>	<i>Transaction Status Code</i>
<i>Trans Reason Code</i>	<i>2</i>	<i>Numeric</i>	<i>74-75</i>	<i>Transaction Reason Code</i>
<i>Action Code 1</i>	<i>2</i>	<i>Alpha</i>	<i>76-77</i>	<i>Transaction Action Code 1</i>
<i>Action Code 2</i>	<i>2</i>	<i>Alpha</i>	<i>78-79</i>	<i>Transaction Action Code 2</i>
<i>Action Code 3</i>	<i>2</i>	<i>Alpha</i>	<i>80-81</i>	<i>Transaction Action Code 3</i>
<i>Action Code 4</i>	<i>2</i>	<i>Alpha</i>	<i>82-83</i>	<i>Transaction Action Code 4</i>
<i>Activity Code</i>	<i>1</i>	<i>Alpha</i>	<i>84</i>	<i>Activity of Contractor</i>
<i>Trans Source Code</i>	<i>4</i>	<i>Alpha</i>	<i>85-88</i>	<i>Four-character code identifying source of RX DRUG assistance request information.</i>
<i>HICN</i>	<i>12</i>	<i>Alpha-Numeric</i>	<i>89-100</i>	<i>Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters.</i>
<i>Beneficiary Date of Birth</i>	<i>8</i>	<i>Date</i>	<i>101-108</i>	<i>Beneficiary's Date of Birth in CCYYMMDD format</i>
<i>Beneficiary Sex Code</i>	<i>1</i>	<i>Alpha</i>	<i>109</i>	<i>Sex of Beneficiary</i>
<i>Beneficiary First Name</i>	<i>15</i>	<i>Text</i>	<i>110-124</i>	<i>First Name of Beneficiary</i>
<i>Beneficiary Middle Initial</i>	<i>1</i>	<i>Text</i>	<i>125</i>	<i>Middle Initial of Beneficiary</i>
<i>Beneficiary Last Name</i>	<i>24</i>	<i>Text</i>	<i>126-149</i>	<i>Last Name of Beneficiary</i>
<i>Beneficiary Address Line 1</i>	<i>32</i>	<i>Text</i>	<i>150-181</i>	<i>First line of Beneficiary's street address.</i>

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Beneficiary Address Line 2</i>	<i>32</i>	<i>Text</i>	<i>182-213</i>	<i>Second line of Beneficiary's street address</i>
<i>Beneficiary City</i>	<i>15</i>	<i>Text</i>	<i>214-228</i>	<i>Beneficiary's city</i>
<i>Beneficiary State</i>	<i>2</i>	<i>Alpha</i>	<i>229-230</i>	<i>Beneficiary's state</i>
<i>Beneficiary Zip code</i>	<i>9</i>	<i>Numeric</i>	<i>231-239</i>	<i>Beneficiary's zip code</i>
<i>Beneficiary Phone</i>	<i>10</i>	<i>Numeric</i>	<i>240-249</i>	<i>Beneficiary's telephone number</i>
<i>Patient Relationship</i>	<i>2</i>	<i>Numeric</i>	<i>250-251</i>	<i>Patient relationship between policyholder and beneficiary</i>
<i>New Patient Relationship</i>	<i>2</i>	<i>Numeric</i>	<i>252-253</i>	<i>New Patient Relationship</i>
<i>Person Code</i>	<i>3</i>	<i>Numeric</i>	<i>254-256</i>	<i>Person Code</i>
<i>MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>257</i>	<i>One-character code identifying type of MSP coverage. Valid values are:</i> <i>A = Working Aged</i> <i>B = ESRD</i> <i>C = Conditional Payment</i> <i>D = Automobile Insurance</i> <i>E = Workers Compensation</i> <i>F = Federal (Public)</i> <i>G = Disabled</i> <i>H = Black Lung</i> <i>I = Veterans</i> <i>L = Liability</i> <i>W = Workers Compensation Set-Aside</i> <i>Required when Action Code is MT.</i>
<i>New MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>258</i>	<i>One-character code identifying new type of MSP coverage.</i> <i>Required when Action Code is MT.</i>
<i>Record Type</i>	<i>3</i>	<i>Alpha-Numeric</i>	<i>259-261</i>	<i>Prescription Drug Coverage Type of Insurance</i>
<i>Effective Date</i>	<i>8</i>	<i>Date</i>	<i>262-269</i>	<i>Effective date of Drug coverage in CCYYMMDD format.</i>
<i>New Effective Date</i>	<i>8</i>	<i>Date</i>	<i>270-277</i>	<i>New Effective date of Drug coverage in CCYYMMDD format</i>
<i>Term Date</i>	<i>8</i>	<i>Date</i>	<i>278-285</i>	<i>Termination date of Drug coverage in CCYYMMDD format.</i>
<i>Originating Contractor</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>286-290</i>	<i>Contractor number of contractor that created original Drug occurrence</i>

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Informant First Name</i>	<i>15</i>	<i>Text</i>	<i>291-305</i>	<i>Name of person informing contractor of change in MSP coverage.</i>
<i>Informant Middle Initial</i>	<i>1</i>	<i>Text</i>	<i>306</i>	<i>Informants middle initial.</i>
<i>Informant Last Name</i>	<i>24</i>	<i>Text</i>	<i>307-330</i>	<i>Last name of person informing contractor of change in Drug coverage.</i>
<i>Informant Address</i>	<i>32</i>	<i>Text</i>	<i>331-362</i>	<i>Informant's street address</i>
<i>Informant City</i>	<i>15</i>	<i>Text</i>	<i>363-377</i>	<i>Informant's city</i>
<i>Informant State</i>	<i>2</i>	<i>Text</i>	<i>378-379</i>	<i>Informant's state</i>
<i>Informant Zip code</i>	<i>9</i>	<i>Numeric</i>	<i>380-388</i>	<i>Informant's zip code</i>
<i>Informant Phone</i>	<i>10</i>	<i>Numeric</i>	<i>389-398</i>	<i>Informant's phone number</i>
<i>Informant's Relationship Code</i>	<i>1</i>	<i>Alpha</i>	<i>399</i>	<i>Relationship of informant to beneficiary.</i>
<i>Employers Name</i>	<i>32</i>	<i>Text</i>	<i>400-431</i>	<i>Name of employer providing group health insurance under which beneficiary is covered</i>
<i>Employers Address 1</i>	<i>32</i>	<i>Text</i>	<i>432-463</i>	<i>Employer's Street Address 1</i>
<i>Employers Address 2</i>	<i>32</i>	<i>Text</i>	<i>464-495</i>	<i>Employer's Street Address 2</i>
<i>Employers City</i>	<i>15</i>	<i>Text</i>	<i>496-510</i>	<i>Employer's City</i>
<i>Employers State</i>	<i>2</i>	<i>Alpha</i>	<i>511-512</i>	<i>Employer's State</i>
<i>Employers Zip code</i>	<i>9</i>	<i>Numeric</i>	<i>513-521</i>	<i>Employer's Zipcode</i>
<i>Employers Phone</i>	<i>10</i>	<i>Numeric</i>	<i>522-531</i>	<i>Employer's Phone Number</i>
<i>Employers EIN</i>	<i>18</i>	<i>Text</i>	<i>532-549</i>	<i>Employer's Identification Number</i>
<i>Employee Number</i>	<i>12</i>	<i>Text</i>	<i>550-561</i>	<i>Employee Number of Policy Holder</i>
<i>Supplemental Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>562</i>	<i>Supplemental Drug Type</i>
<i>RX Drug Coverage Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>563</i>	<i>Prescription Drug Coverage Type</i>
<i>Insurance Company Name</i>	<i>32</i>	<i>Text</i>	<i>564-595</i>	<i>Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered</i>
<i>Insurance Company Address 1</i>	<i>32</i>	<i>Text</i>	<i>596-627</i>	<i>Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i>
<i>Insurance Company Address 2</i>	<i>32</i>	<i>Text</i>	<i>628-659</i>	<i>Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i>
<i>Insurance Company City</i>	<i>15</i>	<i>Text</i>	<i>660-674</i>	<i>City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i>

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Prescription Drug Assistance Request Record Layout				
Data Field	Length	Type	Displacement	Description
<i>Insurance Company State</i>	<i>2</i>	<i>Alpha</i>	<i>675-676</i>	<i>State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i>
<i>Insurance Company Zip code</i>	<i>9</i>	<i>Numeric</i>	<i>677-685</i>	<i>Zip code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</i>
<i>Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>686</i>	<i>Type of Insurance</i> <i>A = Insurance or Indemnity (Other Types)</i> <i>B = Group Health Organization (GHO)</i> <i>C = Preferred Provider Organization</i> <i>D = TPA/ASO</i> <i>E = Stop Loss TPA</i> <i>F = Self-insured/Self-Administered (Self-Insured)</i> <i>G = Collectively-bargained Health and Welfare Fund</i> <i>H = Multiple Employer Health Plan with more than 100 employees.</i> <i>I = Multiple Employer Health Plan with more than 10 employees.</i> <i>J = Hospitalization only plan covering inpatient hospital</i> <i>K = Medical Service only plan covering non-inpatient medical</i> <i>M = Medicare Supplement Plan</i> <i>U = Unknown</i> <i>Required when Action Code is IT</i>
<i>New Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>687</i>	<i>New Type of Insurance</i> <i>Required when Action Code is IT</i>
<i>Policy Number</i>	<i>17</i>	<i>Text</i>	<i>688-704</i>	<i>Prescription Drug Policy Number</i>
<i>RX BIN</i>	<i>6</i>	<i>Text</i>	<i>705-710</i>	<i>Prescription Drug BIN Number</i>
<i>RX PCN</i>	<i>10</i>	<i>Text</i>	<i>711-720</i>	<i>Prescription Drug PCN Number</i>
<i>RX Group</i>	<i>15</i>	<i>Text</i>	<i>721-735</i>	<i>Prescription Drug Group Number</i>
<i>RX ID</i>	<i>20</i>	<i>Text</i>	<i>736-755</i>	<i>Prescription Drug ID Number</i>
<i>RX Phone</i>	<i>10</i>	<i>Numeric</i>	<i>756-765</i>	<i>Prescription Drug Phone Number</i>
<i>Check Amount</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>766-773</i>	<i>Amount of check received in \$999,999,999.99 format.</i>
<i>Check Date</i>	<i>15</i>	<i>Date</i>	<i>774-788</i>	<i>Date of check received in CCYYMMDD format</i>
<i>Check Number</i>	<i>15</i>	<i>Alpha-Numeric</i>	<i>789-803</i>	<i>Number of check received.</i>
<i>Remark Code 1</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>804-805</i>	<i>Two-character PDR remark code explaining reason for transaction.</i>

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<i>Prescription Drug Assistance Request Record Layout</i>				
<i>Data Field</i>	<i>Length</i>	<i>Type</i>	<i>Displacement</i>	<i>Description</i>
<i>Remark Code 2</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>806-807</i>	<i>Two-character PDR remark code explaining reason for transaction.</i>
<i>Remark Code 3</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>808-809</i>	<i>Two-character PDR remark code explaining reason for transaction.</i>
<i>Comment ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>810-817</i>	<i>ID of operator entering trans comments</i>
<i>Trans Comment</i>	<i>180</i>	<i>Text</i>	<i>818-997</i>	<i>Comments</i>
<i>Filler</i>	<i>270</i>	<i>Filler</i>	<i>998-1267</i>	<i>Unused Field – fill with spaces</i>

Prescription Drug Assistance Request Header Response Record Layout

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

Prescription Drug Assistance Request Response Record Layout

Prescription Drug Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Transaction type	4	Alpha	1-4	PE00
Contractor Number	5	Alpha-Numeric	5-9	PE01
DCN	15	Alpha-Numeric	10-24	PE02
Trans Type Code	1	Alpha	25	PE03
Trans Seq. No	3	Numeric	26-28	PE04
Update Operator ID	8	Alpha-Numeric	29-36	PE06
Contractor Name	25	Alpha-Numeric	37-61	PE07
Contractor Phone	10	Numeric	62-71	PE08
Trans Status Code	2	Alpha	72-73	Status code returned from ECRS
Trans Reason Code	2	Numeric	74-75	Reason code returned from ECRS
Action Code 1	2	Alpha	76-77	PE92
Action Code 2	2	Alpha	78-79	PE93
Action Code 3	2	Alpha	80-81	PE94
Action Code 4	2	Alpha	82-83	PE95
Activity Code	1	Alpha	84	PE61
Trans Source Code	4	Alpha	85-88	PE05
HICN	12	Alpha-Numeric	89-100	PE09
Beneficiary Date of Birth	8	Date	101-108	PE11
Beneficiary Sex CD	1	Alpha	109	None
Beneficiary First Name	15	Text	110-124	PE12
Beneficiary Middle Initial	1	Text	125	PE13
Beneficiary Last Name	24	Text	126-149	PE14
Beneficiary Address Line 1	32	Text	150-181	PE15
Beneficiary Address Line 2	32	Text	182-213	PE16
Beneficiary City	15	Text	214-228	PE17

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Prescription Drug Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Beneficiary State</i>	<i>2</i>	<i>Alpha</i>	<i>229-230</i>	<i>PE18</i>
<i>Beneficiary Zipcode</i>	<i>9</i>	<i>Numeric</i>	<i>231-239</i>	<i>PE19</i>
<i>Beneficiary Phone</i>	<i>10</i>	<i>Numeric</i>	<i>240-249</i>	<i>PE20</i>
<i>Patient Relationship</i>	<i>2</i>	<i>Numeric</i>	<i>250-251</i>	<i>PE0J</i>
<i>New Patient Relationship</i>	<i>2</i>	<i>Numeric</i>	<i>252-253</i>	<i>PE0O</i>
<i>Person Code</i>	<i>3</i>	<i>Numeric</i>	<i>254-256</i>	<i>PE0K</i>
<i>MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>257</i>	<i>PE39</i>
<i>New MSP Type</i>	<i>1</i>	<i>Alpha</i>	<i>258</i>	<i>PE0N</i>
<i>Record Type</i>	<i>3</i>	<i>Alpha-Numeric</i>	<i>259-261</i>	<i>PE41</i>
<i>Effective Date</i>	<i>8</i>	<i>Date</i>	<i>262-269</i>	<i>CM93</i>
<i>New Effective Date</i>	<i>8</i>	<i>Date</i>	<i>270-277</i>	<i>PE0L</i>
<i>Term Date</i>	<i>8</i>	<i>Date</i>	<i>278-285</i>	<i>PE0G</i>
<i>Originating Contractor</i>	<i>5</i>	<i>Alpha-Numeric</i>	<i>286-290</i>	
<i>Informant First Name</i>	<i>15</i>	<i>Text</i>	<i>291-305</i>	<i>PE21</i>
<i>Informant Middle Initial</i>	<i>1</i>	<i>Text</i>	<i>306</i>	<i>PE22</i>
<i>Informant Last Name</i>	<i>24</i>	<i>Text</i>	<i>307-330</i>	<i>PE23</i>
<i>Informant Address</i>	<i>32</i>	<i>Text</i>	<i>331-362</i>	<i>PE24</i>
<i>Informant City</i>	<i>15</i>	<i>Text</i>	<i>363-377</i>	<i>PE25</i>
<i>Informant State</i>	<i>2</i>	<i>Text</i>	<i>378-379</i>	<i>PE26</i>
<i>Informant Zipcode</i>	<i>9</i>	<i>Numeric</i>	<i>380-388</i>	<i>PE27</i>
<i>Informant Phone</i>	<i>10</i>	<i>Numeric</i>	<i>389-398</i>	<i>PE28</i>
<i>Informant's Relationship Code</i>	<i>1</i>	<i>Alpha</i>	<i>399</i>	<i>None</i>
<i>Employers Name</i>	<i>32</i>	<i>Text</i>	<i>400-431</i>	<i>PE30</i>
<i>Employers Address 1</i>	<i>32</i>	<i>Text</i>	<i>432-463</i>	<i>PE31</i>
<i>Employers Address 2</i>	<i>32</i>	<i>Text</i>	<i>464-495</i>	<i>PE32</i>
<i>Employers City</i>	<i>15</i>	<i>Text</i>	<i>496-510</i>	<i>PE33</i>
<i>Employers State</i>	<i>2</i>	<i>Alpha</i>	<i>511-512</i>	<i>PE34</i>
<i>Employers Zip code</i>	<i>9</i>	<i>Numeric</i>	<i>513-521</i>	<i>PE35</i>

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Prescription Drug Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>Employers Phone</i>	<i>10</i>	<i>Numeric</i>	<i>522-531</i>	<i>PE36</i>
<i>Employers EIN</i>	<i>18</i>	<i>Text</i>	<i>532-549</i>	<i>PE37</i>
<i>Employee Number</i>	<i>12</i>	<i>Text</i>	<i>550-561</i>	<i>PE38</i>
<i>Supplemental Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>562</i>	<i>None</i>
<i>RX Drug Coverage Type</i>	<i>1</i>	<i>Alpha-Numeric</i>	<i>563</i>	<i>None</i>
<i>Insurance Company Name</i>	<i>32</i>	<i>Text</i>	<i>564-595</i>	<i>PE42</i>
<i>Insurance Company Address 1</i>	<i>32</i>	<i>Text</i>	<i>596-627</i>	<i>PE43</i>
<i>Insurance Company Address 2</i>	<i>32</i>	<i>Text</i>	<i>628-659</i>	<i>PE44</i>
<i>Insurance Company City</i>	<i>15</i>	<i>Text</i>	<i>660-674</i>	<i>PE45</i>
<i>Insurance Company State</i>	<i>2</i>	<i>Alpha</i>	<i>675-676</i>	<i>PE46</i>
<i>Insurance Company Zipcode</i>	<i>9</i>	<i>Numeric</i>	<i>677-685</i>	<i>PE47</i>
<i>Policy Number</i>	<i>17</i>	<i>Text</i>	<i>686-702</i>	<i>PE49</i>
<i>RX BIN</i>	<i>6</i>	<i>Text</i>	<i>703-708</i>	<i>PE50</i>
<i>RX PCN</i>	<i>10</i>	<i>Text</i>	<i>709-718</i>	<i>PE51</i>
<i>RX Group</i>	<i>15</i>	<i>Text</i>	<i>719-733</i>	<i>PE52</i>
<i>RX ID</i>	<i>20</i>	<i>Text</i>	<i>734-753</i>	<i>PE53</i>
<i>RX Phone</i>	<i>10</i>	<i>Numeric</i>	<i>754-763</i>	<i>PE54</i>
<i>Check Amount</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>764-771</i>	<i>PE99</i>
<i>Check Date</i>	<i>15</i>	<i>Date</i>	<i>772-786</i>	<i>PE98</i>
<i>Check Number</i>	<i>15</i>	<i>Alpha-Numeric</i>	<i>787-801</i>	<i>PE0A</i>
<i>Remark Code 1</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>802-803</i>	<i>PE89</i>
<i>Remark Code 2</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>804-805</i>	<i>PE90</i>
<i>Remark Code 3</i>	<i>2</i>	<i>Alpha-Numeric</i>	<i>806-807</i>	<i>PE91</i>
<i>Comment ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>808-815</i>	<i>None</i>
<i>Trans Comment</i>	<i>180</i>	<i>Text</i>	<i>816-995</i>	<i>None</i>

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Prescription Drug Assistance Request Response Record Layout				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
<i>COB Comment ID</i>	<i>8</i>	<i>Alpha-Numeric</i>	<i>996-1003</i>	<i>PE57</i>
<i>COB Comment</i>	<i>180</i>	<i>Text</i>	<i>1004-1183</i>	<i>PE56</i>
<i>Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>1184</i>	<i>None</i>
<i>New Insurer Type</i>	<i>1</i>	<i>Alpha</i>	<i>1185</i>	<i>PE0M</i>
<i>Filler</i>	<i>82</i>	<i>Filler</i>	<i>1186-1267</i>	<i>Filler</i>
<i>Error Code 1</i>	<i>4</i>	<i>Alpha</i>	<i>1268-1271</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 2</i>	<i>4</i>	<i>Alpha</i>	<i>1272-1275</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 3</i>	<i>4</i>	<i>Alpha</i>	<i>1276-1279</i>	<i>Error code describing reason why file was rejected.</i>
<i>Error Code 4</i>	<i>4</i>	<i>Alpha</i>	<i>1280-1283</i>	<i>Error code describing reason why file was rejected.</i>

MSP Inquiry File Layouts

MSP Inquiry Header and Trailer Record Layout

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

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

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MSP Inquiry Record Layout

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

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

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MSP Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
Second Development	1	Alpha	86	<p>Development source code indicating where subsequent development letter was sent.</p> <p>Valid values are: A = Attorney B = Beneficiary E = Employer I = Insurer P = Provider R = Beneficiary Representative (other than attorney)</p> <p>Not required. Populate with spaces if not available.</p>
RSP	1	Alpha	87	<p>Development response indicator.</p> <p>Valid values are: A = Attorney B = Beneficiary E = Employer I = Insurer P = Provider R = Beneficiary Representative</p> <p>Not required. Populate with spaces if not available.</p>
Trans Source Cd	4	Alpha	88-91	<p>Four-character code identifying source of MSP inquiry information.</p> <p>Valid values are: CHEK = Unsolicited check LTTR = Letter PHON = Phone call SCLM = Claim submitted to Medicare contractor for secondary payment SRVY = Survey CLAM = Claim</p> <p>Required.</p>
HIC Number	12	Alpha-Numeric	92-103	<p>Health Insurance Claim Number of beneficiary. HICN without dashes, spaces, or other special characters.</p> <p>Required if SSN is not entered.</p>
Beneficiary's Social Security Number	9	Numeric	104-112	<p>Beneficiary's Social Security Number</p> <p>Required if HIC Number not entered.</p>

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<i>MSP Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
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

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MSP Inquiry Record Layout														
Data Field	Length	Type	Displacement	Description										
Patient Relationship	2	Numeric	162-163	<p>Patient Relationship between policyholder and patient.</p> <p>Valid values are:</p> <p>01 = Patient is policy holder</p> <p>02 = Spouse</p> <p>03 = Natural child, insured has financial responsibility</p> <p>04 = Natural child, insured does not have financial responsibility</p> <p>05 = Stepchild</p> <p>06 = Foster child</p> <p>07 = Ward of the Court</p> <p>08 = Employee</p> <p>09 = Unknown</p> <p>10 = Handicapped dependent</p> <p>11 = Organ donor</p> <p>12 = Cadaver donor</p> <p>13 = Grandchild</p> <p>14 = Niece/nephew</p> <p>15 = Injured plaintiff</p> <p>16 = Sponsored dependent</p> <p>17 = Minor dependent of a minor dependent</p> <p>18 = Parent</p> <p>19 = Grandparent dependent</p> <p>20 = Domestic partner (Effective April, 2004.)</p> <p>Not required. Populate with zeros if not available</p> <p>Note: For the following MSP Types below, the patient relationship codes listed to the right are the only valid values that can be used.</p> <table><tr><th>MSP Type</th><th>Patient Relationship Code</th></tr><tr><td colspan="2">-----</td></tr><tr><td>A</td><td>01, 02</td></tr><tr><td>B</td><td>01, 02, 03, 04, 05, 18, 20</td></tr><tr><td>G</td><td>01, 02, 03, 04, 05, 18, 20</td></tr></table>	MSP Type	Patient Relationship Code	-----		A	01, 02	B	01, 02, 03, 04, 05, 18, 20	G	01, 02, 03, 04, 05, 18, 20
MSP Type	Patient Relationship Code													

A	01, 02													
B	01, 02, 03, 04, 05, 18, 20													
G	01, 02, 03, 04, 05, 18, 20													

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<i>MSP Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
MSP Type	1	Alpha	164	One-character code identifying type of MSP coverage. Valid values are: A = Working Aged B = ESRD C = Conditional Payment D = Automobile Insurance E = Workers Compensation F = Federal (Public) G = Disabled H = Black Lung I = Veterans L = Liability W = Workers Compensation Set-Aside Required.
MSP Effective Date	8	Date	165-172	Effective date of MSP coverage in CCYYMMDD format, cannot equal termination date. Not required. Populate with zeros if not available.
MSP Term Date	8	Date	173-180	Termination date of MSP coverage in CCYYMMDD format, cannot equal termination date. Not required. Populate with zeros if not available.
Send CWF	1	Alpha	181	Indicates whether to send MSP inquiry to CWF. Valid values are: Y Send to CWF (default unless ACTION(S) field = DE or DI or INFMT REL field = D, in which case default is N and this is a <i>protected field</i>) N Do not send to CWF For EGHP MSP Types: In addition to the minimum HUSP fields, the EMPLR NAME, STREET, CITY, ST, and ZIP fields are required or the system will set this switch to N and develop the record.

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

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

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

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

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<i>MSP Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
Insurer Type	1	Alpha	657	<p>Type of Insurance</p> <p>Valid values are:</p> <p>A = Insurance or Indemnity (Other Types)</p> <p>B = Group Health Organization (GHO)</p> <p>C = Preferred Provider Organization</p> <p>D = TPA/ASO</p> <p>E = Stop Loss TPA</p> <p>F = Self-insured/Self-Administered (Self-Insured)</p> <p>G = Collectively-bargained Health and Welfare Fund</p> <p>H = Multiple Employer Health Plan with more than 100 employees.</p> <p>I = Multiple Employer Health Plan with more than 10 employees.</p> <p>J = Hospitalization only plan covering inpatient hospital</p> <p>K = Medical Service only plan covering non-inpatient medical</p> <p>M = Medicare Supplement Plan</p> <p>R = GHP Health Reimbursement Arrangement</p> <p>S = GHP Health Savings Account</p> <p>U = Unknown</p> <p>Required if Action code is CA or CL. Populate with spaces if not available.</p>
Insurer's Address 1	32	Text	658-689	<p>Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Required if Action code is CA or CL. Populate with spaces if not available.</p>
Insurer's Address 2	32	Text	690-721	<p>Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Not required.</p>
Insurer's City	15	Text	722-736	<p>City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered.</p> <p>Required if Action code is CA or CL. Populate with spaces if not available.</p>

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<i>MSP Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
Insurer's State	2	Alpha	737-738	State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Required if Action code is CA or CL. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	739-747	Zip Code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Required if Action code is CA or CL. Populate with spaces if not available.
Insurer's Phone	10	Numeric	748-757	Insurer's Phone Number Not required. Populate with zeros if not available.
Insurer Group Number	20	Text	758-777	Group number of insurance coverage. Not required. Populate with spaces if not available.
Insurer Policy Number	17	Text	778-794	Policy number of insurance coverage. Not required. Populate with spaces if not available.
Subscriber First Name	15	Text	795-809	First Name of individual covered by this insurance. Not required. Populate with spaces if not available.
Subscriber Initial	1	Alpha	810	Middle initial of individual covered by this insurance. Not required. Populate with spaces if not available
Subscriber Last Name	24	Text	811-834	Last Name of individual covered by this insurance. Not required. Populate with spaces if not available
Subscriber Social Security Number	9	Numeric	835-843	Social Security Number of the policy holder/subscriber Required
Diagnosis Code 1	5	Text	844-848	Five-digit diagnosis code that applies to this MSP occurrence. Required if Action code is CA or CL. Populate with spaces if not available.
Diagnosis Code 2	5	Text	849-853	Five-digit diagnosis code that applies to this MSP occurrence. Not required

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<i>MSP Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
Diagnosis Code 3	5	Text	854-858	No edits other than data type edits. If not valid, drop the record with edit code 'PE71'. Five-digit diagnosis code that applies to this MSP occurrence. Not required
Diagnosis Code 4	5	Text	859-863	Five-digit diagnosis code that applies to this MSP occurrence. Not required
Diagnosis Code 5	5	Text	864-868	Five-digit diagnosis code that applies to this MSP occurrence. Not required
Illness/Injury Date	8	Date	869-876	Date illness or injury occurred for workers' compensation, automobile, or liability coverage (in CCYYMMDD format) Not required. Populate with zeros if not available.
Illness/Injury Description	64	Text	877-940	Description of illness or injury for workers' compensation, automobile, or liability coverage. Not required. Populate with zeros if not available.
Representative Name	32	Text	941-972	Name of individual representing a beneficiary's medical affairs or estate. Representation may be applicable in a workers' compensation, automobile, or liability insurance case. Type name in first name/middle initial/last name format. Not required. Populate with spaces when not available.
Representative Address 1	32	Text	973-1004	Representative's Street address 1. Not required. Populate with spaces when not available.
Representative Address 2	32	Text	1005-1036	Representative's Street address 2. Not required. Populate with spaces when not available.
Representative City	15	Text	1037-1051	Representative's City Not required. Populate with spaces when not available.
Representative State	2	Alpha	1052-1053	Representative's Street address 2. Not required. Populate with spaces when not available.

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

MSP Inquiry Header Response Record Layout

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

MSP Inquiry Response Record Layout

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

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

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

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

Prescription Drug Inquiry File Layouts

Prescription Drug Inquiry Header and Trailer Record Layout

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

Prescription Drug Inquiry Record Layout

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

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<i>Prescription Drug Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
Contractor Phone	10	Numeric	70-79	Contractor Phone Number Not required
HIC Number	12	Alpha-Numeric	80-91	Beneficiary Health Insurance Claim Number Required if SSN is not entered.
Beneficiary's Social Security Number	9	Numeric	92-100	Beneficiary's Social Security Number Required if HIC Number not entered.
Beneficiary's Date of Birth	8	Date	101-108	Beneficiary's Date of Birth in CCYYMMDD format Required
Beneficiary's Sex Code	1	Alpha	109	Sex of beneficiary Valid values are: U = Unknown M = Male F = Female Default to 'U' if not available Required
Beneficiary's First Name	15	Text	110-124	Beneficiary's First Name Required
Beneficiary's Initial	1	Alpha	125	Beneficiary's Middle Initial Not required
Beneficiary's Last Name	24	Text	126-149	Beneficiary's Last Name Required
Patient Relationship	2	Character	150-151	Patient Relationship between policy holder and patient. Valid values are: 1 = Patient is Policy Holder 2 = Spouse 3 = Child 4 = Other Required
Check Date	8	Numeric	152-159	Date of check in CCYYMMDD format. Required if Source is CHEK
Check Amount	15	Alpha	160-174	Amount of check in \$999,999,999.99 format. Required if Source is CHEK

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

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

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

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

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Prescription Drug Inquiry Record Layout				
Data Field	Length	Type	Displacement	Description
MSP Type	1	Alpha-Numeric	597	Medicare Secondary Payer Type Valid values are: A = Working Aged B = ESRD C = Conditional payment D = Automobile Insurance - No-fault E = Workers Compensation F = Federal (public) G = Disabled H = Black Lung I = Veterans W= Workers Compensation Set-Aside Required. Populate with spaces if not available.
Type	1	Alpha-Numeric	598	Prescription Drug Coverage Type Valid values are: U = Drug network V = Drug non-network Z = Health account (such as a flexible spending account provided by other party to pay prescription drug costs or premiums) Not required. Populate with spaces if not available.
Rec Type	3	Alpha-Numeric	599-601	Prescription Drug Coverage Type of Insurance Valid values are: PRI = Primary SUP = Supplemental Not required. If Sup Type is populated and this field is blank, SUP will be assumed. Populate with spaces if not available.
Insurer's name	32	Text	602-633	Name of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.

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<i>Prescription Drug Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
Insurer's Address 1	32	Text	634-665	Address 1 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's Address 2	32	Text	666-697	Address 2 of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's City	15	Text	698-712	City of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's State	2	Alpha	713-714	State of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Insurer's ZIP Code	9	Numeric	715-723	Zip Code of insurer providing Supplemental Prescription Drug Insurance under which beneficiary is covered. Not required. Populate with spaces if not available.
Effective Date	8	Date	724-731	Effective Date of Supplemental Prescription Drug Coverage. Required.
Term Date	8	Date	732-739	Termination Date of Supplemental Prescription Drug Coverage. Not Required. Populate with zeros if not available.
Policy Number	17	Text	740-756	Prescription Drug Policy Number Not required. Populate with spaces if not available.
RX BIN	6	Text	757-762	Prescription Drug BIN Number Required if TYPE = "U" Must be six numeric digits.

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<i>Prescription Drug Inquiry Record Layout</i>				
Data Field	Length	Type	Displacement	Description
RX PCN	10	Text	763-772	Prescription Drug PCN Number Required if TYPE = “U” Populate with spaces if not available.
RX Group	15	Text	773-787	Prescription Drug Group Number Required if TYPE = “U” Populate with spaces if not available.
RX ID	20	Text	788-807	Prescription Drug ID Number Required if TYPE = “U” Populate with spaces if not available.
RX Phone	18	Text plus ‘(‘ and ‘)’	808-825	Prescription Drug Phone Number Not required. Populate with spaces if not available.
Filler	442	Filler	826-1267	Unused Field – fill with spaces

Prescription Drug Inquiry Header Response Record Layout

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

Prescription Drug Inquiry Response Record Layout

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

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<i>Prescription Drug Inquiry Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Beneficiary's City	15	Text	254-268	PE17
Beneficiary's State	2	Alpha	269-270	PE18
Beneficiary's Zip Code	9	Numeric	271-279	PE19
Beneficiary's Phone	10	Numeric	280-289	PE20
Informant's First Name	15	Text	290-304	PE21
Informant's Middle Initial	1	Alpha	305	PE22
Informant's Last Name	24	Text	306-329	PE23
Informant's Relationship Code	1	Alpha	330	None
Informant's Address 1	32	Text	331-362	PE24
Informant's Address 2	32	Text	363-394	PE25
Informant's City	15	Text	395-409	PE26
Informant's State	2	Alpha	410-411	PE27
Informant's Zip Code	9	Numeric	412-420	PE28
Informant's Phone	10	Numeric	421-430	PE29
Employer's Name	32	Text	431-462	PE30
Employer's Address 1	32	Text	463-494	PE31
Employer's Address 2	32	Text	495-526	PE32
Employer's City	15	Text	527-541	PE33
Employer's State	2	Alpha	542-543	PE34
Employer's ZIP Code	9	Numeric	544-552	PE35
Employer's Phone	10	Numeric	553-562	PE36
Employer EIN	18	Text	563-580	PE37
Employee No	12	Text	581-592	PE38
Person Code	3	Numeric	593-595	PE0K
Sup Type	1	Alpha-Numeric	596	
MSP Type	1	Alpha-Numeric	597	PE39
Type	1	Alpha-Numeric	598	PE40
Rec Type	3	Alpha-Numeric	599-601	PE41

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<i>Prescription Drug Inquiry Response Record Layout</i>				
Data Field	Length	Type	Displacement	Error Code if Invalid Data
Insurer's name	32	Text	602-633	PE42
Insurer's Address 1	32	Text	634-665	PE43
Insurer's Address 2	32	Text	666-697	PE44
Insurer's City	15	Text	698-712	PE45
Insurer's State	2	Alpha	713-714	PE46
Insurer's ZIP Code	9	Numeric	715-723	PE47
Effective Date	8	Date	724-731	CM93
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: Frequently Asked Questions (FAQs)

Am I Using the Correct Option?

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

ECRS WEB USER GUIDE

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

General Issues

What are the operating hours for the ECRS Web application?

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

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

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

Can users print ECRS Web screens?

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

Inquiry and Assistance Request Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix I: Glossary

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

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